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Strengthening High Impact Interventions
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AIDSFREE TANZANIA STRENGTHENING POLICE AND PRISON COMPREHENSIVE HIV SERVICES (SPPCHS) PROJECT WORKPLAN

JUNE 2015

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AIDSFree

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ACRONYMS

ANC	antenatal care
APR	annual progress results
ART	antiretroviral therapy
CHMT	council health management team
CHSS	Community Health System Strengthening
CTC	care and treatment center
eMTCT	elimination of mother-to-child transmission
GoT	Government of Tanzania
HBC	home-based care
HTC	HIV testing and counseling
IEC	information, communication, and education
IP	implementing partner
JSI	JSI Research & Training Institute, Inc.
M&E	monitoring and evaluation
MDH	Management and Development for Health
MOHA	Ministry of Home Affairs
MOHSW	Ministry of Health and Social Welfare
MOU	memorandum of understanding
NIMR	National Institute for Medical Research
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMEP	project monitoring and evaluation plan
PMTCT	prevention of mother-to-child transmission
PY	project year
QI	quality improvement
RHMT	regional health management team
SI	Strategic Information

SOP	standard operating procedures
SPPCHS	Strengthening Police and Prison Comprehensive HIV Services
SSAP	site-specific action plan
STI	sexually transmitted infection
TA	technical assistance
TB	tuberculosis
TPPI	Tanzania Police, Prisons and Immigration
UNODC	United Nations Drug Commission
VMMC	voluntary male medical circumcision
ZTA	Zonal Technical Advisors

INTRODUCTION

Overview

A United Nations Drug Commission (UNODC) rapid situational assessment conducted in 2013 showed that HIV prevalence among prisoners in mainland Tanzania is higher (6.7 percent) than in the general population (5.3 percent). The UNODC study highlighted the limited capacity of prison health facilities to deliver HIV services and described realities such as cohabitation of juvenile and adult prisoners—which contributes to coerced and transactional sex—as well as a lack of basic information about how HIV is transmitted, and stigma, all of which increase the risk of infection.

In 2014, USAID/Tanzania awarded the AIDSFree Tanzania Strengthening Police and Prison Comprehensive HIV Services (SPPCHS) Project as an initiative under the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project. This project is a follow-on to the Prisons Service and Immigration Department (TPPI) project which was supported by PharmAccess International through the Tanzania Police Force and ended in September 2013. SPPCHS will continue supporting HIV and tuberculosis (TB) care and treatment services in police and prison health facilities.

The project's goal is to strengthen the quality of comprehensive HIV and TB prevention, care and treatment, and support services for the police, prisons, and civilian populations surrounding the police forces in Tanzania by: 1) promoting behavioral risk reduction, positive social norms, and use of biomedical prevention modalities for three target groups; 2) increasing availability and accessibility of comprehensive HIV care, treatment, and support services; and 3) strengthening systems for linking individual clients from community-based program interventions to the continuum of care for HIV, health, and other related services. The project will strengthen diagnosis, care, treatment, and retention in line with the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 Strategy and the national guidelines (UNAIDS 2014) and will contribute to the Tanzania National Multi-Sectoral Strategic Framework's (NMSF 2013/14-2017/18) goal of reducing HIV incidence, HIV-related deaths, and stigma (United Republic of Tanzania 2013).

To address the capacity gaps and achieve the targets set by the Government of Tanzania (GOT) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), police and prison health facilities will require technical assistance (TA) in comprehensive HIV and TB services as well as health system strengthening. AIDSFree has identified 35 high-volume, high-yield health facilities where the project will focus support over the initial two-year period. All but four sites are located in the PEPFAR priority districts. The health facilities located in none priority districts were

included because they are high-volume (Mbulu Prison Dispensary) and high-yield (Kiomboi, Lindi and Urambo prison dispensaries) facilities.

The AIDSFree Tanzania SPPCHS PY 1 (April 1–September 30, 2015) workplan is a dynamic document that has been developed to be responsive to the changing needs of USAID, PEPFAR, the Ministry of Health and Social Welfare (MOHSW), the Ministry of Home Affairs (MOHA), local government authorities, and the facilities which AIDSFree will support. It will guide implementation of activities to enhance quality comprehensive HIV and TB services for police and prison staff, prison inmates, and civilians within the surrounding communities in Tanzania. The workplan was developed as a result of: consultative meetings with police and prisons, findings from a desk review and rapid assessment of high-volume, high-yield analysis, findings from the end-of-term evaluation of the PharmAccess-supported TPPI project, a 2013 rapid situational assessment conducted by UNODC, and PEPFAR 2015 Country Operational Plan guidance. This workplan is also informed by and addresses key issues highlighted in the National Multisectoral Framework for HIV and AIDS 2013–2017.

Proposed Mode of Work for AIDSFree in Tanzania

Police and prison health facilities in Tanzania are not providing quality comprehensive HIV and TB services (GoT 2007). The facilities that AIDSFree Tanzania SPPCHS will support require capacity building and TA in adult and pediatric care and treatment, elimination of mother-to-child transmission (eMTCT), HIV testing and counseling (HTC), and TB/HIV, as well as home-based care (HBC). These facilities also require TA on systems strengthening, especially in monitoring and evaluation (M&E) and use of data for decision-making.

AIDSFree Tanzania SPPCHS will draft a memorandum of understanding (MOU) which outlines the working relationship between AIDSFree and the Tanzania Prisons Service and AIDSFree and the Tanzania Police Force as requested by the MOHA. The MOU will set the foundation for a collaborative working relationship in which roles, responsibilities, and expected results are complementary and clearly demarcated.

To foster systems strengthening, AIDSFree will provide each supported health facility with copies of the current national guidelines and Standard Operating Procedures (SOPs) in addition to technical support to improve patient flow, referral, and commodity management systems. In addition, some facilities will receive a computer and internet modem.

AIDSFree will carry out initial assessments in selected facilities using the National HIV/AIDS Care and Treatment Plan Rapid Assessment tool to establish a capacity baseline. The assessment will identify areas of strengths and weaknesses and the results will guide project year 1 (PY 1) workplan activity development. Challenges identified through the assessment will be analyzed and a process to develop site-specific action plans (SSAP) for each health facility will be

completed in PY 1. The SSAP will take into consideration the unique characteristics of the health facility such as training requirements, type of services offered, type of clients accessing services, and staffing. Review of SSAP progress will occur at least quarterly in order to: 1) assess the effectiveness of TA interventions; and 2) map development over time and ensure that each site is advancing adequately and as agreed.

Centralized training and performance improvement activities will address cross-cutting challenges which emerge from the assessment of facilities. For example, AIDSFree believes that all health facility staff require training in antiretroviral therapy (ART) and eMTCT Option B+ given recent updates to the national guidelines.

AIDSFree will bring health facility staff together on a quarterly basis to share lessons learned and best practices to foster a supportive learning environment and long-term sustainable networks.

AIDSFree in Tanzania

JSI Research & Training Institute, Inc. (JSI), as the prime contractor of AIDSFree and implementing organization of AIDSFree Tanzania SPPCHS, will be responsible for all administrative and financial issues, including office set-up, hiring and management of support staff, financial systems, and development of policies for the AIDSFree Tanzania SPPCHS office. The JSI AIDSFree Tanzania SPPCHS office will work and coordinate closely with the AIDSFree Tanzania Voluntary Male Medical Circumcision (VMMC) program to ensure streamlined financial and technical reporting to USAID. AIDSFree will compile and submit a combined report for the Tanzania SPPCHS and VMMC projects; including accruals, semiannual progress results, and annual progress results (APR).

Establishment of the Project Office, Administrative & Financial Systems, Hiring of Staff

In order to maximize impact and minimize costs, AIDSFree will establish a main office in Dar es Salaam and two (2) zonal offices co-located with the Community Health System Strengthening (CHSS) project—one in Njombe and one in Tabora. The main office based in Dar es Salaam will facilitate working with MOHA, the Tanzania Police Force, the Prison Services, and MOHSW. During the first four months of the project, the Country Director and the Director of Finance and Administration will locate suitable office space and hire key personnel as well as administrative and support staff. AIDSFree Tanzania SPPCHS will recruit two liaison officers who are ex-police and ex-prison staff to work with the project. The two liaison officers are trusted by the uniformed forces and will facilitate access to key MOHA staff as well as assist in establishing a strong partnership and working relationship between AIDSFree Tanzania SPPCHS and police and prisons officials. AIDSFree will also benefit from the liaison officers' past experience with PharmAccess.

Four Zonal Technical Advisors (ZTA) and one Strategic Information Advisor will be recruited to support the health facility sites. Two of the ZTAs and the SIA will be located in the Dar es Salaam office to support health facilities in coast regions and Zanzibar while the other two ZTAs (and drivers) will be located in Njombe and Tabora respectively.

General Approach

AIDSFree Tanzania SPPCHS will be guided by the following approaches:

1. Build respectful partnerships based on trust within and among MOHSW, MOHA, Police, Prisons, implementing partners (IPs), and AIDSFree staff;
2. Recognize and build on existing capacity and previous efforts to support police and prison health facilities;
3. Encourage the sharing of capacity and experience across health facilities to enhance networking and strengthen referrals within the health system;
4. Engage in systematic review of progress and develop appropriate support; and
5. Promote the use of quality data to adjust activities as needed and ensure results.

AIDSFree Tanzania SPPCHS support to the 35 facilities will include one-on-one TA; group training; mentoring; provision of resources such as job aids, guidelines, and SOPs; acquisition of critical working tools such as computers and internet modems; supporting development and implementation of SSAPs; and strengthening the referral system.

Project Goals and Objectives

The overall goal of the AIDSFree Tanzania SPPCHS program is to provide quality comprehensive HIV and TB prevention, care and treatment, and support services for the police and prisons staff, the prison inmates, and civilians within the surrounding communities in Tanzania. The project objectives are:

1. To promote behavioral risk reduction, positive social norms, and use of biomedical prevention modalities for prisoners, police, and the civilian populations surrounding the police forces;
2. Increase availability and accessibility of comprehensive HIV care, treatment, and support services; and
3. Strengthen systems for linking individual clients to provide the continuum of care for HIV, health, and other related issues.

Critical Assumptions

Achievement of program objectives and workplan activities assumes the following conditions:

- Favorable government policies related to HIV in Tanzania continue;
- Effective collaboration and coordination among international, national, and local IPs is sustained;
- Political changes in the U.S. will not reduce USAID assistance levels below those currently planned;
- Police and prisons authority remain supportive and adhere to the MOU; and
- Access and security are maintained in the districts where AIDSFree Tanzania SPPCHS sites operate.

AIDSFree Tanzania SPPCHS will coordinate with JSI's CHSS project to co-locate in two of its field offices to minimize cost and leverage synergy. One Zonal Technical Advisor and a driver will be based in the CHSS Njombe and Tabora offices in order to provide timely and continual TA support to the health facilities in Southern Highland, Lake and Central zones.

SUMMARY OF FY 2015 KEY ACTIVITIES AND OUTPUTS

The above objectives will be achieved through the following activities:

1. Project Start-Up: Initial Consultative Meetings, Identification of Staff, Establishment of Office

AIDSFree Tanzania SPPCHS will conduct consultative meetings with USAID/Tanzania, MOHA, prison and police leadership, PharmAccess, other IPs, and the Commission on Urgent Relief and Equipment (C.U.R.E.) Project. The consultative meeting with USAID/Tanzania will focus on current PEPFAR guidance and priority districts. Consultative meetings with PharmAccess, implementer of the TPPI program, will help AIDSFree better understand implementation challenges, existing gaps in the facilities, and opportunities which exist. AIDSFree recognizes the contribution TPPI has made and the goodwill the program established with the MOHA, and is committed to building on this good work.

Project C.U.R.E. is one of the largest nonprofit organizations in the world that provides developing countries with donated equipment and medical supplies. Initial discussions between JSI and Project C.U.R.E have been positive, and Project C.U.R.E has agreed to conduct a needs assessment of 5–10 SPPCHS health facilities with the intention of a donation in PY2.

AIDSFree Tanzania SPPCHS staff understand that working with the uniformed forces requires special arrangements in order to have access to facilities and that attention to protocol is obligatory. SPPCHS will identify two retired police and prison staff who will guide us to effectively navigate the system and ensure quick project start-up. Consultative meetings with MOHA and police and prison officials will be conducted early to discuss the PY 1 workplan development process and get approvals in order to access health facility data for the high-volume/high-yield analysis. AIDSFree will then conduct a rapid assessment to identify key challenges and priorities for strengthening provision of quality HIV and TB services in the facilities. Further consultative meetings with IPs will be conducted to identify opportunities for collaboration and synergy and avoid duplication. As part of project start-up, the AIDSFree Tanzania SPPCHS team will review relevant documents including PEPFAR guidance, NMSF, and the TPPI final evaluation report.

Key start-up activities during PY 1 include:

1. Conduct consultative meetings with police and prisons headquarters to begin to establish a productive relationship and discuss workplanning and implementation modalities;

2. Conduct consultative meeting with PharmAccess, AIDSFree partners in Tanzania (Jhpiego and IMA World Health) and other IPs;
3. Establish project staffing structure and recruit key staff;
4. Identify and establish office in Dar es Salaam; and
5. Conduct discussion with JSI's CHSS project and agree on process and protocols for sharing office space in Njombe and Tabora.

Deliverables/milestones:

- Project office established and key staff in place

Monitoring indicators:

- Number of meetings held with police and/or prison authority

2. Conduct Desk Review and Rapid Assessment of High-Volume, High-Yield Health Facilities

Phase 1: Conduct Desk Review

AIDSFree Tanzania SPPCHS will conduct a desk review to identify an initial list of all police and prison health facilities. AIDSFree will develop a simple data collection tool that will be sent to the facilities in order to collect HIV and TB site data. Data will be analyzed using the "80/20 split rule" as described in the PEPFAR Country Operational Plan Guidance 2015 (Office of the US Global AIDS Coordinator 2015; PEPFAR 2014). The 80/20 split rule is based on the assumption that 80 percent of overall program results can be achieved from approximately 20 percent of the facilities.

The following tasks will occur during the first two (2) months of PY 1:

1. Conduct desk review to identify a preliminary list of all police and prison health facilities;
2. Develop tool for collecting data for the high-volume and high-yield analysis;
3. Orient police and prison staff to collect data as per the data collection tool; and
4. Conduct data analysis to identify high-volume and high-yield facilities in which AIDSFree Tanzania SPPCHS will provide support.

Phase 2: Rapid Assessment of Health Facilities

With specific attention to the GOT SOPs for each area within the HIV response, and PEPFAR priorities and guidance, the rapid assessment process will be guided by a National Care and Treatment Rapid Assessment tool (GOT 2007). The tool measures health facility service provision of HIV and TB services. AIDSFree will conduct a rapid assessment of the selected sites to determine availability and quality of the HIV and TB services. Four teams of data collectors will engage district health management teams and health staff to identify strengths and weakness.

The rapid assessment will also provide an opportunity to introduce the AIDSFree Tanzania SPPCHS role in supporting these facilities.

Rapid assessment tasks to take place within the first four (4) months of PY 1 include:

1. Adapt MOHSW National Care and Treatment Health Facility Assessment Tool;
2. Identify, hire, and train consultants on the rapid assessment tools;
3. Analyze findings and produce a report; and
4. Disseminate the report to stakeholders.

Deliverables/milestones:

- Rapid assessment report developed
- Rapid assessment report disseminated

Monitoring indicators:

N/A

The facilities with which SPPCHS will work are listed in Table 1.

Table 1. Participating Facilities

S/N	Name of Facility	Region	District	Police/Prison	PEPFAR Priority District (Y/N)
1	Kilwa Road Hospital	Dar es Salaam	Temeke MC	Police	YES
2	Ukonga Prison	Dar es Salaam	Ilala MC	Prison	YES
3	Ukonga Prison's Training College	Dar es Salaam	Ilala MC	Prison	YES
4	Keko Prison Dispensary	Dar es Salaam	Temeke MC	Prison	YES
5	Iringa Police Dispensary	Iringa	Iringa MC	Prison	YES
6	Iringa Prison Dispensary	Iringa	Iringa MC	Police	YES
7	Butimba Prison Dispensary	Mwanza	Nyamagana MC	Police	YES
8	Mwanza Police Dispensary	Mwanza	Ilemela MC	Prison	YES
9	Mjini Magharibi Prison Dispensary	Zanzibar	Zanzibar	Prison	YES
10	Ziwani Police Dispensary	Zanzibar	Zanzibar	Police	YES
11	FFU - Ukonga Dispensary	Dar es Salaam	Ilala MC	Police	YES
12	Oyster Bay Dispensary	Dar es Salaam	Kinondoni MC	Police	YES
13	Segerea Prison Dispensary	Dar es Salaam	Ilala MC	Police	YES
14	Ruanda Prison Dispensary	Mbeya	Mbeya City	Prison	YES
15	Mbeya Police Dispensary	Mbeya	Mbeya City	Prison	YES
16	Makete Prison Dispensary	Njombe	Makete DC	Prison	YES

17	Shinyanga Prison Dispensary	Shinyanga	Shinyanga MC	Prison	YES
18	Ruvuma Police Dispensary	Ruvuma	Songea MC	Police	YES
19	Tabora Police Dispensary	Tabora	Tabora MC	Police	YES
20	Nzega Prison Dispensary	Tabora	Nzega DC	Prison	YES
21	Urambo Remand Prison Dispensary Dispensary	Tabora	Urambo DC	Prison	NO
22	Uyui Prison Dispensary	Tabora	Tabora MC	Prison	YES
23	Morogoro Police Dispensary	Morogoro	Morogoro MC	Prison	YES
24	Kihonda Prison Dispensary	Morogoro	Morogoro MC	Prison	YES
25	Mtego wa Simba Prison Dispensary Dispensary	Morogoro	Morogoro MC	Prison	YES
26	Lindi Prison Dispensary	Lindi	Lindi MC	Prison	NO
27	Kiomboi Prison Dispensary	Singida	Kiomboi DC	Prison	NO
28	Mpanda Remand Prison Dispensary	Katavi	Mpanda TC	Prison	YES
29	Ubena Prison Dispensary	Pwani	Bagamoyo DC	Prison	YES
30	Maweni Prison Dispensary	Tanga	Tanga City	Prison	YES
31	Dodoma Police Dispensary	Dodoma	Dodoma MC	Police	YES
32	Mbulu Prison Dispensary	Manyara	Mbulu DC	Prison	NO
33	Isanga Prison Dispensary	Dodoma	Dodoma MC	Prison	YES
34	Songea Prison Dispensary	Ruvuma	Songea MC	Prison	YES
35	Njombe Prison Dispensary	Njombe	Njombe TC	Prison	YES

The first 10 health facilities are proposed for PY 1.

3. Develop Action Plans

Starting in month five, SSAPs will be developed for at least five (5) health facilities in response to the issues and challenges identified in the baseline assessment. For example, some sites may not be meeting waste management standards while others may not have functional TB/HIV committees. The SSAPs will identify at least 3–4 areas of weakness and the specific actions that the facility will undertake to address them. As actions are completed they will be documented and additional actions will be identified.

To facilitate the development of the SSAPs and their monitoring, AIDSFree Tanzania SPPCHS will develop a template to ensure that the plans are clear, specific, and can be monitored. Each SSAP will include tailored TA, a timeline for the TA, and a monitoring process to ensure that the action and TA are being implemented.

AIDSFree technical staff will facilitate site-level meetings to discuss priorities and ensure that these are reflected in the SSAPs and that requests for AIDSFree assistance are in line with the type of support that the project can provide. The outcomes of these meetings will inform the project's discussions with the USAID Activity Manager regarding directing project resources.

In order to monitor the implementation of the SSAP, monthly review meetings will be held with the support of the project. During these sessions, facilities will report on the progress they have made in implementing their activities and any obstacles encountered; SSAPs may be adjusted to address these obstacles or accelerate the implementation of the plan.

Tasks to be implemented in PY 1 include:

1. Develop an SSAP process including template;
2. Establish SSAP teams for at least 5 health facilities;
3. Provide TA to at least 5 health facilities to develop their SSAPs; and
4. Develop a schedule for monthly follow-up with health facility staff to monitor progress of plans.

Deliverables/milestones:

- SSAP template

Monitoring indicators:

- Number of facilities with an SSAP (Target: 5)

4. Provide Technical Assistance

AIDSFree Tanzania SPPCHS will provide TA to strengthen the provision of high-quality, integrated, comprehensive HIV and TB prevention and care and treatment services in police and prison health facilities in order to improve client outcomes and prevent new infections. The TA will: 1) strengthen the capacity of health care providers; 2) provide all facilities with relevant national guidelines and SOPs and orient staff accordingly; 3) provide ongoing coaching to health care providers to implement the guidelines; and 4) provide on-site support to improve the service quality.

Emerging technical needs identified will be integrated ensuring that the TA provided is responsive to health facility needs. The quality of services will be assessed and monitored using quantitative and qualitative methods. AIDSFree will foster collaboration and coordination such that regional health management teams (RHMTs) and council health management teams (CHMTs) are informed and engaged throughout the implementation period. AIDSFree technical staff will co-facilitate trainings and capacity building sessions with MOHSW trainers.

During PY 1, AIDSFree Tanzania SPPCHS will support HTC, prevention of mother-to-child transmission (PMTCT), adult care and treatment, and TB/HIV within at least five (5) health facilities.

Technical Assistance: Strengthening HIV Testing and Counseling Services

HIV testing and counseling is recognized as a critical entry point to all HIV and TB prevention, care, and treatment services. AIDSFree Tanzania SPPCHS will build the capacity of health facility staff on HTC through basic and refresher trainings as well as coaching and mentorship during supportive supervision visits. Capacity building sessions will be guided by HTC guidelines and the current national training curriculum. Consistent condom use, reduction of sexual partners, and enhanced post-test counseling will be emphasized. AIDSFree will support and encourage health facility staff to offer opt-out provider-initiated testing and counseling for inpatients and outpatients in health facilities located in the PEPFAR priority districts. For health facilities located in non-priority districts, opt-out HIV testing will target inpatient, sexually transmitted infection and TB clients, pregnant and lactating women, and children. AIDSFree will provide TA to health facilities to develop and implement an internal quality assurance system for the testing procedure based on the national quality improvement framework. AIDSFree will support health facilities to establish an active follow-up system for newly identified HIV-positive clients to ensure effective referral.

Activities to be implemented in at least five health facilities to strengthen HTC include:

1. Print and distribute at least three copies of the current national HTC guidelines for each facility;
2. Orient health facility staff on the national provider-initiated HTC guidelines;
3. Identify health facility staff who will require basic and/or refresher training during Project Year 2 (PY2); and
4. Develop HIV-positive client follow-up consent form to ensure they access services.

Deliverables/milestones:

- HIV-positive client follow-up consent form
- List of health facility staff that require basic or refresher training

Monitoring indicators:

- Number of facilities that received copies of updated national HTC guidelines (Target: 5)
- Number of facility staff oriented on the national HTC guidelines

Technical Assistance: Elimination of Mother-to-Child Transmission of HIV (eMTCT)

AIDSFree Tanzania SPPCHS will support police and prison health facilities to provide PMTCT Option B+ in accordance with the MOHSW roll-out plan. This will be done through basic and/or refresher training, ongoing mentorship, on-the-job training, and supportive supervision to

ensure that health facilities offer PMTCT Option B+ to all HIV-positive pregnant and lactating women in accordance with the 2013 national PMTCT guidelines (MOHSW 2013). AIDSFree will support health care providers to offer HIV testing to all pregnant women during their first antenatal care (ANC) visit. The project will print and disseminate the 2013 national PMTCT guidelines, SOPs, job aids, informational and educational (IEC) materials, and data collection tools to ensure the quality of the eMTCT services. Mentoring and coaching of health facility staff on the use of eMTCT resources will be implemented early during PY2. AIDSFree will mentor health facility staff to promote male involvement and partner testing during general health education at ANC and during one-on-one consultations with pregnant and lactating women. During subsequent years, AIDSFree will strengthen mother-child pair tracking and support quality improvement (QI) activities to ensure that eligible women are identified, initiated on ART, and maintained on ART.

During PY 1 eMTCT activities in at least five sites will include:

1. Print and disseminate at least three copies of the 2013 national PMTCT guidelines and SOP for each site;
2. Orient health facility staff on PMTCT Option B+ guidelines; and
3. Identify health facility staff who require basic and/or refresher training during PY2.

Monitoring indicators:

- Number of facilities that received copies of the 2013 National PMTCT Guidelines (Target: 5)
- Number of facility staff oriented on the 2013 National PMTCT Guidelines

Technical Assistance: Adult and Pediatric Care and Treatment Services

AIDSFree Tanzania SPPCHS will work in collaboration with CHMTs, RHMTs, and regional PEPFAR care and treatment IPs, including Management and Development for Health (MDH), the International Center for AIDS Care and Treatment Programs, Deloitte, and IMA World Health to scale up HIV care and treatment services. The project will also support provision of umbrella care, management of opportunistic infections, and community activities. The project will facilitate identification of peer educators within each prison, build their capacity, and support health facilities to supervise and monitor their work. AIDSFree will provide TA to health facilities to establish effective referral and sample transportation systems that will facilitate dry blood spot, CD4, and viral load testing to assess the effectiveness of ART.

Specifically, AIDSFree will work with the RHMTs and CHMTs to ensure that the health facilities provide comprehensive pre-ART and ART care according to the 2015 HIV care and treatment guidelines. Technical assistance to health facilities will focus on ensuring that eligible children, adolescents, adults, and key populations receive pre-ART counseling and begin treatment in a timely manner, and will include site-specific QI activities on pre-ART care. Health facility staff will receive refresher training on ART to strengthen their skills in managing HIV-positive children,

adolescents, and adults. AIDSFree will print and disseminate the guidelines and orient health facilities staff on their use. The project will also conduct quarterly supportive supervision visits and provide on-site training, mentorship, and QI activities.

HIV care and treatment activities will be implemented in at least five selected sites including:

1. Identify one (1) HBC focal person
2. Conduct basic ART training for health care providers; and
3. Print and disseminate the 2015 national HIV care and treatment guidelines

Monitoring indicators:

- Number of facilities that identified an HBC focal person (Target: 5)
- Number of health care providers trained in ART (Target: 20)
- Number of facilities that received at copies of national HIV care and treatment guidelines (Target: 5)
- Number of facility staff oriented on national HIV care and treatment guidelines

Technical Assistance: Strengthen TB/HIV Service Provision at all Facilities

AIDSFree Tanzania SPPCHS will support integration and expansion of quality TB and HIV services. Specifically AIDSFree will support facilities to: 1) intensify TB case findings; 2) scale up isoniazid preventive therapy (IPT); 3) implement TB infection control plans; 4) provide early ART for TB/HIV patients; and 5) revive health facility TB/HIV committees.

AIDSFree will ensure availability of all current national guidelines, SOPs, job aids, and IEC materials on TB screening, IPT, and TB diagnosis, and orient health facility staff on these tools. The project will use on-site training, supportive supervision, and mentorship to strengthen health facility staff capacity to conduct TB screening for HIV-positive patients and HIV screening for TB clients, and to ensure ART initiation for TB/HIV patients, particularly infants and young children, in accordance with the current national guidelines. AIDSFree will mentor providers to integrate TB screening in care and treatment centers and PMTCT clinics and ensure all HIV-positive clients are screened for TB.

The National TB and Leprosy Program, in collaboration with National Institute for Medical Research (NIMR), conducted a TB study in the five prison health facilities (Keko, Ukonga, Segerea, Ruanda, and Butimba). Each site was provided with a GeneXpert machine for diagnosing TB and detecting multidrug-resistant TB. AIDSFree Tanzania SPPCHS will continue supporting these sites with reagents for GeneXpert machines and supplies for CD4 reagents. AIDSFree will support these health facilities to establish service and maintenance contracts for the equipment.

Activities to be implemented to strengthen TB/HIV services within the 5 health facilities include:

1. Print 105 copies of the current national TB/HIV guidelines to be distributed during site visits;
2. Provide TA to at least five health facilities to form TB/HIV committees in accordance with the National TB/HIV Policy; and
3. Identify health facility staff who will require basic and/or refresher training during PY2.

Monitoring indicators:

- Number of facilities with functional TB/HIV committee (target: 5)
- Number of facilities that received copies of national TB/HIV guidelines (Target: 5)
- Number of facility staff oriented on the national TB/HIV care and treatment guidelines

5. Monitoring, Evaluating, and Reporting Project Results

The AIDSFree Tanzania SPPCHS M&E system will be implemented at the project level and the facility level.

At the project level, M&E will be managed and coordinated by the Technical and Strategic Information (SI) Director and an SI Advisor who will be hired in the third month of the project. A project monitoring and evaluation plan (PMEP) will be developed that defines the process, output, and outcome indicators. The PMEP will be used to track project implementation and achievement of objectives; the data collection methodologies followed; and how data will be collected, managed, analyzed, and used. A project database will be designed and SOPs and data collection instruments that guide project staff on data collection will be developed. The project may periodically undertake special studies (e.g., focus group discussions with members of the civilian population surrounding health facilities managed by the police force to identify barriers to accessing health care). Regular site visits will be undertaken by project staff (both M&E and technical staff) during which record spot checks will be performed to check data quality. In addition, more rigorous data quality assessments will be undertaken periodically during which reported data will be traced and verified.

At the facility level, the project will undertake a number of actions to strengthen data collection, management, analysis, use, and reporting. For example, where needed, facilities will be provided with computers and internet modems to improve data management, analysis, and communication and relevant staff will be trained in M&E and SOPs developed. Indicators and targets for SSAPs will be set up so that progress in implementing the SSAPs can be measured on a quarterly basis.

Activities to establish the project's M&E system during PY 1 include:

1. Recruit Strategic Information Advisor;
2. Develop PMEP;
3. Design project database;

4. Develop procurement plan for desktop computers and internet modem for PY2; and
5. Prepare PROMIS data for APR15.

Deliverables/milestones:

- PMEP

6. Coordinate and Communicate with Stakeholders

AIDSFree Tanzania SPPCHS has a wide array of partners and stakeholders, including USAID/Tanzania, the MOHA, MOHSW, regional and district health management teams, and other USAID-funded projects, including CHSS. In order to ensure successful project implementation, sound communication with these partners and good coordination among them is required. AIDSFree will develop a communication plan that will describe when, how, and where findings, lessons learned, and experiences will be shared, disseminated, and communicated with relevant stakeholders. One important communication vehicle will be donor- and national-level meetings where new updates relevant to the project will be obtained and the project will be highlighted. In addition, a coordination forum for health providers will be held on a quarterly basis to share best practices and progress in implementing the SSAPs. In addition, the project will hold monthly meetings with police and prison management teams to discuss project implementation.

Activities to be implemented during PY 1 to strengthen coordination and communication with stakeholders include:

1. Develop project communication plan
2. Conduct monthly meetings with police and prison HQ staff to discuss progress in project implementation
3. Participate in USAID partners meetings
4. Participate in national technical working groups meetings
5. Submit quarterly and annual project progress report

Deliverables/milestones:

- Communication plan

Monitoring indicators:

- Number of meetings held with police and prison authorities

Although the SPPCHS PY 1 workplan period is only six months, the activities will ensure a solid foundation on which AIDSFree will provide support to all of the 35 sites during in PY2.

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ANNEX 1. PY 1 (FY 2015) IMPLEMENTATION PLAN

The following workplan provides a detailed breakdown of proposed PY 1 activities (FY 2015) aligned with the goals and objectives outlined above.

TANZANIA'S UNIFORMED SERVICES PROJECT: YEAR 1 (PY 1) WORKPLAN-APRIL 1, 2015 THROUGH SEPTEMBER 30, 2015							
Key Activity	**Sub Activity**	**Timelines (April–Sept 2015)**					
		Apr	**May**	**Jun**	**Jul**	**Aug**	**Sept**
Project Start-Up	Conduct consultative meetings with police and prisons headquarters to begin to establish a productive relationship and to discuss workplanning and implementation modalities	X	X	X	X		
	Conduct consultative meeting with PharmAccess, AIDSFree partners in Tanzania (Jhpiego and IMA World Health), and other IPs	X	X	X			
	Establish project staffing structure and recruit staff		X	X	X	X	X
	Identify and establish office in Dar es Salaam			X	X		
	Conduct discussion with CHSS regarding office sharing in Njombe and Tabora			X	X		
	Establish SPPCHS presence in Njombe and Tabora						X
	Conduct initial meetings with Project C.U.R.E		X	X			
	Facilitate and participate in Project C.U.R.E assessment of health facilities					X	
	Review Project C.U.R.E. assessment report						X
	Develop PY2 workplan					X	
Rapid Assessment of High-Volume High-Yield Health Facilities	**Conduct Desk Review**						
	Identify a preliminary list of all police and prisons health facilities	X	X				
	Develop tool for collecting data for the high-volume and high-yield analysis	X					

	Orient police and prison staff to collect data as per the data collection tool	X	X				
	Conduct data analysis to identify high-volume and high-yield facilities in which AIDSFree Tanzania SPPCHS will provide support		X				
	Develop report *Yield and Volume Analysis of Tanzania Police and Prisons HIV and TB Care and Treatment Sites*		X				
	Rapid Assessment of Health Facilities						
	Adapt "MOHSW National Care and Treatment Health Facility Assessment Tool"		X				
	Hire rapid assessment coordinator and data collection team	X	X				
	Train data collection teams on the rapid assessment tools		X				
	Develop data collection schedule and process		X				
	Undertake data analysis			X	X		
	Produce rapid assessment report			X	X		
	Share findings with relevant stakeholders (USAID, police force, and prisons service)					X	
Develop Site Specific Action Plans (SSAP)	Develop SPPCHS briefing paper for facilities				X		
	Develop a SSAP process				X		
	Design training session for health facility on SSAP process				X		
	Complete at least 5 SSAPs at the health facilities					X	X
	Develop SSAP follow-up protocol					X	
	Document progress on SSAP implementation						X
Provide Technical Assistance	**HIV Testing and Counseling (HTC)**						
	Print 105 copies (35 sites x3 copies) of the current national HTC guidelines					X	
	Distribute the national HTC guidelines and orient staff during SSAP site visits						X
	Identify health facility staff for basic and/or refresher training in PY2						X

	Develop HIV+ client follow-up consent form to ensure they access services					X	
	Elimination of Mother-to-Child Transmission of HIV						
	Print 105 copies (35 sites x3 copies) of the current national PMTCT guidelines					X	
	Distribute the national PMTCT guidelines and orient staff during SSAP site visits					X	
	Identify health facility staff for basic and/or refresher training in PY2					X	X
	Adult and Pediatric Care and Treatment Services						
	Identify focal person for HBC during SSAP process					X	X
	Print 105 copies (35 sites x3 copies) of national ART guidelines					X	
	Distribute the current national ART guidelines						X
	Identify list of health facility staff to participate in basic ART training						X
	Identify facilitators for the basic ART training					X	
	Conduct basic ART training to 20 health care providers from 10 health facilities using the current national training curriculum						X
	Conduct follow-up site visit/schedule to continue providing TA on ART						X
	Strengthen TB/HIV services provision at all facilities						
	Print 105 copies (35 sites x3 copies) of the current national TB/HIV guidelines					X	
	Distribute the current national TB/HIV national guidelines during site visits					X	X
	Identify health facility staff for basic and/or refresher training in PY2					X	X
	Ensure 5 health facilities have or form TB/HIV committees					X	X
Monitoring, Evaluation and Reporting of Results	Recruit Strategic Information Advisor			X	X		
	Develop Project M&E Plan			X	X		
	Design project database				X	X	
	Develop procurement plan for computers and internet modems for PY2					X	X

	Prepare PROMIS data for APR 2015						X
Coordinate and Communicate with Stakeholders	Develop project communication plan						X
	Conduct monthly meetings with police and prison HQ staff					X	X
	Develop standard for quarterly meetings with health facility staff						X
	Participate in USAID IPs meetings				X	X	X
	Participate in National Technical Working Group meetings				X	X	X
	Submit Quarterly and Annual Project Progress Reports				X		

ANNEX 2. BUDGET SUMMARY TABLE

AIDSFree Project Line Item Summary - Tanzania Uniformed Services Program January 1, 2015 - September 30, 2015		
Line Item	**Total**	**Notes**
I. Salaries	**338,881**	Consists of salary and benefit allocations for all Year 1 field-based staff, including the Country Director, Strategic Information Director, and Director of Finance and Administration, as well as home office management oversight and STTA.
II. Indirect Costs	**82,401**	Represents JSI's indirect costs based on its approved NICRA.
III. Consultants	**26,007**	Consultant costs associated with the Rapid Assessment of Police and Prison sites.
IV. Travel Transportation & Per Diem	**96,644**	Travel costs associated with consultant travel, site visits, trainings, and HQ management/STTA visits.
V. Equipment, Materials & Supplies	**113,050**	Costs associated with the procurement of office furniture and equipment, computer equipment, and 2 vehicles for initial activities (other will be purchased in PY2).
VI. Other Direct Costs	**108,457**	Costs associated with operational expenses, venue rental, and the printing of National guidelines to be distributed to the sites.
VII. Subcontracts	**10,000**	Estimated costs for site assessments to be conducted by Project CURE for medical supply and equipment donation needs (for delivery in PY2).
Total Program Costs	**775,440**	
AIDSFree Program Management Contribution	**144,922**	Represent non-Program Specific AIDSFree management costs to support AIDSFree operations, Knowledge Management, Program Management, and Strategic Information.
Grand Total	**920,362**	

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