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AIDSFree Strengthening High Impact Interventions for an AIDS-free Generation

AIDSFREE TANZANIA STRENGTHENING POLICE AND PRISON COMPREHENSIVE HIV SERVICES (SPPCHS) PROJECT

FY 2016 WORKPLAN

AUGUST 2015

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ACRONYMS

AIDSFree	Strengthening High Impact Interventions for an AIDS-free Generation
ANC	antenatal care
APR	annual progress results
ART	antiretroviral therapy
ARV	antiretroviral drugs
CHMT	council health management team
CHSS	Community Health and Social Welfare System Strengthening
CTC	care and treatment clinic
CTC2	national care and treatment database
eMTCT	elimination of mother-to-child transmission of HIV
GBV	gender-based violence
GoT	Government of Tanzania
HBC	home-based care
HTS	HIV testing services
IEC	information, education and communication
IP	implementing partner
IPT	isoniazid preventive therapy
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
MVC	most vulnerable children
NACP	National AIDS Control Program
NIMR	National Institute for Medical Research
OI	opportunistic infections
OVC	orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMEP	project monitoring and evaluation plan
PMTCT	prevention of mother-to-child transmission of HIV
PY	project year
QA	quality assurance
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
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNODC	United Nations Drug Commission
VMMC	voluntary medical male circumcision
ZTA	Zonal Technical Advisors

INTRODUCTION

In 2014, the U.S. Agency for International Development (USAID)/Tanzania awarded 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. The primary aim of SPPCHS is to strengthen the HIV and tuberculosis (TB) services at high-volume, high-yield prison health facilities in Tanzania mainland and Zanzibar by providing hands-on technical support. JSI Research & Training Institute, Inc. (JSI) is the prime contractor of SPPCHS. In addition to managing this project, JSI is also responsible for overseeing a second AIDSFree project implemented in Tanzania: the Voluntary Male Medical Circumcision (VMMC) project, managed by Jhpiego.

This document describes the work that SPPCHS plans to undertake in Project Year 2 (PY 2) (October 1, 2015 to September 30, 2016). In PY 2, the program will respond to the changing needs of USAID, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Ministry of Health and Social Welfare (MOHSW), the Ministry of Home Affairs (MOHA), local government authorities, and health care facilities supported by SPPCHS. It will also address key programmatic issues and the ambitious targets identified in the Joint United Nations Programme on HIV and AIDS (UNAIDS) 90-90-90-Strategy, Tanzania's *2015 National Care and Treatment Guidelines,* and the *National Multisectoral Framework for HIV and AIDS 2013–2017* (Joint United Nations Programme on HIV/AIDS [UNAIDS] 2014; United Republic of Tanzania 2013; [MOHSW] 2013).

In its first year, SPPCHS conducted a desk review to identify high-volume and high-yield police and prison health facilities; and a rapid assessment to determine the capacity of police and prison health facilities to provide comprehensive HIV and TB services.

After the desk review and the health facility volume/yield analysis, and subsequent guidance from the Mission based on Country Operational Plan review, SPPCHS will support 44 health facilities, 25 prisons, and 19 police facilities. A total of 35 sites were identified in the volume/yield analysis, while an additional 9 sites were added based on guidance from the Mission. A total of 34 sites are located in scale-up districts, and 10 are located in sustained districts.

The key findings from the rapid assessment, as well as the Tanzania Police, Prison and Immigration (TPPI) evaluation, are highlighted in this workplan. These findings were used to inform activities under each objective. Gaps identified during the assessment were validated during facility feedback meetings; and interventions to address the gaps within the purview of the program were included in the workplans for PY 1 and PY 2.

To establish a favorable working environment, SPPCHS met with police and prison authorities to introduce the program. The program has strong support from MOHA, which has made access to facilities possible.

GOALS AND OBJECTIVES OF SPPCHS

The project seeks to improve the quality of services for HIV and TB prevention, treatment, care, and support delivered at police and prison health care facilities in priority areas of Tanzania by achieving the following three objectives:

1. Improving the capacity of police and prison health facilities to provide quality HIV and TB prevention, treatment, care, and support services to prisoners, police and prison staff and their families, and members of the adjacent community
2. Strengthening the continuum of care for HIV-positive persons at prison and police health facilities; and helping health facilities to improve their referral systems to ensure that patients are retained in care and linked to care and support services
3. Promoting behavioral risk reduction and health care-seeking behavior among prisoners, police and prison staff, their families, and nearby communities.

GENERAL APPROACH

AIDSFree's site-level technical assistance (TA) and service delivery approach will be guided by several principles:

Building on what already exists: AIDSFree will build on existing capacity and previous interventions to support police and prison health facilities. The TPPI project supported renovations of selected facilities; staff training in various areas; provision of tools (guidelines, standard operating procedures or SOPs, and tools for monitoring and evaluation); advocacy for inclusion of HIV prevention in training curricula for police and prison staff; and introduction of HIV services in some new facilities. The project encountered challenges, including shortages of health providers, insufficient skills, a low number of facilities offering comprehensive HIV services, and limited and often ineffective supportive supervision. AIDSFree will work to address these challenges as well as those found in the rapid assessment.

Creating respectful partnerships: AIDSFree will foster collaboration and coordination with MOHA, MOHSW, and police and prison headquarters staff by co-facilitating trainings, providing joint on-site coaching and mentoring, conducting joint supportive supervision, and developing site-specific action plans (SSAPs). Quarterly coordination meetings with police and prisons departments will provide opportunities for MOHA to review the progress of implementation and contribute to decision making and planning. AIDSFree will also keep regional health management teams (RHMTs) and council health management teams (CHMTs) informed and engaged in project implementation.

Providing quality TA and capacity building support: SPPCHS will improve service delivery by providing on-site TA to strengthen providers' and facility managers' knowledge and skills in providing quality HIV and TB services; as coaching to ensure application of new knowledge; and additional support tailored to needs identified by facilities. As emerging technical needs and course corrections are identified, they will be integrated into the action plan to keep the TA responsive to health facility needs. The quality of services will be assessed and monitored using quantitative and qualitative methods.

Engaging in systematic review of progress: The project will provide quarterly and biannual supportive supervision to health facilities in priority and non-priority districts to ensure availability and utilization of current national guidelines, SOPs, and other job aids. Supportive supervision will also serve to orient providers on HIV and TB resources during morning clinical meetings and provide training on commodity management. Furthermore, SPPCHS will assess and discuss implementation of SSAPs with health care providers; facilitate monthly HIV and TB continuous medical education (CME) sessions during morning clinical meetings; facilitate a

quarterly discussion on difficult medical cases with providers; assess and improve the patient flow; and facilitate a discussion on health facility performance against set targets.

Activities for PY 2 are described below for each technical area. Annex 1 presents a summary budget for project activities. Annex 2 presents the Implementation Plan, which includes with a summary of activities and timelines. Annex 3 shows the police and prison health facilities that will receive support in PY 2.

ACTIVITIES FOR FY 16

Helping Health Facilities to Develop Site-Specific Action Plans

SPPCHS will help facilities to develop SSAPs in response to the issues and challenges identified during the rapid assessment. The SSAPs will initially identify three or four areas in need of improvement and the specific actions the facility will undertake to address them. As actions are completed, they will be documented, and additional actions will be identified and addressed.

SPPCHS has developed a template facilitate the development and monitoring of SSAPs and ensure that the plans include site-specific tailored TA, a timeline, and a monitoring process. The SSAP process is designed to be iterative, so that when the facility accomplishes its actions in one area, others are identified to continue improving the quality of services.

SPPCHS technical staff will facilitate site-level meetings to discuss priorities and ensure that they are reflected in the SSAPs, and that the TA requested aligns with the type of support the project can provide. The outcomes of these meetings will guide discussions on directing project resources. The project will support monthly review meetings where facilities report on their progress and any challenges. SSAPs will be updated to address the challenges identified during these meetings.

Strengthening Provision of Comprehensive HIV and TB Services

Objective 1: Strengthen capacity of facilities to provide quality HIV & TB services

SPPCHS will strengthen the clinical and technical capacity of facilities to deliver the following services:

HIV Prevention

HIV Testing Services

The rapid assessment conducted in PY 1 showed that a quarter of the facilities did not have the 2013 HIV testing algorithm or the current HIV testing services (HTS) guideline. Approximately 60 percent of facilities did not have internal and external quality assurance mechanisms in place, and 70 percent of facilities had experienced stockouts of HIV rapid test kits in the last six

months. Staff members were trained in HTS prior to 2013, and there have been no updates on HTS since then. Testing services were satisfactory in only about half (52 percent) of the facilities.

SPPCHS will support health facilities to offer HTS in accordance with PEPFAR guidance. In priority districts, the project will support health facilities to offer opt-out provider-initiated HIV testing and counseling for inpatients, outpatients, patients with presumptive or confirmed TB, patients with symptoms and signs of opportunistic infections, pregnant and lactating women, and HIV-exposed infants. Community-based HTS will target prisons, police, and prison officers' quarters, as well as police and prison institutions. For health facilities located in non-priority districts, HIV testing and counseling will target pregnant women and patients with signs or symptoms of HIV and TB, and sexually transmitted infections (STIs) patients. Health providers in both priority and non-priority districts will be oriented on PEPFAR guidance.

Building the capacity of HTS providers: SPPCHS will train 88 health care providers identified during PY 1 according to the national HTS training curriculum and guideline. This training will be divided into two sessions: one for participants from priority districts, and a second for participants from sustained districts. AIDSFree staff will co-facilitate the training with MOHA and MOHSW to ensure that the training is of high quality and that MOHA facilitators take ownership of the training and the knowledge being transmitted. The training will emphasize post-test counseling and the need to ensure effective referral for HIV-positive patients. Training will also include specific actions to strengthen referral and retention in care; where appropriate, these actions will be added to SSAPs.

Raising awareness of HTS and HIV prevention: In the prisons, SPPCHS will strengthen HIV prevention education and counseling and testing services based on national HTS guidelines. At each prison health facility, the project will train counselors who will then (in collaboration with prison administration) organize quarterly one-day HIV education prevention sessions for prisoners with an emphasis on risk behaviors. SPPCHS will monitor implementation of the sessions and collect data on the number of sessions and beneficiaries reached. During HIV testing and when discussing the test results, counselors will conduct individualized risk assessments and risk reduction planning for each patient. TB screening will be conducted at each prison using the national TB screening tool.

Outreach HTS to prisoners, prison, and police staff: SPPCHS will provide on-site TA to health providers on how to organize and conduct outreach HTS in different venues in accordance with national HTS guidelines. Each quarter, SPPCHS will provide TA to all facilities located in saturation and aggressive scale-up districts to conduct outreach services to prisons, police and prison quarters, and institutions within their catchment areas. Trained HTS counselors will conduct a two-day HTS outreach activity for each selected venue. Before the outreach takes place, a private room will be secured in each venue.

Referral system: SPPCHS will use the patient follow-up forms developed during PY 1 to track new patients who test positive and ensure that they are linked to care and treatment. Each quarter, the project will deliver on-site TA to providers on how to track HIV-positive patients using the follow-up consent form. All newly identified HIV-positive patients receive information on available HIV care and treatment services, and will be advised to consent to follow-up until they are enrolled in care. Each patient will be asked to provide contact information on the patient follow-up form, and to sign the form. The project will support HIV focal persons with monthly airtime to ensure that HIV-positive individuals who were referred for treatment have in fact been enrolled. Each month, the facility HIV focal person will collect data on effective referrals and other data as appropriate, using the national HTS monthly summary form.

Commodity management: With staff from MOHA and MOHSW and experts from the Supply Chain Management System project, SPPCHS will co-facilitate a three-day training session for 44 health care providers on commodity management. The training will use the national curriculum and will cover forecasting, ordering, and reporting use of HTS service delivery supplies. Participants for this training will include at least one health provider working in the pharmacy or laboratory from all participating police and prison facilities.

Supportive supervision for monitoring: SPPCHS Zonal Technical Advisors (ZTAs) will conduct monthly site supervision visits, using the standard checklist to assess provision of HTS at major health facility entry points (inpatient, reproductive and child health clinic, TB clinic, laboratory). The project will also conduct joint supportive supervision visits with MOHA and MOHSW, using MOHSW's supportive supervision and mentoring tools. During these visits (quarterly for facilities in priority districts, and twice a year for those in sustained districts), providers will be mentored on conducting peer-to-peer supportive supervision, which will enable them to learn from each other. SPPCHS will assess the quality of service provision, including any post-training changes, during supportive supervision visits; and will further monitor peer-to-peer mentoring and changes in service quality through periodic patient satisfaction surveys. Actions to remediate any gaps observed will be incorporated in SSAPs.

Elimination of Mother-to-Child Transmission of HIV

In 2011, Tanzania joined the global community on eliminating mother-to-child transmission (eMTCT) of HIV. The country subsequently developed a national eMTCT strategy (2011-2015). The national guidelines for eMTCT were revised in 2013 to reflect WHO's recommendation to offer lifelong antiretroviral therapy (ART) to HIV-positive pregnant and lactating women (LLAPLAs/Option B+). Rapid assessment findings indicate that 73 percent of health facilities were providing a range of eMTCT services. Although the 2013 national eMTCT guidelines were present in 61 percent of health facilities, only 45 percent of facilities were providing eMTCT services according to the guidelines. The overall system for provision of eMTCT services was

satisfactory for only 20 percent of the assessed facilities. Some sites were not yet offering services for prevention of mother-to-child transmission (PMTCT) had no staff trained in PMTCT, while staff in other facilities had not received PMTCT updates since they were trained in 2012 by TPPI project.

To support Tanzania's goals in eMTCT, SPPCHS will support 44 police and prison health facilities to ensure that all women seeking antenatal care (ANC), labor, delivery, and postnatal care (PNC) services are offered HTS. Those testing positive will be initiated on lifelong ART in accordance with the 2013 national PMTCT guidelines (MOHSW 2013).

Capacity building in eMTCT service delivery: A total of 88 health care providers will receive a five-day refresher training on the national eMTCT guidelines (Option B+), followed by on-the-job training and supportive supervision. Facilitators from SPPCHS, MOHA, and MOHSW (including individuals from specific regions as identified by MOHSW) will co-facilitate the sessions and deliver the training in accordance with the national PMTCT training curriculum. SPPCHS ZTAs and liaison officers will identify two participants from each of the 44 facilities for the training, focusing on those working in PMTCT, ANC, and delivery services. Each participant will receive a training manual, PMTCT guidelines, and job aids. ZTAs will continue to provide on-site post-training on-site TA to eMTCT service providers to ensure that the new knowledge is put into practice in accordance with national guideline and SOPs. ZTAs will also provide monthly support to facilities that are initiating PMTCT services. Any site-specific TA needed will be included in SSAPs.

eMTCT awareness-raising: SPPCHS will provide TA to health providers working in ANC services as well as focused informational health talks for patients in waiting areas. These talks will provide general tips about pregnancy and the availability and benefit of eMTCT services, also encouraging all pregnant women to test for HIV and tell their peers about eMTCT. SPPCHS will promote prioritization of couples accessing eMTCT services: for example, promoting male involvement by providing services first to women who are accompanied by their partners. Mentoring for health providers will also include male involvement, to encourage men to escort their spouses and to receive HTS services in eMTCT settings as couples. SPPCHS will obtain PMTCT IEC materials and posters (including those promoting male involvement) from MOHSW, and will distribute them in police and prison health facilities, placing eMTCT posters placed in strategic areas, including the general patient waiting area, ANC service areas, and labor wards.

Patient tracking: As with HTS services, SPPCHS will use consent forms in PMTCT settings to strengthen patient follow-up. The HIV focal persons will conduct phone follow-up of HIV-positive mothers and their exposed infants to ensure that they attend their appointments. SPPCHS will mentor health providers to analyze PMTCT data from the MOHSW Mother-Child-

Follow-Up-Register and Mother-Child Follow-Up-Monthly Summary on a monthly basis and identify mothers and babies lost to follow-up or missing their appointment.

HIV focal persons will work closely with the facility home-based care (HBC) focal person, who may engage community HBC providers to follow up with patients, in accordance with the follow-up consent form. ZTAs will provide TA to health facility staff to conduct one-day quarterly meetings with community HBC providers to set patient follow-up targets, and to review progress in tracking loss to follow-up and linking HIV-positive patients to the continuum of care. Staff in each facility will be trained in plotting simple graphs showing progress in reducing loss to follow-up and linking patients to care and treatment. These graphs will be displayed in the consultation rooms. SPPCHS will develop SOPs for identifying and tracking HIV-positive pregnant woman and mothers (and their exposed infants) to ensure systematic tracking and reporting of mother-child pairs.

Monitoring: SPPCHS will conduct monthly site visits to assess and monitor the eMTCT option B+ implementation (HTS, Option B+, TB screening, CD4 testing, and baseline investigations in accordance with the 2013 national PMTCT guidelines) using a standard checklist developed by the SPPCHS technical team in collaboration with MOHA and MOHSW. Each quarter in priority districts, and semiannually in sustained districts, ZTAs and a representative from MOHA and MOHSW will conduct joint supportive supervision, using MOHSW supervision tools. SPPCHS will provide on-site coaching and mentoring on new national PMTCT guidelines and SOPs for providers; and ZTAs will coach them on conducting monthly one-hour CME sessions on eMTCT during morning clinical meetings to discuss difficult cases and learn from each other. ZTAs will work with providers to develop an agenda for discussions during CME sessions. These CME sessions will be included in SSAPs. Health providers will also receive hands-on training on data recording, collation, analysis, and use for monitoring achievement towards targets and forecasting supply needs.

Pediatric and Adult HIV Care and Treatment

The rapid assessment showed that only half of facilities were accredited to provide comprehensive HIV services. All facilities reported shortages in the number of staff and the number of skilled staff. Two-thirds of facilities reported having received training on HIV prior to 2013; and fewer than half had more than one set of national guidelines on HIV. All facilities also reported receiving irregular or inconsistent supportive supervision from their respective districts. SPPCHS will improve the quality of HIV care and treatment services through:

Capacity building: Health care providers will receive training on a range of topics, including the Chronic Care Model's 5 As (Assess, Advise, Agree, Assist, and Arrange). SPPCHS will collaborate with the Baylor International Pediatric AIDS Initiative to strengthen pediatric HIV services with

the 44 police and prison health facilities. ZTAs will be responsible for identifying key HIV- and TB-related pediatric issues and transferring the appropriate knowledge and skills to providers in police and prison facilities. Providers will also be trained on the new (May 2015) treatment guidelines, which include expanded ART eligibility criteria. At least one service provider from each facility will receive training on ART adherence counseling. ZTAs will conduct monthly site visits to provide clinical mentoring, on-the-job training, and supportive supervision. They will assess the application of new knowledge during these visits by tracking trends in loss to follow-up and missed appointments.

Provision of medical equipment and supplies: Some of the equipment gaps identified in the rapid assessment will be donated by Project C.U.R.E, a US-based organization that donates medical supplies and equipment to developing countries. Project C.U.R.E. has conducted a number of activities in Tanzania, and distributed over US$7 million in equipment throughout the country. The process for accessing this equipment donation is divided into four steps: 1) completing the application form requesting assistance; 2) paying the needs assessment deposit fee and planning the assessment visit; 3) making the assessment visit; and 4) making arrangements to deliver the donated equipment. During P Y 1, SPPCHS completed the application form and began arrangements for the assessment visit. In this partnership, SPPCHS will provide the needs assessment and pay the shipping costs for the donated equipment. Project C.U.R.E will provide TA in conducting a needs assessment for medical/laboratory equipment and arranging donation of the equipment (including machinery, supplies, beds, and other commodities) based on the assessment report. This collaboration will complement PEPFAR support. SPPCHS will facilitate development of site-specific equipment service and maintenance plans.

Facilitation of site accreditation: SPPCHS will engage MOHSW, MOHA, police and prison officials, RHMTs, and CHMTs to conduct health facility accreditation for provision of pediatric and adult care and treatment services. The project will adapt the MOHSW accreditation tool and use it to identify and address gaps in all health facilities not meeting the accreditation criteria. ZTAs will work with facility staff on identifying gaps and deciding on appropriate remedial action (including TA if necessary), which will be incorporated into the SSAPs and monitored. Once ZTAs and health facility managers are satisfied that all gaps have been addressed, ZTAs will organize a site accreditation reassessment visit with MOHA and MOHSW.

Strengthening enrolment into HIV care: SPPCHS will support facilities to review all pre-ART patients to update their eligibility status according to the May 2015 national treatment guidelines. All patients eligible for ART under the new criteria will be initiated on ART, and all newly identified HIV patients will be assessed clinically and immunologically to determine their eligibility. Training on commodity management, mentioned earlier, will include discussion of projecting and quantifying the amount of ARVs needed and ensuring their timely procurement.

ZTAs will work with health facility staff to ensure that all facilities report to their respective districts each quarter; and will use the reports to advocate for sufficient supplies at the district level.

Monitoring: SPPCHS will conduct monthly site visits to assess and monitor the implementation of adult and pediatric HIV and TB care in alignment with national guidelines. ZTAs will work with MOHA and MOHSW to conduct joint supportive supervision of health facilities using the MOHSW checklist. PMTCT providers will receive hands-on training on recording, collating, analyzing, and using data to monitor progress towards targets and forecasting supplies. ZTAs' monthly visits and supportive supervision visits will be organized so that a single visit will cover various components of comprehensive HIV and TB services. Each quarter, ZTAs will provide TA to facility staff on carrying out a comprehensive chart review of pre-ART patients to identify those eligible for ART. During monthly visits, ZTAs will review various reports from the national care and treatment database (CTC2) to assess loss to follow-up and feedback from HIV and HBC focal persons, and track patient follow-up and dropout.

TB/HIV Collaboration

Rapid assessment findings revealed various gaps in TB and HIV service provision, including lack of refresher training for the past three years and the absence of TB/HIV committees in about 80 percent of facilities. Only three-quarters of eligible TB/HIV co-infected patients received cotrimoxazole. In over 80 percent of facilities, the capacity to diagnose and manage TB is very limited; fewer than 40 percent of facilities had the ability to perform a sputum smear test, and only five facilities (those where a TB study by the National Institute for Medical Research was underway) had X-ray and GeneXpert technology. Laboratories had inadequate waiting spaces, and lacked specimen collection rooms and appropriate ventilation.

SPPCHS will train at least one provider from each health facility on combined TB/HIV service provision and chest X-ray interpretation. Application of knowledge gained will be monitored during monthly and quarterly supportive supervision visits based on national guidelines and standards. Facilities that do not achieve national standards will receive intensive tailored TA till they meet the required standards.

SPPCHS will build capacity of health facilities to:

- Improve HIV and TB collaboration
- Intensify TB case finding and treatment among people living with HIV (PLHIV)
- Strengthen HTS and early initiation of ART among presumptive and confirmed TB patients
- Scale up isoniazid preventive therapy (IPT) among PLHIV
- Improve TB infection control and prevention.

Improve HIV and TB collaboration: SPPCHS will support facilities to conduct monthly information exchange meetings to review and appraise implementation of collaborative TB/HIV activities at facility level. The project will provide TA to health providers of TB, care and treatment, reproductive and child health (RCH), PMTCT, HIV testing, STI, and HBC services on the importance of receiving and reviewing updates and exchanging records on individual TB/HIV patients within their facility, and reporting to the District Coordinating Committee on the progress of implementing collaborative TB/HIV activities. SPPCHS will support printing and distribution of TB prevention posters, screening tools, infection control guidelines, diagnostic algorithms, and monitoring and evaluation (M&E) tools for IPT. ZTAs will train health providers on all these tools during their routine monthly site visits.

Intensify TB case finding and treatment among PLHIV: ZTAs will coach and mentor providers during monthly site visits on screening, investigating, and managing TB/HIV co-infection. All PLHIV visiting the CTCs will be screened for TB by trained providers. SPPCHS will support health facilities to ensure that all patients with TB symptoms and signs are promptly assessed via smear microscopy, chest X-ray, and GeneXpert, and TB culture where feasible, according to the MOHSW TB diagnostic algorithm. SPPCHS will support prison facilities to conduct quarterly TB screening and HTS for inmates and prison officers. SPPCHS will train 44 clinicians on X-ray interpretation.

Provision of equipment: SPPCHS will procure microscopes for selected health facilities, and reagents and supplies for facilities with GeneXpert and CD4 machines. The project will provide short-term TA to assess and provide preventive maintenance of equipment as the need arises.

Strengthen HTS among presumptive and confirmed TB patients and early initiation of ART among TB/HIV co-infected patients: SPPCHS will train health care providers at TB clinics to offer HTS to all presumptive and confirmed TB patients. HIV-positive individuals will receive post-test counseling, and will begin ART as specified in the national guidelines. The project will provide TA to providers in prison health facilities to conduct quarterly TB screening and diagnosis among inmates. Patients opting to test for HIV will be provided with a test.

Isoniazid preventive therapy (IPT): SPPCHS will conduct site assessments for IPT accreditation in collaboration with MOHA, CHMTs, RHMTs, and the National Tuberculosis and Leprosy Control Program, and orient providers in care and treatment clinics (CTCs) to scale up IPT services in accordance with the MOHSW's IPT roll-out plan. The project will build providers' capacity to exclude active TB through symptom screening; assess HIV patients for IPT eligibility; offer IPT; and monitor treatment appropriately. During on-site coaching, ZTAs will educate providers in CTC, TB and RCH/PMTCT clinics that provide IPT to PLHIV on avoiding the increased risk of developing isoniazid-resistant TB, stressing that concerns about isoniazid resistance should not be a barrier to providing IPT.

TB infection control. Health facilities that provide HIV and TB services require a TB infection control plan to prevent TB infection among patients, especially PLHIV, and facility staff. SPPCHS will assess the availability and decree of implementation of TB infection control plans at participating facilities and will provide TA to facilities that do not have a plan. The project will also support sites to develop and orient providers on clinical operating procedures. During registration at CTCs, a trained nurse will observe and question all patients about coughing, and will send those with a cough to the laboratory for TB tests and further assessment by a clinician.

Home-Based Care

The rapid assessment found that almost 40 percent of facilities did not have a HBC focal person; among those who had such a person, one-quarter had no supervision. The assessment also revealed a lack of proper linkages and collaboration between facilities and community HBCs. Only 20 percent of facilities provided transport or allowances to help HBC providers to track loss to follow-up and provide HBC services in communities.

SPPCHS will strengthen HBC services in police and prison health facilities through the following strategies: ensuring that each facility has a trained HBC focal person as per MOHSW guidelines; developing clear roles and responsibilities for these focal persons; providing TA to facility-based HBCs on community HBC supervision, data recording, and reporting; and providing airtime to enable HBCs to track patients with missed appointments, defaulters, and those loss to follow-up. ZTAs will provide TA to facilities to map all existing community HBC providers; and will help facility-based HBCs to conduct semiannual facility-level HBC meetings to share reports on accomplishments, challenges, next steps, and targets for the following quarter.

Orphans and Vulnerable Children

The rapid assessment showed police and prison facilities were not offering any services for orphans and vulnerable children (OVC). In line with Tanzania's *National Costed Plan of Action for Most Vulnerable Children (NCPA 2013-2017)* and the USAID Tanzania Country Development Cooperation Strategy (Intermediary Result 1.2, "*Health Status Improved*") (CDCS 2014-2019), SPPCHS will provide on-site TA to develop a checklist for screening and identifying the most vulnerable children (MVC) among those attending health facilities, particularly in clinics for antenatal, postnatal, pediatric, and malnutrition, and at HTS points.

The project will support facilities to identify MVCs and link them to appropriate OVC services. SPPCHS will conduct on-site training for providers on using index HIV-positive adults (parents and guardians) to trace exposed children. Providers will also learn OVC case management and will be trained to offer HTS, furnish referrals, and link the children to appropriate services, including care and treatment if needed. Training will emphasize prioritizing children who are HIV-positive, exposed, and those at high risk of HIV. Providers' performance will be monitored

on quarterly basis to assess the number of OVCs receiving any of a range of HIV-related services, including HTS, referrals, nutritional support, and legal support. In addition, SPPCHS will collaborate with OVC implementing partners and link OVC caregivers to training designed to strengthen their parenting skills and reduce their economic vulnerably. The project will provide TA to help facilities identify guardians/caregivers of MVCs and link them with existing community platforms for building parenting skills and economic strengthening.

AIDSFree will conduct meetings with USAID, MOHA, and MOHSW to further identify appropriate high-impact OVC interventions for implementation in police and prison settings.

Gender-Based Violence

In response to USAID/Tanzania's request to provide technical support for the gender-based violence (GBV) initiative in Tanzania, the AIDSFree team will implement three tasks:

- Helping the MOHSW to revise and update its GBV and Violence Against Children training package.
- Facilitating an Inmate Peer Education Program in Iringa/Njombe and Dar es Salaam to prevent and respond to GBV within the prison system.
- Strengthening the capacity of select Police Gender and Children Desks in Iringa/Njombe and Dar es Salaam to improve their response to GBV.

These tasks will build on AIDSFree's current work with Uniformed Services and the GBV Initiative (GBVI) Learnings activity (part of the AIDSFree Gender Portfolio) to ensure relevance. AIDSFree will work closely with current partners in the prison system and Police Gender and Children Desks to identify sites and stakeholders. The AIDSFree GBVI Learnings activity data collection in Tanzania, to take place September 14–26, 2015, will provide context to ensure that these activities align with and build on the GBVI activities undertaken to date.

AIDSFree will also conduct a quick desk review of existing key documents to understand existing GBV projects, resources, laws, and policies. This will ensure that project activities build upon, and tap into, existing activities, and engage individuals and organizations currently working on these topics.

Update MOHSW guidance on GBV and Violence against Children: In close collaboration with the MOHSW GBV Task Force, AIDSFree will support MOHSW to engage a local consultant to lead revision of the Ministry's GBV and Violence Against Children training package for providers, social welfare officers, and police and prison officials, to ensure that the five documents

comprising the package[1] are aligned with new updates, especially those on post-exposure prophylaxis and WHO management and policy guidelines. AIDSFree will plan and facilitate a three-day consultative meeting convened by the MOHSW. The meeting will be held in Morogoro with the 20 members of the GBV Task Force, with the goal of gathering the required updates and identifying the revisions that need to be made to the five documents in the Ministry's training package. The MOHSW consultant, in collaboration with AIDSFree technical staff, will compile the information from the meeting and make revisions as agreed. AIDSFree will work with the MOHSW to convene and facilitate a second three-day meeting with the 20 members of the GBV Task Force to review the revisions, verify the updates, and ensure that the changes capture the input from Technical Working Groups and reflect good practice. After this second meeting, AIDSFree will finalize the documents and will format and brand them according to MOHSW specifications.

Once the full package is finalized, AIDSFree will print 6,000 copies of the participant manuals and job aids. The MOHSW will use these to train 6,000 health providers from regions that have begun offering GBV services based on the earlier training package (Dar es Salaam, Iringa, Katavi, Mbeya, Mara, Njombe, Rukwa, and Ruvuma. In addition, 300 copies of the facilitators' manuals, assessment toolkits, and curriculum will be printed for use in regions that are currently scaling up GBV services (Dodoma, Morogoro) and the eight new priority regions in the Lake and Western Zones.

The MOHSW has stated that it will use this training package to conduct further in-service trainings regions mentioned above, using other sources of funding including organizations of the United Nations, WHO, and other international and bilateral agencies. To ensure effective use of the materials and implementation of national guidelines, the MOHSW Reproductive and Child Health Section will conduct quarterly supervision monitoring visits in its implementing areas.

Inmate Peer Education Program to Prevent and Respond to GBV: AIDSFree will work with two prisons identified in collaboration with prison officials (one in Dar es Salaam and one in Iringa) on a peer-based approach to prevent and respond to GBV in the prison system. The project will engage Sonke Gender Justice for South-to-South TA to build the capacity of local nongovernmental organizations (NGOs), such as the Children's Dignity Forum (which serves as the host organization for the MenEngage Tanzania network), the Tanzania Legal and Humans Rights Centre, Enviro Care (both of which have worked in prisons previously), and the Tanzania Human Rights Commission. AIDSFree and Sonke Gender Justice will review and adapt existing training packages for the Tanzanian prison and legal context.

[1] The five documents in the package are: (1) curriculum, (2) facilitator's manual, (3) participant manuals, (4) job aids, and (5) assessment toolkit.

Local partners, with support from Sonke Gender Justice, will design a peer education program for implementation by prison officials. The program will build on the five-day peer education training program that was developed by the CHAMPION project for the Lushoto Police Force and was extended to the prison services. The peer education program will provide education on health and human rights; address harmful male norms and behaviors that drive the spread of HIV and underpin gender inequality and GBV; train officials on current prison policies; and work with officials to develop new policies to ensure screening and support for vulnerable inmates. Training will also cover laws on sexual offenses and how these laws apply in the prison context (i.e., same-sex rape of prisoners by other prisoners or officials). The training will build on Sonke Gender Justice's experience and the manual on HIV and sexual abuse created for prison officials in South Africa, and will be adapted to the Tanzanian context.

Using Sonke's One Man Can approach to transforming prisons, AIDSFree will train new inmate peer educators, or build the capacity of existing peers, to share life-saving information on HIV prevention and treatment, GBV, and tuberculosis, and to promote health-seeking behavior among inmates. The One Man Can approach emphasizes risk awareness, consent versus coercion, stopping GBV, correct and consistent use of condoms, and voluntary medical male circumcision. The core of the approach is addressing harmful male norms and behaviors that drive the spread of HIV and contribute to violence inside and outside of correctional centers. Sonke Gender Justice will work with the Tanzanian NGOs to increase their capacity to monitor and intervene in cases of inmate abuse involving sexual violence, HIV, tuberculosis, and related human rights violations. This activity will include actions to link external psychosocial and clinical service providers with prisons.

Increase Capacity of Police Gender and Children Desks to Respond to GBV Cases: The law enforcement system and its police officers are critical to the GBV response. The Police and Children Desks were developed in Tanzania to provide confidential spaces in police stations where people who have experienced GBV can file complaints. AIDSFree will build on the work of the GBVI to strengthen the capacity of the Gender and Children Desks to respond to and investigate GBV cases; support and refer GBV survivors to clinical and community services; and deliver deterrent messages that challenge social norms condoning GBV. AIDSFree will work with the GBV Task Force and other institutions to conduct an assessment of Police Gender and Children Desks that describes current capacity and gaps, and provides recommendations on enhancing successes and filling gaps to improve quality of services. The assessment could focus on the GBV priority regions, which include Geita, Kagera, Kigmoa, Mara, Mwanza, Shinyanga, Simiyu, and Tabora (Lake and Western Zones).

Objective 2: Strengthen continuum of care for HIV infected persons

The HIV care and treatment program in Tanzania continues to face challenges in linking HIV-positive patients to pre-ART and ART services and retaining them in care. It is estimated that without intervention, less than 30 percent of people testing HIV positive will link to pre-ART care, while six-month retention among patients on ART is around 75 percent, decreasing to approximately 35 percent by the fifth year in care. Anecdotally, follow-up of defaulting patients is sporadic and inconsistent (MOHSW 2012).

Strengthening the continuum of care is a process. As a first step, SPPCHS will conduct an assessment of the functionality of any patient tracking systems that facilities are using, and the tools and procedures they use for linking, referring, and retaining HIV-positive patients.

The findings from this assessment will be used to identify corrective actions. Some of these actions may be specific to a specific facility, while others may benefit all sites. For example, the project will develop SOPs on:

- Testing, referring, and linking HIV-positive patients to care
- Retention in care (for CTCs), including key steps providers should follow during the patient visit
- Patient tracking.

ZTAs will work alongside providers to map out community PLHIV support groups in facility catchment areas and establish working relationships with these groups. CTC staff will receive TA on identifying PLHIV needs beyond facility-based care and treatment, and will refer consenting patients to appropriate support groups. Facilities will develop and update lists and contacts for nearby support groups.

The facility HIV focal person will monitor patient referrals, track referral outcomes, and inform providers on a monthly basis. SPPCHS will train the focal person and provide airtime and transport to enable follow-up of patients who have dropped out.

Facilities will also be supported to follow a Patient Escort System in which a nurse escorts patients from one point of service to another within the facility on the same day of service. This approach facilitates linkages and supports retention; for example, HIV-positive infected children could be escorted an HIV testing point to the CTC to ensure early ART initiation. The project recognizes Tanzania's shortage of nurses; but the escort system is feasible within a facility, and will require only a small portion of the providers' time; and its impact in ensuring linkage to the continuum of care is worthwhile.

ZTAs will monitor the performance of the facility referral system through referral reports and data on loss to follow-up data during supportive supervision visits. Findings on the system will be used to inform the SSAPs.

All HIV-positive patients will receive positive health dignity and prevention services (PHDP), including partner testing, STI screening, alcohol reduction counseling, family planning, GBV prevention, and ART adherence counseling. SPPCHS will train two health providers from each facility on PHDP, including providers from CTC, HTS, or TB services. On a quarterly basis, ZTAs will monitor implementation of the PHDP package and will work with providers to identify gaps and implement appropriate actions.

Objective 3: Promote HIV risk reduction and health care-seeking behaviors

Peer Education Among Inmates

SPPCHS will revitalize the peer education programs introduced by TPPI. Peer-led sessions employing evidence-based communication techniques to promote condom use, HTS, and health-seeking behavior for STIs and family planning will be scaled up in PEPFAR priority districts. The project will leverage the strengths of other implementing partners to reach patients with condoms, and to deliver targeted messages about condom use, HIV risk reduction, positive health-seeking behaviors, and prevention of harmful gender norms and GBV.

Peer counselors will be trained and supported to link those counseled with HTS, HIV care and support, STI screening and treatment, and family planning, as appropriate. Additionally, SPPCHS will support police and prison institutions to integrate current practices in HIV, TB, and GBV within their training curricula. The trained peer counselors will scale up lessons learned and best practices acquired from Sonke's One Man Can prisons transformation approach to other prisons. In the prisons, SPPCHS will advocate to prison leadership on the significance of initiating monthly peer education sessions and distribution of IEC materials among inmates.

The project will train 52 peer educators (two per prison) using the national peer education training curriculum, and will follow them up to monitor roll-out of peer education within prisons. SPPCHS will identify and train two peer educator supervisors from prison headquarters: officers who have knowledge about HIV and prior exposure to peer education support. These officers will supervise the peer educators' activities and obtain peer education reports from the prisons. They will also visit various prisons on quarterly basis to provide ongoing TA to prisoners who are peers; and will gather reports on implementation achievements, challenges, and proposed actions to address challenges. The peer supervisors will work alongside the prison liaison officer and facility in-charges to ensure that they can smoothly navigate the prison system and deliver services according to project design. ZTAs will liaise with the peer educators' focal person to

monitor implementation, obtain reports, and advise on actions to further strengthen the peer education sessions.

Condom Promotion

SPPCHS will strengthen condom promotion in police and prison facilities by ensuring that each facility has identified a condom outlet. SPPCHS will support limited community and outreach HTS and TB services targeting prisons, police and prison quarters, and police and prison training institutions in priority districts. The project will identify and adopt various MOHSW condom promotion materials, and will make them available at health facilities.

Along with HTS, trained providers will provide counseling on risk reduction and proper use of condoms, and will demonstrate condom use to patients in various waiting areas within the health facilities. Individuals consenting to HIV testing during condom promotion sessions will be referred to HTS. Patients testing positive and those with presumptive TB will be linked to a health facility for further evaluation, including early initiation of TB and/or ART in accordance to the national guidelines.

SPPCHS will facilitate procurement of at least three penile and three pelvic models for all participating facilities. ZTAs will provide TA to health providers to ensure accurate condom procurement and timely ordering to reduce the incidence of stockouts. ZTAs will support health facility in-charges to include condom distribution and use reports in the quarterly facility reports submitted to the District Offices, as a way of demonstrating need and ensuring further supplies based on data. ZTAs will work with providers to develop and implement plans for condom distribution and monitoring.

Monitoring, Evaluating, and Reporting Project Results

SPPCHS is expected to report to USAID on several monitoring, evaluating, and reporting (MER) indicators. In addition, the project will track key process and output indicators to ensure that the workplan is implemented as planned, and that objectives are being met. A comprehensive M&E plan is currently being developed; it will describe how the data for the indicators will be collected, managed, analyzed, and used.

Coordination and oversight of M&E will be the responsibility of the project's Deputy Director and Strategic Information Advisor. The ZTAs will play a key role in M&E, ensuring that facilities collect and report the required information, and that the data meet quality standards (accurate, reliable, precise, and timely). Strengthening facilities' capacity to collect, manage, and use data will be a key project objective. Where needed, facilities will be provided with computers and internet modems to improve data management, analysis, and communication; and M&E SOPs will be developed as necessary.

Providers and facility managers will be trained on proper application and use of health management information systems data collection tools, data analysis and presentation, and use of data for program planning and monitoring. Facilities will be trained to fully utilize the national database for care and treatment (CTC2) to track their HIV and TB patients. SPPCHS will also link the CTC and pharmacy modules of the database to improve commodity management and to provide sufficient data to enable facility staff to order the right amount of commodities at the right time.

SPPCHS will use supportive supervision and other site visits to check data quality, and will conduct data quality assessments to sampled sites using tools produced by MEASURE Evaluation and USAID to determine the level of accuracy, completeness, and timeliness of reported data; assess the functionality of monitoring systems; and identify areas for improvement. The Strategic Information Advisor will work closely with police and prison headquarters to ensure that service delivery data from health facilities are collected on a monthly basis, and that those facilities receive feedback on the data. Additionally, SPPCHS will develop Excel-based data processing, analysis, and producing outputs in the form of monthly reports for the project.

The project will undertake a low-cost operational study to assess HIV risk behaviors and disease burden among prisons and police, with a view to gathering accurate data to inform future programming for prisons and police health interventions.

Partnerships, Coordination, and Communication with Stakeholders

SPPCHS has a wide array of partners and stakeholders, including USAID/Tanzania, MOHA, MOHSW, regional and district health management teams, and other USAID-funded projects including JSI's Community Health Systems Strengthening project. Successful project implementation will require sound communication with these partners and good coordination among them. The project will finalize a communication plan describing when, how, and where findings, lessons learned, and experiences will be shared, disseminated, and communicated to stakeholders as appropriate.

One important communication vehicle will be donor- and national-level meetings, which will provide the project with useful updates while also offering opportunities to highlight project activities and successes. The project will also convene a coordination forum for MOHA, MOHSW, and providers on a quarterly basis to share best practices and progress in implementing the SSAPs. In addition, the project will hold quarterly meetings with MOHA (police and prison management teams) to discuss project implementation. These meetings will be guided by a

standing agenda and documented with meeting minutes. SPPCHS management will facilitate semiannual joint site visits with police and prison management teams to monitor on-the-ground implementation progress, support field teams, and facilitate the completion of planned activities.

In the GBV response, SPPCHS will partner with stakeholders such as academic and research organizations (e.g., Muhimbili University of Health and Allied Sciences), advocacy groups, NGOs, and MOHA to facilitate a multisectoral approach and support sustainability. Specific potential collaborators include the Children's Dignity Forum, the Tanzania Legal and Humans Rights Centre, Enviro Care, and the Tanzania Human Rights Commission, as mentioned earlier, along with others still to be identified.

Cost Sharing

The rapid assessment showed that most project sites are not well equipped, and that even those with equipment do not perform proper servicing and maintenance. Of the 67 laboratories assessed, only 14 (21 percent) had functioning equipment. Of 12 hematology machines available across all 33 sites, only one was fully functional, while two of the nine biochemistry machines were functional. SPPCHS will work with Project C.U.R.E. to provide some of the necessary equipment and medical supplies to complement the USAID investment in police and prison sites. The magnitude of this cost sharing will depend on actual facility needs and the ability of Project C.U.R.E to meet these needs. Each quarter, SPCHSS will track and report on medical and laboratory equipment and supplies donated by Project C.U.R.E to establish the actual cost share.

SPCHSS is working to identify opportunities to co-locate its field-based staff in regional or district authority offices so that the Government of Tanzania also contributes to this program.

MANAGEMENT AND OPERATIONS

Recognizing the need to support direct service delivery at health facility level, SPPCHS has recruited four field-based Zonal Technical Advisors or ZTAs who will work with providers to carry out the activities proposed in this workplan. These ZTAs will receive technical backstopping from the Technical Director, who will also conduct supportive supervision visits to various zones to monitor and ensure quality in the implementation of project activities.

SPPCHS uses the existing, robust JSI financial management system, which ensures that any spending adheres to JSI and USAID financial rules and regulations. The Finance Manager and Accountant will support the team to ensure that financial management standards are met at all times. The finance team will receive backstopping from an experienced Finance and Administration Director.

SPPCHS will explore opportunities for co-locating field offices with JSI's Community Health and Social Welfare System Strengthening project to leverage synergy and reduce costs where appropriate. Field visits will be coordinated to maximize the efficiency of time and fuel costs, and where possible, staff conducting activities in similar directions or regions will share transport.

The SPPCHS team includes a Strategic Information Specialist and Data Manager, who are responsible for accurate data collection, validation, analysis, reporting, synthesis, and sharing, with special emphasis on donor-reported and project-level indicators. In addition, all technical staff will be engaged in data and program reviews and will use data for planning. Staff will also facilitate feedback to health facilities.

During PY 2, SPPCHS will hire four technical staff (a Health Systems Strengthening Advisor, a Quality Improvement Officer, two Liaison Officers, and a Data Manager) and additional administrative and operations staff (two project drivers in the Dar es Salaam office and one each in Njombe and Tabora; two Accountants; and Office Attendants).

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ANNEX 1. PY2 (FY 2016) IMPLEMENTATION PLAN

STRENGTHENING POLICE AND PRISON COMPREHENSIVE HIV SERVICES (SPPCHS) PY 2 IMPLEMENTATION PLAN													
PROGRAM ACTIVITIES for PY2 October 1, 2015 to September, 30, 2016													
MAIN ACTIVITIES	**SPECIFIC ACTIVITIES**	**Q1**			**Q2**			**Q3**			**Q4**		
		O	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**
I. Assist health facilities to develop Site-Specific Action Plans (SSAPs)													
Site-Specific Action Plans (SSAPs)	1. Develop SSAPs with health facility staff	x	x	x									
	2. Conduct site visit to monitor implementation of SSAPs		x	x	x	x	x	x	x	x	x	x	x
	3. Update SSAPs to accommodate new actions			x			x			x			x
II. Strengthen Provision of Comprehensive HIV and TB services													
Objective 1: Strengthen capacity of prison and police health facilities to provide quality, comprehensive HIV and TB services													
HIV testing services (HTS)	1. Conduct on-site training of health providers on PEPFAR guidance	x	x										
	2. Conduct refresher training to 88 health care providers on HTS		x										
	3. Provide TA to health providers to conduct HIV prevention education among inmates			x			x			x			
	4. Support health facilities to conduct quarterly HTS and TB screening among inmates		x			x			x			x	
	5. Develop protocol for outreach HTS services	x											
	6. Provide on-site TA and mentor staff on outreach HTS			x			x			x			x
	7. Conduct outreach HTS services in prisons, police and prison quarters and their institutions			x			x			x			x
	8. Provide on-site TA to heath care providers on the HIV-positive patient follow-up consent form		x			x			x			x	
	9. Conduct 3 days training on commodity management for 44 health providers			x		x							
	10. Provide on-site TA on how to implement peer-to-peer supervision of HTS			x			x			x			x
	11. Conduct joint support supervision of HTS services for priority and non-priority districts		x			x			x			x	

Elimination of mother-to-child transmission of HIV (eMTCT)	1. Conduct a 3 day eMTCT Option B+ refresher training to 88 health care providers				x								
	2. Provide on-site TA on PMTCT guidelines, SOPs and M&E tools	x	x	x									
	3. Provide on-site TA on health talks at ANCs			x			x			x			x
	4. Develop SOPs for identifying and tracking HIV infected pregnant women, HIV infected mothers and their HIV-exposed infants (HEI)					x							
	5. Quarterly meetings with community HBC and health care providers on linkages between facility and community			x			x			x			
	6. Conduct site visits to assess implementation of eMTCT Option B+ services and SSAPs				x	x	x	x	x	x	x	x	x
	7. Conduct joint supportive supervisions to health facilities using MOHSW checklist		x			x			x			x	
Pediatric and adult HIV care and treatment	1. Train HCPs on the Chronic Care Model, enhanced PEPFAR/MOHSW pediatric supportive supervision checklist and new MOHSW Observer checklist for conducting patient assessments				x								
	2. Identify pediatric focal ZTA and collaborate with Baylor to improve pediatric HIV and TB services in police and prison facilities				x								
	3. Conduct 3 days ART adherence counseling training to 45 health care providers						x						
	4. Distribute equipment donated by project C.U.R.E. and train staff					x	x						
	5. Hire Laboratory consultant to develop facility equipment service and maintenance plans			x	x	x							
	6. Procure HIV test kits & CD4 reagent buffer stock			x									
	7. Conduct health facility accreditation for providing ART services using the updated NACP accreditation checklist					X			x			x	
	8. Provide on-site TA for health providers to conduct quarterly review of pre-ART patients, identify those eligible for ART and start them on treatment			x			x			x			x
	9. Provide TA to health providers to review conduct quarterly review of CTC2 database and identify patients lost to follow-up or missing appointment				x			x			x		
	10. Conduct joint supportive supervision with MOHA & MOHSW in health facilities located in priority and non-priority districts		x			x			x			x	
TB/HIV collaboration	1. Conduct 3 days TB/HIV refresher training to 44 health care providers						x						
	2. Conduct 5 days chest X-ray interpretation training to 44 health providers						x						

	3. Provide TA to health providers to review and appraise implementation of collaborative TB/HIV activities				x			x			x		
	4. Provide on-site training of 44 health providers on various TB tools				x			x			x		
	5. Procure buffer stock of reagents for GeneXpert and CD4 machines			x				x					
	6. Provide TA to facilities in central prisons to conduct quarterly TB screening in prisons		x			x			x			x	
	7. Conduct site assessment for IPT accreditation	x	x							x			
	8. Provide TA to health facilities staff on implementation of TB Infection control plan			x			x			x			
	9. Assess implementation of TB/HIV collaborative activities			x			x			x			x
	10. Conduct on-site training to 84 HCPs on clinic operating procedure (COP)				x			x			x		
Home-based care (HBC)	1. Identify focal persons for all health facilities without HBC focal persons		x	x									
	2. Conduct 5 days HBC training to 44 facility-based HBC focal persons							x					
	3. Conduct a mapping exercise to identify existing community-based HBC providers				x								
	4. Engage health facility in charge in writing HBC JDs			x									
	5. Develop HBC SOP to assist in consistent patient tracking				x								
	6. Conduct semiannual facility HBC meetings						x						x
Orphans and vulnerable children (OVC)	1. Develop OVC screening tool			x									
	2. Conduct on-site training of health care providers on the OVC screening tool				x		x						
	3. Map OVC services available around the police and prison health facilities				x	x	x						
	4. Provide on-site TA to identify HIV infected and affected children				x		x		x		x		
	5. Conduct on-site mentoring on linking MVCs to other related services				x		x		x		x		
	6. Train 35 health care providers on OVC management & referrals							x					
	7. Provide TA to health facilities to identify and link caregivers to existing community platforms				x		x		x		x		
	Update MOHSW GBV and Violence Against Children training package												
Gender-based Violence (GBV)	1. Launch meeting with the MOHSW		x										
	2. First consultative meeting			x									
	3. Second consultative meeting			x	x								
	4. Finalize training package (all five components)				x	x	x						

	5. Copyediting, formatting (including branding), and printing						x						
	Strengthen Peer Education Program and CSO Monitoring Capacity to Prevent and Respond to GBV in Prisons												
	1. Document Review	x	x										
	2. Needs Assessment			x	x	x							
	3. Technical Assistance						x	x	x	x	x	x	x
	4. Report on Technical Assistance Provided				x			x			x		
	Increase Capacity of Police Gender and Children Desks												
	1. Document Review	x	x										
	2. Needs Assessment			x	x	x							
	3. Technical Assistance						x	x	x	x	x	x	x
	4. Report on Technical Assistance Provided				x			x			x		
Objective 2: Enhance patient retention and linkage to continuum of care													
Strengthening referrals, follow-up, and tracking systems	1. Conduct an assessment to determine the availability and functionality of systems and tools for linking, referring, retaining and tracking HIV-positive patients	x	x										
	2. Develop SOPs		x	x									
	3. Conduct on-site training and mentoring of HIV focal person on patient tracking, referrals and linkages				x			x			x		
	4. Map out community PLHIV support groups around the supported health facilities				x								
	5. Provide TA to assess needs of PLHIV and refer them to appropriate community support group				x			x			x		
	6. Conduct 3 days PHDP training to 88 health care providers						x						
	7. Develop and distribute job aids to support provision of PHDP services					x							
	8. Provide on-site TA to review PHDP service reports, identify gaps, and implement appropriate actions						x			x			
	9. Provide TA to review CTC2 database and referral data and take appropriate action				x			x			x		x
Objective 3: Promote HIV risk reduction behaviors in prisons, police and prison quarters and training institutions													
Peer education among inmates	1. Identify two peer educator focal persons at prison headquarters		x										
	2. Train 52 peer educators (two per facility plus 2 focal persons) for 3 days on the provision of HIV and AIDS education in selected prison health facilities.			x		x							

	3. Support Peer Educators focal person to conduct supportive supervision of peer education activities in various prisons					x		x		x		x	
	4. Conduct quarterly supportive visits to prisons implementing peer education					x			x			x	
	5. Update the HIV and AIDS module in police and prison college curriculum to reflect current and most recent emerging HIV and AIDS								x	x	x		
	6. Train 20 representatives from MOHA (prison and police) for 3 days on the updated HIV and AIDS module integrated in their curriculum							x					
Condom promotion, HTS and TB screening	1. Identify existing condom outlets in all health facilities;				x								
	2. Facilitate establishment of at least one friendly condom outlet per facility					x							
	3. Adopt and print MOHSW condom promotion materials for the supported facilities			x									
	4. Provide on-site TA on conduct condom promotion and education sessions in various waiting areas at the facilities					x					x		
	5. Distribute condom promotion IEC materials				x					x			
	6. Procure 132 penile and 132 pelvic models for condom demonstration			x									
	7. Develop a plan for monitoring condom supply.		x	x									
III. Strengthen Monitoring, Evaluating, and Reporting Project Results													
Continuous monitoring, evaluation, and reporting	1. Recruit Data Manager/M&E Officer		x										
	2. Provide on-site training of health care providers on data collection, analysis and use			x			x			x			
	3. Develop Excel-based database for tracking site-level performance		x										
	4. Conduct DQA on annual basis							x	x				
	5. Procure desktop computers and internet modem		x										
	6. Prepare PROMIS data for Quarterly progress results (QPR), SAPR and APR16				x			x			x		
	7. Conduct OR on HIV risk behaviors and disease burden among prisons and police										x	x	x
	8. Finalize preparation of project PY2 M&E plan	x	x										
	9. Hire Consultant to link CTC and Pharmacy module of CTC2 data base to enhance commodity management			x	x	x							

IV. Strengthen Coordination, Partnerships and Communication with Stakeholders													
Coordinate and communicate with stakeholders	1. Disseminate project communication plan developed in PY1		x										
	2. Conduct Quarterly meetings with police and prison HQ staff	x			x			x			x		
	3. Conduct quarterly project meetings with police and prison headquarters, Regional Police and Prison Commanders and in-charges of health facilities			x			x			x			x
	4. Participate in USAID IPs meetings			x			x			x			x
	5. Participate in National Technical Working Group meetings			x			x			x			x
	6. Submit Quarterly and Annual Project Progress Reports			x			x			x			x
	7. Participate in National & International Conferences						x			x			
V. Management and Operations													
Hiring project staff	1. Recruit staff	x											
	2. Orient new recruits on SPPCHS project	x	x										

ANNEX 2. PY 2 (FY 2016) SITES LIST

S/N	Region	District	Facility	PEPFAR Classification
1	Arusha	Arusha City Council	FFU Dispensary	Scaleup Saturation
2	Dar es Salaam	Ilala MC	Ukonga Magereza Dispensary	Scaleup Saturation
3	Dar es Salaam	Ilala MC	Ukonga Dispensary	Scaleup Saturation
4	Dar es Salaam	Ilala MC	FFU Dispensary	Scaleup Saturation
5	Dar es Salaam	Ilala MC	Segerea Prison Dispensary	Scaleup Saturation
6	Dodoma	Dodoma MC	Police Central Health Centre	Scaleup Saturation
7	Dodoma	Dodoma MC	Isanga Prison Dispensary	Scaleup Saturation
8	Iringa	Iringa MC	Police Dispensary	Scaleup Saturation
9	Iringa	Iringa MC	Magereza Dispensary	Scaleup Saturation
10	Lindi	Lindi MC	Magereza Dispensary	Scaleup Saturation
11	Lindi	Lindi MC	Mitwero FFU Dispensary	Scaleup Saturation
12	Mara	Musoma MC	Magereza Dispensary	Scaleup Saturation
13	Mara	Musoma MC	Musoma Police Dispensary	Scaleup Saturation
14	Mbeya	Mbeya City Council	Ruanda Prison Dispensary	Scaleup Saturation
15	Mbeya	Mbeya City Council	FFU Dispensary	Scaleup Saturation
16	Morogoro	Morogoro MC	FFU Dispensary	Scaleup Saturation
17	Morogoro	Morogoro MC	Magereza Dispensary	Scaleup Saturation
18	Mwanza	Nyamagana MC	Mabatini Police Dispensary	Scaleup Saturation
19	Mwanza	Nyamagana MC	Butimba Prison Dispensary	Scaleup Saturation
20	Njombe	Njombe TC	Magoda Dispensary	Scaleup Saturation
21	Ruvuma	Songea MC	Magereza Health Centre	Scaleup Saturation
22	Ruvuma	Songea MC	FFU Dispensary	Scaleup Saturation
23	Shinyanga	Shinyanga MC	Kambarage-Police Dispensary	Scaleup Saturation
24	Shinyanga	Shinyanga MC	Magereza Dispensary	Scaleup Saturation
25	Tabora	Nzega DC	Budushi Dispensary	Scaleup Saturation
26	Tabora	Tabora MC	Police Dispensary	Scaleup Saturation
27	Tabora	Tabora MC	Uyui Dispensary	Scaleup Saturation
28	Tanga	Tanga City Council	Maweni Prison Dispensary	Scaleup Saturation
29	Mjini Magharibi	Mjini	Ziwani Police PHCU	Scaleup Saturation
30	Mjini Magharibi	Mjini	Mafunzo Dispensary	Scaleup Saturation
31	Dar es Salaam	Kinondoni MC	Oysterbay Police Dispensary	Scale up Aggressive
32	Dar es Salaam	Temeke MC	Kilwa Road Police Dispensary	Scale up Aggressive
33	Dar es Salaam	Temeke MC	Keko Prison Dispensary	Scale up Aggressive
34	Kigoma	Kigoma DC	Polisi Dispensary	Scale up Aggressive

35	Arusha	Arusha DC	Magereza Dispensary	Sustained-Passive enrolment
36	Kagera	Bukoba MC	Buyekela Policeline Health Centre	Sustained-Passive enrolment
37	Morogoro	Morogoro DC	Kihonda Magereza Dispensary	Sustained-Passive enrolment
38	Mtwara	Mtwara Mikindani MC	Police Dispensary	Sustained-Passive enrolment
39	Mtwara	Mtwara Mikindani MC	Magereza Dispensary	Sustained-Passive enrolment
40	Njombe	Njombe DC	Polisi Dispensary	Sustained-Passive enrolment
41	Pwani	Bagamoyo DC	Ubena Prison Dispensary	Sustained-Passive enrolment
42	Tanga	Korogwe TC	M/Prison Dispensary	Sustained-Passive enrolment
43	Kilimanjaro	Moshi MC	Magereza Health Centre	Sustained-Passive enrolment
44	Manyara	Babati TC	Magereza Dispensary	Sustained-Passive enrolment

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