TANZANIA FINAL REPORT

September 1998–September 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT

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In partnership with

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Population Services International (PSI)
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Dr Eric van Praag, Country Director
FHI/Tanzania

GLOSSARY OF ACRONYMS

AIDSCAP	AIDS Control and Prevention Project
AMREF	African Medical and Research Foundation
ARV	Antiretroviral drug
CBO	Community-based organization
CTC	Care and treatment clinics
FBO	Faith-based organization
HBC	Home-based care
HIV	Human immunodeficiency virus
IMPACT	Implementing AIDS Prevention and Care Project
MOH	Ministry of Health
MOH&SW	Ministry of Health and Social Welfare
NACP	National AIDS Control Programme
NGO	Nongovernmental organization
OVC	Orphans and other vulnerable children
PATH	Program for Appropriate Technology in Health
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHA	People living with HIV/AIDS
TA	Technical assistance
TACAIDS	Tanzania Commission for HIV/AIDS
TAP	Tanzania AIDS Project
VCT	Voluntary counseling and testing
USAID	US Agency for International Development

TABLE OF CONTENTS

ACKNOWLEDGMENTS 1
I. EXECUTIVE SUMMARY 4
II. PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS5
Introduction..... 5
Country Context..... 5
Program Strategies and Activities..... 7
Implementation and Management..... 11
Program Results..... 11
III. LESSONS LEARNED AND RECOMMENDATIONS 13

I. EXECUTIVE SUMMARY

The Implementing AIDS Prevention and Care (IMPACT) Project in Tanzania provided strategic technical assistance (TA) to the Government of the United Republic of Tanzania and the US Agency for International Development (USAID); strengthened the capacity of public and private organizations at district and community levels; and assisted the government to develop appropriate strategies, policies, and systems.

Throughout the project, IMPACT offered technical, management, and coordination assistance to the Government of Tanzania, which resulted in the development of national guidelines, strategies, and policies in the areas of care, treatment, and support. The project trained home-based care (HBC) service providers and supervisors in communities, who provided valuable care and support services to people living with HIV/AIDS (PLHA) and orphans and other vulnerable children (OVC). The project also provided intensive technical assistance at three care and treatment sites in support of the government's *HIV/AIDS Care and Treatment Plan.* IMPACT paved the way for a larger bilateral contract with USAID that focuses on strengthening the rollout of care, treatment, and support services for families affected by HIV/AIDS and vulnerable children.

The important lessons learned during this phase, prior to the introduction of free antiretroviral therapy (ART) in Tanzania, was the supportive role HBC services play in linking clinical and social care services. In addition, the type of care FHI promoted in Tanzania demonstrated clearly the invaluable role HBC continues to play when clients and their families start ART in a home setting.

II. PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS

Introduction

USAID supported the IMPACT Project in Tanzania between 1998 and 2006, obligating a total of $2.3 million. Initially, IMPACT/Tanzania focused on providing TA, as requested by USAID/Tanzania, on an as-needed basis. With a sharp increase in funding through the US President's Emergency Plan for AIDS Relief (PEPFAR), IMPACT/Tanzania established a small office in May 2004 to direct more intensive TA in the areas of care and treatment, OVC, and capacity building.

Through the life of the project, IMPACT/Tanzania guided and supported the work of a range of partners, including the Ministry of Health and Social Welfare (MOH&SW), nongovernmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs).

Country Context

The United Republic of Tanzania is an East African country bordered by Kenya and Uganda on the north; Rwanda, Burundi, and the Democratic Republic of Congo on the west; Zambia, Malawi, and Mozambique on the south; and the Indian Ocean on the east. At 364,875 square miles, Tanzania is comparable in size to Nigeria, and slightly more than twice the size of California.

Tanzania is divided into 26 regions (*mkoa*), twenty-one on the mainland and five on Zanzibar (three on Unguja, two on Pemba). Ninety-eight districts (*wilaya*), each with at least one council (or local government authority), have been created to increase local authority. In 1996, government offices were transferred from Dar es Salaam to Dodoma, making it the country's political capital. Dar es Salaam continues to be Tanzania's largest city and its most important center of commerce.

HIV/AIDS in Tanzania

The United Republic of Tanzania is a high-burden, low-income country that is facing one of the largest HIV epidemics in the world—one that is mature, generalized, and still growing. According to the *Tanzania HIV/AIDS Indicator Survey 2003–04*, the overall prevalence on the mainland is 7.2 percent among those ages 15–49. The rate found in this population-based survey was lower than expected. It suggests that the HIV/AIDS epidemic shows strong demographic and geographical variation: prevalence in regions such as Mbeya and Iringa is around 14 percent, while it is around 2 percent in regions such as Manyara and Kigoma. The proportion of children younger than 15 who have lost both parents doubled between 1996 and 1999. According to UNICEF's 2006 report, *Africa's Orphaned and Vulnerable Generations: Children affected by AIDS*, the number of orphans is nearly 2.4 million; of these, 44 percent are estimated to have lost their parents to AIDS.

Policy Response to HIV/AIDS

A strong national policy framework guides Tanzania's national response, and political commitment to fight the HIV/AIDS epidemic is high throughout the government. The MOH&SW established the National AIDS Control Programme (NACP) in 1985, and the Tanzania Commission for HIV/AIDS (TACAIDS) was created in 2001 to lead the national response. The role of TACAIDS is to intensify the national response through strategic leadership; policy guidance; and the coordination of public, voluntary, private, and community efforts. The MOH&SW and the NACP provide leadership in policy and programming within the health sector, with TACAIDS supporting the national planning process, fundraising, and program evaluation.

The National Multi-Sectoral Strategic Framework on HIV/AIDS, 2003–07, officially launched by the MOH in May 2003, provides strategic orientation for the implementation of the national response. In February 2003, the NACP also developed its health sector strategy on HIVAIDS for 2003–08, which outlined a five-year plan of activities, including care and treatment for people living with HIV/AIDS (PLHA). The strategy was based on a comprehensive situation analysis, field observations, technical inputs from teams of experts in thematic working groups, and broad stakeholder input. It proposed a cautious, step-by-step, integrated scale-up of ART, from tertiary centers to include up to 15,000 people on treatment by the end of 2006. Based on this health sector strategy, Tanzania experts and an international team sponsored by the William J. Clinton Foundation jointly developed a five-year national care and treatment plan.

Adopted in October 2003, Tanzania's *HIV/AIDS Care and Treatment Plan* expands the objective of the health sector strategy by providing ART to all eligible PLHA by the end of 2008. The Quick Start program was initiated by FHI and Deloitte Consulting, Ltd. in November 2003 to prepare 19 selected health facilities to begin providing ART within a three-month period. Subsequently, in an attempt to integrate various plans and frameworks, a broad team (including the MOH, the NACP, the World Health Organization and NGOs) developed an operational plan for care and treatment for HIV/AIDS that covered a one-year period beginning in July 2004 and projected the involvement of 96 health facilities.

The response capacity of the overall health sector in Tanzania is rated as high, compared to other countries in sub-Saharan Africa with similar levels of development. Access to ART is expanding gradually but steadily, and voluntary counseling and testing (VCT) sites and HIV care and treatment sites at hospitals are available nationwide. However, the scale-up of HIV/AIDS care and treatment services has been constrained by insufficient access to entry points at dispensary and health-center levels. Above all, planning and the availability of human resources provide the greatest challenge. For example, most hospitals have no physician at outpatient clinics, and none of the dispensaries or health centers has graduate cadres.

Stigma is widely prevalent. Initial reports when treatment was made available indicate a strong resistance to disclosing serostatus or sharing treatment information with a household member.

Program Strategies and Activities

Initially, IMPACT/Tanzania provided short-term TA to USAID/Tanzania, the MOH&SW, and international and local NGOs. In FY 04, IMPACT/Tanzania received substantial funding through PEPFAR, allowing the establishment of a country office. The TA focused strategically in the areas of care, treatment, and support.

In early FY 04, IMPACT/Tanzania presented a concept proposal for PEPFAR Track 1.5 to provide TA for care and support activities, including for the NACP's care and treatment unit and care and social support unit, for implementation of HIV clinical care and treatment at three sites supported by the Quick Start program (managed by Deloitte Consulting, Ltd.), and support to HBC and OVC activities under the Tumaini Program managed by CARE International.

In February 2004, an IMPACT/Tanzania assessment team met with potential partners, including the MOH/NACP, the USAID mission, Care International, PharmAccess Foundation, the William J. Clinton Foundation, Deloitte Consulting Ltd., and others on the design of a rapid assessment plan for potential Quick Start ART sites and their linkages to other HIV/AIDS programs.

IMPACT/Tanzania's assistance responded to the care and support needs outlined in Tanzania's national health sector strategy, finalized by the MOH/NACP in early 2003.To support the increased activity level, a country office opened in May 2004 with a small staff.

Phase One: Assessments and Strategy Development, 1998–2004

From 1993 to 1997, HIV/AIDS funding from USAID was managed by FHI's AIDS Control and Prevention (AIDSCAP) Project, under the Tanzania AIDS Project (TAP). TAP utilized a "cluster" strategy, with CBOs in confined geographical areas networking to maximize the effectiveness of local CBOs that previously worked separately to curb the epidemic. Brought together to work in regional clusters, these organizations were able to jointly plan and implement activities.

In 1998, USAID/Tanzania requested the project to conduct assessments of the cluster concept and peer education, two TAP strategies. In-country experts contributed to the assessments, which were led by two global IMPACT partners.

Peer education: Led by IMPACT partner Program for Appropriate Technology in Health (PATH), the assessment analyzed NGO capacity to implement peer education activities; the impact of a decentralized approach to peer education; the cost of peer education per person reached; and the feasibility of broadening the content of peer education messages to include reproductive health messages.

The key finding was that the peer education program implemented by the NGO clusters was a hybrid approach, one that combined peer education with a more general community health approach within a broad public health area.

While not part of the original design, the peer education approach enabled TAP to educate a larger number and broader cross-section of people on HIV/AIDS and related topics. The assessment concluded that the training was more or less adequate, but it could be made more specific to HIV prevention and support. The extent of supervision and follow-up varied, due to logistical and financial constraints, but decentralization had a positive impact on peer education programs and should go further, particularly with regard to the selection and training of peer educators and the planning of interventions.

Cluster management: Led by IMPACT partner Management Sciences for Health, the assessment analyzed the strengths and weaknesses of the cluster organizational structure, the opportunities and constraints associated with decentralizing the clusters from regional to district levels, and the training needs of the NGO cluster leadership.

The report concluded that the clusters represented a significant degree of cooperation between NGOs and the public sector that mobilized expertise and resources from local governments, but that overlapping roles and responsibilities at the regional, district, and ward levels caused misunderstandings and hampered working together. Other summary findings of the assessment follow:

- NGOs involved with the clusters focused too intently on income-generating activities instead of primary project objectives.
- Strategic planning was not adequately used as a management tool.
- Monitoring and evaluation was the greatest weakness.
- Expanding clusters to work in reproductive health was a sound idea that helped to meet clients' needs.

Assessment of care and support: USAID/Tanzania commissioned IMPACT to conduct assessments of care and support systems. In September 2000, IMPACT/Tanzania supported an assessment of care and support activities in three districts. Based on these results, the MOH and USAID developed strategies for strengthening health facilities and other entities to meet the growing need for care and support activities.

During a follow-up consultative workshop, components of an essential district package of HIV/AIDS care and support were developed, and IMPACT/Tanzania finalized, produced, and disseminated the workshop report for the MOH and others to use in shaping further care and support activities in the country. Between 2001 and 2004, when the full program began, IMPACT/Tanzania consultancies were a follow-up to this assessment.

Chronic illness care: In the follow-up to the 2000–01 assessment and at the request of the MOH-NACP through the USAID mission, IMPACT/Tanzania engaged a consultant in 2002 to provide further documentation. The consultant carried out a desk review of care and support activities in Tanzania and sub-Saharan Africa, reviewing programs that offered possible sustainable approaches to home-based, hospice, and ambulatory care for HIV and opportunistic infections. The consultant also identified related training, support, and monitoring and evaluation strategies needed to build capacity for implementing these programs. The major outcome of this assessment was a detailed report, *Sustainable*

Home-based, Hospice/Ambulatory HIV or Chronic Illness Care in Sub-Saharan Africa, which became a baseline document of all strategic planning activities by the NACP.

Home-based care*:* In another follow-up to 2000–01 assessment activities, IMPACT/Tanzania engaged the consultant in 2002 to provide further documentation and carry out field research that identify models of HBC programs in Tanzania. The consultant analyzed district and national linkages to support care and support programs; determined the status of the NACP in developing a care and support strategy; and examined available in-service training on care and support in the public and NGO sectors. The assessment report, *Overview of Community Home-based Care Services for People Living with HIV/AIDS and Other Chronic Illnesses in Tanzania*, was used by USAID/Tanzania to design a large comprehensive care and support program across a continuum. This program, later called Tumaini, was implemented by CARE International, with FHI as the lead technical agency.

VCT review: In 2001, IMPACT/Tanzania provided TA to the African Medical and Research Foundation (AMREF) on different approaches to VCT promotion, based on a literature and field review on VCT strategies within sub-Saharan Africa. It contributed to recommendations included by AMREF in their follow-up approaches on VCT in Tanzania.

National HIV/AIDS health sector strategy: In January and February 2003, IMPACT/Tanzania coordinated TA and the participation of four consultants—experts in public health and HIV care and treatment services—in the development of the MOH's strategic plan. The consultants, as part of smaller working groups, collaborated with other experts and MOH staff to develop the health sector strategy on HIVAIDS for 2003–08. The plan was accepted by the MOH in late 2003.

OVC situational assessment: In February 2004, on behalf of the TAC, a team of OVC specialists led by IMPACT/Tanzania conducted an assessment of the national response to the OVC situation. The taskforce assessed progress, constraints, and opportunities at national and district levels, as well as resources required for scaling up the response. Field visits were undertaken in Mwanza/Kagera, Mbeya, and Coast/Dar es Salaam, regions particularly affected by HIV since the 1980s. Report findings were presented to the MOH and USAID.

As a follow-up to the assessment, IMPACT/Tanzania supported a consultant to facilitate a workshop held 3–5 March 2004 to design the OVC component of the government's round four application to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The forum comprised a broad range of stakeholders working with OVC, including representatives from the key sector ministries, district authorities, NGOs, CBOs, FBOs, and development partners.

Antiretroviral drugs and private pharmacies: IMPACT/Tanzania conducted small operational assessments to inform national decisions on the management by private pharmacies of antiretroviral drugs (ARVs) and produced a report, *ARV Availability and*

Dispensing Practices among Private Pharmacies in Dar es Salaam. The NACP used these findings to develop a strategy to involve smaller private clinics in trainings on treatment.

Phase Two: Care, Treatment, and Support Services, 2004–06
In 2004, IMPACT/Tanzania established an office in Dar es Salaam and employed permanent staff in the areas of HIV care, treatment, and support. This allowed the country program to move beyond special studies and strategy development into TA in program planning and service delivery.

Voluntary sector health program: Beginning in FY 04, IMPACT/Tanzania provided TA in HBC and OVC support to the Voluntary Sector Health Program, later known as the Tumaini Program. In 2005, IMPACT/Tanzania conducted trainings in supervisory skills for 179 OVC supervisors and facilitated a nine-day supervisory-skills training workshop for 35 HBC program staff. In addition, IMPACT/Tanzania facilitated the provision of HBC kits and provided TA to train over 750 community HBC volunteers for the Tumaini Program.

Clinical care for people living with HIV/AIDS: In 2005, FHI provided technical support to the Quick Start program implemented by Deloitte Consulting Ltd. to establish care and treatment clinics (CTC) at three hospitals. Deloitte provided equipment to the clinics, and IMPACT/Tanzania provided TA on infrastructure improvements. Under FHI's technical leadership, the CTCs became fully operational, providing general care and treatment to PLHA.

In addition, IMPACT/Tanzania helped develop a MOH training curriculum that was used to train 53 CTC service providers. All relevant staff (520) in the three facilities received orientation and training to improve ART literacy and their understanding of operational procedures for prevention, care, and treatment. IMPACT/Tanzania also played a critical facilitating role to ensure that national patient identification cards, data collection forms, and monthly reporting forms are used by all CTC sites in Tanzania.

Support to the Ministry of Health
Beyond providing TA to facilities in collaboration with Deloitte, which managed the grants, IMPACT/Tanzania provided direct TA for the Quick Start program to the NACP in care and treatment and palliative care through HBC services, as well as OVC support to the Department of Social Welfare.

Care and treatment: IMPACT/Tanzania provided support to the NACP on care and treatment training, the development of training materials, and the finalization of national care and treatment guidelines for healthcare workers. IMPACT/Tanzania facilitated the finalization of HBC guidelines and the national HBC training curriculum, along with the associated trainer's manual for the MOH. FHI pilot-tested the curriculum during the training of 750 community-based HBC volunteers and supervisors of the Tumaini Program. IMPACT/Tanzania supported the printing of 30,000 copies of the care and

treatment guidelines, 22,000 copies of the HBC guidelines, and 40,500 copies of reference booklets for community-based volunteers.

IMPACT/Tanzania facilitated the participation in December 2005 of Dr. Vida Mmbaga, clinical coordinator of care and treatment at Iringa Regional Hospital, at the 14th International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa, held in Abuja, Nigeria.

Orphans and other vulnerable children: IMPACT/Tanzania supported the development and field-testing of data collection tools that captured information on the number of OVC and the types of services being provided to them. IMPACT/Tanzania continued second-phase activities, including fine-tuning the national mapping system of the MOH&SW's Department of Social Welfare and its district offices. The system was designed to map activities of civil society and community organizations supporting OVC activities at community levels. In support of the department, IMPACT/Tanzania was also involved in the development of a national action plan for OVC.

Implementation and Management

IMPACT established an office in May 2004 after a period of consultancies from 2002 to 2004, and was able to solicit direct USAID/Tanzania funding through a bilateral agreement. The office staff consisted of the country director, a senior technical officer, a finance officer, and an administrative assistant, and eventually grew to include several senior technical officers.

A unique feature was the office's location in a building occupied by other HIV care and treatment partners, including Columbia University, the Clinton Foundation HIV/AIDS Initiative, and PharmAccess Foundation. Some support staff were shared between partners, and the open floor plan facilitated exchange of experiences, coordination, and collaboration. Other partners moved into the building in 2005–06, including Balm in Gilead, Inc., and the American International Health Alliance.

Program Results

Program Outputs

IMPACT/Tanzania produced the following deliverables:

Documents to inform strategic planning

Assessment of Tanzania AIDS Project (TAP) "cluster" strategy (1998)
Assessment of Tanzania AIDS Project (TAP) peer education activities (1998)
Assessments of care and support activities in three districts of Tanzania (2000)
Literature review of VCT promotion (2001)
Overview of Community Home-based Care Services for People Living with HIV/AIDS and Other Chronic Illnesses in Tanzania (2002)
Sustainable Home-based, Hospice/Ambulatory HIV or Chronic Illness Care in Sub-Saharan Africa (2002)
Assessment of the national response to the OVC situation (2004)

Proposed national social marketing plan (2004)
ARV Availability and Dispensing Practices Among Private Pharmacies in Dar es Salaam (2005)

Policies, strategies, guidelines, and training modules
Health sector strategy on HIVAIDS for 2003–2008 (2003)
Home-based care service guidelines (2005)
Jinsi ya Kuhudumia Wagonjwa Majumbani (a volunteers' reference manual) (2005)
National action plan for orphans and most vulnerable children (2005)
National Care and Treatment Guidelines (2005)
National home-based care training curriculum (2005)

Training
The following table shows the number of persons trained by IMPACT and the type of training between 1998 and 2006.

Type of training	**# trained**
OVC supervisory skills trainings	179
Community-based HBC	750
HBC supervisory skills trainings	35
HIV clinical care, including ART	53
OVC supervisory skills trainings	520

ART scale-up in rural areas
IMPACT/Tanzania pilot-tested the provision of ART services in a rural health center in 2004 and 2005, providing technical support to the Mto wa Mbu health clinic in the Arusha region. It became the first health center to be certified and accredited as a CTC site in the country.

Following this successful pilot, the MOH&SW decided to scale up ART services in selected rural health centers in an effort to increase service accessibility and availability for Tanzanians, 75 percent of whom live in rural areas. Its success led to an MOH policy in 2006 to involve health centers in care and treatment. Through a follow-up bilateral contract for 2004–09, FHI will provide the TA to roll out this policy.

III. LESSONS LEARNED AND RECOMMENDATIONS

In the late 1990s, Tanzania's care and treatment plan did not emphasize the linkages between community care and treatment approaches. Through IMPACT's technical support, the MOH&SW and its development partners have come to acknowledge the importance of a continuum of care, whereby comprehensive prevention, care, treatment and support services are provided so they mutually reinforce the effectiveness of services to clients or patients in need.

Effective referral systems between CBOs and health facilities and training on HBC programs have resulted in the integration of facility-based care with home-based care for patients with chronic illnesses. HBC programs have proven to be of great value for identifying clients ready for treatment, actively referring them, and enhancing adherence to treatment.

Support from IMPACT helped the government assess and develop strategies and guidelines to implement VCT, prevention, care, and support activities in Tanzania, and contributions from IMPACT staff and consultants facilitated the development of technically sound policies and service delivery practices. FHI's continued presence in Tanzania and ongoing work help ensure sustainability and facilitate the transition of policies into practice.