



**Systems Strengthening Project:
Technical Assistance for HIV/AIDS Emergency Plan in Tanzania**

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FY 2010 Quarter Two Progress Report
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I. ACRONYMS

ART	Antiretroviral Treatment
ARV	Antiretroviral
APHTA	Association of Private Hospitals in Tanzania
CBO	Community-based Organization
CMO	Chief Medical Officer
CoC	Continuum of Care
CSSU	Counseling and Social Support Unit
CTC	Care and Treatment Clinic
DMS	Data Management System
DSW	Department of Social Welfare
FHI	Family Health International
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GoT	Government of Tanzania
HBC	Home-based Care
HBCT	Home-based Counseling and Testing
ICRW	International Center for Research on Women
IEC	Information, Education and Communication
IDU	Intravenous Drug Users
IPT	INH Preventive Therapy
MDH	Muhimbili Dar es Salaam City Council Harvard University project
MOHSW	Ministry of Health and Social Welfare
MSD	Medical Stores Department
MUHAS	Muhimbili University of Health and Allied Sciences
MVC	Most Vulnerable Children
NACP	National AIDS Control Program
NCPA	National Costed Plan of Action
NTLP	National Tuberculosis and Leprosy Program
NSCTHR	National Subcommittee in Training and Human Resources on HIV/AIDS
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PMORALG	Prime Minister's Office Regional Administration and Local Government
PS	Permanent Secretary
RRS	Recording and Reporting System
SOP	Standard Operating Procedures
TOT	Training of Trainers
TPCA	Tanzania Palliative Care Association
UCC	University Computing Centre
USAID	United States Agency for International Development
USG	United States Government
WOVUMO	Waishio na Virusi vya Ukimwi Morogoro
WHO	World Health Organization
CMAC	Council multisectoral Aids Committees

II. OVERVIEW

Under the Systems Strengthening Project, a United States Agency for International Development (USAID)-supported project, Family Health International (FHI) in Tanzania has been providing technical assistance to the Ministry of Health and Social Welfare (MOHSW), the National AIDS Control Program's (NACP's) Care and Treatment Unit (CTU), the Care and Social Support Unit (CSSU), and the Department of Social Welfare (DSW) in the roll-out of the anti-retroviral treatment, community-based palliative care, and orphans and vulnerable children support programs. FHI has also extended its technical support to the Prime Minister's Office Regional Administration and Local Governments (PMORALG)'s Department of Local Governments (DLG), implementing partners group (IPG) and the Department of Social Welfare Zanzibar in the expansion of most vulnerable children support programs.

During this quarter FHI continued to support USAID/Tanzania's Strategic Objective of "Enhanced Multi-sectoral Response to HIV/AIDS in Tanzania" and to contribute to the President's Emergency Plan for AIDS Relief (PEPFAR) targets. Specifically, FHI will support USAID/Tanzania's aim to provide sustainable and quality comprehensive care. We will ensure that the Government of Tanzania's National Care and Treatment Plan links individuals and families affected by HIV and AIDS to supportive and well-trained civil society organizations (NGO, FBO, CBO, PLHIV support groups and others), and to health facilities in the network model to ensure quality continuum of care.

Key highlights of the quarter included a presentation on task shifting by FHI to the MOH senior management committee that led to MOSW senior management finally agreeing, after almost two years, to consider task shifting initiatives. For the roll-out of the recently-developed national HBC recording and reporting system, a five-day training was conducted in March 2010 for a total of 53 government officials and 34 data clerks from Morogoro, Dodoma, Iringa, Mwanza, Singida, Coast and Zanzibar. FHI supported development and pre-testing of positive prevention IEC materials (nine brochures, two posters and a guide for volunteers) to be used by HBC providers and PLHIV support group members in the Positive Health, Dignity and Prevention program. Finally, FHI, in collaboration with PACT, supported the MOHSW to organize a special Implementing Partners Group retreat in Dar es Salaam for partners to share experiences with implementation of the NCPA and recommendations for improving coordination.

Below is the quarterly progress report, which covers the period January to March 2010.

III. OBJECTIVES AND ACTIVITIES

Objective 1. Strengthened capacity of the National AIDS Control Program to lead and coordinate the scale-up of national care and treatment services through effective policies, manpower and management of the program

Activity 1.1: Strengthen leadership and management capacity of NACP

- a) The FHI secondment of a planner to the NACP management unit is continuing to show gradual tangible results. This quarter, the NACP was praised for more efficient and timely planning and reporting of quarterly implementation of activities with funds from its external donors and attempts to harmonize the often overlapping activities from various donors through reallocation and reprogramming (CDC funds). The seconded planner has facilitated action on recommendations from the team-building and management strengthening retreat last November resulting in more open communication between units, improved all-staff meetings with discussions on 'time-wasters,' a revival of an OPRAS appraisal for the government incentive and appraisal system, and resolution of conflicts through mediation from the seconded planner.

The one-year appraisal of the FHI seconded planner was discussed with the Permanent Secretary (PM) who expressed great appreciation of the work achieved by Ms. Tuku Bangwe despite her lack of previous experience. With Ms. Bangwe's support, all units have improved documentation of activities implemented, and external donor plans are better coordinated and harmonized. Because she has only recently completed her training, Ms. Bangwe's compensation package is relatively low compared with other seconded staff. However, the PM urged FHI to look into improving Ms. Bangwe's compensation package and a possible promotion for her. Together with the PM, FHI agreed on a coaching program for Ms. Bangwe to facilitate further improvement and professional development.

- c) During the quarter, FHI continued to provide TA and mentor the NACP to strengthen their coordination role.
 - FHI continued to participate in the paediatric technical working group, which met monthly during the quarter where partners raised the issue of low NACP involvement. Suggestions were made and discussed between FHI and EGPAF with the NACP PM to take a more proactive role for stronger ownership of paediatric aspects in NACP norms and functions. The NACP identified loss of expertise as a key factor limiting their coordination role in integration with other programs, in particular in such areas as TB/HIV (due to the long-term leave of the focal point; HIV paediatric care (due to the departure for master's training of a current staff member) and family planning/reproductive health (due to the move of the MTCT unit from NACP to the Reproductive Health Department of the MOH). FHI and EGPAF are discussing possible secondments with the NACP to fill these gaps. Please see activity 1.4 for more details.

- FHI continued to support better integration of HIV/AIDS activities with other key reproductive health activities such as family planning. Several NACP-partner meetings were facilitated by the NACP this quarter to learn from ongoing pilot feasibility studies by FHI at TUNAJALI sites in Iringa and Morogoro and by ICAP in Coast region.
- During the quarter, FHI provided support for the following documentation and publications on NACP activities:
 1. The NACP 2010 calendar by the Health Education Unit of the MOHSW
 2. *Implementing the Continuum of Care for HIV: Lessons Learned from Tanzania*, by Eric van Praag, Rowland Swai, Gottlieb Mpangile, and Feddy Mwangi; in *From the Ground Up: Building Comprehensive HIV/AIDS Care Programs in Resource-Limited Settings*, Harvard- the Elizabeth Glaser Pediatric AIDS Foundation, Boston 2009
 3. IRIN PlusNews UN online global HIV/AIDS news and analysis, *TANZANIA: Pensioners step in to plug medical gaps*, an initiative from the MOHSW with support of FHI, February 2010
- FHI facilitated discussions with relevant authorities and donors about findings from a recent LSHTM/NACP meeting that Iringa region has the lowest density of CTCs per 1,000 PLHIV (0.3%) in the nation. The CMO and TACAIDS have already made a special plea to the donor community for additional support for Iringa region, since it has the highest HIV prevalence in the country. Optimal use of GFATM and PEPFAR funds together with allocation of government funds through basket funding has been suggested and needs further discussion between the MOH and PMORALG next quarter. The WAJIBIKA project, implemented by Abt and FHI in Iringa, will probably spearhead this effort, although funding for the essential renovation of peripheral health facilities in Iringa is still unclear.

Activity 1.2: Maximize the use of human resources in health

- a) FHI's active participation in the recently-formed human resources (HR) working group chaired by the department of HR MOHSW resulted in a key FHI presentation on 2nd February in which FHI presented to the MOH senior management committee chaired by the CMO on the advantages as well as preconditions for safe TS. After a deadlock of almost two years, MOHSW senior management agreed to now consider TS initiatives, and they are eager to learn from a soon-to-start NIMR study on actual TS practices in Tanzania. The study will now also be guided by the TS task force of the MOHSW. The other major achievement of the HR working group was the acceptance by MOHSW senior management of the Health WorkForce Initiative (HWFI). FHI with Capacity and Mkapa Foundation, and led by the MOHSW, finalized a workplan to meet two key strategic objectives of the HWFI on deployment, utilization and retention of staff.
- c) During the quarter, FHI contributed to the finalization of the national manual and tools on supportive supervision and clinical mentoring and provided TA to partners in staff performance improvements.

- Both the NACP and partners fully realize that better supervision and mentoring are essential for staff retention. During the quarter, FHI contributed actively to the finalization of the NACP/JICA/I-TECH-led national manual and tools on supportive supervision and clinical mentoring, which have now been sent to print. With participation of FHI TUNAJALI staff during the field testing, FHI has succeeded in maintaining an important strategic and operational difference in guiding district teams in regular standardized supportive supervision of key functions of CTC integration in district health services and the more demand, ad-hoc-driven need of staff for mentoring to increase quality of performance.
 - FHI introduced the concept of distance electronic learning for HIV clinical management to I-TECH and NACP together with a WHO consultant who developed this approach for IMCI very successfully for nurses through the Zonal Health Resource Centres in Morogoro and Ifakara.
- f) FHI lectured 22 MPH students at the School of Public Health. The students were taught in the principles and application of health systems strengthening and quality improvement of health management. FHI coordinated this course with Capacity, Mkapa Foundation, Abt and USAID to complement lectures on Human Resources (staff recruitment and retention) and financial accountability of public and private health systems.

Activity 1.3: Strengthen effectiveness of the National Subcommittee of Training and Human Resources for HIV/AIDS (NSCTHR) to ensure sufficient numbers of health care workers are competent and motivated

- a) The subcommittee meeting took place on 18th February and resulted in a few steps forward on the following long-standing systems strengthening aspects:
- The TrainSmart software program has now been introduced at the NACP training focal point, as well as with most implementing treatment partners. I-TECH field tested it at the Zonal Health Resource Centres (ZHRCs) from which eventually all HIV-related training will be coordinated. Partners will liaise with the ZHRCs to build their capacity. FHI, through the TUNAJALI program, participated in the Iringa field testing at Iringa PHC centre/ZHRC.
 - The WHO/IMAI (integrated management of adult illnesses) health centre/dispensary Tanzania training package for care and treatment was field tested by the NACP at several districts and will now be shared with partners for finalization in quarter three. FHI's earlier concern of limited practical experience during training on treatment initiation and follow-up for the first three months and EGPAF's concern of limited paediatric ART in the modules were raised again. Suggestions were made for better harmonization with the basic ART course for hospital/health centre staff from the NACP, partner expertise and involvement in the IMAI training and emphasis on continuous clinical mentoring. As stated under activity 1.2, NACP, JICA and I-TECH, with strong inputs from FHI, finalized the

national manual and tools for supportive supervision and clinical mentoring, which were sent for printing.

Activity 1.4: Build the capacity of the Care and Treatment Unit (CTU) of the NACP in the development of effective policies and norms and standards for care and treatment

- a) During the quarter, FHI continued to provide TA to the CTU of the NACP through the following activities:
 - The attendance by the NACP TB/HIV and GFATM focal point, Dr. Peter Ngoshwa, at the WHO Geneva finalization meeting of practical guidance to implement ICF and IPT in resource-constrained settings in January was crucial to build the necessary capacity in the NACP on TB/HIV issues to match the ongoing dominance by the NTLP in strategizing TB/HIV activities. This will be followed by formal briefings of all NACP and NTLP staff and partners and proposals to rapidly expedite the almost-dormant plans for IPT introduction spearheaded by NTLP. Unfortunately, Dr. Ngoshwa had to take prolonged leave up to next quarter due to family issues, so progress is again slow. As a result of this, the head of the CTU and the PM of the NACP have requested that FHI second a full-time TB/HIV expert to the NACP. Rapid piloting of ICF/IPT at 11 regional/district hospitals has been proposed for immediate implementation.
 - The CTU piloted an update of the management module for Council Health Management Team (CHMT) members in Mbeya. Partners, in particular JICA and FHI, will be requested to review it to ensure sufficient planning, budgeting and supervisory skills are reflected in the module.
- b) The paediatric clinical subcommittee/working group met several times this quarter with the active participation of FHI and FHI/TUNAJALI to stimulate progress on the necessary revision of the five-day paediatric clinical care and counseling training course. Field reports from FHI and other partners continue to relay the apparent reluctance of clinicians to start children on ART due to insecurity of knowledge and skills. EGPAF offered to second a paediatrician to the NACP to stimulate this. FHI and EGPAF met with the PM of the NACP this quarter to plead for rapid implementation of course revision and mobilization of funds for GFATM and PEPFAR to revive these trainings.

Activity 1.5: To ensure quality of care, FHI will facilitate and provide TA to the NACP to finalize, print, and disseminate SOPs for CTCs and an operational manual on TB/HIV for peripheral clinics and promote its utilization

- a) The Standard Operating Procedures (SOPs) for CTCs in Tanzania that were submitted to the NACP Program Manager last quarter were extensively reviewed by each unit within the NACP in light of the new WHO guidance and the review of that guidance by a Tanzanian team of experts (professor's Mwaluko's group). For that reason, the NACP felt it better to wait until national guidelines are revised before finalizing the SOPs. However, FHI brokered a compromise to move forward with formatting the non-clinical SOP modules

with the NACP comments incorporated to meet an urgent demand at the CTC-level for guidance on the how-to in a standardized manner. This will complement the recently-finalized manual on supportive supervision and clinical mentoring and the overall QI guidance document, which was also finalized by NACP this quarter.

Activity 1.6: Strengthen the CRTU's capacity to pilot, assess and document interventions, which inform policy and standard setting. This activity will focus on the promotion of the continuum of care (CoC) approach and piloting of the integration of HIV services into general health service delivery.

- a) Together with other FHI programs, the Systems Strengthening project supported a pilot exercise to implement a full CoC approach in one district to inform the MOHSW about the feasibility of wide-scale implementation of this nationally-approved approach. This quarter in Mvomero, the council and all active partners in prevention, care, treatment and support, agreed on a formal meeting and networking mechanisms to identify PLHIV and families early and refer them to appropriate programs/services to meet their needs. Please also see objective 3, activity 3.8 for additional details.

Objective 2. Increased capacity of the Counseling and Social Support Unit of the NACP to lead, coordinate and monitor the provision of quality palliative care services and strengthened Home-based Care Coordinator

Activity 2.2: Provide TA to the CSSU to improve the quality of palliative home based care services.

- a) At the request of the NACP, FHI provided technical and financial support for the review of the national guidelines for home based care (HBC) services. The key HBC implementers took the lead in reviewing the guidelines, which are now finalized. The final copy of the guidelines was submitted to the Permanent Secretary for signature and the logistics for formatting and printing the guidelines are now underway. Dissemination of the guidelines is planned to take place next quarter.
- d) The process for reviewing the national HBC training materials to ensure that they are in line with the reviewed guidelines is also underway, and the initial steps to identify the consultant who will assist in this exercise have been taken. Next steps include dissemination of the national HBC guidelines, review of the national HBC training materials and development of a job aid or leaflets for implementers.
- f) FHI was also asked by the NACP to facilitate development of the national home-based counselling and testing (HBCT) guidelines. A team of HBCT implementing partners and representatives from the NACP met in March 2010 to develop draft guidelines. The draft was submitted to the NACP for review. The team will incorporate the feedback from NACP and share it in a larger

group for final feedback. The team expects to finalize the guidelines by the end of quarter three.

Activity 2.3: Strengthen the NACP health information system, in particular to roll out the developed national HBC recording and reporting system and institutionalize it for data collection and analysis for use (Data Management and Monitoring System)

As reported in the previous report, FHI is collaborating with NACP of the MOHSW in rolling out the newly developed national HBC recording and reporting system.

- a) For the roll-out of the recently-developed national HBC recording and reporting system (RRS), a five-day training was conducted for data clerks from HBC implementing partners and government officials who are the RACCs, DACCs and the Districts HBC Coordinators. The government officials were from the regions of Dodoma, Morogoro and Singida while the data clerks were from Morogoro, Dodoma, Iringa, Mwanza, Singida, Coast and Zanzibar. A total of 53 government officials and 34 data clerks were trained. Both trainings were conducted in March 2010. The two cadres are expected to work together to produce HBC reports in their respective districts. The way forward includes conducting trainings for the health facility HBC focal persons so that they can work with the volunteers on reporting HBC activities. Additionally, a training for M&E staff members and one program staff member from each key HBC implementing partner will be conducted next quarter.
- b) FHI provided financial support and technical facilitation for an HBC RRS dissemination meeting for the RHMTs and CHMTs from Dodoma and Morogoro regions. The meeting was conducted in January 2010, and a total of 96 participants attended. The way forward is for this group to spearhead the roll-out process, which involves dissemination and training to the lower levels.
- d) As reported last quarter, the electronic DMS component of the HBC RRS was developed by UCC and is available for use. FHI, through the TUNAJALI program, intends to immediately adopt the system for reporting HBC activities. During the quarter, FHI collaborated with UCC and trained 12 district HBC coordinators, 9 HBC implementing partners' data clerks and 2 regional M&E staff on the HBC DMS to enable electronic data capturing. UCC supported this training for the regions of Dodoma and Morogoro while in the next quarter FHI is planning to financially and technically support the same training in the regions of Mwanza, Iringa, Coast, Singida and Zanzibar.
- e) During the quarter, FHI continued to support the Data Management Specialist seconded to the NACP.

Activity 2.4: Strengthen functioning of the HBC Coordinators

- a) FHI scheduled an appointment to meet with PMORALG next quarter to discuss implementation of this activity.

Activity 2.5: Provide TA to the MOHSW through the NACP to expand integration of Community-Based Positive Prevention, including a component on youth, into existing programs

- g) During the quarter, FHI supported development of IEC materials for the Positive Health, Dignity and Prevention (PHDP) program. The purpose of developing job aids is to improve knowledge and reinforce provider skills to make their work more effective. Furthermore, IEC materials convey vital information that improve knowledge of individuals and reinforce positive behavior. An FHI regional staff member, Stephen Mucheke, Senior Technical Officer for Strategic Behavioral Communication, provided technical assistance for the IEC materials development, and two community-based organizations - WAVUMO (Morogoro Municipal) and HACOCA (Mvomero District) – participated in the entire process as well. The following steps were taken to develop the Positive Prevention IEC materials:

1. Needs assessment

FHI had a meeting with volunteers and PLHIV support group members from WAVUMO and HACOCA. The aim of the meeting was to assess their needs for IEC materials. Volunteers and PLHIV support group members were able to mention/identify gaps based on their experiences with the daily provision of care and support to PLHIV. Gaps that they identified were prioritized as needs, especially the lack of materials for clients to refer to and read on their own. From these interactions, FHI was able to gain insights, understand the current needs, prioritize and decide what is achievable.

2. Development of IEC materials

After identification of needs, FHI conducted two days of meeting with Positive Health, Dignity and Prevention TOTs to refine the proposed titles for the IEC materials and the messages and content/information to be included in the materials. The following new titles were selected:

- 1) Basic information on treatment
- 2) Preventing STIs
- 3) Taking care of emotional needs of HIV-positive children
- 4) Basic information on ARV
- 5) Management of ARV
- 6) Information on TB
- 7) Prevention of opportunistic infections
- 8) Family planning
- 9) Negative effects of alcohol

After selecting titles for the brochures, messages were developed based on the brochure titles. Editing was done to ensure messages were complete, relevant and appropriate for the targeted group. Additionally, a reference guide for volunteers was developed by TOTs based on the information provided in the curriculum, and a poster was developed by the TOTs to publicize the program.

3. Pre- test of IEC materials

A pre-testing of the IEC materials that were developed was done in two areas, an urban area (WAVUMO – Morogoro Municipal) and a rural area (HACOCA – Mtibwa – Mvomero District). Three groups (volunteers, PLHIV and supervisors) were involved in the pre-testing process to obtain different perspectives on the tools that were developed. The aim of doing the pre-test was:

- Comprehensiveness of information - whether the content/message of the brochures and guide was complete or if information needed to be added.
- Relevancy of information: - whether the information in the brochures and guide was relevant to the intended target group.
- Appropriateness of information – whether the information was appropriate and acceptable for the target group.
- Accuracy of information – whether the messages conveyed accurate and up-to-date information.
- Quality of the pictures – whether the pictures were clear, relevant, appropriate and communicate the right message.

Pre-testing findings were as follows:

- The content of the materials were found to be relevant to the targeted group and up-to-date though some information needed to be added.
- The materials were described as adding value to prevention care efforts (reinforced what PLHIV need to know).
- The materials will help improve the efficiency of the volunteer's work, because volunteers can leave a brochure for a client to read after their visit, so the client can read it on their own, and they can ask questions at the next visit.
- The pictures were found to be acceptable and helped explain the messages, but the size and clarity of the pictures need to be improved.
- The Community Home-based Care Providers (CHBCP) guide is arranged clearly and contains information that will make volunteer work easier.

Volunteers, PLHIV and Positive Prevention TOTs indicated that they were pleased to be involved in the development process for the IEC materials, especially with pre-testing, because they provide care for PLHIV, and PLHIV are best placed to know which information should be addressed.

4. Feedback Meeting – NACP

FHI arranged a meeting with the NACP IEC department to provide feedback on the PP IEC materials development process, which resulted in nine brochures, two posters and a guide for volunteers. FHI also presented findings from the pre-testing. Dr. Fimbo requested FHI to finalize changes and share it with the NACP so that they can review and establish next steps.

Activity 2.6: Finalize the scope and content of national community-based Positive Prevention

FHI will support the NACP in finalizing the training manual for community-based Positive Prevention and integrate them into a national training for HBC. Through this assistance, the NACP will be able to adapt approaches and contents of community-based Positive Prevention that are appropriate for Tanzania. In FY 2010, FHI proposes to conduct the following sub-activities:

- a) FHI is beginning the process of adding a component on youth to the PHDP training manual. Family planning and the WASH component have already been added to the manual. After the youth component has been added, the training manual will be reviewed by PHDP TOTs, and then it will be shared with the NACP for approval and dissemination.

Activity 2.9: Conclude the community-based Positive Prevention (CBPP) pilot including surveying the CHBC providers and PLHIV support group members delivering CBPP-related services and the beneficiaries of these services to identify successes, challenges and areas for improvement

- a) FHI continued to implement CBPP in four pilot sites - three TUNAJALI-supported sites (Mvomero, Morogoro urban and Kilolo) and one ROADS-supported site (Njombe – Makambako). During the quarter, a five-day training was conducted in February 2010 for HBC providers and PLHIV support group members. The training was conducted in three phases. Phase one was held in Iringa Kilolo (Ilula) district, phase two was in Njombe (Makambako) district, and phase three was in Mvomero district.

Different training methodologies for adult learning were used. These included lecture discussion, group assignment, demonstrations, case studies, buzzing, brainstorming and role playing. The goal of the training was to equip providers and PLHIV support group members with knowledge and skills in positive prevention. For PLHIV support group members, the training enhanced their own prevention decision-making and practices as HIV-infected individuals; and for HBC providers, it improved their ability to educate and support PLHIV in adopting and using prevention practices.

The training had 83 (34 male, 49 female) HBC providers and 42 (19 male, 23 female) PLHIV support group members. The distribution of participants per district was as follows: 1) Kilolo District (ALPHA Dancing) had 32 HBC providers (20 male, 12 female) and 18 PLHIV support group members (9 male, 9 female); 2) Njombe District (ROADS) had 31 HBC providers (7 male, 24 female) and 14 PLHIV support group members (5 male, 9 female); and 3) . Mvomero District (HACOCA) had 20 HBC providers (7 male; 13 female) and 10 PLHIV support group members (5 male, 5 female).

For the pilot, FHI coordinated distribution of supplies for the 2,000 clients to be enrolled in the program. The supplies have been delivered to the CBOs HACOCA and ALPHA Dancing Group and to FHI ROADS project. The following items were distributed:

- Insecticide-treated bed nets
- Cartons of medicated soap
- Water-purifying reagents
- Condoms

The program has a distribution list whereby each provider is required to document the types of items provided to their clients. This will help ensure proper distribution of materials. Additionally, each client and his/her relative will be required to sign to acknowledge receipt of the commodities.

PLHIV support groups, HBC providers and supervisors continued having monthly meetings. The purpose of the meetings is to provide an opportunity for sharing successes, experiences and challenges. The following are some of the successes of the Positive Health, Dignity and Prevention Program:

- Improvement of the health status of clients accompanied by reduced cases of waterborne diseases due to supply of water guard.
- Skin diseases have reportedly been reduced / disappeared due to the use of medicated soap.
- Rate of disclosure among PLHIV has increased.
- The positive prevention program promotes testing and disclosure to partners and families.
- Rate of HIV testing has increased especially in the CBPP pilot catchment area.
- Membership in PLHIV support groups has increased and some have been able to start small-enterprise activities.

Some of the challenges faced are as follows:

- Some of the clients are not attending Care & Treatment Clinics regularly due to lack of bus fare.
- The pilot is challenged with supply of cotrimoxazole as this drug is in high demand.
- Testing children has been a big challenge, especially for discordant couples.
- More clients want to be enrolled in the PHDP program.
- Some of the clients are drinking alcohol and using alcohol while they are taking ARVs.

Objective 3. Strengthened national systems for OVC in Mainland and Zanzibar

Section 1: Technical assistance to DSW and PMORALG in Mainland Tanzania

Activity 3.1: Strengthen the capacity of the DSW of the MOHSW to plan and catalyze implementation of OVC policies, strategies, guidelines, plans and standards

In this reporting period, FHI continued to provide TA to the MOHSW's DSW Family and Child Welfare unit to oversee and guide the scale-up of sustainable and quality

most vulnerable children (MVC) services identified in the National Costed Plan of Action (NCPA).

- a) FHI continued to provide technical and financial assistance (TA) to the DSW's management team to ensure the DSW is capable of rolling out, monitoring and evaluating implementation of the NCPA, Data Management System (DMS) and national guidelines for improving quality of MVC services. FHI capitalized on its strategic position to continue to foster DSW's partnership with PMORALG in the implementation of the NCPA.
- d) FHI continued to support two FHI staff (a Senior Technical Officer – Monitoring and Evaluation and a Data Management Specialist) seconded to the DSW Family and Child Welfare unit to provide support in monitoring the roll-out of the NCPA and DMS.
- r) FHI has supported the DSW to initiate the process of engaging a consultant(s) to lead the process of reviewing the status of implementation of the current NCPA and developing a new NCPA for MVC (2011 - 2015). Terms of reference will be developed for engaging the consultant(s) in Q3.

Activity 3.2: Strengthen the capacity of the DLG of the PMORALG to catalyze integration of the NCPA into council plans and monitor MVC care and support activities by councils

In this reporting period, FHI continued to cement the good working relationship with the PMORALG. The PMORALG maintains a motivated MVC focal person within the DLG who will continue to liaise between PMORALG and other key MVC stakeholders. FHI will continue to provide technical and financial assistance to the DLG of the PMORALG to effectively catalyze integration of the NCPA into LGA plans and monitor MVC services in the councils.

- a) In this quarter, FHI supported the DLG of PMORALG to initiate the process of recruiting an MVC technical officer to provide hands-on TA on integration of the NCPA into council plans and monitoring its implementation. The job description for the position has been developed. It's expected that the position will be filled in Q3.
- d) FHI supported PMORALG to hold a one-day meeting with the new team in Dodoma (Deputy PS, new DLG, new Assistant Directors, etc.) to orient all DLG staff and other key PMORALG staff on the role of PMORALG in NCPA implementation. FHI used the opportunity to provide PMORALG with an overview of the TUNAJALI Program and the WAJIBIKA Project. PMORALG pledged to continue catalysing integration of the NCPA into Councils' plans and budgets.
- h) With support from FHI, PMORALG visited five district councils of Ulanga, Mvomero, Morogoro, Kisarawe and Kibaha to review integration of the NCPA into Council plans. It was found that these Councils were willing to allocate resources for most vulnerable children at varying amounts in their 2010/2011 plans and budgets.

- i) In this quarter, FHI supported PMORALG to orient 14 additional regional IT officers and 13 additional council statisticians/ planning officers, including two PMORALG officials, on DMS use and data analysis to assist implementers.
- j) FHI requested PMORALG to invite lead MVC implementing partners and the DSW to attend and participate in the LGA week, which will take place in Q3 in Kigoma. FHI will use the opportunity to support PMORALG to continue promoting implementation of the NCPA by LGAs.

Activity 3.3: Support roll out of national quality improvement guidelines for MVC services

In collaboration with URC and the QI Taskforce, FHI supported the DSW to develop QI facilitators' training manual for rolling out national QI guidelines.

- b) FHI supported the MOHSW to translate the national QI guidelines in Kiswahili. The Kiswahili version of the national QI guidelines will be finalized in Q3.
- d) FHI continued to attend and participate in monthly QI taskforce meetings providing TA and sharing expertise on how to roll out QI guidelines.

Activity 3.5: Provide technical assistance to MVC implementing partners to ensure MVC care, support and protection services are standardized, and enhance linkages with other key stakeholders such as TACAIDS and sector ministries

FHI continued in this reporting period to provide TA to implementing partners in the roll-out of the NCPA, DMS and national QI guidelines.

- a) FHI, through participation in IPG monthly meetings, provided TA to IPG members to work with PMORALG to ensure effective integration of MVC services into council plans, including strengthening Council Multi-Sectoral Committees and MVCCs, as well as ensuring use of DMS and QI guidelines by all partners.
- b) FHI, in collaboration with Pact Tanzania, supported the MOHSW to organize a special IPG retreat in Dar es Salaam to share experiences in NCPA implementation and provide recommendations on how to improve the national NCPA coordination structure. The retreat attracted good participation from government officials. It was officially opened by acting Permanent Secretary MOHSW and officially closed by Deputy Permanent Secretary PMORALG. A retreat report is being finalized.
- c) FHI attended and participated in IPG monthly meetings to share our project results and approaches to systems strengthening.

Activity 3.6: Strengthen OVC monitoring and information systems of the DLG and DSW, and in particular build the capacity of the DLG and DSW to analyze and use data for decision making

In this reporting period, FHI supported the MOHSW to continue performing its national M&E plan functions, including support for DMS use.

- a) FHI continued to support staff seconded to the DSW (Senior Technical Officer for M&E and the Data Management Specialist).
- b) FHI supported the MOHSW to pilot-test national M&E and supervision tools in Bagamoyo, Kibaha and Mvomero districts. These tools and the national M&E plan will be finalized in Q3.
- c) FHI provided TA to the MOHSW and PMORALG and District Councils to monitor, analyze and report on MVC data, evaluate progress and identify lessons learned from Councils already using the DMS for sharing with others during IPG meetings and through other avenues.
- f) FHI continued in this quarter to support the MOHSW to perform DMS troubleshooting and feedback reporting to Councils using the DMS.

Activity 3.7: Provide financial and technical support to HelpAge to develop a MVC service providers' manual on supporting caretakers of MVC (especially the elderly and children heads of households)

In this reporting period, FHI started working with HelpAge International in Tanzania to develop national guidelines on supporting caretakers of MVC (especially elderly and children heads of households).

- a) FHI met with MOHSW to developed terms of reference for HelpAge to lead the process of developing national guidelines on supporting caretakers of MVC (especially elderly and children heads of households). The MOHSW chose national guidelines (rather than a manual) be developed for use by all MVC stakeholders. HelpAge will start working on this assignment in Q3.

Activity 3.8: Jointly with other FHI projects, contribute to strengthening the Mvomero Umoja continuum of care (CoC) network for effective referral and linkages

Through joint project funding by all FHI projects, FHI continued in this reporting period to strengthen a functional Mvomero district continuum of care network for effective referrals and linkages, this project supporting the coordination aspect.

- a) Jointly with other FHI projects, this project supported the Mvomero District Continuum of Care Coordinating Committee to conduct a participatory baseline assessment to determine what the existing functional linkages and referral networks are. A district-wide service directory was developed and will be finalized/published/disseminated in Q3.

- b) Jointly with other FHI projects, this project facilitated the first Mvomero CoC network meeting for sharing referral tools, progress, feedback and guidance. This meeting was attended by network members from all wards of Mvomero district.

Section 2: Technical assistance to the Department of Social Welfare Zanzibar

Activity 3.9: Strengthen the capacity of DSW Zanzibar in planning, developing and managing implementation of MVC policies, strategies, guidelines and standards for MVC

In this quarter, FHI supported the DSW of Zanzibar to finalize development of the Zanzibar action plan for MVC.

- a) FHI continued to support two staff seconded to the DSW Zanzibar (Psychosocial Support Counselor and Data Management Specialist) to strengthen the department's capacity for MVC program and data management.
- b) FHI supported the DSW Zanzibar to finalize the Zanzibar MVC action plan. The plan will be published/disseminated in Q3.
- c) FHI supported the DSW Zanzibar to initiate the process of engaging a consultant to develop Zanzibar guidelines for institutional care. Terms of Reference were developed for engaging the consultant in Q3.

IV. TARGETS

FY 2010 (October 1, 2009 to September 30, 2010)

INDICATOR		FY10 TARGET	ACHIEVEMENTS		
			Q1	Q2	TOTAL
Objective 1: Strengthened capacity of the National AIDS Control Program to lead and coordinate the scale-up of national care and treatment services through effective policies, manpower and management of the program					
1	No. of MPH students taught in health systems strengthening	20	0	22	22
2	No. of government national health officials from NACP/MOH trained in team building and management	35	32	0	32
3	No. of healthcare providers from small private clinics trained in clinical care and management	40	0	0	0
Objective 2: Increased capacity of the Counseling and Social Support Unit of the NACP to lead, coordinate and monitor the provision of quality palliative care services and strengthened Home-based Care Coordinator					
4	No. of government officers trained to use the DMS	50	0	0	0
5	No. of data clerks trained on the DMS in collaboration with UCC	30	0	0	0
6	No. of TOT trained in HBCT	40	0	0	0
7	No. of TOTs on the HBC RRS to HBC implementing partners, M&E and HBC technical officers and national HBC facilitators	40	30	0	30
8	No. of individuals reached through the pilot in four sites with CBPP services	3,000	343	319	662
9	No. of TOT trained in CBPP integration within HBC service delivery	40	0	0	0
10	No. of TOT trained in expanded CBPP (e.g., for WASH, TB and FP)	16	0	0	0
Objective 3: Strengthened national systems for OVC in Mainland and Zanzibar					
11	No. of government officers trained to use the DMS	50	23	27	50
12	No. of IPs trained to use national M&E tools	50	0	0	0
13	No. of national facilitators/trainers trained on national MVC program/ NCPA facilitation, MVC identification, QI training, establishing and managing children clubs	100	0	0	0
14	No. of TOT trained in national QI guidelines	40	0	0	0
15	No. of CSWOs trained in MVC program guidelines and tools	50	0	0	0
16	No. of social workers in Zanzibar trained including TOT on psychosocial support, caretaking skills and community participation	40	40	0	40

V . APPENDIX

A. Positive Prevention Numbers Reached During the Quarter

Table 1: Total number of clients enrolled this quarter

Age Category	Male	Female	Total
0 - 9	21	23	44
10 - 24	29	22	51
25 - 35	42	61	103
36 - 45	35	57	92
46 and above	12	17	29
Total	139	180	319

Table 2: Total number of clients/partners tested this quarter

Age Category	Male	Female	Positive	Negative	Total Tested
15 - 35	96	101	124	73	197
36 and above	49	43	63	29	92
Total	145	144	187	102	289

Table 3: Total number of clients who disclosed status to partner/family members this quarter

Age Category	Male	Female	Total
15 – 35	105	163	268
36 and above	92	106	198
Total	197	269	466

Table 4: Number of clients taking medication – ARV & Septrine (clients enrolled this quarter)

Age Category	0 - 9		10 - 24		25 - 35		36 – 45		46 and above	
	M	F	M	F	M	F	M	F	M	F
ARVs	25	35	84	95	236	589	264	503	192	416
Septrine	11	4	34	32	114	384	157	291	128	166
Total	36	39	118	127	350	973	421	794	320	582

Table 5: Number of clients practicing health living (clients enrolled this quarter)

Age Category	0 - 5		6 - 18		19 - 35		36 - 45		46 and above	
	M	F	M	F	M	F	M	F	M	F
Use safe water	34	35	97	102	214	418	232	399	169	394
Use bed net daily	26	40	92	95	191	397	227	366	191	390
Consistently use condoms	-	-	0	0	121	295	163	244	111	265
Total	60	75	189	197	526	1,110	622	1,009	471	1,049

Table 6: Number of clients who missed doses (this quarter)

Age category	0 - 5		6 - 18		19 - 35		36 - 45		46 and above	
	M	F	M	F	M	F	M	F	M	F
ARVs	-	-	-	-	2	-	-	-	-	0
Seprine	-	-	1	-	-	-	-	-	-	0
TB Drugs	-	-	-	-	-	1	-	-	-	-
Total	0	0	1	0	2	1	0	0	0	0