# Systems Strengthening Project:

## Technical Assistance for HIV/AIDS Emergency Plan in Tanzania

## Cooperative Agreement No. 623-A-00-05-0317-00

FY 2010 Quarter Three Progress Report

July to September 2010

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## I. ACRONYMS

| | |
|---|---|
| APCA | Africa Palliative Care Association |
| ART | Antiretroviral Treatment |
| ARV | Antiretroviral |
| CBO | Community-based Organization |
| CBPP | Community-based Positive Prevention |
| 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 |
| FGD | Focus Group Discussion |
| FP | Family Planning |
| GFATM | Global Fund for AIDS, Tuberculosis and Malaria |
| GoT | Government of Tanzania |
| HBC | Home-based Care |
| HBCT | Home-based Counseling and Testing |
| IEC | Information, Education and Communication |
| IDU | Intravenous Drug Users |
| IMAI | Integrated Management of Adult Illnesses |
| IP | Implementing Partner |
| IPT | INH Preventive Therapy |
| MDH | Management Development and Health project |
| MOHSW | Ministry of Health and Social Welfare |
| MSD | Medical Stores Department |
| MSM | Men who have Sex with Men |
| 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 |
| PHDP | Positive Health, Dignity and Prevention |
| PLHIV | People Living with HIV |
| PMORALG | Prime Minister's Office Regional Administration and Local Government |
| PROMIS | PEPFAR Records and Organization Management Information System |
| 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 |
| WHO | World Health Organization |

## 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 the 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 supports USAID/Tanzania's aim to provide sustainable and quality comprehensive care. We are working to 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 learning exchange visit/study tour by five Government of Tanzania officials and two FHI staff to an OVC program in Kenya. Knowledge and skills gained from the experience will be adapted and applied to their current work. FHI provided technical assistance to the continuum of care quality improvement pilot in Dodoma, which will be completed in the next quarter. An assessment of the pilot will be prepared to inform NACP and stakeholders for nationwide use. FHI conducted 15 focus group discussions (FGDs) with subsets of individuals reached through the community-based positive prevention (CBPP) pilot. Findings from the FGDs will be included in the CBPP pilot final assessment report, which is to be finalized in the next quarter and will be used to guide HBC partners in Tanzania to embark on CBPP activities.

Below is our quarterly progress report, which covers the period July to September 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) FHI continued to support the seconded Senior Planner to the NACP Management Unit, though she was on maternity leave during two thirds of the reporting period. The Senior Planner compiles weekly and monthly activity reports from all units of the NACP as well a quarterly NACP reports for the MOHSW. She also follows up on day-to-day activities in the CDC and GFATM workplans to be implemented by different units.

b) FHI communicated with consultant Edwin Macharia from Dahlberg Consultancies about providing coaching and on-the-job training to NACP senior management. However, for various reasons, Mr. Macharia will not be able to do the consultancy. Therefore, FHI is working with the Program Manager of the NACP to identify other potential consultants.

c) FHI finalized recruitment of a TB/HIV Officer to be seconded to the CTU. Dr. Werner Maokola will begin work on November 1, 2010. This position will enable the NACP to take a more proactive role in promotion through Care and Treatment Clinics (CTCs) and guidance for strengthening TB prevention and screening of HIV patients for TB, referral to TB clinics and facilitating the pilot to introduce INH Preventive Therapy (IPT) in 11 CTCs in Tanzania.

d) FHI contributed to the final review of the new version of the CTC2 patient monitoring card by ensuring relevant family planning (FP) data was included as well as essential adherence information. The FP data requirements will be an additional component in further strengthening the integration of FP and HIV care services.

e) FHI continued to support the concept of focusing national efforts where the epidemic has the highest sero-prevalence and care needs. Discussions with NACP continued to adjust efforts and budgets to high prevalence/care need areas such as Iringa/Mbeya and urban areas, but nearby national election preparations made translation into practice not feasible as yet.

f) FHI supported the national PLHIV umbrella organization NACOPHA and the national female PLHIV group NETWO+ with their review of and position-taking on the National Parliamentary Act to criminalize HIV transmission during a workshop on July 14, 2010 with the participation of PLHIV organizations representing journalists and school teachers as well as men who have sex with men (MSM).

*Activity 1.2: Maximize the use of human resources in health*

a) Through the Human Resources Working Group of MOHSW, FHI contributed to a strong HR focus on staff deployment and retention in discussions at the National Annual Health Sector Review meeting by government and stakeholders on September 6-8, 2010 at Blue Pearl Hotel in Dar es Salaam.

b) FHI participated in the MOHSW/Abt Health Services Assessment with field visits to Mtwara region to inform the Annual Health Sector Review. The review revealed an unexpected finding in comparing non-exempted patient costs for a similar disease and similar length of stay that in fact faith-based hospitals charge approximately 10% less than government hospitals of the same size, challenging the broad perception in Tanzania that mission hospitals are more expensive for patients than government hospitals.

c) The national fact finding task shifting study, to which FHI contributed, received national IRB clearance but is still awaiting IRB review and clearance from the funder (CDC).

*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) No training subcommittee meeting took place during the quarter as most of the training materials are still under development guided by the NACP (IMAI, adherence counseling, HBC, etc.) before submission to the subcommittee for final review.

*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) The technical working group to adapt the WHO guidance to expand ART eligibility met several times during a workshop on July 15-16, 2010 in Bagamoyo and several small meetings afterwards and prepared a final phased and costed proposal to the Clinical Subcommittee for their final review and approval. FHI strongly proposed phasing over an extended period of at least three years to allow quality capacity building and supply management to match rapid coverage. The subcommittee will meet after the elections in mid-November.

b) FHI met with from USAID (Dr. Patrick Swai, Senior Project Management Specialist at USAID/Tanzania) and NACP (Dr. Gissenge Lija, Quality Assurance Officer of the NACP) to present on the continuum of care improvement pilot in Dodoma. Both were supportive of the effort and recommended that scaling-up be undertaken rapidly so that best practices are replicated within and beyond Dodoma. The NACP is finalizing a quality improvement (QI) training course and is planning its implementation nationwide. FHI discussed options for scaling-up and prioritized a staggered approach where QI processes and best practices are replicated immediately as they are identified. For the scaling-up to be effective, it has to be coordinated by the office of the RMO, with whom FHI met and who reiterated his support to this initiative. For further details on the pilot, please refer to Activity 1.6 below.

*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 FHI consultant finalized changes to the SOP module on Adherence Counselling to create a more user-friendly format as per the NACP's request. The module was submitted for clearance to the NACP. As agreed with the NACP, the SOP modules will be published in phases to allow the ones that do not require major adaptation according to new treatment and testing and monitoring guidance to be used first.

b) The protocol for assessing capacity of hospitals to pilot IPT was finalized and 11 hospitals were assessed with the participation of FHI for two hospitals in Dodoma and Iringa through the Tunajali program. Training of hospital staff started during the last week of this quarter.

*Activity 1.6: Strengthen the CTU'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) With combined support from the Systems Strengthening project, the TUNAJALI C&T program and the FHI-funded Catalyst Initiative, FHI provided technical assistance to the CoC improvement pilot in Dodoma from June 23 to July 2, 2010. The quality improvement (QI) team defined four objectives: 1) improve quality of services to HIV patients; 2) improve efficiency of services; 3) improve linkages with HBC services; and 4) decrease the lost-to-follow-up. FHI's TA focused on finalizing the quality monitoring system and the indicators that will be used as the basis for assessing the effects of system changes. The QI team in Dodoma started implementing changes and will continue to survey the trend to confirm impact over time. FHI also started documenting the pilot for information sharing and publication. In discussions with key partners (NACP) and sponsors (USAID), FHI discussed the added value of this pilot for strengthening the health system for HIV patients and the need to scale-up QI processes and improvements. The CoC improvement pilot provides a unique opportunity to test a low-cost model for rapid systems improvement and an innovative way of measuring quality of care along a continuum of services for a chronic health condition. The pilot will conclude in November 2010, and a final report on the results of the pilot will be prepared in December 2010. FHI is now focusing efforts on informing NACP and stakeholders and deciding on next steps for scale-up.

## 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 2.1: Strengthen the coordination and management capacity of the NACP Counseling and Social Support Unit (CSSU)*

a) During reporting period, FHI participated in a home-based palliative care implementing partners (IPs) meeting care and support subcommittee meeting on August 25, 2010. The key issues discussed were achievements and challenges on implementation of home-based care (HBC), the current status of the HBC recording and reporting system (RRS) roll out, current situation of HBC kits distribution and introduction of the revised HBC guidelines. Achievements reported were that HBC supporting partners have significantly increased and expanded coverage of HBC services in the country, increases for HBC human resources, improvement in coordination of HBC activities among key HBC IPs, development of the HBC RRS and the review of the national HBC guidelines. The main challenges reported were availability of HBC kits, inadequate HBC referral and network system and lack of data regarding implementation of HBC.

b) FHI is still planning to support the CSSU in developing an implementation plan to roll out the home-based palliative care intervention as stipulated in the Health Sector Strategy for HIV and AIDS (2008-2012). As reported in the previous quarterly report, this activity is pending as the strategy has not yet been approved.

c) FHI participated in a Tanzania partner meeting held by the Africa Palliative Care Association (APCA) on August 19-20, 2010. Afterwards, FHI also held several meetings with APCA and the Tanzania Palliative Care Association (TPCA) to review the current role APCA and FHI have to support TPCA. It was agreed that for the TPCA to be more effective, there needs to be stronger ownership by MOHSW, and it should be explored whether the TPCA should move from its base with the Ocean Road Cancer Institute to the MOHSW, Department of Clinical Services. Additionally, it was agreed that there's a need for the TPCA to organize quarterly palliative care coordination meetings and for a review of TPCA board membership to reflect a stronger mandate.

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

a) FHI facilitated printing of 6,000 copies of the national guidelines for HBC services, and distribution to regional and district offices through the NACP has been initiated.

b) As reported in the previous quarterly report, FHI is in the process of collaborating with NACP to identify a consultant to assist in revision of the National HBC training materials that will reflect the changes in the newly revised HBC guidelines. In the process, the NACP in collaboration with FHI, will hold a meeting of TOTs and HBC service providers to gather some inputs and suggestions about the training materials and discuss about reducing the number of days for HBC training.

c) FHI continued to support the development of the national Home-based Counselling and Testing (HBCT) guidelines, which are currently with the NACP for review. The team plans to incorporate the feedback from NACP once it is received and share it in a larger group for the final feedback.

d) USAID and FHI initiated discussions on the next phase in HBC implementation in Tanzania by asking key partners during the next COP to assess or pilot particular innovative aspects of HBC implementation such as Positive Health, Dignity and Prevention (PHDP); support for households instead of focusing on PLHIV; support for "healthy" PLHIV outside the home setting as groups at community facilities, etc.

*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)*

a) FHI continued to collaborate with the NACP of the MOHSW on roll-out of the paper-based national HBC RRS. During the quarter, a three-day training was conducted for health facility contact persons from Dodoma region. A total of 106 trainees from six districts of Dodoma (Mpwapwa, Kongwa, Bahi, Chamwino, Dodoma Urban and Kondoa) participated in the training. The trainees are expected to act as focal persons on HBC reporting in their respective wards as they will be required to summarize the reports from the community volunteers and send them to the District HBC coordinators.

b) During the quarter, FHI continued to support the Data Management Specialist seconded to the NACP who conducted the following activities this quarter:

- Provided technical assistance to the NACP on development of national data management guidelines and data quality audits.
- Facilitated development of national guidelines for an M&E framework.

- Organised and held a meeting with a representative from the WHO on a drug-resistance early warning indicator.
- Organised and conducted supportive supervision and mentoring on the RRS system in five regions (Kagera, Mtwara, Mwanza, Tabora and Mbeya).
- Conducted a training on the HBC RRS mentioned in 2.3 a) above.
- Provided technical assistance for a training on the Data Management System (DMS) for DACCs, DHBCCs and RACCs from the regions of Manyara and Mara. Another IP provided the financial support for the training.
- Coordinated data collection for the pilot counselling and testing campaign initiated by the President Jakaya Kikwete in Morogoro, Tanga and Coast regions.
- Coordinated the pilot of data collection for the physical count of PLHIV from care and treatment sites in the coast region.
- Facilitated a training for national TOTs on new tools for HIV testing and counselling.
- Participated in an activity to finalize the CTC2 patient monitoring card as mentioned in activity 1.1 d) above.
- Participated in a meeting on setting HIV/AIDS research priorities.
- Organised and conducted a TOT on the patient monitoring system.

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

a) On July 26-27, 2010, FHI conducted a meeting with stakeholders (caregivers, clients and trainers) in Morogoro urban and Mvomero districts to review the IEC materials that were developed in Q2. FHI then made some revisions to the materials based on feedback received at the meeting. Among the materials is a reference guide, which FHI worked to develop with input from TOTs. The reference guide is for community-based PHDP providers to improve knowledge, reinforce skills and provide tips on how to make community-based PHDP more effective. The following topics are included in the guide:

   - Establishing relationships/ communication skills
   - Healthy living/nutrition/ body exercise
   - Condom use/ HIV transmission/ARV/management of ARV side effects/PMTCT
   - TB/partner testing/discloser
   - Taking care of children with HIV

   FHI completed revisions to the draft IEC materials - nine brochures, two posters and a reference guide for community home-based care volunteers. FHI is planning a meeting with NACP in the next quarter to review and obtain approval of the materials and discuss next steps for their finalization.

b) FHI participated in a USAID/CDC-led small working group on July 22, 2010 with ICAP to design tools for monitoring of PHDP activities by partners at facilities and within community programs.

*Activity 2.10: Prepare and disseminate report on the results of the community-based Positive Prevention pilot and determine next steps*

a) To collect qualitative data on the CBPP pilot, FHI conducted focus group discussions (FGDs) with subsets of individuals reached through the pilot. A total of 15 FGDs were conducted in Morogoro Urban, Mvomero and Iringa Kilolo from July 19-23, 2010. FGD respondents included HBC PLHIV clients, their household members, discordant couples and PLHIV youth. All responses and findings were recorded and reports from the 15 FGDs were collected for analysis by FHI. Findings from the FGDs will be included in the CBPP pilot assessment report. The pilot period was from May 2009 to May 2010, so data from the pilot is now being analyzed for a report to develop conclusions and recommendations for the way forward. The report is expected to be completed in the next quarter.

## 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*

FHI continued in this reporting period to provide TA to the MOHSW's DSW Family and Child Welfare unit to oversee and guide provision of sustainable and quality services to most vulnerable children.

a) FHI continued to provide technical and financial assistance (TA) to the DSW's management team to ensure the department is capable of overseeing and monitoring 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. FHI supported the MOHSW to train 87 Social Welfare Officers (SWOs) in Dodoma on national MVC program guidelines and tools.

d) FHI continued to support two FHI staff (Senior Technical Officer for M&E and Data Management Specialist) seconded to the DSW Family and Child Welfare unit to provide support in monitoring NCPA implementation and use of the national DMS.

m) FHI sponsored five GoT officials (two from DSW Dar, two from DSW Zanzibar, and one from PMORALG) and two FHI staff to participate in an OVC study tour to Kenya from August 29 to September 4, 2010 where they learned how the Government of Kenya is spearheading a cash transfer program that has provided unconditional cash grants to 300,000 vulnerable households since 2006. The Tanzania delegation also learned through experience sharing about OVC program planning at national and lower levels, resource mobilization and allocation, APHIA II program implementation in Kenya, measures to ensure sustainability, and the Kenya child protection system and structures. Study tour participants will share a trip report, *"Learning from Kenya Response to OVC Needs"* highlighting knowledge and skills gained from the experience and how they will be incorporated/ adapted to improve their current work. Furthermore, they will debrief the national Implementing Partners Group (IPG) where a summary of lessons learned and next steps will be shared.

r) FHI supported the DSW to finalize the process of selecting a consulting firm for NCPA evaluation. The MUHAS (Muhimbili University of Health and Allied Sciences) Consultancy Bureau was selected for the consultancy. MUHAS will be engaged to commence the evaluation in Q1 of FY 2011.

*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) FHI continued to process recruitment of one MVC technical officer to be seconded to the DLG of PMORALG, Dodoma to provide hands-on TA with integration of the NCPA into council plans and monitoring its implementation. Shortlisted candidates will be interviewed in Q1 of FY 2011.

g) FHI finalized the process of procuring one 4WD vehicle for PMORALG for strengthening supervision, coordination and communication through regional administration of council authorities to and from village/Mitaa MVCCs. The vehicle will be handed over to PMORALG in Q1 of FY 2011.

l) See 3.1 (m) above.

p) FHI supported PMORALG to promote inclusion of MVC services in council plans through the O&OD (Opportunities and Obstacles to Development) planning process by orienting Morogoro and Kisarawe district O&OD facilitators on the NCPA, and facilitating inclusion of the NCPA into the O&OD planning checklist.

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

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

b) Printing of the Kiswahili version of the national QI guidelines could not go for printing due to a delay in approvals by the MOHSW. Printing is now planned for Q1 of FY 2011.

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 on the implementation of the NCPA, DMS and national QI guidelines.

a) FHI attended and participated in IPG monthly meetings to share our project results and approaches to systems strengthening. In addition, FHI was represented in the Impact Mitigation TWG and the Child Protection working group meetings.

f) FHI, through staff seconded to MOHSW, provided TA to Pact Tanzania to organize regional DMS supportive supervision clinics in Mara and Kagera regions for the purpose of addressing challenges encountered by districts in using the DSM in order to improve data analysis and use.

*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) to strengthen the M&E function at the DSW, including providing quarterly updates on NCPA implementation.

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. FHI provided TA to eight district councils of Mwanza region on MVC data analysis and use in Council planning and decision-making.

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 continued to work with HelpAge International in Tanzania to develop national guidelines on supporting caretakers of MVC (especially elderly and children heads of households).

a) FHI continued to work with HelpAge International to lead the process of developing national guidelines on supporting caretakers of MVC (especially elderly and children heads of households). This activity will continue through Q1 of FY 2011.

*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, this project continued to play a coordination role for strengthening a functional Mvomero district CoC network for effective referrals and linkages.

b) FHI supported the Mvomero CoC Coordinating Committee to hold its quarterly meeting to prepare for the second CoC network meeting which was also held with support from FHI in the quarter. The second Mvomero CoC network meeting, which was held at Turiani Hospital on September 24, 2010, was organized by the Mvomero District Medical Officer through the District AIDS Control Coordinator. The meeting was attended by 51 participants that included members of the DCoCCC, Mvomero District Council representatives (DMO, DACC, Acting CHAC, District TB Control Coordinator), HIV/AIDS service providers (HIV prevention including youth HIV prevention, Care and Treatment, HBC, OVC, RH and family planning, paralegal support, etc), Ward Executive Officers, PLHIV group representatives, Christian and Muslim representatives, TUNAJALI HBC/OVC program representatives, FHI representative, and reporters from local media groups.

c) FHI supported the Mvomero CoC network members to finalize and print 120 large posters of the district HIV/AIDS service directory and other referral tools, which were disseminated at the second CoC network meeting.

***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*

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) In this quarter, the Zanzibar action plan for MVC was finalized. It will be printed in Q1 of FY 2011

b) FHI continued to support the consultant engaged to lead development of Zanzibar guidelines for institutional care. The consultant was supported to conduct a study visit to Unguja and Pemba. Draft one of the guidelines has been submitted for review.

c) FHI supported the DSW Zanzibar to hold this quarter's meeting of the IPG to strengthen coordination between key MVC stakeholders.

i) See 3.1 (m) above.

## IV. PROGRAM MANAGEMENT

a) FHI prepared and submitted a scope of work and budget to IntraHealth for a potential sub-award for systems strengthening activities beginning in early 2011. Because the Systems Strengthening project is ending in September 2011, this is a potential mechanism for transitioning activities after the end of the Systems Strengthening project.

b) On August 12-13, 2010, FHI staff met in Zanzibar for a two-day meeting on workplanning for FY11. The following government representatives also participated in the meeting to provide feedback and guidance on coordination with government for project implementation: Philbert Kamemame (Social Welfare Officer, DSW Dar es Salaam) Sanford Kway (MVC Focal Person, PMORALG), Dr. Boniface Silvan (Program Officer HRC, NACP, MOHSW, CSSU), and Muma Said (Senior Social Welfare Officer, DSW Zanzibar).

c) The week of August 16-20, 2010, the project's M&E Officer participated in FHI's annual global M&E workshop, which was held in Hanoi, Vietnam this year. The workshop was an opportunity to further update and gain skills in conducting quality M&E and included training and guidance on the US government's M&E requirements and guidelines. Following her return from the workshop, the M&E Officer presented to FHI staff on what she learned from the workshop and how it can be applied to the project.

d) On September 23, 2010, the M&E Officer and the Associate Director Programs attended the PEPFAR refresher training on next generation indicators. Additionally, on September 29-30, 2010, they attended the PROMIS training for USG implementing partners. Skills gained at these two trainings were utilized to prepare the FY10 Annual Progress Report (APR) and the FY11 Country Operational Plan (COP) for submission in Q1 of FY11.

## V. TARGETS

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

| INDICATOR | | FY10 TARGET | ACHIEVEMENTS | | | | |
|---|---|---|---|---|---|---|---|
| | | | Q1 | Q2 | Q3 | Q4 | 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 | 0 | 22 | 0 | **22** |
| 2 | No. of government national health officials from NACP/MOH trained in team building and management | 35 | 32 | 0 | 0 | 0 | **32** |
| 3 | No. of healthcare providers from small private clinics trained in clinical care and management | 40 | 0 | 0 | 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 | 0 | **0** |
| 5 | No. of data clerks trained on the DMS in collaboration with UCC | 30 | 0 | 0 | 0 | 0 | **0** |
| 6 | No. of TOT trained in HBCT | 40 | 0 | 0 | 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 | 0 | 0 | **30** |
| -- | No. of government officers trained on the HBC RRS | * | 0 | 53 | 150 | 106 | **309** |
| -- | No. of data clerks trained on the HBC RRS | * | 0 | 34 | 0 | 0 | **34** |
| -- | No. of RHMTs and CHMTs that participated in an HBC RRS dissemination meeting | * | 0 | 96 | 35 | 0 | **131** |
| 8 | No. of individuals reached through the pilot in four sites with CBPP services | 3,000 | 343 | 319 | 41 | 0 | **3,621**[1] |
| 9 | No. of TOT trained in CBPP integration within HBC service delivery | 40 | 0 | 0 | 0 | 0 | **0** |
| 10 | No. of TOT trained in expanded CBPP (e.g., for WASH, TB and FP) | 16 | 0 | 0 | 16 | 0 | **16** |

* This indicator was not included in the targets table in the approved FY10 workplan or in the FY10 Country Operational Plan. It was added to the targets table during quarterly reporting.

[1] This total includes the number of individuals reached from the time the CBPP pilot began in May 2009. A total of 2,918 individuals were reached in FY09 (previously reported as 3,202 but a data error was discovered and is hereby corrected). Therefore, the number reached in FY09 has been carried forward for reporting on the pilot in FY10.

| INDICATOR | | FY10 TARGET | ACHIEVEMENTS | | | | |
|---|---|---|---|---|---|---|---|
| | | | Q1 | Q2 | Q3 | Q4 | TOTAL |
| **Objective 3: Strengthened national systems for OVC in Mainland and Zanzibar** | | | | | | | |
| -- | No. of additional copies of the Kiswahili version of the NCPA printed and disseminated | * | 0 | 0 | 5,000 | 0 | **5,000** |
| -- | No. of GoT officials sponsored to participate in an OVC learning exchange visit/study tour in the region | * | 0 | 0 | 0 | 5 | **5** |
| 11 | No. of government officers trained to use the DMS | 50 | 23 | 27 | 0 | 0 | **50** |
| 12 | No. of IPs trained to use national M&E tools | 50 | 0 | 0 | 30 | 10 | **40** |
| 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 | 0 | **0** |
| -- | No. of copies of the national QI guidelines printed and disseminated | * | 5,000 | 0 | 1,500 | 0 | **6,500** |
| 14 | No. of TOTs, including council MVC focal persons, trained in national QI guidelines | 40 | 0 | 0 | 40 | 0 | **40** |
| 15 | No. of CSWOs trained in MVC program guidelines and tools | 50 | 0 | 0 | 0 | 87 | **87** |
| -- | No. of district HIV/AIDS service directory posters printed for the Mvomero CoC network | * | 0 | 0 | 0 | 120 | **120** |
| -- | No. of copies of the MVC register printed for DSW Zanzibar | * | 0 | 0 | 500 | 0 | **500** |
| 16 | No. of social workers in Zanzibar trained including TOT on psychosocial support, caretaking skills and community participation | 40 | 40 | 0 | 0 | 0 | **40** |
| -- | No. of DMS users trained in Zanzibar | * | 0 | 0 | 29 | 0 | **29** |

* This indicator was not included in the targets table in the approved FY10 workplan or in the FY10 Country Operational Plan. It was added to the targets table during quarterly reporting.

**Targets Higher or Lower than Expected:**

| Indicator No. | Explanation |
|---|---|
| 2 | Target was not reached, because not all 35 invitees were able to participate in the retreat training. |
| 3 | Target was not reached, because the training was not conducted due to time constraints and competing priorities. This target has been carried forward to FY11. |
| 4 & 5 | Targets were not reached, because trainings were funded by UCC and FHI participated by providing technical assistance. Therefore, to avoid double counting, FHI is not reporting the individuals trained, because UCC is reporting them. |
| 6 | Target was not reached due to training not being conducted, because the national HBCT guidelines had not yet been finalized. |
| 7 | Target was not reached due to poor attendance of invitees. |
| 8 | Target exceeded, because the CBPP pilot duration was extended to May 2010 from the original period of May 2009 to November 2009. Hence, PLHIV enrolment in the pilot program continued for a longer period of time than was originally planned. It should be noted that the total number reached (3,621) is a cumulative number that includes the number of individuals reached since the pilot began in May 2009. A total of 2,918 individuals were reached in FY09, and a total of 703 individuals were newly enrolled in FY10 for a total of 3,621 individuals enrolled from the start of the pilot. |
| 9 | Target not reached due to training not being conducted, because new national HBC/PWP integrated guidelines had not yet been finalized. A revised target for this training has been carried forward to FY11. |
| 12 | Target was not reached due to poor attendance by IP M&E Officers. |
| 13 | Target was not reached due to trainings not being conducted, because revision/development of the tools was not completed in FY10. |
| 15 | Target was exceeded, because MOHSW organized a meeting for SWOs from all districts and FHI used the opportunity to add one day to train the officers on national MVC guidelines and tools. |