

## **AIDSTAR-Two Project Trip Report – Tanzania 08/09/10**

Printed January 2011

5 key words:

Tanzania, HIV/AIDS, TAYOA, AIDSTAR – Two, National AIDS Control Program (NACP)

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number GHH-1-00-07-00068-01. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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## AIDSTAR-Two Project Trip Report

### **1. Scope of Work:**

Destination and Client(s)/ Partner(s)	Dar Es Salaam, Tanzania
Traveler(s) Name, Role	William Sambisa, Monitoring and Evaluation Technical Advisor, AIDSTAR Two Project,
Date of travel on Trip	July 23 – August 9, 2010
Purpose of trip	To provide management and technical support to take forward some of the activities in the AIDSTAR Two work plan with the implementing organizations in Tanzania.
Objectives/Activities/ Deliverables	<ol style="list-style-type: none"> <li>1. Briefing meeting with Gene Peuse, USAID/Tanzania.</li> <li>2. Inception briefing with MSH Tanzania: orient staff to AIDSTAR Two; specifically discuss with Grace Mtawali and Dr. Beati Mboya the work plan and determine additional in-country support mechanisms that may be needed.</li> <li>3. Meeting with NACP to review the work plan, inquire about their challenges and the technical assistance provided by the local AS-Two consultants and determine additional support mechanism and how to fulfill these needs.</li> <li>4. Meeting with local consultants (i.e., Benjamin Chimori, Ibrahim Ugullumu, Moses Nkundwe Mwasaga and Professor John Kessy) to learn how their work is going with TAYOA and NACP and orient them to AIDSTAR Two.</li> <li>5. Meeting with TAYOA to review the work plan, to inquire about their challenges and the technical assistance provided by the local AS-Two consultants and determine additional support mechanism and how to fulfill these needs.</li> <li>6. Provide M&amp;E technical assistance to TAYOA in developing an M&amp;E framework as per the approved work plan.</li> <li>7. Exploratory meetings to BMC (Mwanza) to determine the feasibility of technical assistance to the institution, in areas in of the SOW that AS-Two received.</li> <li>8. End of assignment debriefing (s) with MSH-Tanzania; Ken Heise (Resident Advisor) Grace Mtawali (Senior Program Associate) and Beati Mboya (M&amp;E Advisor).</li> </ol>
Background/Context, if appropriate.	The AIDSTAR-Two Project in Tanzania has continued the work started under the Leadership, Management and Sustainability Program (LMS) to build the organizational and management capacity of the National AIDS Control Program (NACP); the Tanzania Youth Alliance (TAYOA) and if feasible the Bugando Medical Center (BMC) as well as provide technical support to the PEPFAR coordination efforts in Tanzania once these needs are defined

**2. Major Trip Accomplishments:** Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

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### **I. National AIDS Control Program (NACP), Ministry of Health and Social Welfare**

I. Conducted a meeting with NACP team (July 28, 2010): Dr. R.O. Swai (NACP Program Manager), Dr. G.R. Somi (NACP Head: Epidemiology Unit); Mr. Eristo Edward (NACP Administrator) and Mr. Kapara (NACP Accountant). Also in attendance in the meeting were Ms. Angela Makota (CDC Tanzania, Human Capacity Development Program Officer), Mrs. Grace Mtawali (Senior Program Associate –LMS/SPS, MSH Tanzania) and Dr. Beati Mboya (M&E Advisor, MSH Tanzania). During the meeting, Dr. Swai highlighted the following two activities where AIDSTAR-Two was providing technical support:

#### **A. Accounting Software and Abridged Accounting Manual**

- AIDSTAR-Two is finalizing strengthening the NACP accounting system through the updating of the Global Fund and Basket Fund accounts. The CDC account is fully functional and the NACP Accounting Unit is able to generate and print reports from this account loaded in the QuickBooks Software.
- The Accounting Manual was streamlined.
- The NACP accounting unit is being relocated and incorporated into the Ministry of Health accounting system. Currently, the NACP is seeking clarity on how its finance unit is going to be integrated and function within MOH accounting system. No one knows what type of software the MOH is using.
- There is a great possibility that the accounting software which was installed at NACP at their request and the training which has so far taken place might minimally be used by the NACP accounting staff following the move to the MOH.

#### **B. Human Resource and Administration Manual**

- The NACP informed us that the human resource and administration manual was not appropriately developed. This work began under LMS and then was transferred to AS-Two. In addition, it is against government protocol to re-write its policies in anyway and some of the manual's content was in conflict with civil servants standing orders (i.e., guidelines). Moreover the manual was developed without a thorough consultative and participatory approach. Only one person at NACP (Mr. Eristo Edward) was consulted during the process of developing the manual, particularly in obtaining materials used or referred during the development of the manual.
- The NACP Program Manager (Dr. Swai) mentioned that the best approach for “educating” their staff on the civil servants standing orders (human resource and administrative issues) might be a one-day meeting where standing orders are disseminated and discussed with the staff. AS Two will consider doing this training. Furthermore, NACP indicated that they would like us to purchase copies of the civil servants standing orders for them.

#### **C. Monitoring and Evaluation (M&E)**

II. Conducted a M&E meeting with NACP team (August 04, 2010): Dr. G.R. Somi (Head: Epidemiology Unit and M&E Liaison Person) and Mr. James Juma (Epidemiology Unit) and Mr. Kapara (Head: NACP Accountant). Also in attendance in the meeting were Ms. Angela Makota (CDC-Tz) Mrs. Grace Mtawali (MSH-Tz), Dr. Beati Mboya (MSH-Tz) and William Sambisa (AIDSTAR-Two, MSH). During the meeting, Dr. Somi highlighted the following:

Dr. Somi highlighted the technical and financial support the NACP is receiving from various donors and explained the several aspects of ongoing M&E strengthening interventions at NACP. Examples of organizations currently providing M&E support to NACP include: (a) the University of California--San Francisco (UCSF) [developing a comprehensive M&E plan for the current health sector strategic plan]; (b) Research Triangle Institute (RTI) [providing NACP with technical assistance to prioritize its research and evaluation agenda]; (c) PharmAccess [conducting initial assessments and reassessments of facilities (before and after starting ART) and build capacity of health providers in the regions]; (d) Japan International Cooperation Agency (JICA) [building M&E capacity at district levels]. It specifically supports the roll-out of District Health Management Information system (DHIS). The organization piloted the DHIS capacity building in two regions and they will be implementing a second scale up phase, which expands the M &E strengthening program into other districts] (e) University Computing Centre (UCC) [in collaboration with JICA, UCC is responsible for developing the DHIS database and its implementation]; (f) TAZAMA [a collaborative activity between National Institute for Medical Research (NIMR) and London School of Hygiene and Tropical Medicine (LSHTM) working on a cohort study in Kisesa ward, Mwanza and strengthening data analysis for the NACP; particularly in the analysis of HIV care and treatment data] and (g) Indiana University [supports NACP in data analysis and will assist NACP to develop modeling for analyzing and projecting HIV care and treatment data/requirements].

Dr. Somi indicated a need to focus on strengthening M&E systems at lower levels of the health service delivery system (i.e., at the health facility level). He cited various factors contributing to a weak M&E system within NACP. The factors included poor collection

**Comment [K1]:** Actually, Benjamin thinks it's probably EPICOR software.

**Comment [K2]:** Per Benjamin, he thinks it's reasonably likely that the accountants may continue to use the software and develop a link or interface between their accounts on QuickBooks and the higher end EPICOR software system.

**Comment [K3]:** I think the report should state that this change was imposed from above, not a desired change on the part of NACP. Dr. Swai was informed of this change upon his return from the World AIDS Conference in Vienna, at a point where we had already installed the software, trained users, entered previous year data, etc. MSH is in no way to blame, or otherwise responsible, for this change having occurred. It's a shame, but it was not something we could have anticipated.

**Comment [K4]:** I understand the concept of taking a bullet for the team, but I think it would be appropriate to point out that NACP specifically requested the development of a streamlined, user-friendly HR manual not to rewrite or replace standing orders but to make them more accessible and easy to understand.

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of correct data; poor regularity and timing of submission of data to district, regional and central levels. NACP has not been able to write the 2008 Report due to the above-mentioned data related gaps.

In addition, Dr. Somi emphasized the need to conduct M&E leadership and management assessments at health facility level as well as sub-national level. Other gaps highlighted by Dr. Somi included a need to build capacity on data use for planning and decision making at lower levels and data quality improvement. Also, there was a need for an overall mechanism to provide oversight on how selected indicators were performing.

### **2. Tanzania Youth Alliance (TAYOA)**

I. Conducted a three-day monitoring and evaluation meeting (August 2-6, 2010) in Bagamoyo, Coast Region, Tanzania. The goal of the meeting was to develop a monitoring and evaluation system for TAYOA based on the organization's current strategic plan (2010-2015) and (2010-2011) action plan and guided by TAYOA's national and international mandates. The workshop had three main objectives:

- a. Assist TAYOA NGOs staff to understand the basic concepts of monitoring and evaluation program activities
- b. Review and develop a critical mass of key indicators for the TAYOA strategic plan and current action plan, aligning them to national level and PEPFAR indicators were appropriate
- c. Review and update data collection tools (if necessary develop new tools) to be included in the TAYOA M&E framework.

The outputs from the workshop will include:

- a. A detailed TAYOA monitoring and evaluation manual which will include a list of critical mass of indicators for TAYOA programs and updated set of data collection tools for TAYOA. The manual is currently being written and is to be submitted to TAYOA and AIDSTAR-Two for review and thereafter the consultant will finalize it.
- b. Workshop Report. The draft report is currently under review.

The three-day M&E meeting was primarily facilitated by a local consultant, Professor John Kessy. Mr. Peter Masika (TAYOA Executive Director) and William Sambisa co-facilitated the meeting on selected topics. The meeting was attended by a total of 13 participants 10 TAYOA staff, Prof. Kessy, consultant and 2 MSH representatives - Mr. Sambisa and Mrs. Mtawali. By the end of the meeting, TAYOA had (a) reviewed and revised some of the strategic objectives, (b) revised the current action plan, (c) identified and developed a critical mass of indicators; and (d) revised current data collection tools and developed additional tools where necessary.

- II. Assist TAYOA to develop a Communication Plan and Strategy (August 6, 2010). Mr. Sambisa and Mr. Peter Masika brainstormed on the SOW for this proposed activity. Mr. Masika suggested that a participatory meeting should be organized with facilitation from an external and regional consultant. He indicated that the consultant should have expertise in social media with a better understanding and experience of both traditional and modern communication technology, given TAYOA's diverse audiences. Furthermore, he indicated that the 3-day meeting should include participation from a multi-sectoral representation. For example, participants should be invited from the Ministry of Health and Social Welfare (MOHSW); National AIDS Control Program (NACP); Tanzania Commission for AIDS (TACAIDS), representatives from CDC-Tz, MSH-Tz, etc.

### **3. Bugando Medical Center (BMC), Mwanza. August 03, 2010**

On August 03, 2010, William Sambisa visited BMC to determine the feasibility of providing technical assistance to the institution, in areas in the SOW that AIDSTAR-Two had received from USAID/Tanzania and CDC/Tanzania. Angela Makota (CDC) had intended to make the trip to Mwanza but was unable to join. BMC is in the AS-Two workplan but the activities are not as yet approved.

During the visit, I briefly met with Dr. C.R. Mazinge (Director General of BMC) and Prof. S. Kalluvya (Director of the ART Clinic, BMC and Teaching Professor at the Bugando University College of Health Sciences) stating the purpose of my visit and also to listen to their concerns about the financial system which was set-up by Exact Solutions through funding from Pathfinder/USAID Tanzania. Furthermore, I listened to their needs in relation to the current information technology system being set-up at BMC.

I held an extensive meeting with Mr. Paul Maziku (IT Manager, MOHSW). The exploratory visit also included touring the hospital's pharmacy, billing and medical nursing stores departments. He informed me that a Needs Assessment Report recommended that the computerization of the hospital management information system (HMIS) was to be done in a modular approach: first the financial (non-clinical) module and then non-financial (clinical) module. Mr. Maziku comprehensively explained that the computerization/digitization of the hospital's financial system began under the Pathfinder Foundation in 2006/7. However, two (2) issues arose during the Pathfinder implementation phase: (a) the BMC management team did not understand that the system would not cover both the non-

**Comment [K5]:** I've heard subsequently that CDC really wishes it had been able to attend, because Dr. Somi had been advised by CDC immediately prior to the meeting that AS-Two would not be the appropriate mechanism to support lower level capacity building efforts. In fact, CDC had made clear to Somi that AS-Two should focus, as needed, on the central level M&E capacity building needs. For whatever reason, Somi chose to ignore this guidance and lay out a whole different agenda.

**Comment [K6]:**

**Comment [K7]:** I believe the funding for Pathfinder came from CDC, not USAID.

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clinical and the clinical modules; and (b) at the final phase of the financial computerization stage, the BMC project team realized that there are no clinical modules in the HMIS. In sum, the BMC management envisioned that all hospital functions from patients' registration to discharge, human resource management, payroll, finance, supplies, laboratory, pharmacy would be all run through the system.

Computerizing the financial system involved developing the billing, financial accounts, project financial (HIV Project inventory/material management and patient registration modules. The factors identified by the IT Manager which contributed to the current problems are:

**Comment [K8]:** Per Pathfinder and Exact Software Solutions, there was never a commitment to do more than address the financial/billing issues, and that this had been made clear on many occasions.

**Comment [K9]:** I suspect pathfinder would take offense at this—my guess is that they did procure the right equipment but that BMC just moved things around as they pleased

- Pathfinder did not consult the IT department on hardware and software for the current system. The current server is not secure, has limited memory (both the random access memory and hard disk), and cannot manage the temperature for improved longevity of the system and uses free software.
- Exact Solutions extensively involved its junior staff in the development of the system.
- Trial runs of the financial system did not produce the intended results nor did it produce sample reports for each module embedded in the system.
- Exact Solutions had difficulties in keying in essential article codes such as account, payroll, human resource, price list, inventory/stock items, etc. The entry of the codes was mixed up. The entry of the codes was done in May-July 2009.
- Nothing has been done to correct the errors/bugs in the system since September 2009. In sum, the financial system has never functioned. The non-functionality of the financial system has meant that the billing system is not working thereby the hospital is losing about 4 million Tanzanian Shillings per month through patients absconding payment of fees. Currently, the Director General of BMC is looking for a simple stop-gap measure or billing system to stop this financial hemorrhage.
- Exact Solutions did not adequately train its staff in the entry of the codes and the subsequent maintenance of the system. Furthermore, the company did not train key BMC staff to solve the problem of the article codes being rejected.
- When done, the training to enter codes and other related data entry was rushed. Due to the complexity of the system, the training should have been done incrementally after mastering of each stage.

What does the BMC management team expect of the current system? It should be able to:

**Comment [K10]:** Why would BMC management expect billing software to address their clinical records needs? Sounds like they're spinning a tale.

- Capture the clinical records of the CDC funded Clinical Trial Center (CTC), particularly the capture of HIV patient records. However, the current system does not permit the interface between the CTC and the general hospital records. Therefore, patients are referred from the hospital to the CTC not electronically but through paper documents. This is not an efficient system because the patient record is entered twice, first within the hospital patient record system and then again at the CTC. There is a possibility of loss of records as the patient's clinical management is transferred from the hospital to the CTC. Furthermore, the current financial system has been tweaked to capture clinical notes which the team thinks are inadequate to inform clinical decisions and also are subject to entry error. If the current system is tweaked to include clinical records it might create more problems in the future given that the software was created solely for financial purposes.
- Link the laboratories, clinic and wards (i.e., point of service provision) records for patient clinical management. Moreover, it should be able to track drug utilization by patients. In sum, the system is not able to register, set appointments and track patient files electronically.
- Link to the imaging system (like a Dicom Server) which stores X-ray, CAT-scan (CT), cardiology images, etc for patient clinical management and also more important for teaching purposes at the Bugando University College of Health Sciences. The latter is the training hub for the Lake Zone.
- Capture all current medical records and continually capture all new records created thereafter.
- Should have a budget module. The current system has a small section on budget but is not able to generate financial reports.

The BMC management also recommends that its system should be modified to be similar to the one currently being used at Muhimbili National Hospital. The Muhimbili system (i.e., the Jeeva) is comprehensive and robust. It includes both the clinical and non-clinical modules. The system is expensive to install and took about two years to be set up at Muhimbili Hospital. Moreover, it requires a range of qualified staff to operate and maintain it.

**Comment [K11]:** Suggest you indicate that you are reporting what you were told by BMC about the system, and that you didn't personally have time to visit or assess. We don't really know if the system does what BMC says it does, or whether it works well at all. It might, but we don't know.

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### 3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	When	Responsible staff
<b>A. NACP</b>		
Finalize the creation of the accounting companies for NACP, i.e., CDC Account, Global Fund Account and Basket Fund <u>Account</u>	Sept 15, 2010	Mr. Benjamin Chimori (local consultant)
Re-emphasize CDC and AIDSTAR capacity building SOW to NACP management team	Aug 30-Sept 3, 2010	MSH (Grace Mtawali), Angela Makota (CDC) and John Grove (CDC)
Develop an M&E plan to support NACP. The capacity building support will include developing: <ul style="list-style-type: none"> <li>• an M&amp;E development plan, and</li> <li>• a dashboard for the management team</li> </ul>	Aug 30-Sept 3, 2010	Dr. Beati Mboya (MSH-Tz); University Computing Center, Dar es Salaam; and Dr. G. Somi (Head, Epidemiology Unit and M&E Liaison Person)
Conduct a one-day meeting to disseminate the civil servants standing orders (HR) to NACP employees <ul style="list-style-type: none"> <li>• Supply the institution with copies of the civil servant standing order document</li> </ul>	Sept 20, 2010	Grace Mtawali, (MSH-Tz) and local/consultant
<b>B. TAYOA</b>		
Finalize the M&E Manual. The development of the manual began during the last TDY to Tz	Sept 15, 2010	Prof. John Kessy (local consultant) and William Sambisa (AIDSTAR-Two)
Develop a Communication Strategy for Tayoa <ul style="list-style-type: none"> <li>• Develop SOW for a Communication Specialist consultant</li> <li>• Recruit Communication Specialist consultant</li> <li>• Conduct a three-day multisectoral participatory workshop</li> <li>• Produce communication strategy document</li> </ul>	Oct 15, 2010 Aug 31, 2010 Sept 10, 2010 Sept 24, 2010 Oct 15, 2010	William Sambisa (AIDSTAR-Two) William Sambisa (AIDSTAR-Two) Communications Specialist (TBD) and Grace Mtawali (MSH-Tz) Communications Specialist (TBD)
<b>C. BMC</b>		
Given that the BMC management requires a complete overhaul of the financial system and envisions an integrated hospital management information system (HMIS) application, I recommend that AIDSTAR not provide support to BMC. CDC should identify an organization that can provide (a) technical assistance in developing a hospital information system (i.e., information technology, medical records) and (b) local oversight in the development or adaptation of the current system to be able to provide both non-clinical and clinical functionalities. Furthermore, developing such a system at BMC will (i) take a much longer period, (ii) require more funding, and (iii) trained technical staff to manage the system.		

**Comment [K12]:** Perhaps this makes sense, but only if we can determine conclusively that the accounting team will be able to use the system in the new arrangement with MOHSW

### 4. Potential Challenges:

General
<b>NACP:</b> The need to re-engage the NACP particularly the leadership (Dr. Swai, Program Manager and Dr. Somi, Head Epidemiology Unit) and explain to them AIDSTAR-Two and CDC mandate regarding organizational capacity building. The need to assure that Dr. Swai receive information and sign off on all TA before it begins. He did receive emails from LMS in the past.
<b>BMC:</b> AIDSTAR-Two should not take on this assignment given that the initial investment has not come to fruition. The question to be resolved is what happens to the financial system which has not been functioning since September 2009.

**Comment [K13]:** He also took part in the Dec. 2009 MOST exercise, met afterwards with LMS staff, myself included. We have to keep him happy and informed, but he's also for unknown reasons denying some aspects of the reality.

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**5. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Title and Institution	Contact Information	Notes
Gene Peuse	USAID/Tanzania, HIV & AIDS Public-Private Partnerships Advisor	gpeuse@usaid.gov; +255 222 668 490	<del>Meeting to b</del> riefing meeting to Gene Peuse, USAID/Tanzania <del>and to</del> explain the purpose of my <del>TDY</del> meeting.
Angela Makota	CDC/Tanzania, Human Capacity Development Program Officer	makotaa@tz.cdc.gov; +255 222 198 400	Program Officer responsible for the NACP, TAYOA and BMC portfolio at CDC
Ken Heise	MSH/Tanzania, Resident Advisor	kheise@msh.org; +255 222 136 415	Resident Advisor who provided extensive background material for each activity and was consulted during the TDY for insight.
Grace Mtawali	MSH/Tanzania, Senior Program Associate –LMS/SPS	gmtawali@msh.org; +255 222 136 415	Actively participated in every meeting and consultation held with NACP and TAYOA.
Dr. Beati Mboya	MSH/Tanzania, M&E Advisor	bmboya@msh.org; +255 784 360 877	Actively participated in every meeting and consultation held with NACP, particularly on M&E-related issues.
Pamela Lema	MSH/Tanzania, Administrative Assistant	<a href="mailto:plema@msh.org">plema@msh.org</a>	Arranged for all logistic support during my TDY.
Dr. R.O. Swai	NACP/Tanzania, Programme Manager	swairo51@yahoo.com; +255 222 118 582	Chaired the first meeting held with NACP
Dr. G.R. Somi	NACP/Tanzania, Head: Epidemiology Unit	g_somi@yahoo.co.uk; +255 222 131 213	Participated in the first meeting held with NACP and subsequently chaired the M&E meeting held with AIDSTAR-Two and CDC/Tanzania
James. M. Juma	NACP/Tanzania, Epidemiology Unit	<a href="mailto:jj162us@yahoo.com">jj162us@yahoo.com</a>	Participated in the M&E meeting held with AIDSTAR-Two and CDC/Tanzania
Mr. Eristo Edward	NACP/Tanzania, NACP Administrator		Participated in the first meeting held with NACP
Mr. Kapara	NACP/Tanzania, NACP Accountant		Participated in the first meeting held with NACP
Dr. Charles R. Majinge	BMC, Director General	cmajinge@hotmail.com; +255 028 250 0513	Briefly met with Dr. Majinge to brief him on the purpose of my visit and also to listen to his concerns about the current financial system and determine BMC needs
Prof. S. Kalluvya	BMC, Director of the ART Clinic, and Teaching Professor at the Bugando University College of Health Sciences	samuelskalluvya@yahoo.com; +255 282 540 610	Met with Prof. Kalluvya to brief him on the purpose of my visit and also to listen to his concerns about the current financial system and determine BMC needs. Also, meet with him in the debriefing meeting held after interviewing with several persons at BMC and touring the hospital to assess their needs
Paul A. Maziku	BMC, IT Manager	paul_maziku@yahoo.com; +255 784 214 111	Provided extensively and comprehensive information on the current financial system and BMC

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			information technology needs
Shibide Lugoba	BMC, HIV/AIDS Project, M&E Officer	mshibide2010@yahoo.com; +255 282 540 610	Interviewed Ms. Lugoba on the M&E needs of the CTC.
Job Batakyanga	BMC, HIV/AIDS Project, Program Officer	jobbatakyanga@yahoo.com; +255 282 540 610	Participated in the debriefing meeting held after interviewing several persons at BMC and touring the hospital to assess their needs and
Eliphace Mukumbo	BMC, Senior Pharmacist	+255 282 540 610	Interviewed during the tour of the hospital
Sr. Anne Philbert	BMC, Substore Pharmacy Manager	+255 282 540 610	Interviewed during the tour of the hospital
Sr. Ladislaus Kokuhngga	BMC, Accountant, Billing Department	+255 282 540 610	Interviewed during the tour of the hospital
Peter Masika	TAYOA, Executive Director	tayoafund@yahoo.com +255 222 667 692	Meet with Mr. Masika in preparation and during the M&E workshop. Also met with him to brainstorm on the steps to be considered for implementing the Communication Strategy activity
Prof. John Kessy	Local Consultant	jfkessy@yahoo.com; +255 754 948 708	Prof. Kessy facilitated the M&E workshop for TAYOA.
Benjamin Chimori	Local Consultant	chimoribenjamin@yahoo.com +255 786 404 135	Held a brief meeting with him to learn how his work was going with NACP - developed the NACP Accounting System and Accounting Manual
Ibrahim Ugullumu	Local Consultant	iugulumu@yahoo.com; +255 754 315 747	Held a brief meeting with him to learn how his work was going with NACP - development of NACP Human Resource and Administration Manual
Moses Nkundwe Mwasaga	Local Consultant	moses.nkundwe@gmail.com; +255 754 461 965	Held a brief meeting with him to learn how his work was going with NACP - development of NACP Accounting System and TAYOA's Strategic Plan and Action Plan

**6. Description of Relevant Documents / Addendums:** Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
TAYOA M&E Workshop Report	Report detailing the proceedings of the 3-day M&E meeting	AIDSTAR-Two

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