



# Sauti Project

## FY 2017 Work Plan

October 1, 2016 - September 30, 2017

### **REVISED**

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## Acronyms and Abbreviations

AFHS	Adolescent-friendly health services
AGYW	Adolescent Girls and Young Women
AMICAALL	Alliance of Mayors' Initiative for Community Action on AIDS
ANC	Antenatal Care
AOR	Agreement Officer Representative
ART	Antiretroviral Therapy
C2EYP	Caring for Children and Empowering Young People in Tanzania Project
C&T	Care and Treatment
CA	Community Activists
CAT	Community Action Team
CBHS	Community based HIV service
CBHTC	Community Based HIV Testing and Counseling
CBO	Community based organization
CCHP	Council Comprehensive Health Plans
CHAC	Council HIV AIDS Coordinator
CHMT	Council Health Management Team
CSO	Civil Society Organization
CTC	Care and Treatment Clinic
DAC	District Advisory Committees
DACC	District AIDS Control Coordinator
DAMES	DREAMS Auxiliary Monitoring and Evaluation System
DC	District Council
DED	District Executive Director
DIC	Drop-In Center
DLT	District Laboratory Technologist/Technician
DMO	District Medical Officer
DNO	District Nursing Officer
DQA	Data Quality Assessments
DRCHCo	District Reproductive and Child Health Coordinator
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe
EJAF	Elton John AIDS Foundation
EMMP	Environmental Monitoring and Mitigation Plan
EQA	External Quality Assurance
EW	Empowerment Worker
FANTA	Food and Nutrition Technical Assistance
FP	Family Planning
FSW	Female Sex Worker
FY	Fiscal Year
GBV	Gender-Based Violence
GIS	Geographical Information System
GoPI	Government Performance Index
GoT	Government of Tanzania
GPS	Global Positioning System
HBC	Home-Based Care
HBTC	Home-based testing and counseling
HIV	Human Immunodeficiency Virus
HPES	Health Promotion and Education Section
HTC	HIV testing and counseling
IBBS	Integrated Bio-Behavioral Survey
IEC	Information Education and Communication

IP	Implementing Partner
IPC	Infection Prevention and Control
IQC	Internal Quality Control
IRB	Institutional Review Board
ITOCA	Integrated Technical Organizational Capacity Assessment
IUD	Intra-Uterine Device
JHSPH	Johns Hopkins School of Public Health
JHU	Johns Hopkins University
JPPM	Joint Planning and Program Meeting
JSI	John Snow, Inc.
KP	Key Population
KVP	Key and Vulnerable Population
LARC	Long Acting Reversible Contraceptive
LGA	Local Government Authority
M&E	monitoring & evaluation
MC	Municipal Council
MO	Medical Officer
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly, and Children
MOU	Memorandum of Understanding
MSD	Medical Stores Department
MSM	Men Who Have Sex with Men
MUHAS	Muhimbili University of Health and Allied Sciences
NA	Not Applicable
NACP	National AIDS Control Programme
NACS	Nutritional Assessment, Counseling and Support
NGO	nongovernmental organization
NIMR	National Institute for Medical Research
OAA	Office of Acquisition and Assistance
ODK	Open Data Kit
OJT	On-the Job Training
ONA	Organizational Network Analysis
OPI	Organizational Performance Index
PE	Peer Educator
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PFSW	Partners of Female Sex Workers
PHDP	Positive, Health, Dignity and Prevention
PO-RALG	President's Office - Regional Administration and Local Government
PPT	Periodic Presumptive Treatment
PrEP	Pre-exposure prophylaxis
QA/QI	Quality Assurance/ Quality Improvement
QIT	Quality Improvement Teams
Q2	Second Quarter
Q3	Third Quarter
Q4	Fourth Quarter
RACC	Regional AIDS Control Coordinator
RAS	Regional Administrative Secretary
RC	Regional Commissioner
RCHS	Reproductive and Child Health Services
RFP	Regional Focal Person
RHASP	Regional HIV/AIDS Strategic Plans
RHMT	Regional Health Management Team
RLA	Research Learning Agenda

RLAG	Research and Learning Advisory Group
RLT	Regional Laboratory Technologist/Technician
RMO	Regional Medical Officer
RNO	Regional Nurse Officer
RRCH-Co	Regional Reproductive Child Health Coordinator
RS-LGA	Regional Secretariat Local Government Authorities
RS-LGA	Regional Secretariat Local Government
RSW	Regional Social Worker
SASA!	Start Awareness Support Action
SAPTA	Support for Addiction and Prevention in Africa
SBCC	Social and Behavior Change and Communication
SCMS	Supply Chain Management System
SEEO	Socio-Economic Empowerment Officer
S/GWI	US Secretary's Office of Global Women's Issues
SIMS	Site Improvement Monitoring System
SMS	Short Message Service
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TA	Technical Assistance
TACAIDS	Tanzania Commission for AIDS
TAG	Technical Advisory Group
TASAF	Tanzania Social Action Fund
TAYOA	Tanzania Youth Alliance
TB	Tuberculosis
TC	Town Council
TCCP	Tanzania Capacity Communication Project
TQIF	Tanzania Quality Improvement Framework
TWG	Technical Working Group
UIC	Unique Identifier Code
URT	United Republic of Tanzania
USAID	United States Agency for International Development
USG	United States Government
vAGYW	Vulnerable Adolescent Girls and Young Women
vAGYWI	Vulnerable Adolescent Girls and Young Women Index
VEO	Village Executive Officer
VMMC	Voluntary Medical Male Circumcision
WAT	Workplace Action Team
WEO	Ward Executive Officer

## I. Executive Summary

The US Agency for International Development (USAID) Sauti Project has worked since February 2015 to improve the health of all Tanzanians through a sustained reduction in new HIV infections using vulnerability-tailored evidence-based interventions to bring high-quality HIV prevention, HIV adherence support, and family planning (FP) promotion and service delivery to key and vulnerable populations (KVPs) in selected regions of mainland Tanzania. Led by Jhpiego and partners EngenderHealth, Pact and the National Institute for Medical Research (NIMR) Mwanza, Sauti Project is supporting the Government of the United Republic of Tanzania (URT) to introduce new and enhance existing strategies with the goal that at the end of the five-year program, all KVP in program communities will be able to actively participate in a core package of vulnerability-tailored, high-quality, client- and community-centered combination (biomedical, behavioral and structural) prevention services. These will include strong and traceable linkages to care, treatment and other referral services, and will be developed with the active support and participation of KVP's partners, families, and health providers, as well as the wider community, URT agencies, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the private sector. In order to achieve the above, Sauti Project will implement an ambitious, benchmarked 'saturation plan' that will result in at least 80% coverage for KVP with a core package of population-specific integrated biomedical, behavioral, and structural HIV prevention and FP services in selected hotspots.

This document outlines planned activities, strategies and targets, as well as proposed collaborations to support achievement of these aims during fiscal year (FY) 2017, building on work that was accomplished in FY16 during which Sauti Project provided HIV testing and counseling to 653,482 beneficiaries (including 69,723 female sex workers (FSW); 7,619 men who have sex with men (MSM); 175,634 partners of female sex workers; 87,670 vulnerable adolescent girls and young women (vAGYW) ages 15-24; and 312,836 other community members at heightened risk). In reference to the overall yield target (49,850) for FY16, Sauti Project was only able to identify 17,157 (34%) HIV positive clients, and out of these, 4,922 (29%) were enrolled to care and treatment services. Enrollment continues to FY17.

FP services were also provided to 11,869 women of reproductive age (between 15-49 years) through community-based HIV testing and counseling plus (CBHTC+), KVP DICs (including vAGYW safe spaces) in hotspots in 22 districts of nine regions.

The Sauti Project scaled up, recruited, trained and deployed over 700 peer educators (PEs) from 27 civil society organizations (CSOs) in FY16. During this time, the project made significant efforts to address CSO management capacity and to strengthen PEs' skills and confidence to conduct their work in often non-conducive environments. PEs conducted mapping to identify programmatic hotspots in their focal areas and identified 1,782 hotspots in Kilimanjaro, Tabora, Arusha, Dar es Salaam, Mbeya, Iringa, Shinyanga, and Njombe regions. This mapping allowed the project to reach 79,252 key and vulnerable populations (29,049 FSW, 6,350 MSM, 43,853 vAGYW ages 15-24) with behavior change group and individual education rolled out by PEs. To support the attainment of healthy outcomes and positive futures, the Sauti Project helped to establish 987 WORTH+ groups for vAGYW, FSW and people living with HIV (PLHIV), enrolling 23,315 vAGYW, FSW, PLHIV into the groups.

In FY17, the Sauti Project will focus on a broader set of client-centered differentiated services utilizing not only mobile CBHTC+ services but also home-based testing and counseling, partner notification and KVP DICs, as part of an expanded biomedical service delivery model designed to be more responsive to the needs of KVPs. The biomedical team will re-focus their operations to ensure that high-risk populations are reached, meaning that the service delivery model will be redesigned with the aim of increasing impact and achieving the highest yield possible.

The Sauti Project seeks to improve positive behaviors and social norms at the individual and community levels, as well as strengthening support for positive gender norms and behaviors within communities to reduce HIV transmission and acquisition. These interventions are primarily delivered through CSOs in communities, at KVP



DICs. The Sauti Project will continue working closely with these CSOs to deliver a package of community-based social behavior change and communication (SBCC) services, and will strengthen implementation of the gender and gender-based violence (GBV) strategy by building upon FY16 accomplishments, such the development of: 1) a screening tool to identify post GBV survivors; 2) the gender, GBV and sexuality training aiming at sensitizing the Sauti Project and CSO teams on gender and sexuality issues, as well strengthen their capacity in rolling out the GBV screening; 3) the guide to sensitize the police on gender, GBV and sexuality issues; 4) a tool to assess gender equity programmatically and at service delivery sites, in terms of their ability to provide ethical and gender friendly services to KVP. In order to assess the impact of these and other interventions, Sauti Project will continue to support innovative research and learning, which will help the project and its partners better understand and effectively employ interventions which present the greatest opportunities to prevent new HIV infections, care for those infected and affected, and improve uptake in FP among KVP. Sauti Project will actively engage KVP in the research agenda, which will include a mapping and enumeration study for KVPs, formative research on MSM and FSW's preferences for HIV services and FP-related service delivery, and an examination of the error rates associated with the unique identifier code, among others. A community antiretroviral therapy (ART) pilot will be introduced in a study setting to strengthen linkages to care and treatment. Sauti Project will also continuously support and improve program learning through strengthened data quality, and increased routine data utilization by CSOs, regional teams and district authorities.

In FY17, Sauti Project will continue to foster the sustainability agenda and further strengthen the engagement of the central and local government, CSOs, KVP networks/groups, and the community in leading the operationalization and monitoring of the project's five-year sustainability/transfer plans at district/municipal levels. In addition, Sauti Project (through the Tanzania Commission for AIDS [TACAIDS] and MOHCDGEC) will expand the engagement of KVP stakeholders to include media, Alliance of Mayors' Initiative for Community Action on AIDS (AMICAALL), parliamentary committees for HIV/AIDS and community services, police, private partners, and academic institutions in order to further foster country ownership of KVP HIV/FP programming in Tanzania.

During FY17, Sauti Project will expand to three new regions (Singida, Mtwara, Songwe) for a total of 13 project-supported administratively recognized regions, including 21 new councils (for a total of 43) and 355 new wards (for a total of 638 wards). Sauti Project is a key partner in the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, Safe) initiatives, and will implement the core package of evidence-supported interventions within selected hotspots/communities in six of the seven DREAMS priority districts, including Temeke, Kyela, Shinyanga Municipal Council, Kahama Town Council, Msalala, and Ushetu, which will be added in FY17.

#### **Other notable changes for FY17 include:**

- A new Chief of Party, Dr. Albert Komba, was appointed in September 2016.
- HTC targets have been reduced from 670,467 to 541,682.
- Unit expenditure (unit cost for HIV Testing and Counseling (HTC) compared to the target) dropped 30 percent as a result of decreased HTC funds in FY17 compared to FY16.
- Orphan and vulnerable children targets have shifted geographically; as a result, 255 existing WORTH+ groups (including 6,079 participants) are now in districts where Sauti Project will no longer be implementing economic empowerment interventions, and will therefore hand over to the Caring for Children and Empowering Young People in Tanzania project (C2EYP). Sauti Project will also transition an additional 100 WORTH+ groups in Msalala District Council (including 2,455 people) to C2EYP due to shifts in project targets and prioritization of resources.
- The project will expand the client-centered differentiated testing model that now includes community-based HIV testing and counseling plus (CBHTC+), drop-in centers (DICs), home-based testing and counseling plus (HBTC+), partner notification, and incentivized peer network testing especially for KVPs.<sup>1</sup>
- Inclusion of pediatric population (under 15 years of age) as a target group for HTC and linkages.

<sup>1</sup> CBHTC+ = Mobile service delivery point in the community. It includes HTC, sexual risk assessment and counseling, FP, TB, STI, GBV, and NACS services. HBTC+ = Mobile service delivery point at home. It includes HTC and FP services only.

- Incorporate an increased focus on strengthening case management to improve the cascade.
- The project will aim to incorporate long-term responses to behavioral and structural determinants.
- Transferring from a paper based to an electronic record keeping system.
- Reducing the total number of CSOs supported by the project from 27 to 20, while expanding their roles and responsibilities.
- Exclusion of lubricant distribution to MSM and FSW as one of the key elements of the core package of HIV (until obtaining further guidance from GoT)
- Potential new guidance from the GoT on community-based HIV prevention interventions for MSM
- High yield target among tested populations

## II. Introduction

### Background

HIV prevalence in the United Republic of Tanzania (URT) is down from seven percent in 2003/4 to 5.1% in 2011/12 (Tanzania Commission for AIDS/Zanzibar AIDS Commission [TACAIDS/ZAC], Tanzania National HIV and Malaria Indicator Survey, 2011/2012). The ongoing scale-up of the national VMMC program and an increasing modern contraceptive prevalence rate (CPR), from 17% in 1999 to 27% in 2010 (Demographic and Health Survey [DHS]) are just a few of the successes. However, in hotspots across the country, HIV incidence remains unacceptably high and the achievements made in the general population have not translated into progress for all. Tanzania is facing a heterogeneous HIV epidemic in which key populations (KP) (female sex workers [FSWs] and men who have sex with men [MSM]) and vulnerable groups, (vulnerable adolescent girls and young women [vAGYW] aged 15-24, and partners of FSWs [PSFWs]) – together referred to as key and vulnerable populations (KVP)—are disproportionately affected and underserved by HIV and FP (FP) programs. When seeking health services, KVP frequently report high levels of stigma and discrimination by health providers. Prevention among KP is an important step to sustain the gains Tanzania has achieved thus far.

The Sauti Project, awarded by USAID to Jhpiego and partners EngenderHealth, Pact and the National Institute for Medical Research (NIMR) Mwanza on 9 February 2015, seeks to contribute to the improved health status of all Tanzanians through a sustained reduction in new HIV infections in support of the URT's commitment to HIV prevention. The program aims to introduce new and enhance existing strategies to strengthen vulnerability-tailored, high-quality services for combination HIV prevention, positive health, dignity and prevention (PHDP), and FP services for KVP. Sauti Project's goal is that at the end of the five-year program, all KVP in program communities are able to actively participate in a core package of vulnerability-tailored, high-quality, client- and community-centered combination (biomedical, behavioral and structural) prevention services. These will include strong and traceable linkages to care, treatment and other referral services, and will be developed with the active support and participation of KVP's partners, families, and health providers, as well as the wider community, URT agencies and the private sector. Sauti Project will directly contribute to the actualization of the *National Guideline for a Comprehensive Package of HIV Interventions for Key Populations* as well as the URT's policies and guidelines for FP and other applicable health areas.

### Objectives

The anticipated results over the five-year Sauti Project include:

- Increased and timely use of HIV prevention and FP services
- Improved positive behaviors and social norms at the individual and community levels
- Reduced vulnerability of two populations through novel structural interventions
- Increasingly sustainable comprehensive HIV prevention services for KVP

Objective 1: Implement a package of core and expanded biomedical HIV prevention and FP interventions, with enhanced linkages to care, treatment, and support services.

Objective 2: Deploy interventions designed to reduce individual risk behaviors and strengthen support for positive social norms and structures at the community level.

#### Sauti Key and Vulnerable Populations (KVP)

**Vulnerable Populations** are defined as vulnerable adolescent girls and young women (vAGYW) aged 15-24, as well as partners of female sex workers (PSFW).

**Key Populations (KP)** are defined as female sex workers (FSW) and men who have sex with men (MSM).

**Other vulnerable populations** who are at increased risk of HIV (e.g. mobile men, men and women in transient work places) will be targeted for HTC interventions.

Additionally, in FY17, Sauti Project will focus on **high risk children (age <15 years)**, as Tanzania is one of the countries in Sub-Saharan Africa with a large burden of HIV-positive children not yet initiated on ART (PEPFAR and MOHSW, 2014)

- Objective 3: Execute a robust research and learning agenda.
- Objective 4: Develop and implement capacity and sustainability building interventions.
- Objective 5: Build and deploy vigorous monitoring and evaluation systems.

Underpinning these objectives are the following guiding principles, which the Sauti Project will adopt and incorporate in its approach:

- Meaningful engagement of local government authorities (LGAs), local civil society organizations (CSOs) and most importantly, the KVP community.
- Client centered, differentiated service delivery to meet the needs of key and vulnerable populations.
- Strengthened treatment cascade and linkages to care.
- Utilization of data and creation of new evidence and learning to inform effective programming.
- Maintaining high quality services.
- Remaining nimble and responsive to the service delivery environment.

### Partnerships and Collaboration

In order to magnify the impact and scope of the Sauti Project, a number of strategic partnerships have been developed to leverage additional funding and expertise, and further institutionalize long-term project investments. These wide-ranging initiatives are directly linked to the project's objectives and are described in detail in the following sections, and summarized in **Table 1** below.

**Table 1: Special Initiatives and Partnerships**

Partner	Description
National Council of People Living with HIV (NACOPHA)	Establishing a partnership to collaborate on "empowerment groups" for HIV-infected beneficiaries to reduce internalized and anticipated stigma and increase ART retention in partnership with NACOPHA.
EQUIP	With technical support from USAID through the EQUIP project, Sauti Project will develop SOPs for the delivery of community based ART services.
TIGO (MIC)	Established a partnership with TIGO for the life of Sauti Project. TIGO will generously donate 15,300 Feature phones to be used for the vAGYW cash transfer program. In addition, TIGO will field test a new mobile wallet application that has been designed especially for savings groups with Sauti Project's WORTH+ groups. TIGO will push 3 million SMS messages and the project is in discussions about adding IVR in the near future. .
Elton John AIDS Foundation (EJAF)	The EJAF public private partnership with PEPFAR continues and will enhance access to sexually transmitted infections (STI) treatment for KPs, expand the availability of on-line information and social media for MSM in Tanzania, and strengthen the capacity of KP focused CSOs.
UCONNECT	UCONNECT donated 100 refurbished Dell Optiplex 740 Desktop systems fully loaded with educational software to be distributed in FY 17 to the 24 Sauti Project KVP DICs. Our CSO partners will secure and maintain the computers.
TOMS Shoes	A public private partnership has been established with TOMS Shoes who will donate up to 90,000 pairs of shoes (worth more than US\$2.2 million) for the project, with an emphasis on distribution to vAGYW and a critical piece of our incentivized peer education program.
Hewlett Packard Enterprise	Sauti Project's partner Pact has signed an award with Hewlett Packard Enterprise who will digitize community savings groups to build household and community resilience through E-Ledgers and will partner with Sauti Project WORTH+ groups
International Labor Organization (ILO)	Sauti Project and the ILO joined forces in Kyela district for the delivery of economic strengthening activities. vAGYW in WORTH + groups were trained in their "Start Your Business" series. Revolving loan funds totaling \$32,697 were disbursed in FY16.
Bill & Melinda Gates Foundation (BMGF) and University of North Carolina	With support from BMGF, the University of North Carolina will conduct qualitative research to gain a behavioral economics based understanding of the short and long term impact of cash transfer interventions including reduction in compensated sex and intergenerational sex over time. This qualitative work will build on Sauti Project's "CARE" study.

Project SOAR (Pop Council)	Sauti Project in collaboration with the Population Council and NIMR/Mwanza will design and implement a community-based program model of ART delivery for female sex workers at CBHTC+ sites.
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### Geographic Scope

During FY17, Sauti Project will operate in 13 regions, including Arusha, Dar es Salaam, Dodoma, Iringa, Kilimanjaro, Mbeya, Morogoro, Mtwara and Njombe, Shinyanga, Singida, Songwe, and Tabora in accordance with the President's Emergency Plan for AIDS Relief (PEPFAR) council level prioritization. A summary of project interventions and their geographic reach is presented in **Table 2** below. This includes three new regions which will be introduced in FY 17 (Singida, Mtwara, Songwe), including 21 new councils (for a total of 43) and 355 new wards (for a total of 638 wards). See Figure 1 below for a summary of geographic changes.

#### Figure 1: Summary of Geographic Changes in FY17

##### Three New/Additional Regions:

Mtwara, Singida and Songwe

(Lindi region to be dropped)

##### 21 New/Additional Councils (Dropped Mbeya CC and Lindi MC)

1. Tunduma TC (Songwe)
2. Arusha DC (Arusha)
3. Meru DC, Arusha)
4. Iringa DC (Iringa)
5. Kilolo DC (Iringa)
6. Moshi MC (Kilimanjaro)
7. Kilombero DC (Morogoro)
8. Kilosa DC (Morogoro)
9. Mvomero DC (Morogoro)
10. Masasi DC (Mtwara)
11. Newala DC (Mtwara)
12. Ludewa DC (Njombe)
13. Makambako TC (Njombe)
14. Makete DC (Njombe)
15. Njombe DC (Njombe)
16. Kishapu DC (Shinyanga)
17. Shinyanga DC (Shinyanga)
18. Iramba DC (Singida)
19. Manyoni DC (Singida)
20. Kaliua (Tabora)
21. Uyui DC (Tabora)

With drop-off of Mbeya City Council and Lindi MC, FY17 will serve 43 total councils.

**Table 2: Sauti Project's Scope of Program Activities by Region**

Region	CBHTC+*	HBTC+*	KVP Drop-In Centers	Gender Norms Interventions using SASA! ^	SBCC individual and group education	WORTH + Groups (includes parenting education) ^	Cash Transfer**	EJAF
Arusha	X	X			X			
Dar es Salaam	X	X	X	X	X	X		X
Dodoma	X	X	X		X			
Iringa	X	X	X		X			X
Kilimanjaro	X	X	X		X			
Mbeya	X	X	X	X	X	X	X	X
Morogoro	X	X			X			
Mtwara	X	X						

Njombe	X	X	X		X			X
Shinyanga	X	X	X	X	X	X	X	X
Singida	X	X						
Songwe	X	X			X			
Tabora	X	X	X		X			

\*Excluded in Mufindi, Mbozi, Rungwe districts

^Only in Temeke, Kyela, Shinyanga MC, Msalala, Ushetu, Kahama TC districts (Sauti Project DREAMS Districts)

\*\*Only in Kyela, Shinyanga MC, Msalala, Ushetu, Kahama TC districts

### FY 2017 Work Plan Development and Assumptions

This work plan and its annexes have been developed by members of the Sauti Project team and through workshops and discussions with USAID, TACAIDS, the Reproductive and Child Health Services (RCHS) section of the MOHCDGEC, the National AIDS Control Programme (NACP), care and treatment (C&T) partners, orphan and vulnerable children (OVC) partners and other collaborating groups. The work plan was initially drafted in a participatory workshop held in May 2016. The activities described in this document are dependent on the following major assumptions:

1. The level of funding obligated by USAID/Tanzania is shown in Appendix 2 and summarized below. A more detailed analysis of the budget by funding source can be found in Appendices 2-4.

**Table 3: FY17 Budget Summary**

PROGRAM AREA	New USG Funds	Sauti Project Carry Over	TOTAL
HIV	10,456,220		10,456,220
FP/HIV Integration (2/2 years)	0	1,450,000	1,450,000
HTXS (\$1m for Community ART, 300K for Dar saturation)	1,300,000		1,300,000
TB	-	-	-
FP	1,500,000		1,500,000
EJAF OGAC (2/3)		400,000	400,000
DREAMS (2/2 years)	2,626,923	1,407,921	4,034,844
<b>TOTAL FOR FY17</b>	<b>15,883,143</b>	<b>3,257,921</b>	<b>19,291,064</b>
<b>Surplus/deficit (FY 17 Budget minus available funds)</b>			<b>2,898,502</b>

2. Additionally, Sauti Project expects to attract US\$2,036,448 in cost share in FY17 (all new cost share sources).
3. The total FY17 budget of USG funds is US **\$22,039,566**.
4. Commodities necessary for the delivery of services are made available in a timely way by the relevant district units, Medical Stores Department (MSD), USAID, and other URT sources as appropriate.
5. The programmatic and implementation environment remains stable and conducive to program operations.
6. Letters of introduction to facilitate initiation of activities in the new regions are provided in a timely manner.

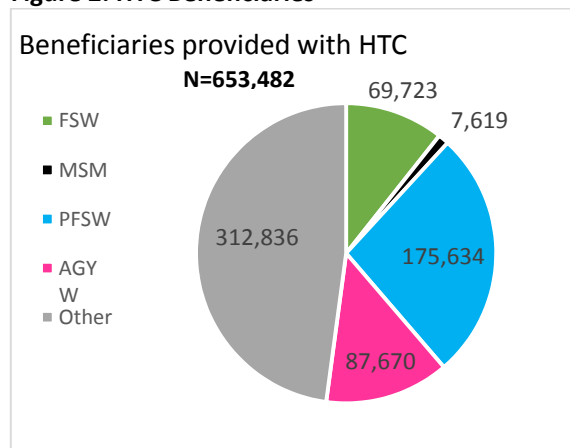
### III. FY 2016 Achievements

The following section summarizes Sauti Project's key achievements in FY 16. Please note that the data reported below is a work in progress as the year has just ended. Final figures will be presented in our FY16 Q4 report.

#### Biomedical

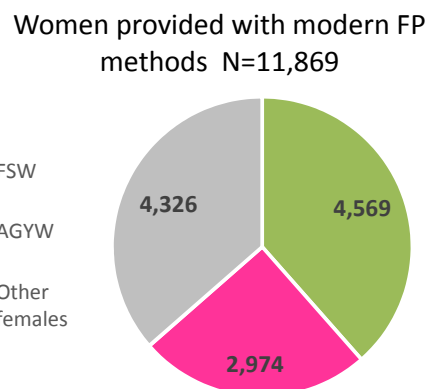
In FY16, Sauti Project provided HIV testing and counseling (HTC) services to 653,482 beneficiaries (including 69,723 FSW; 7,619 MSM; 175,634 partners of FSW (PFSW); 87,670 vAGYW ages 15-24; and 312,836 people at heightened risk to HIV infection). FP services were provided to 11,869 women of reproductive age, 15-49 years (including 4,569 FSW; 2,974 vAGYW ages 15-24; 4,326 females at heightened risk), through community-based HTC plus (CBHTC+), KVP DICs in hotspots in 22 districts in nine regions. (See Figures 2 and 3).

**Figure 2: HTC Beneficiaries**



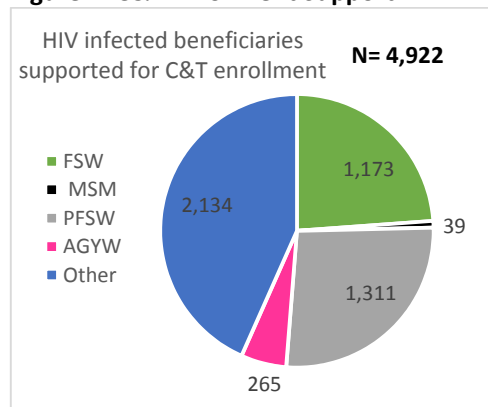
Source: Sauti Project Data

**Figure 3: Provision of Modern FP Methods**



In reference to the overall yield target (49,850) for FY16, Sauti Project was only able to identify 17,157 (34%) HIV positive clients, and out of these, 4,922 (29%) i.e. 1,365 FSW; 50 MSM; 1,583 PFSW; 376 vAGYW ages 15-24; 1,453 population at heightened risk, were enrolled through escorting or following up to C&T services. (See Figure 4).

**Figure 4: C&T Enrollment Support**



Source: Sauti Project Data

In FY16, the Sauti Project team collaborated with NACP, RCHS, TACAIDS, and other stakeholders to conduct seven national, 12 regional, and 24 district task force meetings, and to design and roll out the vAGYW Health Check Campaign. The vAGYW Health Check Campaign (implemented in 4 regions) included HTC and FP service provision, and involved the training of 360 government providers on the vAGYW Health Check Campaign SOP. During the campaign HTC was offered to 27,260 vAGYW, of whom 27,056 tested and 279 were identified as HIV+.

Following relatively low yield in FY16, particularly among vAGYW, FY17 will focus on Home-Based Testing and Counseling Plus (HBTC+) in the context of Partner Notification and by targeting villages where HIV infected individuals whose family did not receive HTC from Sauti Project and from HTC and C&T national data reports. Furthermore, peer educators (PEs) will have a more active role where they will be tasked to mobilize KVP daily and call upon the mobile CBHTC+ teams for provision of HTC and other biomedical services. DICs and CBHTC+ service delivery points will also run lotteries, so to incentivize access to the services by KVP.

FY16 also saw the continued emphasis on expanding critical trainings for service providers and support for reviews of national guidelines to ensure efficient, accurate and appropriate implementation of Sauti Project biomedical interventions. Importantly, 260 government and Sauti Project CBHTC+ providers from seven regions were trained on the new national testing algorithm. Across seven regions, Sauti Project CBHTC+ providers, CSO DIC providers for KVPs were trained on the national HTC curriculum (79 in total) and the national FP curriculum (140 in total). The Sauti Project team also supported the roll out of STI on-the-job training and mentoring by national experts to 19 CBHTC+ clinical teams (76 providers in total) in five regions (Dar es Salaam, Mbeya, Shinyanga, Njombe and Iringa).

The Sauti Project team provided key support for the review of national guidelines including:

- Review of the national HTC guidelines, through assistance to NACP in the recruitment of a national consultant
- Review of the national STI guidelines, curriculum and M&E tools, through assistance to NACP in the recruitment of two consultants and subsequent support of four technical working group (TWG) workshops
- Revising the STI national guidelines, inclusive of the syndromic algorithms and facilitating approval of STI periodic presumptive treatment (PPT) for high risk populations (i.e. sex workers)
- Participating in the National Prevention TWG; providing technical assistance to review the National Operational Plan for HIV Prevention in Tanzania Mainland and to facilitate the NACP and the RCHS team review of the national STI guidelines.

Key procurements were also made during Q4 including ordering STI PPT medications for KPs, to be used in five regions (Dar es Salaam, Mbeya, Shinyanga, Njombe and Iringa). To ensure STI medications are administered appropriately, SOPs were developed and Sauti Project CBHTC+ and DICs providers were oriented to administer the presumptive treatment. More broadly, the team finalized the Sauti Project Biomedical standard operating procedures (SOP), inclusive of the vAGYW Campaign and KVP DICs SOP, and conducted a three-day Biomedical Team Technical Meeting to ensure all staff were adequately oriented on the biomedical SOP and tools. Finally, KP-friendly services (KPFS) SOP and tools were developed, and 436 government providers from five regions were trained on the national KPFS curriculum; 238 government providers from five-regions were provided practicum at CBHTC+ sites, and 77 government providers from eight health facilities in Njombe region were provided with on-site mentoring.

FY16 has seen a focus on the appropriate integration of FP, GBV and adolescent-friendly health services (AFHS) programs into Sauti Project CBHTC+ services. To this end, the Sauti Project team:

- Conducted two meetings with RCHS to develop a joint implementation plan;



- Supported RCHS to develop the National SOP for provision of community-based FP services by skilled providers; and to develop Basic FP Clinical Skills training materials and on-the-job training curricula for provision of Implanon NXT, Jadelle and emergency contraceptive pills (ECP);
- Procured medical equipment and job aids for the provision of HTC and FP services at Sauti Project biomedical service delivery points; and
- Supported 274 Sauti Project staff (96%) to complete USAID FP Compliance training.

## Behavioral

PEs conducted mapping to identify programmatic hotspots in their focal areas and identified 1,782 hotspots in Kilimanjaro, Tabora, Arusha, Dar es Salaam, Mbeya, Iringa, Shinyanga, and Njombe regions. This mapping allowed the project to reach 123,117 KVPs (47,407 FSW, 7,875 MSM, 67,835 vAGYW ages 15-24) with social behavior change communication (SBCC) group and individual education rolled out by PEs. In order to ensure the beneficiaries reached were offered and received evidence-based, consistent, and KVP-friendly interventions, Sauti Project finalized the development, pre-pretesting and distribution of several SOPs and curricula, and completed critical training activities:

### Implementation Guidance

- Sauti Project developed a SBCC SOP to guide implementation of SBCC and gender interventions, including the development and integration of gender-based violence (GBV) screening into Sauti Project health screening and service tools, and the development of an SOP to pilot the roll out of GBV screening at SBCC and WORTH+ groups by PEs and EWs (EW) in one district (Kahama TC in Shinyanga region)
- In collaboration with MOHCDGEC and TACAIDS, Sauti Project conducted a workshop to adapt the SASA! Package, and subsequently pretested and translated the SASA!-based GBV communication materials. Distribution is expected from Q1 FY17.
- Developed and pre-tested KP SBCC materials in collaboration with NACP and TACAIDS as well as DREAMS SBCC strategy and materials for vAGYW
- Developed and distributed SBCC materials for STI PPT for KP
- Developed the Sauti Project GBV, gender and sexuality training curriculum
- Adapted and piloted the Jhpiego Gender Assessment Tool in 2 districts in 1 region; roll out to all regions will start from Q1 FY17
- Adapted the Population Council vAGYW Mapping tools and integrated into the vAGYW SBCC group education curriculum; rolled out in five DREAMS districts

#### GBV Advocacy Efforts

The Sauti team supported the 16 Days of Activism to address GBV/violence against women by:

- Marching in public demonstrations
- Facilitating community dialogue sessions with stakeholders and KVP on stigma and discrimination,
- Supporting KVP in developing testimonials
- Providing biomedical, WORTH+ and BCC services at activism sites

The team also developed a GBV guide for sensitization meetings with police, and subsequently rolled out 16 meetings with police through CSOs in 8 regions.

### Critical Training Elements

- 926 PEs trained through 27 CSOs from 22 districts across 11 regions

- 24 Sauti Project and CSO staff trained on SASA! package to roll out training cascades to activists in DREAMS districts
- 254 activists and drama groups from five DREAMS districts trained on the SASA! SBCC material and methodology in DREAMS districts
- 11 Sauti Project staff and 10 CSO staff trained on the Population Council vAGYW Mapping tools to roll out training cascades to PEs and EWs
- 323 CBHTC+ staff members from 7 regions trained on the Sauti Project 3-day GBV, gender and sexuality training
- 358 Sauti Project and CSO staff trained on the national GBV M&E tools for recording screening and activities
- 15 FSW PEs trained as facilitators of the Support for Addiction and Prevention in Africa (SAPTA) alcohol/HIV risk reduction intervention named "Steps to Healthy Living"; roll out of groups expected from Q1 FY17

#### Spotlight on vAGYW Reached through DREAMS Initiative

- **20,591** received HTC
- **22,661** community members mobilized using gender norms changing interventions
- **18,766** completed SBCC group education
- **14,933** received combination socio-economic strengthening interventions (WORTH+ and ten group-SBCC sessions)
- **4,885** received positive parenting skills education
- **5,580** received social asset building package

In an effort to solicit ideas for the development of an online or social media communication platform (as part of a public private partnership with EJAF), Sauti Project supported a one-day consultative meeting with 30 MSM. Given the current political climate, these efforts have been placed on hold.

#### Structural

Implementation of Sauti Project's structural interventions was in full swing during Q4 with the recruitment of 204 EWs). The WORTH+ groups (where FSW and vAGYW learn about SBCC, financial literacy, saving, loaning, better parenting and nutrition) continued being supported in five regions. A training of trainers (TOT) was conducted with the EWs on WORTH+ start-up, comprised of sessions on safe money handling, savings and loans management, village bank cycles, and successful selling. A second TOT with the same empowerment workers (EWs) covered sessions on Management Committee Trainings, Literacy Volunteers, Positive Parenting, and Nutrition Assessment, Counseling and Support (NACS). The newly trained EWs were able to roll out the Management Committee Training on accounting and banking systems to 3,948 WORTH+ group leaders. To facilitate the systematic operationalization of the WORTH+ group activities, SOPs and a curriculum with a supportive supervision checklist were developed. Baseline information was collected on WORTH+ intervention beneficiaries, and a data quality assessment (DQA) was conducted on the data generated from the WORTH+ groups to verify quality and authenticity of the data generated and shared by CSOs. Two data quality dimensions - consistency and completeness - were assessed in four regions that are Shinyanga, Iringa, Njombe and Dar es Salaam and improvements were made.

#### WORTH+ GROUP OUTPUTS

- **987** WORTH+ groups for vAGYW, FSW and PLHIV established
- **23,815** vAGYW, FSW, PLHIV into WORTH+ groups enrolled (23,214 KVP received LDHF sessions on financial literacy, positive parenting and NACS).
- **TZS 430,321,909** in group savings accumulated
- **8,024** WORTH+ group members provided with loans valued at **TZS 277,126,200**

#### Quality Improvement

With provision of quality services serving as one of Sauti Project's guiding principles, efforts continued in Q4 to assess the quality of implementation, identify gaps, and present solutions. To this end, the team conducted a five-day workshop with 17 experts from MOHCDGEC and community-based KVP implementation partners to develop the combination prevention quality assurance/quality improvement (QA/QI) SOP and tools. The QA/QI SOP and tools were then field-tested and disseminated through a 3-day orientation to Regional and Council Health Management Teams (R/CHMT), Sauti Project and CSO staff in eight regions (Dar es Salaam, Mbeya, Iringa, Njombe, Shinyanga, Morogoro, Dodoma, Tabora). The national

QI training was rolled out to 28 R/CHMT from five regions (Dar es Salaam, Mbeya, Iringa, Njombe, Shinyanga).

Eight regions established regional and district QI teams (Dar es Salaam, Mbeya, Iringa, Njombe, Shinyanga, Morogoro, Dodoma, Tabora), and national level QI visits were conducted in these same regions resulting in the development of quality improvement plans. To ensure the availability of necessary commodities and the accuracy of testing methodologies, the Sauti Project team maintained regular communication on commodity needs with zonal MSD/JSI focal persons, obtained HTC and FP commodities from the Local Government Authorities (LGAs), and conducted quarterly internal quality control (IQC) for HIV testing in eight regions. Finally, Sauti Project supported PEPFAR SIMS visits in 3 regions (Njombe, Iringa, Tabora) and met 100% of target expectations.

## CSOs

The 27 CSOs that were chosen through a competitive process are a critical element of Sauti Project's current implementation success as well as plans for sustainability. To this end, support of these CSO remained an area of priority in Q4.

Twenty-three (23) DICs received/procured DIC equipment and edutainment materials and were supplied with biomedical equipment and consumables. These DICs are key in providing friendly services for KVP services, including SBCC group education. While the 27 CSOs continued to provide HIV prevention services in collaboration with CBHTC+ Services, the Sauti Project team:

- Built CSO capacity on KVP friendly services, monitoring, evaluation and research (MER), WORTH, SBCC, biomedical, and quality assurance that enhanced the quality of service delivery.
- Oriented CSOs on USG Rules and Regulations for proper stewardship of USG funds.
- Developed a specific CSO program management team that closely monitor performance and capacity development needs of these CSOs.
- Mentored and coached CSOs on financial management, financial review processes and program management through joint visits.

### Leveraging External Donations

- Sauti obtained a donation of 100 desktop computers fully loaded with educational materials for vAGYW to be distributed to all vAGYW Drop In Centers
- Through a donation from TOMS Shoes, Sauti CSOs were able to distribute 32,150 pairs of shoes to all vAGYW classes by the end of Q3.
- TIGO (MIC) donated 12,300 Feature phones to be used to support the Cash Transfer project and will pilot a new mobile wallet designed especially for savings groups.

## Monitoring and Evaluation, Research and Learning

In Q4, Sauti Project's M&E team developed and refined a database for various Sauti Project data collection forms, and is in the final stages of transition to digital data collection for routine services (the application is currently being piloted in Dar es Salaam). M&E Staff from 27 CSOs in seven regions were trained and mentored in Sauti Project M&E and data systems to ensure accurate, timely and secure collection of program data. Sauti Project also began collaborating with C&T partners to track the Care Cascade (with active tracking occurring in five of seven regions), started program mapping of hotspots and other relevant service points for linkage in six regions, and established the SMS and voice platform for SMS-based surveys.

At the national level, Sauti Project conducted internal DQAs in four regions, and drew upon Sauti Project experience in using the earlier proposed National Unique Identifier Code (UIC) for KP to contribute to the review of the National KP M&E tools. Our analysis found that nearly 30% of the UICs were duplicates and were not in fact unique. There is much work to be done.

## Research

FY 16 was a year filled with research design, protocol development and IRB approvals. The table below provides the current status for our research portfolio.

**Table 4: Research portfolio**

Research Study	Status
Mapping and Enumeration of Key Populations in Tanzania	Data collection will be completed by October 2016 for the hotspot-based enumeration, and by end of FY17 Q1 for the enumeration of MSM using virtual sites. Data analysis will be conducted in Q1 and Q2.
Formative Research for MSM and FSW	Two protocols were finalized and approved by JHU and NIMR IRBs. Data collection will begin in Q1 of FY17
Measure client satisfaction and changes in behaviors and social norms through the SMS cohort surveys	The request for proposals (RFP) for SMS infrastructure was awarded. The protocol development is underway and will be completed in Q1 FY17. Pilot studies will test technical feasibility while waiting for IRB approvals.
Cash transfer interventions among vAGYW. (CARE Study)	IRB approval from NIMR was received in FY16 Q4. A second round of responses will be submitted to JHU shortly and approval is expected within six weeks.
Pilot STI PPT for FSW and MSM. (EJAF PPP)	Protocol and study documents have been developed and submitted to IRB at JHU and NIMR. NIMR approval is pending minor administrative changes and JHU review is pending following responses to the first submission.
KVP Desk Reviews	Desk reviews are nearly complete and have been accepted for presentation at the NIMR Annual Scientific Conference in October 2016. Publications will follow.
Community-Based ART (Project SOAR)	The Population Council has submitted the protocol for IRB approval. Sauti Project has a sub-agreement with the Population Council for design and planning.

Sauti Project presented several routine analyses focusing on FP, characteristics of KP and their access to care, and factor analysis of the vAGYW index at the following conferences:

- *2<sup>nd</sup> African conference on Key Populations in the HIV Epidemic*, Dar es Salaam, Tanzania: Five Oral presentations and One Round Table discussion
- *IAS 2016*, Durban (July 18-22, 2016): Five abstracts submitted, three abstracts accepted as poster presentations
- *HIV R4P*, Chicago (2-6 December 2016): Three abstracts submitted and accepted as poster presentations
- *CROI 2017*, Seattle: Four abstracts were submitted in September 2016.
- *NIMR Annual Scientific Conference* (October 2017): One abstract submitted, one abstract accepted as oral presentation.

### Local Engagement and Collaboration

In Q4, Sauti Project aimed to maintain quality, respectful, and safe community combination prevention services that meet the minimum set of national and international standards for the KVP beneficiaries. The project continued to build relationships with LGAs, including those regions/districts new to the portfolio in FY2016. LGA buy-in and continued support has been critical for the successful rollout, integration and monitoring of Sauti Project-led KVP HIV prevention/FP interventions at regional and district levels. To this end, the team worked to strengthen LGAs' capacity to design, plan, implement, and monitor, as well as to budget for and finance the implementation of KVP interventions at the regional/district level. Sauti Project also worked to strengthen this capacity in these areas at the central government level, particularly focusing on TACAIDS, NACP, and RCHS through active participation in TWGs.

Sauti Project strengthened the capacity and engagement of local CSOs and KVP beneficiaries in programming (including ensuring an uninterrupted supply of commodities and supplies) and in the design and implementation of KVP HIV prevention/FP interventions. This was done in part by increasing community participation and ownership of HIV programming so as to ensure availability of KVP-centered services by better aligning programmatic approaches and service delivery with the needs of beneficiaries and national priorities. In addition to CSO and KVP beneficiaries, Sauti Project has been working to increase private partners' engagement in joining national HIV response.

## IV. Proposed Activities by Objective

In FY17, Sauti Project will focus on a broader set of client-centered differentiated services utilizing not only mobile CBHTC+ services but also HBTC+, partner notification and DICs, and the incentivized peer network for KP.

Sauti Project has organized the project districts into clusters for more efficient route planning. The cluster approach aims to have a more granular approach to the planning of the operation, where districts are cut down to smaller geographic areas of more manageable size and named clusters. The clusters are developed based on mapping findings. For example, areas with high density of KVP hotspots, such as brothels, guest houses, night clubs, men workplaces, etc., are prioritized for receiving mobile CBHTC+ services. Meanwhile, other areas without such venues, but still with high HIV yield from Sauti Project data reports and from HTC and C&T national data reports, and with partners of index HIV infected KVP, are targeted by HBTC+ services; and other areas are instead covered by the DIC which will provide also outreach services within the catchment area.

Sauti Project will focus on optimizing safe spaces within DICs and building on lessons from FY 16, as the project experienced the highest yields in testing in DICs. This is in comparison to broad campaigns, which were successful in testing the general population but did not reach high numbers of KPs. DICs also proved successful in integrating FP services. Additional activities are proposed to build on the strong results from the pilot partner notification study and a small home-based testing pilot in Tabora, which also generated significantly higher yields. During FY 17, the project will build on this to also pilot Community ART services. Lessons from these and other pilot interventions will be further developed through the project's research and learning agenda.

### **Objective 1: Implement a package of core and expanded biomedical HIV prevention interventions, with enhanced linkages to care and treatment, and support services**

In FY16, Sauti Project operated 27 CBHTC+ teams, refined the scope and practice of the core and expanded package of biomedical services for each target audience, finalized SOPs and tools for the various service delivery elements, trained the various team members (nurses, clinicians and community health promoters), and in Q2 added six new regions to the original five for total of 11 regions. At the biomedical service delivery points (SDP), risk assessments, substance abuse screening,<sup>2</sup> TB and STI and GBV assessments and counseling were conducted together with HTC and provision of FP methods, such as pills (inclusive of emergency contraception), injectables, and implants. Escorted referrals were offered to post GBV survivors and people living with HIV for enrollment into C&T at government care and treatment clinics (CTCs). Whenever possible, government CTC providers complemented Sauti Project efforts by providing C&T enrollment at Sauti Project SDPs. A similar package was implemented in 24 DICs for KPs and vAGYW, all managed by CSOs through Sauti Project sub-agreements. FP-HTC integration was a central component of all service delivery as well as linkages through community SBCC programs.

Sauti Project trained government staff on the new HIV testing algorithm using the national curriculum. The project worked with government health facilities to assess the friendliness of services for KPs, trained several hundred government providers on the national KP friendly curriculum, and provided opportunities to practice their skills at CBHTC+ SDP as part of the post-training practicum, followed by health facility-based mentoring.

In FY17 Sauti Project will expand its biomedical service delivery model to include a more client-centered differentiated approach that is responsive to the needs of our KP by providing services at mobile CBHTC+

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<sup>2</sup> Sauti Project is just supporting screening and referral to other IPs for substance abuse, with the exception of Dar es Salaam, where the project will roll out alcohol rehabilitation groups.

sites, KVP DICs, and via HBTC+ with partner notifications. CBHTC+ teams will be reallocated based on the targets. The biomedical team will re-focus their operations to ensure that high-risk populations are reached, meaning that the service delivery model will be re-designed with the aim of increasing impact and achieving the highest yield possible. For this purpose, special operation teams will be established and differentiated service delivery models will be introduced with a particular focus placed on HBTC+, FP-HTC integration and partner notification.

Sauti Project will continue to implement strategies for reaching men, particularly men in higher risk occupations. This will include HBTC+ in evening hours and weekends, and CBHTC+ at formal and informal workplace locations (e.g. boda boda driver stations, truck driver parking places and weigh bridges, farms, mine companies and settlements).

Sauti Project will also strengthen partnerships with OVC and C&T partners. This will help facilitate enrollment of eligible beneficiaries into educational subsidy programs and vocational trainings and to complete the treatment cascade for KVPs, respectively. Sauti Project will do this by continuing to have monthly regional level meetings with the C&T implementing partners (IPs) to share data sets and ensure Sauti Project HIV infected beneficiaries are enrolled and started on ART, and reach viral load suppression. Furthermore, Sauti Project will sign an MoU with each C&T IP, and hold quarterly meetings at central level with the C&T IP.

To complement government CTC providers' efforts, Sauti Project will propose to train CBHTC+ and DICs' providers on the national ART curriculum. This will enable them to deliver community ART in pilot districts in a study setting, and ensuring that ethical considerations are incorporated.

All HIV rapid test kits, FP commodities, and condoms are acquired through the national system. The Sauti Project team will continue collaborating with the District Lab/Pharmacy Coordinators, District AIDS Control Coordinators (DACCs), and District Reproductive and Child Health Coordinators (DRCHCOs) to facilitate the timely inclusion of program needs into the national Request and Report (R&R) forms in line with the quarterly forecasting cycles.

Sauti Project will also continue working with the NACP to finalize the review of the national STI curriculum and M&E systems as well as reviewing the national HTC guideline.

### **Activity 1.1: Strengthen biomedical services in 24 existing districts and expand to 16 new districts across 12 regions**

#### ***a. Conduct mapping of hotspots, develop route-plans and deliver biomedical services***

The Sauti Project will place greater emphasis on mapping and apply geographical analyses of KP to inform program planning, while taking into account the sensitivities of mapping stigmatized and criminalized groups,<sup>3</sup> for which robust data security systems are already in place.

With a standardized mapping tool and the addition of the GIS coordinates, the Sauti Project team including the PEs and key informants, such as Ward Executive Officers (WEOs), Village Executive Officers (VEOs), and Community Development Officers, will conduct hotspot mapping on a semi-annual basis. The mapping will also help identify existing services to which KVP can be referred and linked, including the CTC and RCHS. Using the GIS from the mapping exercise and HTC data collected from mobile community based teams, Sauti Project will track yield by hotspot, and invest in micro-planning.

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<sup>3</sup> Tanser F Application of geospatial analyses to reveal targets for intervention: results from a population-based cohort in rural KwaZulu-Natal, South Africa. 21st International AIDS Conference, Durban, presentation THSY0504, 2016.



Furthermore, the national mapping and enumeration study will complement the programmatic mapping effort and will support the development of a GIS list of hotspots for KPs. Based on the mapping, route plans will be developed in collaboration with PEs, key informants and local authorities to guide demand creation paths and provision of biomedical services by CBHTC+ and KVP DICs. The route plans will focus on saturating wards so as to reach high risk populations at hotspots in venues such as brothels, night clubs, private residences, and high risk workplaces. The biomedical services will be provided at the hotspots described in the route plan and they will be offered on a quarterly basis. This will ensure regular provision of HTC for those who tested HIV negative previously and continuous re-supply of FP methods and STI PPT.

The biomedical services will be provided through mobile (home-based, and community based HTC Plus at hotspots) and static platforms (KVP DICs). Additionally, Sauti Project will optimize national and regional events as appropriate, recognizing that to date they have not had optimal success in reaching KVPs and historically have not generated high numbers of positive cases. The services will continue to be provided by qualified clinicians and nurses who have been trained on HTC, community FP service provision, GBV, TB and STI screening and counseling, as well nutrition assessment and counselling services (NACS), and provision of KP- and adolescent-friendly services. Furthermore, through the PPP with EJAF, KPs will continue receiving PPT for STI in five regions (Dar es Salaam, Mbeya, Iringa, Njombe, and Shinyanga).

**b. Pilot innovative approaches to increase HIV yield detection**

In order to ensure that high-risk populations are reached, Special Operation Teams will be established to provide differentiated service delivery as described in **Table 5** and Figure 5 below.

Based on the HTC targets, the biomedical team members will be assigned to HBTC+ teams and CBHTC+ teams. Typically a CBHTC+ team will include two biomedical providers and one community health worker to conduct beneficiary's registration and group education. The HBTC+ team will include one biomedical provider and one home-based care (HBC) volunteer with a PE, when available in the geographic area of operation. Community leaders will be engaged to help increase community acceptability of HBTC+ service. Incentivized PEs will work to create demand for HIV prevention and biomedical services. In areas not covered by CSOs, key informants from the ward or village level will assume this role.

The mobile CBHTC+ teams will operate through an active modality where the PE will facilitate *ad hoc* gatherings of KVP and invite the CBHTC+ team to provide services. This could be a private residence (e.g. for MSM groups) or a youth center (e.g. for vAGYW) or a brothel (e.g. for FSW). High-risk workplaces will be mapped and offered biomedical services through the mobile CBHTC+ teams. Moonlight biomedical service will be provided through mobile CBHTC+ teams to reach specific populations such as MSM and FSW. Biomedical services will be offered alongside edutainment and other SBCC events, at hotspots, KVP DICs, and WORTH+ services. HIV Testing Services (HTS) will also be encouraged using snowball techniques to mobilize FSW and MSM. Through this method, the "seeds" (those who access the biomedical SDP) will be encouraged to use their social networks to recruit similar beneficiaries and engage them to access HTS. This model will allow us to rapidly identify and recruit KP. Those reached through CBHTC+ and DICs will be engaged to bring as many "friends" as possible based on disbursement of non-cash incentives for each new beneficiary (further details on the incentivized peer network approach are provided under Objective 2).

**Table 5: Differentiated Service Delivery Models**

Service Delivery description	Differentiated Service Delivery Model		
	Home-based	CBHTC+	KVP DICs

<b>High risk workplaces</b> such as brothels, mine sites, fishing associations, tea plantations, taxi stands (boda boda), truck drivers' companies, and construction sites will be targeted by the mobile teams; services in such locations will be provided through formal agreement with workplaces managers or leaders. Services will be extended to the partner(s) of the targeted population, and partner notification will be offered wherever feasible. In particular, high volume brothels will be prioritized and <b>FSW</b> will be offered a package of biomedical services integrated with SBCC and economic empowerment. Within the brothel, empowerment clubs for those testing HIV-positive will be established with the objective to offer community ART at pilot sites; this model will also facilitate reaching men and young adults.	N	Y	N
<b>Moonlight testing services</b> will be provided at selected high volume hotspots during evening and night hours that have shown to be convenient to the target population, based on the mapping reports. This service will aim to particularly reach <b>MSM</b> and FSW by offering a reduced-stigma environment and by facilitating access during non-working hours.	N	Y	N
<b>Edutainment fairs</b> will be organized specifically for <b>KP and vAGYW</b> ; the event will include education activities through games and competitions, prizes and lotteries. Through these events, vAGYW will be offered biomedical services and will be given the chance to enroll into SBCC group education/WORTH+ groups/	N	Y	Y
<b>Home-based testing and counseling plus (HBTC+)</b> will target high risk communities based on yield and burden reports through a door to door approach. Prior to operationalizing <b>HBTC+</b> , the Regional and District AIDS control coordinator (R/DACC) and the DRCHCo, as well the community leaders will be sensitized and oriented on the activity, and they will be engaged in sensitizing the community in order to achieve the highest degree of acceptability and reduce GBV events. This activity will be conducted in coordination and partnership with other HTC and C&T partners operating in the same geographic area. Geographic areas targeted by HBTC+ will be selected through the following criteria: (1) Communities of partner(s) and families of HIV-infected index cases (refer to Partner Notification section below); (2) Communities with high burden and yield of HIV-infected beneficiaries from Sauti Project and CTC reports; and (3) Children of HIV-positive pregnant women who did not deliver at the health facility and whose infants were not enrolled into the early infant diagnosis (EID) program, by accessing the mothers directory at RCHS clinics. HBTC+ will be rolled out by a team of nurses and PEs or community health workers.	Y	N	N
As part of the <b>Partner Notification approach</b> <sup>4</sup> , a person newly diagnosed with HIV, referred to as the "index case" (identified through mobile HBTC+, CBHTC+ or SBCC/WORTH+ groups or at KVP DICs or from the CTC directory), is offered the following options for partner notification by the health care provider: (1) to contact the partner(s) by phone call, without disclosing the index clients identity (or HIV status); (2) to wait for the partner to access the biomedical service, as invited by the index client directly; or (3) to conduct HBTC+ to reach the partner. Particular focus will be placed on active contact tracing to increase the number of men reached. Upon unsuccessful outcome of the option preferred by the index case, other options will be proposed. In the event an index case refuses the above modalities, the partner will be reached through a large community-based HBTC+ described above.	Y	Y	Y
<b>Community ART</b> (see <b>Figure 5</b> ) will aim to initiate ART to KP at DICs, brothels and WORTH+ groups. ARV medications will be prescribed on a six month basis and provided quarterly to the HIV infected KP through the following systems: (1) on a rotational basis, an expert client collects the ARV supply for all clients at the community-based service delivery point <sup>5</sup> ; (2) a PE will collect the supply for all clients living in a specific area served by that PE and deliver the medications at the	N	N*	Y (*only for KP)

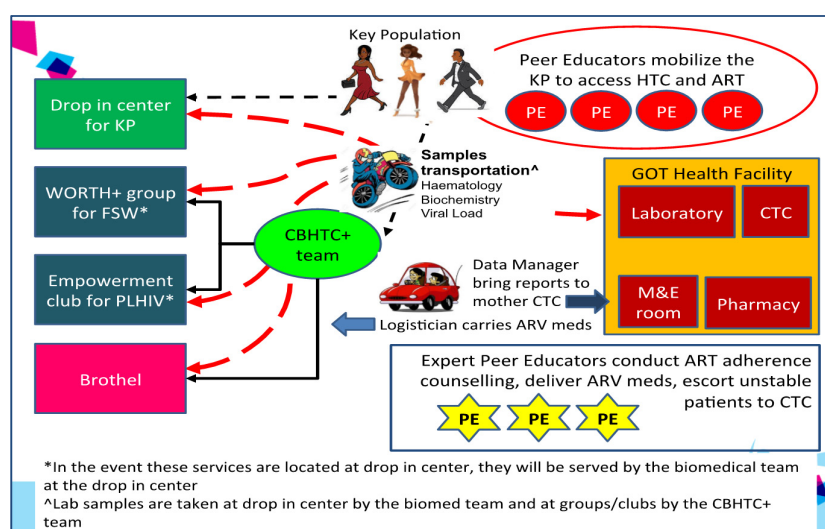
<sup>4</sup> Ferreira A, Young T, Mathews C, Zunza M, Low N, Strategies for partner notification for sexually transmitted infections, including HIV (Review), *The Cochrane Library* 2013, Issue 10

<sup>5</sup> L. Pasipamire et al. Implementation of combination ART refills models in rural Swaziland. AIDS2016 Durban



client's preferred venue <sup>6</sup> and/or to the brothel, or WORTH+ group; or (3) HIV-infected KP will receive C&T service at the DICs. All HIV-infected KP will be linked to provision of SBCC and WORTH+ services as well. The Sauti Project team will work closely with the zonal MSD focal persons, the Regional and District AIDS Control coordinator (R/DACC) and the C&T Implementing Partner (IP) to ensure an uninterrupted supply of ARV medications. Community health promoters and PEs will be trained on community-HTC (if policy allows), community-ART delivery and ART adherence counseling. A particular focus will be placed on data flow and data management to ensure timely inclusion of the community ART reports into the national reports. Sauti Project sites will also be included into the national Care and Treatment data quality assurance system. With EQUIP's technical assistance, standard operating procedures will be developed and a protocol will be developed and submitted for IRB approval, unless community ART becomes policy prior to implementation.

**Figure 5: Community ART Model**



The HTS modalities described in the above table will be supported by community workers, HBC volunteers and/or PEs, until and unless the national policy and guidelines are changed to also recommend provision of HIV testing by lay workers.

Community testing will focus on facilitating linkages to care and antiretroviral initiation through peer-led follow-up, onsite enrollment into C&T and/or direct provision of community ART. PEs at KVP DICs, community workers at CBHTC+ sites, and HBC volunteers at HBTC+ sites will conducted escorted referral under the overall monitoring and coordination of the regional case manager.

The M&E tools will allow for segregating the differentiated service delivery models. Data reports will feed into the national DHIS2 and paper based reporting system. HIV rapid tests and FP methods will be accessed through the national supply chain system.

A messaging strategy will be developed to promote and describe services in a way that ensures Sauti Project biomedical services are not perceived as HTC services only and to also attract beneficiaries who are already known to be HIV positive but are not enrolled into C&T programs. Through the regular forum at regional and district level, the Sauti Project team will ensure that such message cascades from the GOT and project teams to the CSO team, including the PEs and the EWs and particularly to the KVP seeds.

<sup>6</sup> C. Cawley et al. Six-monthly appointments as a strategy for stable antiretroviral therapy patients: evidence of its effectiveness from seven years of experience in a supported programme in Chiradzulu district, Malawi. AIDS2016 Durban

### **c. Reach the pediatric population**

Children are generally only as half as likely as adults to receive HIV treatment<sup>7</sup>, and early diagnosis of HIV allows health-care providers to offer optimal care and treatment of HIV-infected children, assist in decision-making on infant feeding, and avoid needless stress on mothers and families. The Sauti Project will target the pediatric population with HTS, reaching children over 18 months and under 15 years. This is a new target population for the Sauti Project.

The pediatric population will be reached by offering family HTS to KVP who access Sauti Project services at all SDPs (e.g. CBHTC+, KVP DICs), and through HBTC+. FSW at brothels will be encouraged to bring their children to access HTS, as will FSW and vAGYW enrolled in SBCC and WORTH+ groups. A strong partnership with OVC partners will be established to offer HTC, and children will also be reached by accessing the RCHS directory of HIV-infected pregnant women who did not return to the health facility for delivery and whose infants has not been enrolled into the EID program. Special biomedical pediatric teams will be trained and pediatric clinical equipment (BP machine with pediatric cuff, pediatric stethoscope, MUAC tapes) will be made available, as well as pediatric clinical tools, job aids, and other learning materials for the beneficiaries and their caregivers.

### **d. Provide STI periodic presumptive treatment to KPs (EJAF)**

Sauti Project will commence the provision of PPT for STI to high-risk populations in five regions (Dar es Salaam, Iringa, Njombe, Mbeya and Shinyanga). PEs will increase awareness of the availability of PPT for STI in the communities where they are operating during routine demand creation activities, as well as during individual and group behavior change education sessions. EWs will also sensitize the FSW WORTH+ group members on accessing services. Biomedical service providers will be responsible for providing STI PPT at SBCC and WORTH+ groups through the mobile CBHTC+ teams and at DICs.

### **Activity 1.2: Train biomedical teams on key clinical services**

Clinicians and nurses offering biomedical services at Sauti Project SDPs will be assessed through a training needs tool to verify whether they received all necessary national trainings to be able to deliver high quality services according to the national guidelines and standards. Based on the needs identified, they will receive the national training packages on HTC, community-based FP (inclusive of NXT and emergency contraception), basic ART training, GBV screening, STI syndromic screening, diagnosis and treatment, and NACS. In addition, lay workers will be trained on provision of HTC using the national curriculum and in full coordination with NACP. Building upon the efforts initiated in FY16, Sauti Project will also support the continuous training of CBHTC+ and DIC providers to provide AFHS in collaboration with RCHS. CBHTC+ SDP and DICs will also serve as platforms for government providers' practicums once they have completed the national curriculum supported by C&T implementing partners.

#### **Ensure Continuum of Care**

To ensure continuum of care, Sauti Project will continue working with the RHMT/CHMT, OVC and C&T partners to develop strategies for improving effective linkages and services uptake. Sauti Project will also support regional level coordination meetings with the C&T implementing partners for regular data exchange and to ensure the beneficiaries receive all necessary HIV related service in a timely way, including early initiation of ART.

### **Activity 1.3: Support quality control and assurance for HIV rapid test**

Through a close collaboration with the regional and district laboratory technicians, the HIV Testing Internal Quality Control (IQC) and External Quality Assurance (EQA) measures will be implemented at the mobile and static biomedical SDPs (CBHTC+, HBTC+, KVP DICs) to assess whether HIV testing and other services are being provided correctly and in accordance with the national guidelines. HIV testing data will be recorded through the national IQC/EQA HIV Log Book and corrective action will be taken as necessary. Timely reporting and

<sup>7</sup> 2013 Joint United Nations Programme on HIV/AIDS Global report

feedback to the national program will be supported. Sauti Project providers will also participate to the national HIV providers' certification exercise.

#### **Activity 1.4: Provide technical assistance to RCHS, MOHCDGEC, TACAIDS and other ministries in the provision of preventive and clinical services to KVP**

Based on the global recommendations and in line with the national strategies, Sauti Project will continue providing technical assistance to MOHCDGEC, including NACP, TACAIDS and other ministries to review the national guidelines and tools and curricula; specifically, Sauti Project will support the review of the national KPFS training, the HTC guidelines, the STI M&E tools and curriculum, and the community-based FP standard operating procedures. Furthermore, Sauti Project will continue advocating and supporting MOHCDGEC to enable the provision of HTC by lay workers by participating in the curriculum development. Sauti Project will work with TACAIDS and MOHCDGEC to address issues around the reduction of the age of consent for HTC. Lastly, Sauti Project will continue supporting the national agenda by providing technical assistance in national forums and technical working groups (KP, HIV prevention, FP and hopefully labs will be added this year).

### **Objective 2: Reduce individual risk behaviors and strengthen support for positive social norms and structures at the community level**

#### **Behavioral Interventions**

Sauti Project seeks to improve positive behaviors and social norms at the individual and community levels, as well as strengthen support for positive gender norms and behaviors within communities to reduce HIV transmission and acquisition.

These interventions are primarily delivered through CSOs in communities and at KVP DICs. Sauti Project will continue working closely with these CSOs to deliver a package of community-based social behavior change and communication services which include group and individual education, distribution of targeted information, print materials, distribution of condoms, mainstream gender norms transformation into all Sauti Project activities and services, establishment of alcohol recovery groups based on the *Steps to Healthy Living program* from SAPTA Kenya and "empowerment groups" for HIV-infected beneficiaries, to reduce internalized and anticipated stigma and increase ART retention, in partnership with NACOPHA.

Following the FY16 rapid geographic scale up, recruitment, training and deployment of over 700 PEs from 27 CSOs, during which significant efforts to address CSO management capacity and to strengthen PEs skills and confidence to conduct their work in often non-conducive environments, in FY17 Sauti Project will focus on qualitative aspects of the demand creation and behavior change education, including the process/implementation evaluation and the review of the current Sauti Project peer education program.

Sauti Project will strengthen the Gender and GVB strategy by building upon FY16 accomplishments, such the development of: 1) a screening tool to identify post GBV survivors; 2) the Gender, GBV and Sexuality training aiming at sensitizing the Sauti Project and CSO teams on gender and sexuality issues, as well strengthen their capacity in rolling out the GBV screening; 3) the guide to sensitize the police on gender, GBV and sexuality issues; 4) a tool to assess gender equity programmatically and at service delivery sites, in terms of their ability to provide ethical and gender friendly services to KVP.

Based on the FY16 experience in supporting anti-stigma and discrimination events and the 16 Days of Activism against Violence Towards Women, in FY17 Sauti Project will expand this agenda by conducting regular programmatic and service delivery assessments, facilitating linkage to legal services and rights. Moreover, Sauti Project will adapt and roll out social cohesion indices for KPs, rolling out education programs that address changing societal attitudes to dispel myths and fears related to HIV transmission and people living with HIV and other KP (through the SASA! model), sensitizing and engaging the media and mass

communications, supporting capacity strengthening of CSOs on campaigning and advocacy, and how to develop anti-stigma community-led programs.

In order to create a supportive environment for these changes, Sauti Project will strengthen the capacity of national, regional, and community based stakeholders including media, policy makers, police, security committees and community influential leaders.

### **Activity 2.1: Continue rolling out demand creation and behavior change education for KVP**

The Sauti Project-supported combination HIV prevention model will succeed through the significant and sustained individual and community-level HIV risk reduction behavior change program which aims at increasing condom access and use and decreasing sexual partners and activity in integration with the provision of biomedical and economic strengthening services.

Demand creation and behavior change education will continue but this year will use more targeted population specific approaches, focusing on HIV-positive beneficiaries, as well on HIV-free vAGYW in the context of the DREAMS initiative. Building upon the lessons learned during FY16, Sauti Project will identify new SBCC strategies and make course corrections in current activities to improve demand generation and behavior change.

#### **a. Demand creation**

The demand creation approach will significantly change by tasking the PEs to actively mobilize and gather KVP at the hotspots and call upon the CBHTC+ team for provision of biomedical services. The outreach will be much more proactive. Such gatherings will be advertised through the peers WhatsApp network and incentivized through a lottery system.

The selection of the hotspots will be based on the programmatic hotspots mapping which will be conducted by the PEs and will guide the demand creation and CBHTC+ route plan.

The hotspots will include any venue that is preferred by the KVP, including private residences (particularly for MSM), workplaces (e.g. brothels, mine sites); as well PE will organize KP and PFSW moonlight events. All KVP accessing CBHTC+ sites will also receive condoms and KVP-specific comic books.

For the vAGYW and FSW, specific edutainment activities such as health fairs will be linked to KVP DICs. Participation will be incentivized through lottery-based prizes. Key informants will be engaged to support Sauti Project operations in the geographic areas offering biomedical services, which are not covered by the PEs through the CSOs.

#### **b. mHealth interventions**

Given the challenges of reaching KP, in collaboration with MOHCDGEC and TACAIDS and through the EJAF PPP, Sauti Project will pilot an interactive eLearning platform for KP, using SMS systems and edutainment education. The eLearning platform will offer education on risk reduction and behavior change and will:

- Provide information on service availability
- Provide an opportunity for KP to interact with highly experienced counselor or PE capable of responding to the HIV prevention needs
- Offer an opportunity to conduct surveys to assess beneficiaries' knowledge, attitude and practice and to understand their needs when talking about KP friendly services, as well feedback about existing services
- Provide a platform for discussions among KP through a moderator capable of responding to the HIV prevention needs of this population; and
- Link to other relevant virtual platforms.

Current social media groups on WhatsApp will be utilized to help provide information on HIV prevention and testing for MSM. The idea is to take advantage of the current WhatsApp groups that exist. The WhatsApp groups will serve to update peers on Sauti Project services, sharing news and experiences and reaching other peers. WhatsApp groups among beneficiaries attending SBCC group education will also be encouraged to increase information sharing, impact on social cohesion, and reduce risk.

Based on the current literature<sup>8</sup>, Sauti Project will also design other mHealth interventions which are proven to have significant positive effects on HIV testing initiation among vulnerable and KP, as well have the benefits of low-cost, confidential, and motivational communication. Barriers related to cellular network restrictions, and the limited knowledge of appropriate text-messaging dose will be discussed and addressed in consultation with the beneficiaries.

Specifically, Sauti Project will leverage the efforts initiated in FY16 to roll out an SMS platform that can push HIV prevention messages, to create demand in accessing specific community-based services through mobile and static platforms (e.g. KVP DICs), to enhance appointment reminders and to follow up on missed appointments, to answer to beneficiaries needs and questions, as well emergencies and to conduct survey-informing programming. The SMS platform will also have the purpose of specifically targeting high risk groups, by identifying pre-coded populations' categories that will be targeted by automated messaging, such as KVP reporting low or no condom use, as well in association to alcohol and drug use; vAGYW engaging in multiple sexual partners behavior and transactional/compensated sex; KVP who did not receive regular HTC, and HIV-infected beneficiaries not yet enrolled into care and treatment services; post GBV survivors etc.

#### **c. Curriculum-based education and SBCC material**

Building upon FY16 efforts that resulted in the development and implementation of three KVP-specific behavior change curricula and job aides, Sauti Project will conduct a process evaluation followed by a consultative review of the material with TACAIDS, MOHCDGEC and beneficiaries from the KVP groups. As part of the review process, aspects like education methodology and uptake of curriculum based education will be discussed, and a focus will be placed on strengthening KVP-specific content within each curriculum. Social cohesion content will be strengthened with the aim to build solidarity and trust within and between groups, so as to improve uptake of HIV testing, as demonstrated in other programs<sup>9</sup>.

Overall, a central focus will be placed on implementing effective and efficient models, aiming to reach KVP at scale and through low dose long-term education.

The revised curricula will then be used to train the PEs and disseminate it for their use during education sessions at community level. In addition, Sauti Project will focus on engagement of champions and leaders within MSM and FSW that can support provision of information and participation in group and peer education efforts.

Furthermore, as a result of the development of KVP-specific SBCC materials, Sauti Project will use multiple media avenues to channel them, including brochures, social media, SMS and using the existing platforms such as TAYOA, Mobile for Reproductive Health (m4RH), and a the Sauti Project-supported KP mHealth platform which will be developed. SBCC materials (such as brochures, comic books, leaflets) will be used to complement information and education delivered via individual or group education by trained PEs and counselors.

KP-specific individual education, based upon the curriculum, will continue to be rolled out. The education will focus on the correct use of condoms, education on HTC, STI and TB, counseling on alcohol and drug abuse, and risk reduction counseling.

### **Activity 2.2: Continue promoting gender equality**

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<sup>8</sup> Conserve, D. F., et al. "Systematic review of mobile health behavioral interventions to improve uptake of HIV testing for vulnerable and key populations." *J Telemed Telecare* 2016.

<sup>9</sup> Grover, E., et al. "Social cohesion, social participation and HIV testing among men who have sex with men in Swaziland." *AIDS Care* 2016: 1-10.

Sauti Project aims to strengthen GBV, gender and Sexuality Friendly Service provision, in line with the PEPFAR's Gender Strategy. Sauti Project will focus on five key areas: a) increasing gender equity in HIV/AIDS programs and services, including reproductive health services; b) preventing and responding to gender-based violence; c) engaging men and boys to address norms and behaviors; d) increasing women and girls' access to income and productive resources, including education; and e) increasing women and girls' legal protection. In addition, attention will be given to Gender and GBV sensitization meetings with high-level police officers.

**a. Increasing gender equity in HIV/AIDS programs and services, including reproductive health services.**

Sauti Project will provide a four-day training on GBV, gender and sexuality to the entire Sauti Project and CSO teams with the objective to strengthen the team's responsiveness to GBV needs. To ensure gender equity, Sauti Project will regularly use the adapted Jhpiego's gender performance assessment tool at biomedical service delivery points. The gender tool lists evidence-based operational standards against which the service is scored and an improvement plan of action is developed. The team will be working with the sub-granted CSOs to develop an action plan and support them to provide gender-sensitive and KP friendly-services to the beneficiaries who are accessing services in the community as well those referred to the health facilities.

**b. Preventing and responding to gender-based violence**

Based on the review of the service delivery model for GBV screening, the program will address provider biases against KVPs and ensure they can provide KVP-friendly GBV services which will not re-stigmatize survivors. Each GBV screening point (CBHTC+, DIC, SBCC and WORTH+ groups) will have a directory where all medical, legal, police, social security services are listed with all necessary contact information, so to offer an opportunity to the post GBV survivors to reach out the services that they need. GBV screening and escorted referral for post GBV care will continue being rolled out at community-based biomedical service delivery points and DICs, where medical services including HTC and emergency contraception are made available and escorted referral for post-exposure prophylaxis (PEP) is offered. Based on learning from the FY16 GBV screening pilot at SBCC and WORTH+ groups, the model will be potentially scaled up.

Furthermore, Sauti Project will facilitate linkages and referrals to key GBV services including psychosocial and legal services for vAGYW and KP. Sauti Project will also map MSM and FSW-friendly GBV services and assess with CSOs and FSW and MSM what they feel are their needs in regards to GBV services (for example accessing the criminal justice system is usually an option for these groups).

As part of the gender-responsive HIV programming and through the peer-led approach, Sauti Project will ensure KVP engagement as implementers, managers, and decision-makers and their legal protection will be facilitated by linking the beneficiaries with legal aid organizations supporting this area.

Sauti Project will also meet with the soon-to-be-funded US Secretary's Office of Global Women's Issues (S/ GWI) Comprehensive GBV initiative in Tanzania and will seek to coordinate with the project on how best to address the needs of FSW and MSM GBV survivors.

**c. SASA! Model**

The Sauti Project supported the SASA! Approach covering six DREAMS districts (Temeke, Kyela, Shinyanga municipal, Kahama TC, Ushetu and Msalala) to address GBV and gender inequalities among community members. Generally, the SASA! Approach employs different multiple strategies to reach out to all levels in the community to promote gender equitable principles; address harmful gender norms related to sex and gender; and seek to reduce stigma and discrimination associated with HIV and to prevent GBV.

These **four SASA! strategies** and how the Sauti Project employed them are as follows:

1. *Local Activism*--specifically community dramas, quick chats, community conversations for personal reflection and public dialogue;



2. *Media and Advocacy*—as guidance to engage local government and opinion leaders to effect wider change in the community. In addition, some leaders have been engaged as Champions to advocate for equitable gender norms;
3. *Communication Materials*—posters and info sheets to creatively engage the public on power, violence against women, and HIV/AIDS; and
4. *Training*-- specific modules were incorporated in the agenda as part of knowledge and skills building for Community Activists, Champions and Drama Groups (some had been adapted in the EH GBV Sensitization Guide)

In FY16, the SASA! package was adapted to the Tanzania context and under the Sauti Project, is designed to reach the community members around vAGYW ages 15-24. SASA! under DREAMS aims to support changing the norms of men and women around vAGYW in order to build a supportive environment for the latter to access services and reduce gender-related barriers.

SASA! roll out will focus on the community members around the vAGYW by leveraging natural groupings that exist in implementation communities. These groups can be via pre-existing structures in the community (eg. committees and groups with constant members who meet periodically in a structured way), the Sauti platform (eg. empowerment club members) or other implementing partners' platforms (eg. faith and opinion leaders by TAYOA). Targeting groups with defined membership that meet regularly will assist to achieve the 10-hour dosage for SASA! beneficiaries, per the indicator definition. Transient groups and venues (eg. bus stops and travelers) will be avoided.

For vAGYW, the SBCC curriculum will remain the main modality of reaching them with gender-related information. SASA! interventions under Sauti will not directly target vAGYW and this will ensure that there is no duplication.

SASA! Approach is facilitated by Community Activists, Champions and by Drama groups. **The SASA! Approach includes four phases:**

- i. **START** - it focuses on power within, helping advocates to identify the connections between violence against women and HIV
- ii. **AWARENESS** - it comprises tools to engage the community and increase awareness of men's power over women
- iii. **SUPPORT** - it guides communities in offering support to one another - joining their power with others to confront the dual pandemics of violence against women and HIV/AIDS.
- iv. **ACTION** - it offers tools for communities to use their power to take action, with the aim to normalize shared power and non-violence

In FY16, a baseline survey was conducted to measure any change on knowledge, attitudes, behaviors related to violence, gender relations and power after the SASA! Intervention rolls out; afterwards the activities related to the Start and Awareness phase were rolled out. A follow up survey will be conducted in FY17 and it will inform the roll out of the Support and Action phases.

### **Activity 2.3: Creating Enabling Environment supportive to KP access to HIV prevention and FP services**

Stigma and discrimination against KPs is a major determinant of their vulnerabilities, leading to fear of accessing services, discrimination and abuse at the hands of providers, abuse and violence at the hands of law enforcement and other state actors, and to greater risk behaviors.

#### **a. Empowering local government and key stakeholders to foster an enabling environment for HIV services among KP (links with activities in Objective 4)**

In collaboration with TACAIDS, Sauti Project will conduct gender transformative workshops with local government authorities, policy makers, media, security committees and other community leaders in order to build a pool of leaders who will contribute to creating a supportive environment for HIV programs among KP.

Sauti Project will also develop a guidance document (in partnership with CSOs) to explain reasons for working with KPs and address public concerns of working with those populations. The guidance document will also contain suggestions for how to deal with common misconceptions and stigmatizing statements.

#### **b. Support solidarity and group cohesion among KPs**

Sauti Project will roll out two main support groups: empowerment group for HIV-infected KVPs, which will be conducted in strong partnership with NACOPHA and alcohol recovery groups based on the *Steps to Healthy Living program* of SAPTA Kenya. The groups will have the main objective of addressing ART initiation and retention barriers and tackling determinants of risk behavior among KP. The groups will be piloted in Dar es Salaam region, through the CSO platforms and will inform programming for the following fiscal year.

Sauti Project will seek to support solidarity and group cohesion among KP, which along with social participation are social factors that may help reduce HIV risks and optimize health-seeking behaviors; social cohesion and social participation indexes from global toolkits will be adapted to the country context and rolled out to assess how KP can tackle violence, stigma and discrimination through solidarity and group cohesion. To support that tenet, Sauti Project will organize solidarity and social mobilization events to create awareness and advocate for change. At events such as the 16 Days of Activism against Violence Towards Women, the International Day to End Violence Against Sex Workers, and the International Day of Zero Discrimination, the awarded CSOs will organize testimonials by KVPs, distribute IEC materials, offer HIV prevention services, promote and distribute condoms through targeted mobilization activities, and recruit new KVP into Sauti Project services. In conjunction with these events, Sauti Project will support open dialogue sessions between KVP and government authorities and other partners. These dialogue sessions are an opportunity for KVP to meet and share their experiences and provide an opportunity for greater exchange around issues of violence, stigma and discrimination and the role they play in HIV risk and other reproductive health outcomes.

#### **c. Provide technical assistance to MOHCDGEC and TACAIDS**

Sauti Project will continue providing technical assistance to MOHCDGEC and TACAIDS, promoting the HIV prevention agenda for KVP, participating to relevant technical working groups, ensuring that global standards and recommendations are brought to the national forum

### **Structural Interventions**

Building upon the experience gained through the rapid and massive scale up in FY16, Sauti Project will focus on consolidating approaches and improving quality of the services related to economic empowerment. In FY17, Sauti Project will build on the successful WORTH+ empowerment model by sensitizing project beneficiaries to register saving groups and by mentoring ward EWs and leaders managing groups for sustainability and vAGYW care. Sauti Project will also focus on graduating those participating WORTH+ groups established in FY16 (including DREAMS WORTH+ groups) who have received a level of economic security and can care for their basic needs. The graduation of the groups will be done in accordance with the standards as articulated in the Site Improvement Monitoring Systems (SIMS) tool.

#### **CEE #: C\_3.07 [256] Economic Strengthening and Social Protection Services [OVC]**

PEPFAR STANDARD: The organization assessment point provides a standard process for economic strengthening interventions (i.e., savings group, micro finance, income generating, vocational training) and/or social protection support (i.e., cash transfers, fee waivers, food support) to increase the economic stability (i.e., steady income, financial assets) of families affected by and vulnerable to HIV, and has a standard process to monitor the success of these supportive services.

To ensure a smooth transition process and promote the sustainability of the groups, Sauti Project will assist ward EWs to develop plans for supporting the members with skills when transitioned out, particularly for those groups in non-DREAMS districts that will be handed over to the new OVC implementing partner for



continued support. In the DREAMS regions, Sauti Project will continue to scale up this model, enroll new beneficiaries and offer a low dose high frequency training to initiate new groups.

All WORTH+ groups will be encouraged to take loans from their groups' savings and loans fund to enable them to access vocational training opportunities according to their interest and market analyses. Sauti Project will collaborate with the Vocational Educational and Training Authority (VETA) to ensure that tailor made programs are available to beneficiaries and with the ILO to provide youth-focused training on micro-enterprise development. For DREAMS beneficiaries, Sauti Project will coordinate and leverage ongoing initiatives for synergies where possible (C2EYP, Innovation Challenge World Ed and International Youth Foundation) to minimize the need to take out loans from group savings for education.

#### **Activity 2.4: Recruit and train EWs to implement WORTH+ activities**

Sauti Project will recruit 179 new EWs from the local community who will be responsible for forming 893 new WORTH+ groups whose beneficiaries will learn together and using their own savings to drive change. Using the vulnerability index tool for vAGYW, trained EWs will identify and enroll beneficiaries for participation into WORTH+ groups. Savings groups will continue to be used as an entry point for engaging beneficiaries in discussions around HIV prevention and FP, accessing biomedical services, positive parenting, nutritional education and ultimately delivering integrated care and support.

The EWs will also be oriented in WORTH+ methodology and on how to effectively communicate with communities about the program. Through this, the EWs will also learn about financial literacy, basic business skills, credit management and bookkeeping, group facilitation and leadership, and conflict resolution.

The EWs will participate in behavior change curriculum-based group education and be trained to facilitate these same sessions with the WORTH+ groups' beneficiaries. These group sessions will focus on HIV and STI prevention, sexual and reproductive health including FP, safer sex and condom, life skills, social cohesion, GBV, and gender norms. Additionally, EWs will also be trained on parenting responsibilities and styles, positive parenting skills including positive ways of discipline.

Training will also be provided on managing the village bank system including responsibilities of the management committee members in filling and reviewing accounting forms and closing the village bank cycle. This will enable EWs to transfer the knowledge to WORTH+ groups' beneficiaries.

#### **Activity 2.5: Add "NEW" WORTH+ groups to the existing ones**

In addition to the 119 EWs supporting the existing 596 WORTH+ groups transitioned from FY16 an additional 179 EWs will establish additional groups for a total of 893 WORTH+ groups in DREAMS districts. These will roll out high-frequency low-dose sessions on the integrated curriculum of community banking and financial literacy, SBCC and gender transformative HIV prevention and FP, and better parenting curricula. This includes sessions on developing group rules, maintaining records, leadership, savings, and safe ways of money handling, loans, small businesses, facilitation skills, life skills, and other topics to support HIV prevention.

With the newly established groups, EWs will strengthen beneficiary's ability to meet financial needs through economic empowerment and increased credit opportunities. The savings and loans groups will start saving on a weekly basis while at the same time attending the literacy program to enhance their literacy and numeracy skills. They will then be able to borrow from the group savings to develop and expand their micro-enterprises and subsequently develop two income streams – one from micro-enterprises and another in the form of dividends from the loans the group makes.

Sauti Project will utilize *"Selling Made Simple"*, an evidenced-based, easy-to-read, financial literacy curriculum tailored to vulnerable women with low levels of formal education that helps guide them to develop and strengthen small-scale businesses. The curriculum provides the groups with guidance to

calculate profit, risk, and product value, identify and build a selling advantage, manage capital for growth, and monitor business health.

A **Parenting Education** program will be provided to vAGYW as part of the WORTH+ groups in the DREAMS districts. Trained EWs will conduct knowledge and skill building using the **Parenting Education** module to improve the use of positive child discipline by parents and expecting mothers. All WORTH+ members will be encouraged to partake, as the skills could be relevant in their immediate future and also as caretakers of younger siblings. Learning aids will be used by trained EWs, as a starting point for sharing experiences and group discussions, and will cover topics such as positive parenting, identifying children's behavior, understanding factors that contribute to negative and positive behaviors, types of children's growth, how to assist groups with special needs, and how to be a role model to the child by showing positive ways of living.

#### **Activity 2.6: Facilitate EWs Quarterly Meetings**

Every month, the EW and CSO staff will come together to share good practices and learn from other EWs' experience, as the program prepares families to transition. These meetings will help keep the Socio-Economic Empowerment Officer (SEEO) and local partner informed of the progress of the project and any challenges that participants face in the course of their work. In FY17, Sauti Project will support EWs to conduct quarterly meeting to focus on two key agendas among others, i.e. WORTH+ graduation process and plans for supporting groups that transition to become independent, meaning that they won't need to be supported anymore. Furthermore, Sauti Project will also use this platform to orient leaders from the soon to be graduated WORTH+ groups, on accounting system. This capacity development approach will assist the EWs to ensure continuous efficiency of WORTH+ groups in managing their funds without support from partners, and assist to demonstrate progress towards sustainability.

#### **Activity 2.7: Support economic empowerment innovations**

##### **a) Facilitate utilization of age-appropriate economic strengthening interventions**

In rural settings, Sauti Project will support the age 20-24 WORTH+ groups' beneficiaries to engage in farming activities and agricultural businesses, tailoring, hair dressing, tool-making and other products to increase productivity as well as diversify farming ventures. Agricultural activities will increase productivity for household surplus, impart basic farming-as-a-business skills, explore private-sector extension, cluster for input suppliers and output buyers, and integrate smallholder farmers into relevant markets. For the matured WORTH+ groups, which were established in FY16, and who are group entrepreneurs, Sauti Project will support business models with viable markets and reliable supply chains; models that have potential for larger impact include project negotiated (initially) supply-chains for combined production inputs and micro franchising, particularly with social enterprises. Sauti Project will link with Small Industries Development Organization (SIDO) and other local experts to ensure producers improve packaging, labeling, and branding of their products, which is a common obstacle for smaller producers. In selected regions, through partnership with ILO, Sauti Project will deliver more advanced financial literacy and further money management skills using the "Start your business series".

For vAGYW aged 15-19 years, Sauti Project will facilitate their enrollment into market driven vocational training in collaboration with VETA and apprenticeship programs with successful businesswomen and businessmen in the districts. The WORTH+ group members will be encouraged to borrow from the group funds to finance their training. Negotiations have begun for VETA to provide tailor made programs at a reduced fee to the WORTH+ group members.

##### **b. Digitalize group-level recordkeeping and make it available in a mobile format**

WORTH+ groups banking transactions are currently recorded on paper-based ledgers by hand. Group financial activity is currently tracked through paper, a system that is time-consuming and with greater opportunity for errors. Given Sauti Project's focus on building the literacy and numeracy skills of the beneficiaries, the handwritten updating of ledgers is very cumbersome and vulnerable to

errors—those errors, in turn, are very difficult to reconcile across the varied forms. Additionally, the efforts and program resources required to train the management committees in the current recordkeeping decreases the groups' abilities to hold elections replacing these group leaders. In FY17, Sauti Project with support from Hewlett Packard Enterprise will incorporate best practices and approaches to community banking initiation and management into the development of e-ledgers and mobile applications that will simplify recordkeeping and decrease transaction time, and also include opportunities for e-learning and peer-to-peer knowledge sharing. Participating vAGYW will be trained on using e-ledgers for their individual and group recordkeeping. Savings and loan records from participating groups will be electronically collated for sharing with formal financial institutions, as requested by the groups/women.

Sauti Project will also use mobile money and digital payment systems to increase security during cash payment handouts, in collaboration with the TIGO initiative.

#### **Support vAGYW that are unable to contribute mandatory savings**

In FY16, some vAGYW dropped out of the WORTH+ groups, as they did not have the resources to contribute to the mandatory savings. Therefore, in FY17, Sauti Project will identify vAGYW in the WORTH+ groups that are unable to contribute mandatory savings to access a subsidy in the Sauti Project managed cash transfer program and thus support them on the path towards self-sufficiency. Furthermore, Sauti Project will support the WORTH+ groups to define protocols and contributions to build social funds to support vAGYW from needy households (destitute/distress phase in livelihood pathway). vAGYWs from these households will be eligible for subsidy from social funds. Once the cash transfer program comes to an end, vAGYW from these households will be offered enrollment into savings groups and access the interest free loans from the Social Fund, and can use mandatory savings and payback once dividends are shared.

#### **Activity 2.8: Conduct vulnerability assessment of vAGYW in existing WORTH+ group to determine eligibility to graduate from the Sauti Project**

Sauti Project will adapt the Pact developed *Child and Family Asset Index* to assess and classify vAGYW according to the economic strengthening pathway of living in destitution. Using the *Household Economic Wellbeing Index*, Sauti Project will assess their vulnerabilities and track their progress, before determining that they are ready to graduate.

#### **Activity 2.9: Support WORTH+ groups to register with the MOHCDGEC**

EWs will assist WORTH+ groups to get legal registration at the district council level. Registration will allow the WORTH+ groups to access loans and trainings provided by LGAs and other financial institutions. EWs with support from Regional SEEOs will assist the groups to mobilize the required resources for registration.

### **Objective 3: Execute a robust research and learning agenda**

Sauti Project strives to support innovative research and learning to better understand and effectively use interventions which present the greatest opportunities to prevent new HIV infections, care for those infected and affected, and improve uptake in FP among KVP. Sauti Project will actively engage KVP in the research agenda, striving to conduct research not *on* KVPs but *with* and *through* KVPs. In FY 2017, the Sauti Project will continue to directly involve KVPs and support their input throughout the study cycle including design, implementation, analysis and dissemination.

#### **Activity 3.1: Conduct Enumeration and Mapping of KVPs**

In collaboration with NACP, University of Manitoba and Muhimbili University of Health and Allied Sciences (MUHAS), Sauti Project is implementing the mapping and enumeration study for KVPs (MSM, FSW and people who inject drugs [PWID]) in 11 regions of Tanzania. This study aims to develop estimates of numbers and locations of KVP by collecting aggregate data from hotspots and virtual sites. In FY16, Sauti Project began fieldwork in selected wards in Mbeya, Shinyanga and Dar es Salaam and is currently collecting data in Iringa and Njombe. In FY17, data collection from hotspots (Q1) and virtual mapping will be completed (Q2),

KPV size estimates will be developed (Q2-3) and results will be disseminated (Q4), in national and regional meetings and manuscripts. Results and lessons learned from the study will be used to:

- 1) Determine the population size of each KVP group targeted by the Sauti Project
- 2) Compare and publish different methods of population size estimates.
- 3) Apply methodology on routine mapping data from Kindondoni to determine denominator for Sauti Project in this district that has not been covered by the study but was earmarked to be mapped by MUHAS.
- 4) Use data from Temeke and Shinyanga to estimate impact of PPT as outlined in activity 3.6

### **Activity 3.2: Implement formative research for MSM and FSW**

In Q1 and Q2 of FY17, Sauti Project will initiate two formative research studies that focus on MSM and FSW respectively. Formative research will be conducted to inform the program of KVP preferences for HIV services (HIV self-testing, Pre Exposure Prophylaxis (PrEP)) and FP-related service delivery, as well as views on beliefs, social norms, behaviors and attitudes, and to develop a typology of sexual partners of KVP. These research projects will generate knowledge on key areas of interest for the program which will guide further implementation and assist the program team and partners to better integrate new areas of intervention into the Sauti Project. To complete the study:

- In Q1, a one-day workshop will be held for both studies where tools and interview guides will be presented and discussed with KVPs, Investigators from NACP, USAID and the central Sauti Project HQ team.
- Next, an organizational kick-off meeting will be conducted to finalize harmonization, define roles and responsibilities for analysis and clarify quality assurance measures.
- Fieldwork will be conducted (Q1-2), followed by analysis (Q3) and dissemination of results (Q4) to the MOH and via conferences and manuscripts.

### **Activity 3.3: Longitudinal impact evaluation - SMS cohort surveys**

Sauti Project aims to use bi-directional SMS surveys to assess the impact of Sauti Project service delivery by collecting cross sectional and longitudinal information from beneficiaries on engagement in HIV risk behaviors and to get feedback on the client experience with services (biomedical, behavioral and structural). The aim of this work is to track changes over time within a cohort of beneficiary representatives for the study and compare it with routine data on utilization of Sauti Project services and dose/exposure to Sauti Project interventions. In FY16, the SMS platform to be used for this activity was identified and a preliminary draft of the SMS study protocol was developed. In Q1 of FY17, the protocol will be finalized and submitted to IRB for expedited approval. While being reviewed by IRB, pilot studies will be conducted to test the application, feasibility and acceptability for KVPs, and any modifications will be implemented. In Q3, training will be conducted to prepare the Sauti Project teams to enroll participants in the study and the study will be initiated, following IRB approval. Analysis of the cohort will be an ongoing process.

### **Activity 3.4: Conduct Cash Transfer for Adolescent Girls and Young Women to Reduce Sexual Risk Behavior – an impact evaluation - CARE Study**

In FY 2016, Sauti Project was approached by the Bill and Melinda Gates Foundation to explore a collaboration to conduct further qualitative research among the participants of the study, Cash Transfer to Adolescent Girls and Young Women to Reduce Sexual Risk Behavior – an impact evaluation (short name of the CARE Study) to examine behavioral economics, primarily focused on describing how vAGYW who receive cash transfer (CT) decide how to use the money and what impacts their decisions. In Q1, a preparatory meeting will be held in Dar es Salaam with the University of North Carolina (a Gates grantee) to explore collaboration, with research design and implementation activities expected to be commenced in 2017.

This study will evaluate the effects of selected structural interventions implemented by the Sauti Project on reduction of HSV-2 incidence, compensated sex, intergenerational sex and HIV prevalence among adolescent girls and young women aged 15 to 24 years. The program components to be evaluated are 1) Direct, unconditional cash transfer (UCT), and 2) Conditional cash transfer (CCT) in addition to economic strengthening sessions (including financial literacy and entrepreneurship, better parenting sessions and

facilitation of group and individual savings and loans). The control arm will have access to all Sauti Project programming but will not include a cash transfer. The study will involve 3000 participants.

The impact of the intervention will be assessed on three outcomes: HSV2 status, transactional sex, and concurrent sexual partnerships. The protocol is currently under review with the IRB, and the project anticipates that in Q1 of FY17, all preparations for the study will be concluded including finalization of tools and SOPs, digitalization of the data collection tools.

### **Activity 3.5: Epidemiological data analysis and program information.**

Through the successful collaboration with Johns Hopkins University (JHU), a master student of epidemiology from JHU visited Tanzania in Q3 and 4 of 2016 and conducted a first in-depth analysis focusing on the vAGYW index. Modeled on this successful collaboration, further student placements are planned to be integrated in work groups focusing on specific research questions relevant for project implementation. Supervision of research and analysis conducted by student placements may include the following topics:

#### **1) UIC error estimation**

Sauti Project uses a UIC throughout the program to de-identify data collection of individual beneficiaries. While the advantage of the UIC is that it is reproducible, it is also highly prone to errors and in itself is not specific enough, especially for individuals with common names, and since those who are related to each other are likely to receive similar or the identical UICs. Further problems arise in the documentation in the context of routine data collection, where construction and transcription errors easily lead to the assigning of wrong UICs. The planned analysis aims to:

- 1) Estimate error rates in each step of the UIC construction process from error rates resulting out of differently spelled versions of names used for UIC construction to transcription errors.
- 2) Model error rate reduction to be expected if focused interventions would implemented to address the respective risk step.
- 3) Estimate cost effectiveness of different error management approaches (e.g. training of HCP in construction of error over restriction of possibilities of data entry in the database)

#### **2) Community based factors influencing HIV transmission risk in vAGYW in Tanzania:**

This analysis aims to maximize the use of routine program data we collect to determine community based impact on vAGYW HIV acquisition risk. Possible data sources could be:

- 1) GIS information on health facilities and Sauti SDPs
- 2) SASA! Activity data
- 3) vAGYW index data
- 4) Biomedical information
- 5) Structural information (WORTH+ groups, savings of worth groups)
- 6) PC tools including safe and unsafe spaces, and data collected from the HH survey conducted in the context of DREAMS
- 7) DREAMS Auxiliary M&E System (DAMES) Health Facility Data

In Q1, in the context of the December 2016 Technical Advisory Group (TAG) meeting, a task force will be formed which will brainstorm and specify the research question, assess the available data points and data quality and define an analysis framework and logic model. Needed data will be entered, cleaned, compiled and linked in Q2 and Q3, when analysis will start.

**Sharing of data between Sauti Project and DAMES.** Sauti Project is engaging with DAMES, serving mainly as an enrollment point for vAGYW so they can receive cards and go to health facilities to receive services. When vAGYW receive Sauti Project services, it is a combination of services (biomedical, behavioral, structural). Additional information collected at the health facility will use the DAMES information. Sauti Project will therefore serve as a bridge/linkage of data between the time of enrollment and when they go to get health facility-based services. Preliminary discussions between Sauti Project and UCSF have led to an agreement on how we will share data across Sauti Project and DAMES central system. This will include a shared ID card, and Sauti Project will send data automatically to the DAMES central database on a daily basis.



### **Activity 3.6: Pilot STI periodic presumptive treatment for female sex workers and men who have sex with men (in collaboration with the EJAF PPP).**

Sauti Project will implement a pilot study of STI periodic presumptive treatment of STIs for FSW and MSM. Sauti Project will collaborate with the STI team at NACP to determine the prevalence of gonorrhea, chlamydial infection and syphilis among FSW and MSM prior to and following presumptive treatment in CBHTC+ services and at DIC. The results of this pilot will provide programmatic guidance to MOHCDGEC for the review of the national STI guidelines.

In FY16 Q1, the Sauti Project team, through the support of an international expert and in partnership with NACP, conducted a desk review of the national literature on STI epidemiology that led to the revision of the Tanzanian national STI guidelines. A protocol was developed in Q2 of FY16 and submitted to IRB in Q3. Sauti Project's support for the study will include primary implementation, convening of consultative meetings, and will cover laboratory tests, while programmatic testing and treatment will be funded by EJAF. Initiation of the study is expected for Q1 FY17 and continues through Q4.

### **Activity 3.7: vAGYW Index Review, analyze, and publish the results of the roll out**

In FY15, Sauti Project developed and began piloting the vAGYW Index designed to identify 15-24 year old females most vulnerable to HIV infection in the Sauti Project and communities. In FY16, Sauti Project integrated this Index into CBHTC+, DIC and SBCC interventions, collecting close to 4000 individual responses to the Index. Because the Index uses the national UIC, Sauti Project is able to track uptake of services by vAGYW and health outcomes. First linkage of the Index and biomedical databases was performed in Q3 of FY16. Factor analysis was performed as a first in-depth analysis in Q4 on a dataset of over 4000 individuals with the help of JHU, with the main finding that the Index is well designed but has a few limitations. The next steps are to refine the Index for wider use, including other DREAMS partners and to include the findings of the Index validation in the Sauti Project TAG and Research meetings in Q1 of FY17. In Q2 of FY 2017, a final Index tool will be available which can measure individual risk factors for HIV infection in vAGYW. Further, the correlation between the Index result and existing HIV infection in the respondent will be established. In order to understand in how far the Index result can identify the risk of a vAGYW to contract HIV in the future, the index will be analyzed in the context of the CARE study described in activity 3.4. In this study, the index will be part of the tools administered to vAGYW who then will be prospectively followed up over 18 months. At the end of this follow up period, it will be possible to determine the correlation between the Index category and individual risk to acquire HIV or HSV-2 over a period of 18 months.

### **Activity 3.8: Publish results of desk reviews on KVPs in Tanzania, sub-Saharan Africa and beyond**

In FY15, the Sauti Project research team undertook a series of desk reviews focused on HIV interventions among KVPs carried out in Tanzanian settings and beyond in an attempt to identify research and knowledge gaps. The reviews targeted the following interventions: HIV prevention strategies, adherence to HIV treatment, linkages to care and treatment, retention to HIV care and treatment, and access to FP. Findings will be shared in Q1 of FY17 at the NIMR's annual scientific conference. In FY17 the Sauti Project research team will develop these reviews into one or more manuscripts for peer review publications. By publishing these results the Sauti Project team hopes to share with a broad audience identified gaps in knowledge and potentially attract additional research to Tanzania to help bridge those gaps.

### **Activity 3.9: Implement Project SOAR- a study to evaluate community based ART against standard of care of facility based ART.**

Under the leadership of Population Council, Sauti Project will provide a platform for a study to evaluate community-based ART against facility-based ART in a quasi-experimental design where CBHTC+ units in Iringa and Njombe will provide community-based ART while CBHTC+ sites in Mbeya will constitute the control arm.

We hypothesize that HIV-positive individuals in the intervention arm, where HIV care and treatment services are provided at CBHTC+, will have: (1) a higher rate of enrollment into HIV care; (2) a higher rate of initiation of treatment; (3) a higher rate of retention in HIV care and treatment; and (4) a higher rate and prevalence of viral suppression. This proposed model is aligned with the Tanzania national guidelines on service

integration in the management of HIV, but adoption of community-based ART delivery will require a pilot conducted through a study protocol with IRB review. This study aligns well with the planned community-based ART delivery which Sauti Project plans to implement in FY 2017.

Following the preparation phase in Q1, where the intervention will be developed through technical assistance from Equip, study teams will be established in coordination with the regional Sauti Project offices and the collaborating CTCs and training will be provided in ART delivery and study implementation. The study is planned to begin in Q2 of FY 2017 and will last over 18 months. For study implementation, additional personnel will be recruited but supported with Project SOAR funds.

#### **Activity 3.10: Data security training for NIMR Mwanza**

In the current context, data security is paramount. To support the project's research efforts, Sauti Project will conduct a workshop in Q1 of FY17 to address data security aspects across the studies and to develop an SOP that standardizes data security procedures.

#### **Activity 3.11: Dissemination and stakeholder and community involvement of research activities**

##### **1) Quarterly Participation in the Sauti Project Regional Advisory meetings to present research activities (Q1,2,3,4)**

To ensure ownership, transparency and involvement of stakeholders and communities, representatives of the Sauti Project Research Agenda will be participating in regional Sauti Project Advisory meetings outlined under 4.6, presenting all upcoming, ongoing and concluded research projects relevant for the region on a regular basis. Each study will be presented at least once prior and once after the study, with interim presentations as appropriate.

##### **2) Presentation at national conferences (Q1, Q4)**

Local presentation of research findings and lessons learnt from analysis of routine data is important to ensure rapid dissemination of project outcome to Tanzanian stakeholders. The Annual Scientific conference of the National Institute of Medical Research (NIMR) is the biggest national conference where research conducted in Tanzania is shared and presented. The annual conference is held in October. As NIMR Mwanza is the major research partner in Sauti Project, strong representation of the Sauti Project is important not only to disseminate results to the scientific and stakeholder community but also to support NIMR Mwanza in their role as advisor to the Tanzanian government. Sauti Project therefore plans to be involved in this conference as follows:

- Organization of a symposium on KP in Tanzania, presenting outcomes of desk reviews outlined under activity 3.8
- Development and submission of abstracts on research projects and routine data analysis from the Sauti Project as a whole for the conference held in FY 2018.

##### **3) Presentation at international conferences (Q3, Q4)**

Sauti Project aims to actively submit abstracts to various international conferences, such as CROI and HIV R4P but also conferences focusing on KP populations such as the Annual African Conference on KP or conferences addressing FP and other public health topics addressed through Sauti Project.

##### **4) Dissemination meeting at the national level (Q4)**

All outcomes of objective 3 will be actively shared with the government at all levels and during the TAG meetings and associated subcommittees.

##### **5) Publications and study reports**

Sauti Project will develop at least two manuscripts for publication during FY 2017 and will prepare study close-out reports for all studies concluded in this FY (KP Mapping, FSW, MSM formative research).

### **Objective 4: Increase the sustainability of comprehensive HIV prevention services**

## by strengthening engagement and ownership of host government, civil society organizations and communities

A fundamental principle of Sauti Project is to foster sustainability and ownership of KVP HIV/FP programming on the part of the central and local government, civil society organizations, private institutions, KVP groups/networks, and the community as a whole. This objective is in alignment with the [PEPFAR FY 2014 guidance for sustainability planning](#) (including other guidance provided by USAID/Tanzania), which aims at shifting the PEPFAR-funded HIV response in each country towards the four dimensions of country ownership i.e. *political responsibility and stewardship, institutional and community ownership, capabilities, and mutual accountability*.

In accordance with this guidance, in FY16 Sauti Project focused heavily on supporting and strengthening the capacity of the Government of Tanzania (GoT) and other local stakeholders to lead, plan, manage, coordinate and implement KVP HIV/FP program, particularly in the eleven (11) Sauti Project –assigned implementation regions. The milestones achieved by Sauti Project in FY16 as pertains to sustainability have been described in Section III. In FY17, Sauti Project will continue to foster the sustainability agenda and further strengthen the engagement of the central and local government, CSOs, KVP networks/groups, and the community in leading the operationalization and monitoring of the developed five-year sustainability/transfer plans at district/municipal levels. In addition, Sauti Project (through TACAIDS and MOHCDGEC) will expand the engagement of KVP stakeholders to include media, Alliance of Mayors' Initiative for Community Action on AIDS (AMICAALL), parliamentary committees for HIV/AIDS and community services, police, private partners, and academic institutions in order to further foster country ownership of KVP HIV/FP programming in Tanzania. Finally, due to COP 16 adjustments in both geographical coverage and targets, in FY17 Sauti Project will collaborate with TACAIDS, NACP and RCHS to roll out the project to additional regions and districts. Moreover, Sauti Project will continue to cooperate with the respective LGAs to transfer the capacity and responsibilities of KVP HIV/FP programming oversight to the individual councils.

### 4.1. Conduct introductory/buy-in meetings with regional and district authorities and other KVP stakeholders in the three new/additional Sauti Project regions and 20 new/additional districts

Sauti Project will collaborate with TACAIDS, NACP and RCHS to conduct introductory meetings with the Regional Secretariat/Local Governments (RS-LG) Authorities of the three new regions and 20 districts/municipal councils. Sauti Project will also continue to collaborate with TACAIDS, NACP, and RCHS to transfer the capacity and responsibilities of programming oversight to the respective districts/municipalities. Due to the recent changes in leadership at the national, regional and district levels (as the result of changes in the executive), in FY 17, Sauti Project will **conduct introductory meetings** with the Regional Commissioners (RCs), Regional Administrative Secretaries (RASs), Regional Medical Officers (RMOs), District Commissioners, District Executive Directors (DEDs), District Medical Officers (DMOs), R/CHMTs, Police Gender Desk Officers, KVP stakeholders, and other stakeholders as recommended by the RS-LGs.

Sauti Project will use this platform to clarify the project's scope in alignment with the Regional HIV/AIDS Strategic Plans (RHASPs) and other national documents, define how the project will fit into existing government and community structures, set parameters for working relationships (e.g. Rapid HIV Test Kits, FP commodities, bidirectional community-facility referrals, etc.), and learn about the local governments' expectations for program results.

In addition to the meetings mentioned above, Sauti Project will conduct **consultative technical stakeholder meetings** at the regional and district/municipal level – a forum that also involves implementing partners and local CSO representation. During the consultative sessions, the Sauti Project team will lead the development of a roadmap and a joint action plan for local government (and other stakeholders) engagement, clarify KVP programming requirements as to all stakeholders, and advocate for LGAs to commit to prioritizing KVP HIV prevention/FP interventions in their regional and districts health plans and budgets and engage KVPs into



regional/district socio-developmental programs, and address situations that limit KVPs' access to health services.

In view of the cross-cutting nature of Sauti Project interventions, in FY 17 Sauti Project will also convene a **bi-annual program update meeting** with government stakeholders (i.e. MOHCDGEC, President's Office – Regional and Local Government [PO-RALG], LGAs, Ministry of Home Affairs, Ministry of Information Youth Culture and Sports, Ministry Constitutional Affairs and Justice, Police, Judiciary, Prisons, other government legal and social protection structures) to discuss successes, challenges, identify bottlenecks, and institute remedial measures.

**Sauti programing is guided by:**

National Guidelines for Comprehensive Package of HIV Interventions for KPs (2014)

3<sup>rd</sup> National Multisectoral Strategic Framework (NMSF III)

3<sup>rd</sup> Health Sector HIV and AIDS Strategic Plan (HSHSP – III).

#### **4.2 Initiate the development of Memorandums of Understanding (MOUs) guiding the partnerships between Sauti Project and LGAs in the 20 new districts and in the three new regions**

One of the key drivers of Sauti Project's FY16 achievements was the establishment of formalized agreements with LGAs ensuring CBHTC+ teams have access to HIV rapid test kits, FP commodities, sterilization of reusable items, final waste disposal facilities in hospitals, physical structures for service provision and other uses, and participation in supportive supervision. In FY17, Sauti Project will conduct a series of consultative management meetings with senior representatives from the RAS and DED offices for all the new regions and districts **to jointly draft memorandum of understanding (MOU)** which will clearly stipulate both Sauti Project's and the Council's roles in ensuring smooth implementation of the Sauti Project sustainability plan. The developed **MOUs will be printed, signed and disseminated** during quarterly stakeholders' meetings.

#### **4.3 Operationalize the Five-Year Sustainability Plan/Transfer Plan to guide the transferring of responsibility and ownership of HIV Prevention/FP Interventions to LGAs, CSOs, and KVPs (plan to include exit strategy from both LGA and CSO engagement)**

In FY 16, Sauti Project initiated development of a 5-year sustainability/transfer plan with inputs from the respective district/municipal councils. Similarly, for the new/additional 20 districts, in FY17 Sauti Project will replicate this process by conducting a series of consultative meetings with the respective LGAs. This will commence with a 1-day **sustainability planning meeting** (integrated with the startup regional technical stakeholders meetings), and thereafter followed by district **quarterly district/municipal and bi-annual regional sustainability operational plan monitoring meetings** – all aimed at tracking progress towards successful transferring of responsibility and ownership of KVP HIV prevention/FP interventions to LGAs, CSOs and KVP groups/networks.

In the spirit of meaningful engagement of CSOs and KVPs, all local CSOs implementing KVP programs (those sub-granted by Sauti Project and those not) and selected KVP representatives (as applicable) will be invited to participate in these planning and monitoring meetings. In accordance with the [PEPFAR FY 2014 sustainability guidance](#) (contextualized and modified for LGAs in Tanzania), the five key areas of focus include improved data availability for planning and budgeting for LGAs and CSOs; improved program service delivery; improved health financing and resource mobilization; improved accountability and Transparency of Results and Spending; and improved program implementation.

For the current LGAs, Sauti Project will facilitate quarterly sustainability operational plan monitoring meetings at district/municipal level and bi-annual sustainability meetings at regional levels. Sauti Project will **collaborate with Community Health System Strengthening Program (JSI) and TUNAJALI II** on the implementation of the Sauti Project sustainability plan.

#### **4.4. Empower local NGOs/CBOs, KVP networks/groups and communities (including KVP PLHIVs) for meaningful participation in all program elements**

Meaningful engagement of CSOs (local NGOs/CBOs) in the design, planning, implementation and monitoring of the core and expanded package of HIV prevention/FP interventions is one Sauti Project's fundamental strategies for ensuring sustainability of the KVP HIV/FP interventions beyond the life of the project. In FY16, Sauti Project engaged 27 CSOs across 11 implementation sites to assist in the delivery of the KVP combination prevention interventions.

Due to COP 16 changes, with effect from October 2016, Sauti Project will be ending sub-agreements with four CSOs (i.e. PASADA, IDYDC, NICE and SUMASESU) whose coverage falls outside of the 84 priority districts and whose scope is not aligned with the current program needs. As a result of these changes, Sauti Project will also close nine DICs operated by PASADA, IDYDC, IMO, NICE, OAK Tree, SUMASESU, KIWOHEDE, JIDA and CHESA (CHESA to now remain with 1 DIC). Despite the expansion to 20 new districts, Sauti Project is not going to add any new CSOs. The scopes of the remaining 20 CSOs will be expanded and aligned to cover the whole program area and reflect the updated targets. It is envisaged that the reduced number of CSOs will increase Sauti Project's efficiency in supporting the CSOs both technically and programmatically. Sauti Project will continue to mentor and provide structured technical assistance to all the CSOs to further strengthen their finance and grants management capabilities to match the expanded scope.

As described under Objectives 1 and 2, Sauti Project will engage with each CSO before starting implementation to review the scopes and strategies specific to each intervention, and **support CSOs to develop implementation plans and budgets** for FY 17. Sauti Project will also **orient each CSOs on the new/revised program and technical SOPs**, and strategic approaches. **Table 6** below provides illustrative details of interventions implemented by the remaining CSOs in FY17:

**Table 6. FY 17 CSO Partners with Sub-grants**

REGION	DISTRICT	CSO NAME	COMMENT
Arusha	Arusha CC	DSW	Scope modified to cover additional districts; will continue to provide SBCC interventions and create demand for CBHTC+ services
	Arusha DC		
	Meru DC		
Dodoma	Dodoma	BAOBAB	Scope expanded to include establishing a new DIC and outreach HTC. They will continue to provide SBCC interventions (vAGYW, MSM, FSW) and conduct demand creation. The hotspot will determine where the new DIC will be, as the BAOBAB-run hospital is not in the hotspot area.
Dar es Salaam	Kinondoni		
		DSW	Phase out completely; to focus on Arusha
		PHSRF	Remove WORTH+ services, remain with SBCC education (FSW and vAGYW) and demand creation
		CHESA	Remain with one strategically located DIC in Kinondoni and continue to provide SBCC education (FSW, MSM), HTC and demand creation; will start serving pediatrics
	Temeke MC	PASADA	Phase out completely (Exit)
		KIWOHEDE	Phase out completely (Exit) in Dar es salaam to focus on interventions in Kyela
		WASO	Maintain 1 DIC and continue providing HTC, SBCC education (MSM, FSW), and demand creation
		MUKIKUTE	Maintain 2 DIC; continue with HTC, SBCC education (MSM, FSW), and demand creation
		ASUTA	Provides SBCC education (vAGYW), demand creation, gender norms education and social assets building, WORTH+ services
Iringa	Iringa MC	TAHEA and IDYDC	Close completely IDYDC + 1 DIC; remain with TAHEA who will continue providing SBCC education (vAGYW FSW, MSM)
	Kilolo DC	IMO	Close out the DIC and continue providing SBCC education (FSW)
	Mufindi DC		
Kilimanjaro	Moshi DC	TAWREF	Maintain 1 DIC, continue with HTC, demand creation, and providing SBCC education (vAGYW FSW)

<b>Mbeya</b>	Kyela DC	KIWOHEDE	Maintain DIC (given the HIV testing targets for DREAMS will focus on vAGYW only); continue with demand creation, providing SBCC education (FSW and vAGYW), social assets building, WORTH+ services, Gender norm education, cash transfer program
	Mbarali DC	KIWAUTA	Maintain 1 DIC; continue with HTC, demand creation, providing SBCC education (vAGYW FSW, MSM)
	Mbeya DC	MNHT	Maintain 1 DIC, continue with HIV testing, demand creation, providing SBCC education (vAGYW,FSW, MSM)
		NICE	Phase out completely NICE (Exit)
	Rungwe DC	MNHT	providing SBCC education (vAGYW,FSW)
<b>Morogoro</b>	Kilombero DC	HACOCA	Demand creation, providing SBCC education (VAGYW, FSW)
	Kilosa DC		Demand creation, providing SBCC education (vAGYW , FSW)
	Morogoro MC		Demand creation, providing SBCC education (vAGYW, FSW, MSM)
	Mvomero DC		Demand creation, providing SBCC education (vAGYW, FSW, MSM)
<b>Mtwara</b>	Masasi DC	No CSO	Targets will be covered by CBHTC+ teams
	Newala DC		
<b>Njombe</b>	Ludewa DC	No CSO	Targets will be covered by CBHTC+ teams
	Makamba TC		
	Makete DC		
	Njombe DC		
	Njombe TC	SUMASESU	Close out the SUMASESU including the DIC
	Njombe TC	COCODA	Demand creation, providing SBCC education (vAGYW,FSW, MSM)
	Wanging'ombe DC		Maintain 1 DIC, demand creation, HTC, providing SBCC education (FSW)
<b>Shinyanga</b>	Kahama TC	HUHESO	Phase out implementation and DIC in Kahama TC and relocate to Ushetu providing SBCC, education, Demand creation, social assets building, WORTH+ (vAGYW)
		SHIDEPHA	Maintain 1 DIC, continue with HTC, demand creation, and providing SBCC education (FSW, MSM)
		TADEPA	Demand creation, Providing SBCC interventions (FSW, vAGYW), social assets building, WORTH+ services, and gender norms education, cash transfer program
	Kishapu DC	No CSO	Targets will be covered by CBHTC+ teams
	Msalala DC	SHIDEPHA	Maintain 1 DIC, continue with HIV testing, demand creation and providing SBCC education (FSW , vAGYW), cash transfer program
	Shinyanga DC	No CSO	Targets will be covered by CBHTC+ teams
	Shinyanga MC	RAFIKI	Maintain DIC, continue with HTC, demand creation, providing SBCC education (FSW and vAGYW), social assets building, WORTH+ services and gender norms, cash transfer program
	Ushetu DC	HUHESO	Open 1 DIC; continue with HTC, demand creation, providing SBCC education (FSW and vAGYW), social assets building, WORTH+ services, and gender norms (vAGYW, FSW), cash transfer program
<b>Singida</b>	Iramba DC	No CSO	Targets will be covered by CBHTC+ teams
	Manyoni DC		
<b>Songwe</b>	Mbozi DC	OAK TREE	KP-Prev and KP-Prev (FSW) + close 1 DIC
	Tunduma DC	NO CSO	Targets will be covered by CBHTC+ teams
<b>Tabora</b>	Igunga DC	TACEDE	Maintain 1 DIC, continue with HTC, demand creation, providing SBCC education (vAGYW,FSW, MSM)
	Kaliua	No CSO	Targets will be covered by CBHTC+ teams
	Nzega DC	JIDA	Close out DIC; continue with demand creation, providing SBCC education (vAGYW,MSM, FSW)

	Tabora MC	TDFT	Maintain 1 DIC, continue with HTC, demand creation, providing SBCC education (vAGYW, FSW, MSM)
	Uyui	NO CSO	Targets will be covered by CBHTC+ teams

\*Note: due to the establishment of Songwe region following the administrative sub-division of Mbeya region, Mbozi DC and Tunduma TC will now move to Songwe.

In FY16, Sauti Project conducted Organizational Performance Index (OPI) assessments with all 27 CSOs. The OPI tool supports measurement of change in organizational performance and clarifies the link between capacity development inputs and community-level impacts.

Overall, high OPI results suggested that the CSOs participate in recognized local networks that are relevant to their programs and services, leverage their participation in these networks, and can demonstrate partnership and engagement with at least one other CSO. On the other hand, low scores were noted in the area of CSOs' capacity to mobilize resources. Most CSOs are still in the stage of developing resource mobilization plans, which are intended to help them identify both the resources needed for programs and services and potential providers/sources for these resources, with most CSOs being single-donor dependent. Sauti Project observed that most of the CSOs were also not adequately embracing learning to improve programs and services and improve their effectiveness to meet intended program results.

**OPI: Capturing Organizational Performance Across 4 Domains**

**Effectiveness:** Achieving results and meeting standards

**Efficiency:** Delivering services and increasing reach

**Relevance:** Engaging target populations and promoting learning

**Sustainability:** Mobilizing resources and increasing social capital

To complement OPI, Sauti Project also facilitated organizational assessments for 26 CSOs using the Integrated Technical Organizational Capacity Assessment (ITOCA) Tool. Unfortunately, one CSO could not participate because the leaders were unavailable due to police investigation taking place at the same time. Also in FY16, Sauti Project facilitated an Organizational Network Analysis (ONA) workshop to develop a common vision for organizations serving KVPs and enhance linkages among KVP stakeholders. Two MSM-led CSOs (CHESA and WASO) as well as an MSM network and a FSW network participated. A shared vision was drafted and a Network Executive Committee, drawing members from all stakeholders groups, was selected.

As Sauti Project continues to engage the remaining CSOs in FY17 to deliver the assigned interventions, concerted efforts will be put in place to address some of the capacity barriers identified during the above assessments. Furthermore, using ONA findings, Sauti Project will also continue strengthen KVPs networks through Training of Trainers on coalition building, conducting an annual ONA workshop, and facilitating a quarterly ONA review workshop to track implementation of ONA action plan. Sauti Project will also develop CSO Management SOPs and supportive supervision checklists, and continue to build internal capacity of central and regional level teams dedicated to working with CSOs and LGAs. Sauti Project will support the strengthening of the administrative capacity of each CSO through several tasks defined under activity 4.4 in the implementation table below. For instance, monthly financial reviews, quarterly supervision visits, and other trainings will be held throughout the fiscal year.

**Capacity building of MSM-led and FSW-led CSOs under EJAF support**

Through EJAF support, in FY16 Sauti Project embarked on an effort to explore models for the capacity development of community-based MSM-led and FSW-led CSOs to deliver HIV prevention, C&T services and address stigma and discrimination. As originally proposed, Sauti Project identified a twinning innovation model - pioneered by Health Canada and Interagency Coalition on AIDS and Development ([Beyond our Borders: A Guide to Twinning for HIV/AIDS Organizations](#)), as a methodology of choice to pair and use the well-established KP-led CSOs to build capacity of the nascent MSM- and FSW-led CSOs. However, through findings of OPI, organizational capacity assessment and ITOCA assessments conducted in FY16 as described above, Sauti Project did not find a single KP-led CSO with adequate capacity to serve as a mentor to nascent CSOs. As a result in FY17, Sauti Project is planning to adjust the model by starting with **intensified technical assistance (TA) to the two already sub-granted KP-led organizations** (CHESA and WASO) to bring them up

to the expected competency level to be able to mentor others, and thereafter establish and operationalize the proposed twinning approach under closer supervision of Sauti Project technical, program, institutional capacity development, and grants management team.

#### **Activity 4.5. Strengthen LGA capacity through mentorship and coaching**

Since project start-up, Sauti Project has invested heavily in building LGAs' capacity to design, plan, and implement and monitor KVP programs in their constituencies. In FY16, Sauti Project engaged all 24 LGAs to conduct a Government Performance Index (GoPI) assessment to establish a baseline for LGAs' performance. GoPI classifies an organization's performance on a scale of 1 to 4 and looks at four domain areas including effectiveness (results and standards), efficiency (service delivery and coordination), relevance (constituency and learning), and sustainability (financial stewardship and environmental stewardship).

LGAs scored the highest on the GoPI in the area of efficiency in which it was noted that all LGAs have written operational or work plans that describe how programs and services will be delivered, including activities, budget, timeline, and responsibilities. The lowest scores were recorded in the area of sustainability, particularly as relates to financial stewardship and environmental stewardship. Findings from the GoPI assessment indicated that Sauti Project LGAs partners have not yet developed resource mobilization plans and hence only depend on Government's funding and un-coordinated collaborative support from implementing partners.

In FY17, Sauti Project will strengthen the capacity of both the existing and newly supported LGAs. In coordination with TACAIDS and MOHCDGEC, Sauti Project will also **conduct GoPI** in all the 20 new LGAs collaborating with Sauti Project to establish a baseline for their technical and management capacity, identify performance gaps, and institute plans for corrective measures that will include coaching and mentorship to remedy identified gaps.

Similarly to the CSO mentorship and coaching plan described under activity 4.4 above, in FY17 Sauti Project will **support LGAs as they develop Council Comprehensive Health Plans (CCHPs)** in order to ensure KVP interventions are reflected in the plans and budgets, **engage LGAs in joint planning** for the delivery of KVP interventions at the regional and district level, assist them with the printing and **dissemination of the RHASP**, and engage them in joint supportive supervisions.

#### **4.6. Establish Regional Advisory Sub-Committees (RACs) and District Hotspot Advisory Committees (DACs), and support annual meetings on program planning, implementation, monitoring, reviewing progress (achievement and challenges), and development of action plans**

In FY16, Sauti Project established 11 RACs and 24 DACs to serve as dedicated regional/district bodies tasked with providing culturally-accommodative guidance and advice to Sauti Project regional/district teams, provide inputs to the workplan development, collaborate with Sauti Project regional teams in monitoring, and provide feedback to regional implementation plans. The R/DACs also conduct KVP data reviews, advise on HIV/FP commodities security, explore inter-sectoral collaborations and public-private partnerships, and monitor the 5-Year Sustainability Plan at the regional and district level. In FY17, Sauti Project will **establish committees for the new regions/districts**, and continue to support the **biannual RAC and quarterly DAC meetings**. Furthermore, **R/DACs membership will be expanded** in FY17 to include regional/district legal advisors, public-private partnership coordinators, cultural officers, informational officers, and security officers.

#### **4.7. Provide TA to the GoT on developing/reviewing policies and strategic/implementation plans on HTC, STI, Adolescent Health, GBV, Gender and KVP HIV prevention/FP programming**

Due to the breadth and cross-cutting nature of Sauti Project's interventions, since its inception the project has been providing national level leadership (technical and financial support) to TACAIDS, NACP, and RCHS, including serving as a member of multiple national and regional-level taskforces and technical working groups (i.e. community-based HTC, FP, HIV/FP integration, HIV/FP commodities security and supply chain, STI, gender, GBV, adolescent health, and KVP programming at large). In preparation for the development of the FY17 workplan, Sauti Project engaged various MOHCDGEC staff through NACP (information, education



and communication (IEC), KP Unit, HTC, and Lab units), RCHS (FP, Adolescent and Gender/GBV departments), and TACAIDS (KP, Adolescents and Advocacy), and came up with a list of some proposed TA activities for this fiscal year. The list of activities is presented in the implementation plan (Section VII) under activity 4.7.

#### **Activity 4.8. Conduct Biannual Sauti Project Technical Advisory Group and Research and Learning Sub-Committee Meetings**

In project year 1 (FY 15), Sauti Project established a project Technical Advisory Group (TAG) to ensure that Sauti Project's TA to the GoT and other KVP implementing partners (international and local) is evidence-based, scientifically and technically sound, and is in alignment with the KVP needs. In addition to the TAG, there is also a much smaller Research and Learning Sub-Committee (comprised of the same membership), whose task is to ensure the project's learning and research agenda (RLA) is aligned with the national and beneficiaries' needs and informs programming. In FY 17, Sauti Project plans to ***continue holding the TAG and RLA meetings***, with a focus on improving the KVP cascade (i.e. increasing yield, improving linkage to care, and ensuring adherence to treatment and viral suppression amongst Sauti Project-served KVP beneficiaries). Each meeting will be held in Q2 and Q4.

#### **Activity 4.9. Conduct quality improvement activities to ensure Sauti Project-supported high quality services**

In tandem with technical excellence and program quality, Sauti Project strives to ensure that beneficiaries receive quality, safe and respectful combination prevention services in the community. In line with this tenet, Sauti Project will build upon the FY16 investments resulting in the development of QA and QI SOP for community-based HIV prevention services for KVP. The SOP is based on the National Guidelines for Quality Improvement of HIV and AIDS Services and it is the result of consultative and collaborative efforts in designing and implementing HIV and AIDS quality improvement strategies, rooted in the Tanzania Quality Improvement Framework (TQIF). The SOP serves as guidance to managers and providers on how to establish and conduct QI activities, and it provides a set of tools to be used for this purpose.

The QA/QI activities will continue targeting community-based HIV combination prevention services to KVP and includes the full range of Sauti Project services - economic strengthening, behavior change and biomedical services provided through mobile platforms at hotspots and through static platforms at DICs. In FY 17, Sauti Project will ***scale up QA/QI activities from five to thirteen regions***, by facilitating the establishment and ***orientation of regional and district QI teams***, the roll out of QI visits by the central, regional and district teams and CSO, the development of QI plans, their implementation, and monitoring.

The program will also continue supporting technical consultations with MOHCDGEC, other ministries, and stakeholders to share lessons learned from the implementation of the SOP and to facilitate their inclusion in the national guidelines. Finally, the program will continue to ensure alignment of the QI activities with the PEPFAR funded SIMS standards. Sauti Project, CSO, and government QI teams will be recommended to use the SIMS tool as part of their regular monitoring activities and they will be continuously supported and capacitated to conduct root cause analyses for the identified performance gaps, prioritize a response and develop remediation plans.

#### **4.10. Establish public private partnerships**

Through its [National Public Private Partnership \(PPP\) Policy \(2009\)](#), the URT government recognizes the role of the private sector in bringing about socio-economic development through investments. PPPs have been identified as viable means to effectively address constraints of financing, management, and maintenance of public goods and services. Additionally, PPPs can enable the government to fulfill its responsibility to improve the delivery of socio-economic goods and services by ensuring efficiency, effectiveness, accountability, quality and outreach of services. In recognition of the importance of PPP frameworks in fostering sustainability of KVP programs in Tanzania, under USAID's leadership, Sauti Project has engaged in partnerships with Tigo, EJAF, and Project SOAR among others aimed at leveraging resources and expertise (see **Table 1** for a complete list). Sauti Project will continue to seek new opportunities in collaboration with USAID's PPP team and the Government of Tanzania.

#### 4.11. Advocate for KVP HIV/FP programming using a public health-centered approach

The report on the assessment of the legal environment in response to HIV and AIDS within the URT (2015) indicates that there are still practices at family and community levels that discriminate and stigmatize PLHIV and KP in Tanzania. In FY16, there were several incidents of negative press (in local newspapers and blogs) and subsequent interruptions of Sauti Project services in Shinyanga and Dar es Salaam regions resulting from this discrimination. Across all regions, Sauti Project staff were several times by regional/district officials to explain and assure that the KVP interventions are not designed to promote homosexuality, same-sex marriages, and sex work; this has significantly affected the programming environment. The recent changes in leadership at both central and LGA levels (following the October 2015 national elections) have further complicated the picture. At present, there are only a handful of leaders with a clear understanding of why and how KVP programs are essential for population health. As a result, under the leadership of USAID, Sauti Project will develop an **external communication strategy** for the project in FY17 that will include the development and **dissemination of infographic communication materials**, and exploration of opportunities to engage various stakeholders in educating central and LGA leaders and media about this important intervention. Additionally, Sauti Project will develop **SOPs to guide project staff**, PEs, CSO staff, and every volunteer working with Sauti Project on what and how to communicate with media and other external parties. Central and regional level meetings will be held to orient Sauti Project and CSO staff on the communication strategy and SOP.

Sauti Project will also work with USAID and UNAIDS to engage TACAIDS, NACP, and Alliance of Mayors' Initiative for Community Action on AIDS (AMICAALL) and the Police Gender Desk, in **creating awareness to key stakeholders** e.g. the Mayors, Councilors, Full Council Members and district security committees. Sauti Project will continue to **map and establish alliances** with other civil society organizations, local media contacts, and other stakeholders to advance the KP public health agenda.

### Objective 5: Improved comprehensive HIV prevention for KVP through the application of monitoring, evaluation and learning

Sauti Project is committed to the development and implementation of robust monitoring, evaluation and learning systems that will enable the program, USG and the GoT to track progress and challenges for comprehensive KVP HIV prevention, treatment, care and FP. In FY16, Sauti Project was focused on developing and rolling out of systems to support data management and program learning. In FY17, Sauti Project will continuously support and improve program learning through strengthened data quality, and increased routine data utilization by CSOs, regional teams and district authorities. Sauti Project will also integrate innovations and measure the contribution of home based testing and partner notification strategies to reach the first "90" of UNAIDS 90-90-90 goals, regarding knowledge of HIV status. We will measure access to testing services for pediatric clients, integrate innovations, map service data, track linkage of KVP to C&T, and monitor outcomes. To ensure gender is well incorporated in service delivery, the Sauti Project M&E system will collect all information disaggregated by age and sex.

Sauti Project will coordinate with C&T partners to strengthen linkages, work with district and regional authorities to monitor progress, and collaborate with NACP in the review of the national monitoring tools for KVP. Collaboration on the development of KVP monitoring tools will ensure a more sustainable KVP program implemented by local government officers within their respective jurisdictions. Following finalization of the "online" KVP platform, Sauti Project will work with the Ministry and respective CSOs to monitor use of the platform and learnings from this will be drive program improvement. Sauti Project will continue to collaborate with JHU and MUHAS to utilize student intern to assist in detailed analysis of program data. The key activities planned for in FY17 include:

#### 5.1: GIS mapping

In FY16, as part of institutionalizing the use of GIS by Sauti Project, the project developed a GIS application and mapped coordinates of hotspots, wards, health facilities, DICs, CTC sites, GBV help desks and other relevant service points for facilitating linkages to care and other support services in the five initial regions. In FY17, Sauti Project staff in these regions will be trained on routine use of this technology for route planning and will scale-up the same to the remaining regions. Specific sub activities includes:

- Train and support regional teams and CSOs in using GIS for improving their route planning.
- Train TOT (data managers/ data clerks) in updating and servicing hotspots information)
- Roll out of KVP mapping activities in the remaining districts in the regions of Arusha (3 districts), Kilimanjaro (2), Dodoma (1), Morogoro (4), Mtwara (2), Njombe (4) and Singida (2).
- Updating hotspots and facilities semi annually and as part of route planning.

The Mapping and Enumeration research activity described in Objective 3 will also feed into these maps.

## **5.2: Implement and strengthen robust data management and referral-tracking systems including the transition to electronic routine service recording.**

In the previous years, Sauti Project participated in the review of the national M&E tools for KVP, conducted an internal review of the national registers for different services within the comprehensive package to inform the development of the routine data collection tools, and established a routine paper-based system for managing service records.

During FY16, Sauti Project worked with D-tree to develop an integrated mHealth system which is both a provider job aid and a data capture tool which will be used across the three Sauti Project interventions (Biomedical, Behavioral and Structural). The use of this application began as a pilot in Dar es Salaam in September 2016. In FY17, Sauti Project will completely transition to electronic data collection. This application will support and improve the use of national UIC and allow better tracking of individuals across services within Sauti Project. The following specific activities will be accomplished to support the roll out of this application:

- Roll out use of the application to all the regions and support system maintenance.
  - Train providers in the use of the application
  - Procure additional equipment and supplies, eg. tablets and phones, solar chargers and internet bundles
  - Support system maintenance
- Phase out use of the paper based system and support its use only in special cases, e.g. in unsafe places
  - Print tools to support the phasing out of paper based system and other tools not supported by the mHealth application
  - Support data management for tools not within the mHealth application

Sauti Project will also increase efforts to strengthen KVP tracing linked to CT services (cascade), working in coordination with regional HIV care and treatment partners. These efforts will ensure enrollment for those testing positive and improve their retention in treatment. Specific activities to achieve this will include:

- Tracking and updating status of clients needing a link to CT services.
  - Monthly sharing of data with CT partners to obtain outcome of clients already linked
  - Monthly regional meetings and quarterly central meetings between CT partners and Sauti Project focal persons to discuss progress in linkage and address challenges
- Continue to track and document linkages to other services including permanent FP method and GBV services.

In FY17 Sauti Project will expand the biomedical service delivery models to include home testing, partner notification and reaching pediatric clients in order to increase efforts towards reaching the first 90, as



described in Objective 1. To support this shift and measure its contribution towards increasing awareness of HIV status among those positives, Sauti Project will:

- Revise project indicators and their monitoring processes to include home testing and partner notification modalities
- Refine recording tools and adopt others to allow monitoring of home testing and partner notifications and their outcomes in increasing testing yield
- Routinely measure trends in both uptake and yield of home testing and partner notification.

### **5.3: CSO Strengthening capacity in data quality and data utilization.**

In FY16, Sauti Project worked with 27 CSOs to strengthen their capacity in delivering KVP friendly services, including strengthening their data collection and monitoring systems (in line with the wider project monitoring system), and developing their ability to use data. Capacity strengthening efforts have been focused on basic functionality, recording and reporting. In FY17, Sauti Project will strengthen CSO capacity to improve data quality and utilization through refresher training, on-site mentoring, quarterly internal data quality audits and by enforcing the use of dashboards to monitor progress towards targets. Specifically, Sauti Project will:

- Conduct CSO refresher training that will equip M&E personnel with knowledge and improved skills for data ensuring data quality, conducting focused analyses and facilitating data use within their organization.
- Strengthen supervision of the CSOs and conduct quarterly need-based onsite mentoring to build CSOs/DICs capacity in data use and in improving data quality.
- Conduct quarterly data quality audits.
- Ensure that government reporting channels are followed, so that Sauti Project's work is reflected in the national progress reports.

### **5.4: Strengthen regional and district data utilization to inform implementation progress**

In previous years, Sauti Project has worked with R/CHMTs to discuss implementation progress using service data and field experiences. This allows R/CHMTs to review progress and challenges of the program and recommend enhancements as needed. In the early FY17, the program will conduct regional data summits to share feedback of program implementation for FY16 and facilitate data utilization for decision making and program improvement. In FY17 Sauti Project will continue to strengthen data use efforts, through:

- Sharing monthly reports with district authorities
- Conducting quarterly data analysis and progress review, inviting district and regional authorities, CT partners and CSOs
- Establishing the sharing of monthly bulletins within program

### **5.5: Conduct internal DQAs and support external DQAs.**

In effort to strengthen routine data collection, towards end of FY16, Sauti Project adopted and modified tools for conducting DQAs. In collaboration with the internal QI/QA team, and R/CHMT, Sauti Project will conduct quarterly DQAs to selected districts and coordinate regular meetings in which DQA results will be shared with the purpose of utilizing the findings for setting improvement plans. The involvement of the district officers in the process is hoped to ensure sustainability through similar efforts to improve data quality. Sauti Project will continue to collaborate with USG in conducting on SIMS visits.

As part of assuring data quality, Sauti Project will refresh staff on the data security standard operating procedures for routine and emergency conditions, strengthen data storage and security both for CSOs, CBHTC+ teams and regional offices by:

- Conducting quarterly DQAs for Sauti Project regional offices and CSOs (as detailed in activity 5.3.3)
- Ensuring lockable metal boxes are used to store completed files discretely and trucks while in the field.

- Ensuring all Jhpiego and Sauti Project drivers who are transporting files in lockable metal boxes are trained on preserving data security
- Ensuring that data security SOPs are accessible and clearly understood and adhered to by all project staff.

#### **5.6: Support ministry in the review and establishing use of the national M&E recording and reporting tools for KP.**

Early on in FY16, the ministry began a process to pilot national M&E recording and reporting tools for KP. Sauti Project participated in this pilot and discovered that the UIC was in fact not so unique and that 30 percent of the codes generated were repeats making the possibility of creating cascades impossible. This analysis was shared with government at the recent M&E meeting in Tanga. Sauti Project will continue to actively support the Ministry in FY17 to further review and revise these national tools, and re-pilot or scale up these tools as needed. Specific activities could include:

- Supporting the ministry in the review and revision of the UIC
- Printing of tools for piloting
- Participate in piloting the revised tools.
- Supporting the refinement of the DHIS2 to incorporate agreed upon indicators and reporting for KP.

#### **5.7 Learning**

In FY17 Sauti Project will continue to focus on the UIC, as outlined above under Objective 3. We will continue to conduct analysis of HIV vulnerability amongst vAGYW and to learn lessons about referral approaches. We will also explore differences in client types and services delivered by service delivery modality (CBHTC+ vs DIC vs HBTC+ and the contribution of Partner Notification and increase pediatrics testing), and will continue to use the rich dataset to conduct analyses to respond to program questions as they emerge.

### **DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, Safe) Initiative**

Sauti Project was selected late 2015 by USAID to be an implementing partner for the DREAMS Initiative. The goal is to reduce new HIV infections amongst vAGYW ages 15-24 by 40 percent over two years. As vAGYW in sub-Saharan Africa are 1.5 to 3 times more likely to be infected with HIV compared to their male counterparts, the project focuses on rolling out a combination prevention package of biomedical, behavioral and structural interventions to out-of-school vAGYW ages 15-24 years. For FY17, female sex workers have been added as a primary target group.

Under DREAMS, Sauti Project shall provide core DREAMS interventions for (i) Out of school vAGYW 15-19 years old and sexually active i.e. “ever had penetrative sex” (ii) Out of school vAGYW 20-24 years old and exchanging sex for money or goods and (iii) FSW—female who sells sex for goods or cash as her primary mode of income—18-24 years old.

The interventions to be provided are: the Sauti Project biomedical package (please refer to Objective 1—Activity 1.1), curriculum-based group education for vAGYW 15-24 years as well as group and individual education for FSW 18-24 years (please refer to Objective 2—Activities 2.1 and 2.2), WORTH+ economic strengthening package and positive parenting education (please refer to Objective 2—Activities 2.5 and 2.7). The DREAMS guided “social asset building package” will be considered fulfilled for vAGYW who are 15-19 years, have received the vAGYWI, periodically meet in a safe space, are enroll into WORTH+ or started saving, completed the entire SBCC group education curriculum and received any Sauti Project biomedical service.

Communities surrounding the beneficiaries will be reached with gender norms interventions using SASA!

The core package of evidence-supported interventions will be implemented within selected hotspots/communities in six priority districts: Temeke, Kyela, Shinyanga Municipal Council, Kahama Town Council, Msalala, and Ushetu. Kahama TC was added as a DREAMS district in FY17.

The objectives include:

- 1) Increased and timely use of HIV prevention and FP services,
- 2) Improved positive behaviors and social norms at the individual and community levels, and
- 3) Reduced vulnerability of vAGYW through novel structural interventions.

DREAMS implementing partners and regional and district GoT authorities across Dar es Salaam, Mbeya and Shinyanga are the key external stakeholders.

## Key Additional Activities

*NOTE: Some key activities under DREAMS have been addressed under the Biomedical, Behavioral and Structural section in Objectives 1 and 2 above. This includes hotspot identification, monthly route plan development, provider training, biomedical service provision, training of new EWs and PEs, SBCC group education, incorporation of Population Council tools in SBCC group education, gender norms interventions using SASA!, implementing WORTH+ groups, and supporting existing WORTH+ groups. The additional activities below are specific to DREAMS.*

### **D.1 Increase vAGYW uptake of SRH services by reducing stigma and positively branding service delivery points.**

Sauti Project regional teams map hotspots and develop route plans to effectively deliver biomedical services. In FY16, providers in DREAMS districts were trained on the provision of adolescent-friendly health services. To complement these efforts, in FY17 mobile tents providing CBHTC+ static safe spaces will be branded with banners and equipped with brochures highlighting the range of services available for vAGYW. In addition, community members with influence over vAGYW's SRH decisions (e.g. parents, guardians, spouses, traditional birth attendants, *kungwis*, kitchen party hosts, famous 'aunties') will be engaged and oriented on the importance of SRH services for vAGYW and encouraged to generate dialogue with vAGYW.

Building on the strength of peer influence, Sauti Project DREAMS will also document testimonials from vAGYW who have received biomedical services and had a positive experience and magnify these experiences through community video viewings to reduce stigma and increase service uptake. These short (non-professional) videos will have an added benefit of increasing vAGYW's self-esteem and belief in the power they have to take action to positively affect their health outcomes.

### **D.2 Establish safe spaces for vAGYW**

In FY16, Sauti Project established a local safe space in each DREAMS district designed to address multiple vulnerabilities to HIV infection through integrated services that are adolescent-friendly, quick, confidential, nonjudgmental, non-prejudicial, "hassle-free" and free of charge. The safe spaces for vAGYW were staffed and run by CSOs sub-granted by the project.

In FY17, Sauti Project will continue to support safe spaces for vAGYW. The project will ensure all safe spaces are in an area accessible to vAGYW and are properly branded for visibility. Computers loaded with educational materials (as part of a UCONNECT donation) will be placed in the CSO-run safe spaces for vAGYW use during designated times. Also, in addition to CSO-run safe spaces, Sauti Project will ensure all physical spaces used by vAGYW beneficiaries (e.g. LGA offices, churches, school rooms etc.) are formalized through negotiated "girl-only" days and times. These safe spaces will be the areas where vAGYWs can meet mentors, receive the Sauti Project interventions, get health services, and exchange skills and ideas.

### **D.3 Empower 15-19 year old vAGYW with a package of services and activities to build their health, cognitive, economic and social assets through meaningful engagement**

In FY16, social asset building under Sauti Project focused on vAGYW who are 15-19 years old. They were assessed for HIV vulnerability using the vAGYW Index and meetings were held in established safe spaces, during which vAGYW received SBCC group education with communication and assertiveness sessions and Lifeskills, were assisted to form WORTH+ group and start saving, and/or to access mobile and static health services inclusive of HIV testing and counseling, STI screening, FP, and GBV screening etc. These are described in more detail under Objectives 1 and 2 above. A similar package of services and activities will be available FY17.

Each group (now referred to as *Binti Shujaa* groups in line with the DREAMS umbrella slogan) will have a trained mentor whose responsibility is to recruit girls into their groups, coordinate the safe space in the community to meet, plan and facilitate weekly meetings, and provide support and guidance to the girls in their group. Training for mentors will strengthen their leadership, communication, and group facilitation skills as well as introduce basic counseling skills. For Sauti Project, the EWs staffed through the sub-granted CSOs will act as the main mentors for the established vAGYW groups. They act as role models and will assist to navigate solutions with vAGYW based on identified needs.

Once the beneficiaries are identified, EWs use the vAGYW Index to assess their individual vulnerability to HIV. Data from the Index domains will be used to guide EWs to identify individual vAGYW needs. For example, the social isolation score will guide the EW to mentor the vAGYW into forming closer bonds with others in the group, and provide psychosocial support if need be. When the girls meet in the safe space and connect with their mentor, they can socialize, receive and possibly receive any of the Sauti Project interventions such as SBCC group education, receive financial literacy knowledge and conduct transactions they participate in a WORTH+ saving and lending group, and receive health related services (HIV testing and counseling, FP, gender based violence screening, STI screening, etc.) per an agreed upon schedule.

Additionally there are DREAMS specific activities for vAGYW that have been designed to build on their creativity and empower them with a positive purpose, such as a thematic art competition that highlights sexual and reproductive health issues or the ins and outs of being an vAGYW, etc. The top designs will be framed on walls in the CSO-run safe spaces and LGA offices in respective districts. The art competition is expected to give the vAGYW a voice, confidence, and a sense of power, while also providing the project and community a peek into the world of an vAGYW(s).

#### **D.4 Positively shift vAGYW behaviors through SBCC interventions**

In FY16, Sauti Project delivered curriculum-based social and behavior change communication group education through PEs from sub-granted CSOs. The adapted Stepping Stones curriculum has 10 participatory sessions to help vAGYW build risk reduction skills and self-efficacy; increase uptake of services; become empowered and identify community support; and reduce harmful gender norms (please refer to Objective 2—Activity 2.1).

This year, group discussions will also be held as part of these group education sessions so the vAGYW can fill out the 1) Community Mapping Tool and record venues which are safe/unsafe in the community (e.g. bars, night clubs, salons, churches etc.), 2) complete the Institution Access Tool to document institutions which are trusted/not trusted (e.g. Associations, NGOs, etc.) using Venn diagrams, and 3) complete the Social Capital Tool to record individuals who are trusted/not trusted (e.g. teachers, religious leaders, doctors, village leaders etc.) using an interactive game, and lastly, 4) complete the Male Partner Characterization Tool to record the various categories of sexual partners and to identify reasons for having sex with each (e.g. teacher, doctor, leader, taxi driver, man over 40, etc.).

Results from community mapping and institution access tool will assist in micro-planning for biomedical services routes, implementation of SASA! and by providing answers to areas where vAGYW frequent or not and why. The social capital tool results will help regional teams to know which individuals are trusted in the community and can leverage them for support and demand creation if need be. Results of the male partner characterization will be used for micro-planning SASA! activities, and also shared with Care and Treatment implementing partners for micro-planning.

#### **D.5 Support vAGYW to voice their concerns at national and international fora and support central government to create awareness and advocate for change reflecting vAGYW concerns**

In FY16, Sauti Project trained community champions, activists and drama groups to mobilize change and create a critical mass for positive gender norms using SASA! methodologies. Beyond the community level, the project will advocate for vAGYW positive outcomes through supporting beneficiaries to attend national and international fora so their concerns and ideas are directly represented. This will also establish a cohort of vAGYW who are empowered to mentor others. In addition, in each district, two vAGYW representatives will be part of the DREAMS District Coordination Committees.

The MOHCDGEC has been reviewing policy, guidelines, curricula, and tools that affect vAGYW outcomes. Sauti Project-DREAMS will support these efforts through technical support to MOHCDGEC and TACAIDS and printing of relevant materials.

#### **D.6 Implement Photovoice as a meaningful advocacy and civic engagement tool for vAGYW**

Photovoice is a participatory and collaborative process in which populations with limited power in their communities use images to capture aspects of their surroundings or experiences and share them with others.

In FY17, Sauti Project will provide select cohorts of vAGYW and young FSW in DREAMS districts with cameras and ask them to capture and caption photos depicting the realities of their lives. Themes will include accessing SRH service, influential persons, gender-based violence, 'perfect world', parenting, etc. The cohorts chosen will be from existing WORTH+ groups and be based on group cohesion and leadership capacity.

The vAGYW will meet weekly at the CSO-led safe space to view and discuss the pictures they have taken. After two-months of implementation, an exhibition will be organized in the community to raise the consciousness of the general public and of policy makers about vAGYW and young FSW needs, vulnerabilities and opportunities. Through this method, participating vAGYW and FSW voices will be heard, their experiences shared, and they will gain a sense of increased control over their lives.

#### **D.7 Roll out cash transfer program to AGYW in select DREAMS wards of Shinyanga and Mbeya**

USAID's economic strengthening guidance on the *Pathway to Economic Strengthening Graduation for Vulnerable Populations* suggests the following needs be considered

- **Provision:** increase temporary consumption support and social protection (e.g. cash transfer).
- **Protection:** increase beneficiary participation in savings and credit opportunities after receiving social protection (savings). Thereafter, they can be encouraged to engage in income generation projects, e.g. promotion.
- **Promotion:** diversified opportunities for increasing income and assets (small businesses).

Sauti Project will roll out cash transfer to out-of-school vAGYW 15 – 23 years in select wards of Shinyanga and Mbeya DREAMS districts over the course of 18 months in order to impact sexual and reproductive health outcomes. After receiving 10 hours of SBCC education, qualifying vAGYW will be registered using fingerprints and UIC number (backed by a QR code) onto the Jhpiego payment system. Each registered vAGYW will receive a mobile phone and a SIM card through which ~\$33 will be transacted quarterly through a mobile money platform. The project is in the process of confirming a partnership with the telecommunications company TIGO (MIC) to get 12,300 phones that will be used in the program.

In FY16, Sauti Project rolled out a household survey to pre-identify AGYW who could qualify for the cash transfer in Kyela DC and Shinyanga MC. The same exercise will commence for Kahama TC, Ushetu DC and Msalala DC in Q1 of FY17. The household survey was adapted from the Population Council Girl Roster tool

and 100% houses in the catchment area were surveyed. Official registration of AGYW into the cash transfer program will start Q1 of FY17. The study component of the Cash Transfer program is more fully described in the research section.

To ensure community buy-in, meetings will be held with district officials, ward officials, village officials and other influential persons (e.g. parents, guardians, spouses etc.) to orient them on the cash transfer program just prior to registration of the vAGYW.

AGYW who will be registered into cash transfer project will receive information about the availability of Sauti Project's biomedical and structural interventions under Sauti Project, but participation is not conditional. For vAGYW who will be interested in both, cash transfer paired with WORTH+ economic strengthening will assist in the transition them from vulnerability to sustenance.

During the 18 month period, Sauti Project and CSO staff will maintain a hotline for troubleshooting and reporting of potential adverse events; conduct monthly random spot checks and physically verify the vAGYW still live in the community; and hold a biannual community meetings to see how the community and the vAGYW view the program.

#### **D.8 Ensuring sustainability through strengthened coordination and increased ownership of DREAMS initiative by CSOs, LGA and communities at large**

In FY16, Sauti Project jointly harmonized the formation of DREAMS District Coordination Teams and partook in related meetings. The teams and meetings are overseen by TACAIDS and aim to strengthen coordination and linkages between implementing partners and with the government. As mentioned above, two vAGYW representatives will be part of these DREAMS District Coordination Committees.

For FY17, regional staff will continue to partake in monthly and quarterly coordination meetings at the district and national level respectively. In addition, Sauti Project will coordinate a two-day meeting to orient DREAMS partners on the revised vAGYW Index as a programmatic tool. The second day of the meeting will be dedicated to partners observing the use of the Index in the field.

## **V. Cross Cutting Themes**

### **How is Sauti Project Strengthening Capacity?**

Throughout FY17, Sauti Project will continue focusing on strengthening the capacity of the project team, government health providers and local civil society organizations to ensure delivery of high quality health services for KPs and to ensure program sustainability. Sauti Project will specifically address capacity strengthening in **biomedical** service delivery by ensuring that national trainings are rolled out, compliance to standards is achieved and clinical competency assessments are regularly conducted. To ensure quality **M&E** systems, Sauti Project will work closely with the regional and district Quality Improvement Teams (QITs) to build their capacity on data use, root cause analysis, quality improvement plans development and follow up. PEs, EWs, WORTH+ Groups, and CSO staff will also receive continuous support through refresher trainings, quarterly meetings, and joint supportive supervision visits to advance their competency, confidence and adherence to standards. Particularly for SBCC, Sauti Project will strengthen CSO capacity on campaigning and advocacy, and how to develop anti-stigma community-led programs. To ensure an enabling environment, Sauti Project will strengthen the capacity of national level and community-based stakeholders such as policy makers, police, and community influential leaders, on addressing stigma and discrimination and gender issues. For the **structural** component, Sauti Project will use a series of low dose and high intensity trainings to strengthen the capacity of a large number of EWs and beneficiaries to better enable them to access savings, loans, and banking and therefore take critical steps towards overcoming poverty and engaging in HIV prevention behaviors. In addition to formal trainings and joint supervision, Sauti Project will support continuous structured mentorship and coaching of PEs, EWs, CSOs teams and health care providers as informed by routine needs and performance gap assessments.

### How is Sauti Project Promoting Sustainability?

Sustainability is not just a Sauti Project objective but a core theme woven into all project interventions and guiding principles. At the **national** level, Sauti Project provides TA) to the MOHCDGEC, TACAIDS, and other ministries by actively participating in TWGs; providing detailed comments and support in national guideline reviews to ensure their quality and consistency with global guidance; by facilitating the integration of vertical programs; and by supporting MOHCDGEC and TACAIDS officials to conduct joint supportive supervisory visits to the regions and districts. Lastly, Sauti Project has created a model HIV combination prevention program that could be adapted by the GoT to ensure improved access to care for key populations.

At the **LGA** level, Sauti Project directly engages regional and district leaders to jointly implement and facilitate activities. This is done by promoting and supporting the establishment and operationalization of regional and district level quality improvement teams, sharing data, developing quality improvement plans, supporting district committee meetings, engaging ward and village executive officers and community leaders to increase KVP access to HIV prevention services.

Through this TA with national and local governmental leaders, and by empowering **CSOs** and their KVP networks, Sauti Project provides the necessary foundation for program sustainability and growth that is driven by local leadership and regional needs. Sauti Project research and M&E also directly engages LGAs by ensuring they have the reports, information and latest program data to drive decision-making now and in the future for financial planning at the district level under the comprehensive council health plans (CCHP) mechanism. Sauti Project's M&E system is fully integrated into the national M&E system and the DHIS.

At the **biomedical** level, Sauti Project's is fully integrated with the national supply chain management system where the project contributes to strengthening the capacity of regional and district laboratory and pharmacy coordinators. We collaborate on forecasting, ordering HIV rapid test kits, FP methods and now ART medications as we begin community ART services. Under **DREAMS**, District Coordinating structures include GoT personnel from TACAIDS who are responsible for ensuring project interventions and processes are mainstreamed with government systems and carried out by GoT teams after the end of the project. At the **SBCC and structural** levels, Sauti Project is promoting sustainability by using PEs and EWs (EWs) who are actually from the communities the project is serving. This ensures that the knowledge and human resources developed under Sauti Project can remain local and these PEs and EWs can in turn develop more community-based educators in the future. Using the WORTH+ model, Sauti Project delivers an innovative curriculum-based mix of savings and loans, literacy and numeracy, and microenterprise development that empowers with capacity. The benefits of this intervention are sustainable across multiple sectors, in that savings provide security for SBCC, and enable investments in health, food security, and education and uptake of HIV, FP, and other essential services.

Under its structural interventions, Sauti Project has developed sustainability pathways for WORTH+ economic empowerment group members. These results-based pathways provide a clear plan for transitioning different WORTH+ members out of project-directed support and into ongoing support and resources from government institutions, such as VETA, or local private sector business opportunities. The tools and indices used to assess progress of individuals along this pathway will be left with LGAs and CSOs to promote sustainability and local uptake of needs-based assessments for future economic empowerment interventions.

### How is Sauti Project Addressing Gender?

Gender is an integral part of all Sauti Project interventions. Specifically, Sauti Project will focus on five key areas related to gender: a) increasing gender equity in HIV/AIDS programs and services, including reproductive health services; b) preventing and responding to GBV; c) engaging men and boys to address norms and behaviors; d) increasing women and girls' access to income and other resources to improve livelihood, including education; e) increasing women and girls' legal protection. Under **SBCC**, gender-related activities are implemented with the aim of transforming harmful rigid gender norms among key stakeholders



to prevent GBV and create a supportive environment for KVPs through transformative approaches to create critical mass through ecological model. The curricula for vAGYW and FSW are gender-sensitive and recognize the societal norms that increase the vulnerability of women to HIV infection and GBV. Through **DREAMs**, community mobilization efforts using SASA! will also aggressively target opinion leaders and other community members with interactive dialogues challenging negative gender norms. In addition, gender equity at **biomedical** service delivery points (CBHTC+ and KVP DICs) will be regularly assessed and through the use of a standardized tool that aims to measure gender with quality standards. Sauti Project will guide managers and health care providers on how to rapidly identify and address gaps in service delivery against these standards, and the staffs will be trained on gender, GBV, sexuality, stigma and discrimination.

**Structural** interventions are gender-sensitive and recognize gender dynamics, e.g. capacity, household burdens, cultural practices, and stereotypes for entrepreneurship and employment. Sauti Project will also use WORTH+ groups as a platform for gender transformative HIV prevention education and for GBV screening. Through its work strengthening capacity of CSOs and the government, Sauti Project will ensure that gender is integrated and mainstreamed in every capacity strengthening engagement with central & local government, CSOs, and KVP groups/networks. Lastly, **M&E** will have gender disaggregated indicators and document trends related to gender to inform program and technical and policy decisions.

## VI. Project Implementation, Management and Partnerships

Due to the size and complexity of this project, Sauti Project consortium partners have worked in close collaboration since inception to develop a shared vision, build robust finance and project management systems, and meaningfully engage key stakeholders, including the MOHCDGEC, TACAIDS, RHMTs, CHMTs, CSOs and KVP beneficiaries in implementing various interventions. Due to increased scope and geographical coverage starting in FY 17, Sauti Project envisages working very closely with USAID to further strengthen working and programming systems to facilitate the shift from implementing in 24 councils (283 wards) to 43 councils (638 wards).

### Management

Sauti Project's philosophy of project management emphasizes ensuring timely implementation of the project scope, proper use of resources (financial, material and manpower), and delivery of quality results in accordance with the donor set goal. Moving into FY 17, Jhpiego's collaborative leadership approach and close engagement with USAID, will continue to be a major pillar in ensuring a shared vision and mission. To ensure technical excellence and program quality, Sauti Project established various platforms, including a Technical Advisory Group (TAG) and the Research and Learning Advisory Group (RLAG). USAID-led joint program and planning meetings (JPPM) also serve as platforms for further guiding Sauti Project's implementation. In addition to regular internal technical and program meetings aimed at examining the balance of project scope, schedule and resources, Sauti Project intends to continue to utilize JPPM in FY 17 to analyze program data to facilitate evidence-based course corrections.

#### TAG/RLAG Membership

- MOHCDGEC
- TACAIDS
- UN Agencies
- University of Dar es Salaam
- Muhimbili University College of Allied and Health Sciences
- Johns Hopkins University
- TASAF
- KVP beneficiaries
- Consortium Partners

Sauti Project will continue to hold periodic meetings (ideally twice a month) with the USAID AOR and other key USAID staff, including USAID Activity Managers from FP, care and treatment, and care and support, to ensure that the project is on track. Sauti Project will consult with USAID's technical teams throughout the year, and coordinate field visits so as to engage better with USAID in the implementation process.

### Personnel

#### Current staffing

Towards the end of Q3 of FY 16, Sauti Project's founding Chief of Party (Ms. Hally Mahler) who played a pivotal role in the design and a subsequent startup and rollout to all the regions, transitioned to a new

position outside of Jhpiego. An Interim Chief of Party (Ms. Michelle Folsom) filled the gap and provided overall leadership during the transition. Recruitment for the new Chief of Party was concluded in Q4, and the Deputy Chief of Party (DCOP), Albert Komba, was selected as the new COP in September 2016. Albert is an accomplished Tanzanian public health physician, recognized for his 12 years of experience designing, implementing, and leading public health and clinical research projects in East Africa (Tanzania and Kenya). As DCOP, Albert has been critical to the successful start-up and implementation of Sauti Project, and integral to guiding the team through recent political challenges. Michelle Folsom supported the team from May through October and will be providing remote support until hiring for the DCOP is underway. In-country, Michelle Santoro, Program Management Officer for Jhpiego based in Dar es Salaam, will be providing day-to-day support to the team until a DCOP is hired.

### **Staffing reorganization and restructuring given the project's expanded coverage and adjusted service delivery models**

In FY 17, Sauti Project will adjust its staffing structure to better align with both the expanded geographical coverage and the revised service delivery models. These changes will necessitate staff reassignments and relocation to new districts. Sauti Project does not anticipate a need to hire new staff, unless it is for the purpose of replacing staff members who may not be available to move to the new districts. This relocation of CBHTC+ providers will reduce travel and accommodation costs. Government providers (locum employees) will support additional service delivery needs and cover Sauti Project's staffing gaps. This model was piloted in FY 16 and proved to be very successful and cost effective.

In addition to the above staff relocation, Sauti Project is customizing its staffing plan to meet current needs. This includes revising some job descriptions and consolidating some positions to better align with the FY 17 needs. See Appendix 1 for a current staffing plan.

### **Zonal and satellite offices**

Since the startup of the project, Sauti Project has always strived to minimize administrative costs by strategically setting up offices in the regions with bigger targets, and allocated CBHTC+ providers to be based in the districts they are assigned to operate. Using this strategy, in FY 15/16, the project established five zonal offices - all located in the municipalities of Mbeya, Shinyanga, Dar es Salaam, Iringa, and Kilimanjaro. In addition, two satellite offices were established in Tabora and Njombe (all co-located and cost-shared with the AIDSFree project). These offices accommodate the technical and program leads, and serves as a meeting space for CBHTC+ teams based in the urban districts. Teams operating from rural districts are usually accommodated in either LGA - donated spaces or CSO offices. In FY 17 we will not be adding any new Sauti Project offices but will expand our partnerships with LGAs and collocate with government in the new districts.

### **Procurement**

During Q4 of FY16, armed with our new targets, the Sauti Project team forecasted commodities and supplies required for FY 17. We have shared this information with the LGAs and Zonal MSD offices in the existing regions where Sauti Project is working. These include HIV rapid test kits, FP commodities, and condoms. As soon as the regional letters of introduction are delivered, we will complete the task in the three new regions. A procurement plan has also been developed for consumables that Sauti Project will purchase directly. There will be no break in service delivery.

In order to ensure smooth ordering, storage and distribution of various commodities from the central warehouse in Dar es Salaam to regional field offices and subsequently to the supported CSOs, Jhpiego installed and operationalized an electronic inventory management system ([intellitrack](#)) for the Dar es Salaam Warehouse in FY 16, with roll out to all regions to take place in FY 17. It is anticipated that the system will significantly improve our knowledge of stock and reduce unnecessary wastage. The Sauti Project commodities and logistics focal persons in the region will receive training on how to use this new tool.

Finally, in FY 16, Sauti Project received approval from USAID to purchase 5 vehicles, 28 Bajaj's, and 2 motorbikes. This procurement process is ongoing; all the ordered items are expected to arrive in Q1 of FY 17.

### Sub-awards to local NGOs and CSOs

In response to current program needs and to align with the fiscal year calendar, Sauti Project is revising sub-agreements with 20 of the original 27 CSO partners. We will not be continuing with PASADA, IDYDC, NICE and SUMASESU and are currently in the process of closing them out. Given the broader geographic reach required this year the Sauti Project will expand the scopes for many of the CSOs. Based on lessons learned in FY16, Sauti Project will focus its capacity strengthening efforts in the areas listed below with a newly configured Program Management Delivery Unit for CSOs (no new staff required):

- Financial management
- Monthly financial reviews
- Annual financial audits
- Quarterly progress performance reviews
- Scheduled funds disbursements

The total budget for CSOs for this year is estimated to be US\$2,875,000. Table 7 below lists the names of the CSOs according to their geographical coverage and targets.

**Table 7. Sauti Project FY 17 CSOs coverage**

S/N	Name of the Organization	Region	District	Intervention(s)	Target Groups
1	Community Health Education Services & Advocacy	Dar es Salaam	Kinondoni MC and Ubungo DC	SBCC, Biomedical	FSW, MSM
2	Mapambano ya Kifua Kikuu na UKIMWI	Dar es Salaam	Temeke MC and Kigamboni DC	SBCC, Biomedical	FSW, MSM
3	Wake up Support Organization	Dar es Salaam	Temeke MC	SBCC, Biomedical	FSW, MSM
4	Partners for health services and Research Foundation	Dar es Salaam	Kinondoni MC and Ubungo DC	SBCC	FSW, vAGYW
5	Asasi ya Uwezeshaji Tanzania	Dar es Salaam	Temeke MC	SBCC, Biomedical structural (DREAMS)	AGYW
6	Foundation for world population	Arusha	Arusha CC, Arusha DC & Meru DC	SBCC,	FSW, vAGYW
7	BAOBAB Community Foundation	Dodoma	Dodoma MC	SBCC, Biomedical	FSW, vAGYW, MSM
8	Tanzania Women Research Foundation	Kilimanjaro	Kilimanjaro TC	SBCC, Biomedical	FSW, vAGYW, MSM
9	Mbeya HIV Network Tanzania	Mbeya	Mbeya DC & Rungwe DC	SBCC, Biomedical	FSW, MSM, vAGYW
10	Kilio cha waathirika na waathiriwa wa Ukimwi Tanzania	Mbeya	Mbarali DC	SBCC, Biomedical	FSW, MSM, vAGYW
11	Kiota Women's Health and Development Organization	Mbeya,	Kyela DC	SBCC, Biomedical, Structural DREAMS	FSW, vAGYW
12	Human AIDS Concern and Care	Morogoro	Morogoro MC, Mvomero DC, Kilombero DC & Kilosa DC	SBCC,	FSW, MSM, vAGYW
13	Community Concern of Orphans and Development Association	Njombe	Wanging'ombe DC & Njombe TC	SBCC, Biomedical	FSW, MSM vAGYW
14	Service, Health, and Development for People Living Positively with HIV/AIDS	Shinyanga	Kahama TC Msalala DC	SBCC, Biomedical, Structural DREAMS	FSW, MSM,

15	Rafiki Social Development Organization	Shinyanga	Shinyanga MC	SBCC, Biomedical, Structural DREAMS	FSW, vAGYW
16	Tanzania Development and AIDS Prevention Association	Shinyanga	Kahama TC	SBCC, Structural DREAMS	AGYW,
17	Foundation for Human Health Society	Shinyanga	Ushetu DC	SBCC, Biomedical Structural, DREAMS	AGYW, FSW
	Tabora Development Foundation Trust	Tabora	Tabora MC	SBCC, Biomedical	FSW, MSM, vAGYW
	Jikomboe Integral development Association	Tabora	Nzega DC	SBCC	FSW, MSM, vAGYW
	Tabora Advocacy Centre for Development	Tabora	Igunga DC	SBCC, Biomedical	FSW, MSM, vAGYW

### Strategic Collaboration

Sauti Project values partnerships in addressing community health needs, and much effort was exerted in FY 15/16 to establish key partnerships. In FY 17, Sauti Project will continue to collaborate and further strengthen partnerships with the existing partners, and also explore new potential public and private partners (both local and international) who are interested in serving KVPs in Tanzania. Furthermore, Sauti Project will collaborate with LGAs and CSOs and use all the opportunities available to strengthen their capacity to do the same. Table 1 in the front section summarizes the status of current partnerships.

## VII. Implementation Plan FY 17 (1 October 2016 – 30 September 2017)

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
<b>Objective 1: Implement a package of core and expanded biomedical HIV prevention and FP interventions, with enhanced linkages to care and treatment, and support services</b>					
<b>1.1 Strengthen biomedical services at 24 districts and scale them up to additional 16 new districts in 12 regions</b>					
1.1.2	Disseminate and print revised Sauti Project biomed SOP and M&E tools	X			
1.1.3	Orient Sauti Project and CSO team on revised Sauti Project biomed SOP and M&E tools (inclusive of HBTC+ and partner notification)	X			
1.1.4	Meet with LGA, key informants, PE to identify hotspots, authorize Sauti Project-supported community-based services, discuss route plans	X	X	X	X
1.1.5	Develop monthly route-plans to guide CBHTC+ (tent, work place) and HBTC+ services based on mapping reports and key informants/PE/LGA feedback findings	X	X	X	X
1.1.6	Implement biomed services through DIC, SS, CBHTC+ and HBTC+	X	X	X	X
1.1.7	Hire community workers that join the CBHTC+	X			
1.1.8	Orient new nurse and clinicians and community workers on biomed service – Sauti Project and Government	X			
1.1.9	Orient and deploy regional case managers (linkages/escorted referrals)	X			
1.1.10	Ensure escorted referral takes place from CBHTC+, HBTC+, DIC, SS	X	X	X	X
1.1.11	Conduct partner notification from CBHTC+, DIC, SS	X	X	X	X
1.1.12	Orient LGAs on HBTC+ service	X	X		
1.1.13	Orient community leaders on HBTC+ service	X	X		
1.1.14	Orient HBC volunteers on HBTC+ service	X			
1.1.15	CHP join the CBHTC+ team, conduct escorted referral and Partner Notification services	X	X	X	X
1.1.16	Regional case manager(s) coordinate the escorted referral and partner notification within the region from each entry point (CBHTC+, HBTC+, DIC, SS)	X	X	X	X
1.1.17	CSO Biomed provider coordinate escorted referral and partner notification from DIC/SS to be conducted by PE	X	X	X	X
1.1.18	Roll out HBTC+ service in 40 districts	X	X	X	X

1.1.19	Roll out Partner Notification in CBHTC+ and DIC/SS in 40 districts	X	X	X	X
1.1.20	Roll out CBHTC+ service in 40 districts	X	X	X	X
1.1.21	Roll out CBHTC+ service at the occasion of special annual events and at special venues - Saba Saba (7 July), Nane Nane (8 <sup>th</sup> Aug), International Youth Day (IYD) (12 <sup>th</sup> Aug), World AIDS Day (WAD) (1 <sup>st</sup> Dec), Uhuru Torch (anytime)	X	X	X	X
1.1.22	Daily assess yield by pop and ward, and re direct operation towards high yield areas and pop	X	X	X	X
1.1.23	Develop Community ART SOP	X			
1.1.24	Support Community ART TWG meeting	X	X	X	X
1.1.25	Submit Community ART protocol/SOP for IRB	X			
1.1.26	Print Community ART SOP		X		
1.1.27	Orient 27 Sauti Project and 9 CSO team and 60 PE and providers on Community ART SOP in 2 districts in Dar es Salaam		X		
1.1.28	Roll out ART training to 27 Sauti Project/CSO providers	X	X		
1.1.29	Pilot Community ART in Kinondoni, Ubungu, Kigamboni and Temeke municipalities in Dar es Salaam		X	X	X
1.1.30	Initiate 3748 HIV infected KP on ART by using the following platforms: KP DIC, PLHIV empowerment clubs, FSW WORTH+ groups, FSW brothels		X	X	X
1.1.31	Monitor ART adherence of 80 percent of the KP HIV positive (3,748) in community ART pilot sites.		X	X	X
1.1.32	Train 60 PEs in Q2 on ART adherence counseling.		X	X	X
1.1.33	Deploy vAGYW Index at all CBHTC+ and SS to identify vulnerable vAGYW and prioritize them into the project services	X	X	X	X
1.1.34	Roll out STI PPT in five-regions by CBHTC+, DIC	X	X	X	X
1.1.35	Print STI PPT brochures		X		
<b>1.2 Partner with other regional organizations to ensure continuum of care and reduced HIV transmission</b>					
1.2.1	Conduct escorted referrals of 37,450 HIV positive clients (100%) to enroll to CTC and start ART	X	X	X	X
1.2.2	Enroll 29,960 of the escorted HIV positive clients (80%)	X	X	X	X
1.2.3	Meet with regional C&T IP on the linkage of HIV-infected beneficiaries to C&T services (Sauti Project, C&T IP, CSO)	X	X	X	X
1.2.4	Conduct escorted referrals of 10,000 post GBV survivors (2% of HTC) from CBHTC+, DIC/SS, HBTC+ to register to hospital/police GBV desk	X	X	X	X
1.2.5	Conduct escorted referral of 1,825 clients in need of IUD and permanent FP methods (1% of 30% and 50% of the HTC) from CBHTC+, DIC/SS, HBTC+ to register to Government hospital	X	X	X	X
1.2.6	Conduct verbal referral of HIV-infected KP from CBHTC+, DIC/SS, HBTC+ to PLHIV Empowerment clubs	X	X	X	X
1.2.7	Conduct verbal referral of KP and vAGYW with risky drinking from CBHTC+, DIC/SS, HBTC+ to AA Groups in Dar es Salaam	X	X	X	X
<b>1.3 Supply chain management</b>					
1.3.1	Maintain regular communication on supplies needs with reg/district lab and pharmacist and zonal MSD focal persons	X	X	X	X
1.3.2	Develop order with the regional/district lab/pharm and based on the R&R cycle	X	X	X	X
1.3.3	Conduct regional and district level monthly stock monitoring of all medical supplies and commodities	X	X	X	X
<b>1.4 Train biomedical team on key clinical services</b>					
1.4.1	Train new 5 Sauti Project biomed and 20 CSO staff on 5 day KVPFS and Sauti Project systems		X	X	
1.4.2	Train new biomed 10 Sauti Project and 12 CSO staff on 10 day FP national curriculum		X		X
1.4.3	Train new biomed 10 Sauti Project and 12 CSO staff on 21 day HTC national curriculum			X	
1.4.4	Train 18 CSO providers from SS on 5 day AFHS national curriculum (3 PE and biomed providers from 6 SS in DREAMS districts)			X	
1.4.5	On the job training for 138 Sauti Project providers from CBHTC+ and SS on 5 day AFHS national curriculum	X	X	X	X

1.4.6	Host 5 day practicum to Government providers on AFHS at SS (number will depend on C&T partner budget)		X	X	X
<b>1.5 Support quality control and assurance for HIV rapid test</b>					
1.5.1	Conduct IQC for HIV test kits upon reception of test samples from DLT and receive quarterly DLT supervision and proficiency test for HTC at all CBHTC+ sites and DIC/SS	X	X	X	X
1.5.2	Conduct EQA for HIV test kits upon reception of test samples from DLT	X	X	X	X
<b>1.6 Supervision from regional NACP/RCHS/TACAIDS</b>					
1.6.1	Support quarterly R/DACC assessment of CBHTC+ team and DIC/SS for HTC/C&T service in each region	X	X	X	X
1.6.2	Support quarterly R/DRCHCo assessment of CBHTC+ team and DIC/SS for FP/GBV/AFHS service in each region	X	X	X	X
1.6.3	Support quarterly TACAIDS and CHAC assessment of CBHTC+ team and DIC/SS for integrated services in each region	X	X	X	X
<b>1.7 Supervision from central NACP/RCHS/TACAIDS</b>					
1.7.1	Support bi-annual NACP assessment of CBHTC+ team and DIC/SS for HTC service in each region	X	X	X	X
1.7.2	Support bi-annual NACP assessment of CBHTC+ team and DIC/SS for C&T service in Dar	X	X	X	X
1.7.3	Support bi-annual TACAIDS assessment of CBHTC+ team and DIC/SS for integrated services in each region	X	X	X	X
1.7.4	Support bi-annual NACP assessment of CBHTC+ team and DIC for KP service in each region	X	X	X	X
1.7.5	Support bi-annual RCHS assessment of CBHTC+ team and DIC/SS for FP service in each region	X	X	X	X
1.7.6	Support biannual RCHS assessment of CBHTC+ team and SS for AFHS service in each region	X	X	X	X
1.7.7	Support biannual RCHS assessment of CBHTC+ team and DIC/SS for GBV service in each region	X	X	X	X
<b>1.8 Provide technical assistance to MOH, TACAIDS and other ministries in the provision of preventive and clinical services to KVP</b>					
1.8.1	Conduct 5 day Meeting to review AFHS national guidelines	X	X	X	X
1.8.2	Conduct 5 day Meeting to review GBV national guidelines	X			
1.8.3	Conduct 5 day Meeting to review of the KPFS national curriculum			X	
1.8.4	Conduct 5 day Meetings to review of the STI national curriculum	X			
1.8.5	Conduct 5 day Meeting to review of the STI national M&E tools	X			
1.8.6	Conduct three 5 day meetings reviewing the national HTC guidelines and training curriculum	X	X		
1.8.7	Provide technical assistance to MOCDEGEC and TACAIDS by participating / supporting national forum/TWG – specifically support the quarterly FP-HTC TWG	X	X	X	X
1.8.8	Participate in national RCHS annual meeting			X	
<b>Objective 2: Deploy interventions designed to reduce individual risk behaviors and strengthen support for positive social norms and structures, and address gender at the community level</b>					
<b>Behavioral Interventions</b>					
<b>2.1 SBCC Curricula Evaluation</b>					
2.1.1	Develop SBCC curricula evaluation SOP and tools	X			
2.1.2	Oversee SBCC curricula evaluation roll out	X			
2.1.3	Hire evaluation team for evaluation interviews to PE and beneficiaries (qualitative evaluation)	X			
2.1.4	Develop database for evaluation data entry	X			
2.1.5	Develop anonymous evaluation PE competencies questionnaire	X			
2.1.6	Print PE competency questionnaire	X			
2.1.7	Conduct anonymous evaluation of 100% PE competencies at the occasion of the monthly meeting	X			
2.1.8	Hire temporary data clerk for evaluation data entry	X			
<b>2.2 Review SBCC Curricula</b>					



2.2.1	Finalize the review of the SBCC / gender strategy, SOP including the demand creation matrix and job aides and M&E tools	X			
2.2.2	Print and disseminate the Sauti Project SBCC SOP, job aides	X			
2. 2.3	Fast track edits to the FSW, MSM and VAGYW curricula	X			
2. 2.4	Conduct three workshops to review of the SBCC Group Education curricula for vAGYW, FSW, MSM and SBCC individual education job aide to KP (30 people)	X			
2. 2.5	Develop SBCC curricula participants manual for group education for FSW, MSM, vAGYW	X			
2. 2.6	Format and print SBCC curricula participants manual for FSW, MSM, vAGYW	X			
2.2.7	Translate and format revised SBCC Group Education curricula for vAGYW, FSW, MSM and SBCC individual education job aide	X			
2. 2.8	Printing of revised SBCC Group Education curricula for vAGYW, FSW, MSM and SBCC individual education job aide	X			
<b>2.3 Continue Rolling Out Demand Creation And Behavior Change Education For KVP</b>					
2.3.1	Conduct PE monthly meetings	X	X	X	X
2.3.2	Set up WhatsApp groups for updating PEs and other service providers, sharing news and experiences		X	X	X
2.3.3	Conduct ward level PE mapping	X			
2.3.4	Recruit new 290 PE (based on drop out and FY17 targets)	X			
2.3.5	Training newly recruited PE Facilitators on FY16 curricula vAGYW or MSM or FSW by CSO PO and regional SBCC/gender PO and champion facilitators	X			
2.3.6	Review the demand creation scripts for HBTC+ services	X			
2.3.7	Conduct training of trainers (TOT) for new FY17 SBCC group education curricula for vAGYW, FSW and MSM		X		
2.3.8	Conduct five day training of facilitator on new FY17 SBCC group education curricula for vAGYW, FSW, MSM and demand creation		X		
2.3.9	Conduct four day training on SBCC facilitation skills for new curricula for vAGYW, FSW, MSM		X		
2.3.10	Conduct training to HBC volunteers on HIV prevention and individual education to KP	X	X	X	X
2.3.11	Conduct SBCC group education to FSW, vAGYW, MSM	X	X	X	X
2.2.12	Conduct vAGYW Social Asset Mapping tools as part of the SBCC group education	X	X	X	X
2.3.13	Conduct vAGYW vulnerability index by PE during demand creation activities and at vAGYW SBCC group education	X	X	X	X
2.3.14	Conduct SBCC individual education to FSW and MSM	X	X	X	X
2.3.15	Conduct monthly meetings with Sauti Project team to jointly develop the biomed and demand creation route plan				
<b>2.4 Demand Creation</b>					
2.4.1	Pretest MSM SBCC material for KVPs (pending guidance from MOHCDGEC)	X			
2.4.2	Print and distribute of KPV specific print and electronic material	X			
2.4.3	PE to identify local events where KVP at high risk can be reached by the CBHTC+ team (e.g. traditional dance etc.)	X	X	X	X
2.4.4	PE to identify mine sites that can be reached by the CBHTC+ team (e.g. traditional dance etc.)	X	X	X	X
2.4.5	PE to organize FSW at the large size brothels to be visited by the CBHTC+ team	X	X	X	X
2.4.6	PE to organize MSM at the private houses to be visited by the CBHTC+ team	X	X	X	X
2.4.7	PE to phone other KP through their social network	X	X	X	X
2.4.8	PE to organize KP and PFSW moonlight events	X	X	X	X
2.4.9	One on one peer education in hotspots	X	X	X	X
2.4.10	Develop Comic book for vAGYW, vAGYW caregivers, FSW, MSM	X			
2.4.11	Translate, print and distribute comic book		X		
2.4.12	Distribution of SBCC materials- comic books by PE to KVP		X		
2.4.13	Provide incentives at SBCC GE graduation for vAGYW and KP	X	X	X	X
2.4.14	Provide incentives to vAGYW, FSW, MSM, PFSW who receive biomed service at CBHTC+ sites through a lottery	X	X	X	X
2.4.15	Develop health fair activities and agenda/checklist for rolling it out at KVP DICs	X			
2.4.16	Distribute lottery cards and run weekly health fair and give prizes at KVP DICs		X	X	X



2.4.17	Distribute condom to beneficiaries during demand creation and SBCC education	X	X	X	X
2.4.18	Conduct bi-annual programmatic hotspots mapping to guide demand creation and CBHTC+ route plan		X		X
2.4.19	Finalize branding all KVP DICs	X			
<b>2.5 M-Health</b>					
2.5.1	Conduct consultative meetings with MSM to inform the content development for the virtual platform		X		
2.5.2	Develop and translate the content to for a MSM app (EJAF) (pending government guidance)		X		
2.5.3	Map existing SMS platforms and messages and select those relevant for Sauti Project SMS platform	X			
<b>2.6. Roll out support groups</b>					
2.6.1	Finalize SOP for HIV positive KVP empowerment groups		X		
2.6.2	Orient CSO facilitators on the empowerment group for HIV-positive KVPs				
2.6.3	Roll out empowerment clubs for HIV-infected KVP at DIC/SS		X		
2.6.4	Roll out KP Alcohol anonymous groups			X	X
2.6.5	Assess KP Alcohol anonymous groups	X	X		
<b>2.7 Promote gender equity</b>					
2.7.1	Finalize the review of the Gender, Sexuality, and GBV curriculum	X			
2.7.2	Roll out Gender, Sexuality, and GBV TOT to Champions	X			
2.7.3	Roll out Gender, Sexuality, and GBV training to regional Sauti Project staff and CSOs	X			
2.7.4	Conduct quarterly gender equity assessment at biomedical service delivery points (CBHTC+, DIC, SS)	X	X	X	X
2.7.5	Develop and implement improvement plans based on gender equity assessment at biomedical service delivery points (CBHTC+, DIC, SS)	X	X	X	X
<b>2.8 Conduct GBV screening</b>					
2.8.1	Continue rolling out GBV screening at all CBHTC+ and DIC/SS sites by biomed providers	X	X	X	X
2.8.2	Disseminate of SASA! Baseline Assessment results to CSO (conducted in May15)	X			
2.8.3	Adjust Support and Action phase activities per baseline results	X			
2.8.4	Roll out SASA! Awareness package to-DREAMS wards	X	X		
2.8.5	Roll out follow up SASA! Survey		X		
2.8.6	Develop the follow up SASA! Survey report/findings		X		
2.8.7	Disseminate follow up survey report		X		
2.8.8	Translate of the Support and Action materials from SASA!	X			
2.8.9	Test of SASA! Support and Action materials	X			
2.8.10	Printing of the Support and Action materials from SASA!	X			
2.8.11	Conduct 5-day TOT for Sauti Project SBCC/gender PO, DREAMS PO, CSO staff on Support and Action SASA!		X		
2.8.12	5-day training for CA, champions, and drama groups on Support and Action SASA!		X		
2.8.13	Roll out SASA! Support and Action package to DREAMS wards			X	X
2.8.14	Conduct meetings with newly funded comprehensive GBV response to align GBV strategies	X			
2.8.15	Roll out 2 day Gender and GBV sensitization meetings to higher level police officers (commanders) in 10 regions	X	X	X	X
2.8.16	Conduct mapping of GBV services for vAGYW, MSM and FSW – as part of the programmatic mapping	X			
2.8.17	Compile all regional mapping into one Sauti Project master list of referral sites for GBV	X			
2.8.18	Conduce meetings with GBV referral sites to set up referral arrangements	X			
2.8.19	Conduct anonymous GBV survey for case managers to assess capacity needs	X	X		
2.8.20	Roll out survey for all case managers		X		
2.8.21	Train or re-train the key GBV case handlers in all CSOs.			X	
<b>2.10 Pilot GBV Screening At SBCC/WORTH+ Groups</b>					

2.10.1	Roll out revised Gender, sexuality, GBV TOT to Sauti Project and CSO SBCC/gender PO and SEEO	X			
2.10.2	Roll out revised Gender, sexuality, GBV training to PE and EW	X			
2.10.3	Roll out pilot to SBCC and WORTH+ groups from Kahama TC, Shinyanga DC	X			
2.10.4	Roll out evaluation (FGD and Gender assessment)	X			
2.10.5	Develop the evaluation report	X			
<b>2.11 Creating enabling environment to reduce stigma and discrimination</b>					
2.11.1	Ensure all Sauti Project and CSO offices and DIC/SS as well the service delivery points have anti stigma and discrimination policy displayed and all staff have signed the policy	X			
2.11.2	Mobilize and engage KP at the occasion of national or community events	X	X	X	
2.11.3	Conduct national and regional level half day Workshops on media engagement for CSOs		X		
2.11.4	Participate in the quarterly MenEngage TZ network meetings	X	X	X	X
2.11.5	Adapt social cohesion and social participation indexes from global toolkits to assess how MSM can tackle violence, stigma and discrimination through solidarity and group cohesion			X	
2.11.6	Adapt social cohesion and social participation indexes to MSM				X
<b>2.12 Provide technical assistance to MOHCDGEC and TACAIDS</b>					
2.12.1	Support biannual NACP and TACAIDS assessment of SBCC groups, PE and DIC/SS for SBCC service in each region	X	X	X	X
2.12.2	Provide TA to MOHCDGEC and TACAIDS through participation in relevant technical working group meetings	X	X	X	X
<b>Structural Interventions</b>					
<b>2.13. WORTH+ Group Start up activities</b>					
2.13.1	Train 50% of the EW that should transition from Kiota Women's Health and Development Organizations (Kihowede) to Asuta in TMK and from Shidepha to Tadepe in Masalala (total of 84 EW)	X			
2.13.2	Hold a one day sensitization meeting for LGA in 35 new wards in 6 DREAMS districts	X			
2.13.3	Hire 298 EWs with CSOs, LGA and Sauti Project team for the 35 new wards and hire 179 supervisors	X			
2.13.4	Procure 179 + bicycles for the new and old EW – based on Sauti Project specs	X			
2.13.5	Conduct 6 day TOT 179 EW on Village Banking	X			
2.13.6	Conduct 6 days TOT to 179 EW on Management Committee and LVT	X			
2.13.7	Conduct 5 days TOT to 179 EW on SBCC GE	X			
2.13.8	Conduct 5 days TOT to 179 EW on positive parenting	X			
2.13.9	Conduct 3 day training on management committee to 3,573 WORTH+ group leaders from 893 new groups (4 leaders per group)	X			
2.13.10	Conduct 2 day literacy volunteer training to 1,787 people from 893 new groups	X			
<b>2.14 Roll out WORTH+ groups</b>					
2.14.1	Continue supporting the existing 596 WORTH+ groups in 6 DREAMS districts	X	X	X	X
2.14.2	Establish 893 NEW WORTH+ groups (20-25 participants)		X	X	
2.14.3	Roll out WORTH+ curriculum at new WORTH+ groups targeting 22,334 vAGYW		X	X	X
2.14.4	179 EW to conduct weekly visits to 893 WORTH+ groups to support village banking sessions		X	X	X
2.14.5	Conduct one day monthly district level meetings with 298 EW and CSO		X	X	X
2.14.6	Facilitate the utilization of age-appropriate economic strengthening intervention	X	X	X	X
2.14.7	Facilitate the enrollment of youth into market driven vocational training at Vocational Educational and Training Authority (VETA) and apprenticeship programs with successful businessmen in the districts	X	X		
2.14.8	Digitalize group-level recordkeeping and avail it in a mobile format	X	X	X	
2.14.9	Establish mechanism to Support vAGYW that are unable to contribute mandatory savings		X	X	
2.14.10	Conduct vulnerability assessment of vAGYW in existing WORTH+ group to determine eligibility to graduate from the Sauti Project			X	X

2.14.11	Support WORTH groups to register with the MOHGDEC			X	X
<b>Objective 3: Execute a robust research and learning agenda</b>					
<b>3.1. Conduct Enumeration and Mapping of KPs</b>					
3.1.1	Submission to IRB				
3.1.2	Hotspot based data collection		X		
3.1.3	Staff recruitment	X			
3.1.4	Training for internet based data collection	X			
3.1.5	Internet based data collection	X			
3.1.7	Data management of mapping data	X	X		
3.1.8	Estimate population size of MSM and FSW on ward, regional and district level	X	X		
3.1.9	Get TA support from mapping expert	X	X		
3.1.10	KP mapping analysis workshop	X		X	X
<b>3.2. Implement formative research for MSM and FSW</b>					
3.2.1	Investigator meetings	X		X	
3.2.2	Pre-initiation visits to study regions	X			
3.2.3	Staff recruitment	X			
3.2.4	Study specific training for data collection	X			
3.2.5	Develop and pilot of study tools	X			
3.2.6	Conduct data collection for MSM and FSW formative research		X	X	
3.2.7	Process data for MSM and FSW formative research		X	X	
3.2.8	Procurement of equipment	X			
3.2.9	Print study documents	X			
3.2.10	Study monitoring	X	X	X	X
<b>3.3. Longitudinal impact evaluation - SMS cohort surveys</b>					
3.3.1	Develop study protocol	X			
3.3.2	Submission to IRB	X			
3.3.3	Pilot of study tools	X	X		
3.3.4	Data collection for SMS cohort survey			X	X
3.3.5	Analysis of SMS cohort data			X	X
3.3.6	Data management of SMS cohort data			X	X
<b>3.4. Conduct research on cash transfer interventions among VAGYW (CARE)</b>					
3.4.1	Submission to IRB			X	
3.4.2	Conduct planning meetings	X	X		
3.4.3	Staff recruitment (research assistants)	X			
3.4.4	SOP development	X			
3.4.5	Pilot study tools and procedures				
3.4.6	Study specific training for data collection	X			
3.4.7	Procurement of equipment	X			
3.4.8	Implement Sauti Project House Hold Survey in control regions		X		
3.4.9	Study initiation of the CARE study	X	X		
3.4.10	Data collection of CARE study		X	X	X
3.4.11	Data management of CARE study	X	X	X	X
3.4.12	Integrated BMGF research	X	X	X	X
<b>3.5. Epidemiological data analysis and program information.</b>					
3.5.1	Research design development for 2 student placements				
3.5.2	Data management/cleaning/analysis	X	X		
3.5.4	Student supervision	X	X	X	X
<b>3.6. Pilot STI periodic presumptive treatment for female sex workers and men who have sex with men</b>					
3.6.1	Submit to IRB		X		
3.6.2	Develop sampling frame for PPT study	X			
3.6.3	Staff recruitment for PPT implementation/Research assistants	X			
3.6.4	Preparation of study implementation	X			
3.6.5	Conduct data collection training	X			
3.6.6	Train PEs involved in data collection	X			
3.6.7	Procurement of equipment	X			
3.6.8	Print study documents	X			
3.6.9	Data collection of PPT study	X	X	X	

3.6.10	Monitoring of PPT study	X	X	X	
3.6.11	Laboratory testing	X	X	X	
3.6.12	Data management of PPT study	X	X	X	X
3.6.13	Analysis of PPT study		X		X
<b>3.7. Review, analyze, and prepare for publication the results of the roll out of the VAGYW Index</b>					
3.7.1	Research advisory meeting on analysis design	X			X
3.7.2	Complete analysis of cross sectional vAGYW data	X			
3.7.3	Validation protocol	X			
3.7.4	IRB submission of validation protocol		X		
3.7.5	Implementation of the validation study		X		
3.7.6	Data collection for the validation study		X		
3.7.7	Data management	X	X	X	X
3.7.8	Publication vAGYW index analysis			X	X
<b>3.8. Publish results of desk reviews on KVPs in Tanzania, sub-Saharan Africa and beyond</b>					
3.8.1	Publication MSM desk review	X	X		
3.8.2	Publication FSW desk review	X	X		
<b>3.10. Implement Project SOAR- a study to evaluate community based ART against standard of care of facility based ART</b>					
3.9.1	SOP development for ART implementation	X			
3.9.2	Staff recruitment for SOAR study (SOAR budget)	X			
3.9.3	Pre-initiation visits to study regions	X			
3.9.4	ART training for study team		X		
3.9.5	Procure study equipment	X			
3.9.6	Study initiation		X		
3.9.7	Population Council driven research advisory committees	X			
3.9.8	Participation in study specific training		X		
3.9.9	Community based ART provision		X	X	X
3.9.10	Data extraction of routine data	X	X	X	X
3.9.11	Data analysis		X	X	X
<b>3.12. Dissemination and stakeholder and community involvement of research activities</b>					
3.10.1	Presentation at regional advisory meetings	X	X	X	X
3.10.2	Presentation at the 2016 NIMR scientific conference	X			
3.10.3	Presentation at international conferences	X	X	X	
3.10.4	National research dissemination meeting				X
3.10.5	Report to government authorities				X
<b>Objective 4: Develop and implement capacity and sustainability building interventions</b>					
<b>4.1. Conduct introductory/buy-in meetings with regional and district authorities and other KVP stakeholders in the 3 new/additional Sauti Project regions (i.e. Mtwara, Singida and Songwe) and 21 new/additional councils (Tunduma TC, Arusha DC, Meru DC, Kilolo DC, Iringa, DC, Moshi MC, Kilombero DC, Kilosa DC, Mvomero DC, Masasi DC, Newala DC, Ludewa DC, Makambako TC, Makete DC, Njombe DC, Kishapu DC, Shinyanga DC, Iramba DC, Manyoni DC, Kaliua DC and Uyui DC)</b>					
4.1.1	Conduct introductory meetings with Regional Administrative Secretaries (RASs) and District Executive Directors (DEDs), RHMTS and CHMTs (3 new regions)	X			
4.1.2	Hold one-day district-level introductory meetings and consultative workshops with regional/district KVP stakeholders in the 20 new districts	X			
4.1.3	Conduct annual program updates meeting with government stakeholders (i.e. Ministry of Health Community Development, Gender, Elderly and Children, President's Office Regional Administration and Local Governments, Ministry of Home Affairs, Ministry of Information Youth Culture and Sports, Ministry Constitutional Affairs and Justice, Police, Judiciary, Prisons, other government legal and social protection structures)	X			X
<b>4.2. Initiate the development of Memorandums of Understanding (MOUs) guiding the partnerships between Sauti Project and LGAs in the 20 new districts and 3 new regions</b>					
4.2.1	Conduct consultative meetings with the 20 new district/municipal leaders to develop MOUs (integrated with other visits to LGAs)	X	X	X	X
4.2.2	Print MOUs and disseminate to districts/ municipalities		X	X	X

<b>4.3. Operationalize the Five-Year Sustainability Plan/Transfer Plan to guide the transferring of responsibility and ownership of HIV Prevention/FP Interventions to LGAs, CSOs, and KVPs (plan to include exit strategy from both LGA and CSO engagement)</b>					
4.3.1	Conduct a one-day sustainability planning meetings with the new regions/districts	X	X		
4.3.2	Conduct quarterly sustainability operational plan monitoring meetings at district/municipal level	X	X	X	X
4.3.3	Conduct bi-annual sustainability plan meeting at regional level	X	X	X	X
4.3.4	Collaborate with Community Health System strengthening Program (JSI) and TUNAJALI II on the implementation of the Sauti Project sustainability plan	X	X	X	X
<b>4.4. Empower local NGOs/CBOs, KVP networks/groups and communities (including KVP PLHIVs) for meaningful participation in all program elements</b>					
4.4.1	Conduct planning meeting for CSOs (review implementation plans, scope of works and budgets)	X			
4.4.2	Train CSOs on SOPs (e.g. SBCC, Biomedical, WORTH+, MER, etc.) in order to institutionalize the tools	X			
4.4.3	Establish central and regional level organizational development teams to support capacity strengthening of CSOs (composition: AMSHA team, and representatives from each technical intervention area)	X			
4.4.4	Revise the Sauti Project CSO Management SOP to include supportive supervision checklist and ITOCA	X			
4.4.5	Conduct (Integrated Technical Organizational Assessment (ITOCA) to establish baseline data on sub-grantees' technical capacities of added interventions for all the 20 CSOs	X			
4.4.6	Coach/mentor CSOs on various parts of the ITOCA action plans	X	X	X	X
4.4.7	Review quarterly ITOCA action plans to assess progress of activities implementation		X	X	X
4.4.8	Coaching CSOs on financial management and reporting	X	X	X	X
4.4.9	Conduct monthly financial reviews	X	X	X	X
4.4.10	Review FY 16 financial audit findings to develop and implement corrective measures	X			
4.4.11	Conduct annual internal audit for all SAUTI PROJECT CSOs				X
4.4.12	Conduct quarterly Organizational Network Analysis (ONA) review workshops for KVPs, LGAs and CSOs	X	X	X	X
4.4.13	Conduct annual ONA workshop for KVPs, LGAs and CSOs to assess the trend (to be done at district level)				X
4.4.14	Conduct monthly regional joint program, technical, grants and finance management TA visits to all CSOs	X	X	X	X
4.4.15	Conduct monthly monitoring calls with all regional teams/CSOs	X	X	X	X
4.4.16	Conduct joint quarterly supervision visit (for CSOs management team)	X	X	X	X
<b>4.5. Strengthen LGA capacity through mentorship and coaching</b>					
4.5.1	Conduct GoPI assessments (for the new regions and districts) to establish baseline data on technical, management, and financial management capacities	X	X		
4.5.2	Participate and contribute in the development of CCHPs in each of the LGAs collaborating with Sauti Project	X	X	X	X
4.5.3	Collaborate with LGAs representatives in developing joint regional implementation plans	X	X	X	X
4.5.4	Support the printing of Regional HIV and AIDS Strategic Plans	X	X		
4.5.5	Engage R/CHMTs in conducting joint supportive supervision and mentorship visits to CBHTC+ teams, DICs and CSOs	X	X	X	X
4.5.6	Institutionalize GoPI in LGAs to monitor accountability of public funds for HIV prevention and health services	X	X	X	X
4.5.7	Conduct quarterly meetings to review LGAs GoPI plans	X	X	X	X
4.5.8	Collaborate with Community Health Systems Strengthening Project (CHSSP) to coach and mentor LGAs in financial management as per GoPI developed plans	X	X	X	X
4.5.9	Collaborate with CHSSP to Conduct joint quarterly supportive supervision visits (with RS-LGA members) to coach/mentor LGAs on various parts of the GoPI developed plans	X	X	X	X

4.5.10	Support operationalization of resource mobilization strategy for LGAs			X	X
4.5.11	Provide technical assistance in the implementation of resource mobilization strategies			X	X
4.5.12	Hold quarterly management meetings with LGAs to advocate for inclusion of KVP-focused biomedical, behavioral and structural interventions into annual council budgets (put two additional activities to include CSOs and beneficiaries plans)				
4.5.13	Support R/CHMTs to attend national and regional level meetings linked to program deliverables (as applicable)	X	X	X	X
4.5.14	Conduct on-the-job eLMIS refresher trainings to commodities and logistics focal persons at regional and district levels	X	X		
<b>4.6. Establish Regional Advisory Sub-Committees (RACs) and District Hotspot Advisory Committees, and support annual meetings on program planning, implementation, monitoring, reviewing progress (achievement and challenges), and development of action plans</b>					
4.6.1	Establish Regional Advisory Committees (RAC) in Mtwara, Singida , and Songwe (Mbozi)	X			
4.6.2	Establish District Advisory Committees (DAC) in 20 newly added districts	X	X		
4.6.3	Support biannual RAC and DAC meetings at regional and district levels respectively		X		X
4.6.4	Expand membership of regional advisory and district advisory committee to include legal advisor, public private partnership coordinator (region), cultural officer, information officer and security committee members	X	X		
<b>4.7. Provide TA to the GoT on developing/reviewing policies and strategic/implementation plans on HTC, STI, Adolescent Health, GBV, Gender and KVP HIV prevention/FP programming</b>					
4.7.1	Participate and provide technical leadership in National Advisory Committees, Task Force and Technical Working Group meetings for CBHTC, STI, FP, Adolescent Health, Gender, GBV and KVP programming	X	X	X	X
4.7.2	Conduct consultative meetings with respective ministry sections/units (Gender, HTC, KPs, STI, Adolescent RCH and FP) and other GoT entities, to continuously identify priorities and TA needs	X	X	X	X
4.7.3	Support development, review and/or operationalization of KVP, HTC and GBV training materials, standards, guidelines and policies (including the standardization and rollout of KVP monitoring systems) (as applicable)	X	X	X	X
4.7.5	Conduct an orientation workshop for Regional TACAIDS Coordinators to equip them with tools to better coordinate and support Sauti Project activities in the regions	X			
4.7.6	Support TACAIDS, RCHS and NACP to conduct regional TA and supportive supervision visit to HIV/AIDS and FP focal persons	X	X	X	X
4.7.7	Provide technical support to national and regional level activities (e.g. 16 days of activism, National AIDS Day, etc.) (as applicable)	X	X	X	X
<b>4.8. Conduct Biannual Sauti Project's Technical Advisory Group and Research and Learning Sub-Committee Meetings</b>					
4.8.1	Conduct Annual TAG meetings	X		X	
4.8.2	Conduct Annual Research and Learning Agenda meetings	X		X	
<b>4.9. Conduct quality improvement activities to ensure Sauti Project-supported high quality services</b>					
4.9.1	Orient Sauti Project team, CSO, RHMT and CHMT on the QA/QI SOP and tools in 8 regions	X	X		
4.9.2	Establish and support regional and district level QI teams in all regions	X	X	X	X
4.9.3	Conduct quarterly visits by central QI team to 12 regions in all regions	X	X	X	X
4.9.4	Conduct monthly visits by regional and district QI team to 12 regions	X	X	X	X
4.9.5	Conduct workshops to review the QA/QI SOP	X	X	X	X
4.9.6	Print revised QI/QA SOP				X
4.9.7	Support use of SISM tool for routine program monitoring by Sauti Project, CSO and government teams	X	X	X	X
4.9.8	Participate in PEPFAR led SISM visits	X	X	X	X
4.9.9	Participate to the quarterly national QI TWG	X	X	X	X



<b>4.10. Establish public private partnerships</b>					
4.10.1	Develop Sauti Project PPP strategy and SOPs	X	X		
4.10.2	Engage RS-LGAs, CSOs and other interested parties to develop PPPs	X	X	X	X
<b>4.11. Advocate for KVP HIV/FP programming using public health-centered approach</b>					
4.11.1	Develop an external communication strategy for the Sauti Project	X	X		
4.11.2	Develop and disseminate infographic communication materials for Sauti Project which speak about the broader range of interventions for KVPs	X	X	X	X
4.11.3	Develop SOPs to guide project staff, PEs, CSO staff, and every volunteer working with Sauti Project on what and how to communicate with media and other external parties.	X	X		
4.11.4	Orient Sauti Project staff on communication SOPs (on-the-job)	X	X	X	X
4.11.5	Explore for opportunities to engage and educate various stakeholders at central and LGA levels (in collaboration with NACP, TACAIDS, UNAIDS) about KVP interventions.	X	X	X	X
4.11.6	Work with UNAIDS, USAID to engage TACAIDS, AMICAALL (Alliance of Mayors' Initiative for Community Action on AIDS) and Police (Gender Desk) in creating awareness to key stakeholders e.g. the Mayors, Councilors, Full Council Members and district security committees	X	X	X	X

<b>Objective 5: Build and deploy vigorous monitoring and evaluation systems.</b>					
<b>5.1 GIS mapping</b>					
5.1.1	Train and support regional teams and CSOs in using GIS for improving their route planning.	X	X		
5.1.2	Train TOT (data managers/ data clerks) in updating and servicing hotspots information		X		
5.1.3	Scale up KP mapping activities in the remaining districts in the regions of Arusha (3 councils), Kilimanjaro (2), Dodoma (1), Morogoro (4), Mtwara (2), Njombe (4) and Singida (2).	X	X		
5.1.4	Update hotspots and facilities semi-annually using information collected routinely as part of route planning	X	X	X	X
<b>5.2 Implement a robust data management and referral-tracking system</b>					
5.2.1	Roll out the use of the m-health application to all the regions	X	X		
5.2.2	Train providers (CBHTC+ teams and DICs) in the use of the m- health application	X	X		
5.2.3	Procure tablets and phones, solar chargers and internet bundles	X			
5.2.4	Support systems maintenance	X	X	X	X
5.2.5	Phase out use of the paper based system and support its use only in special cases e.g. in unsafe places	X	X	X	X
5.2.6	Print tools to support the phasing out of paper based system and other tools not supported by the m-health application	X		X	
5.2.7	Support data management for tools not within the m-health application	X	X	X	X
5.2.8	Track and update status of clients needing a link to CT services.	X	X	X	X
5.2.9	Share monthly data with CT partners to obtain outcome of clients already linked	X	X	X	X
5.2.10	Conduct monthly regional meetings and quarterly central meetings between CT partners and Sauti Project focal persons to discuss progress in linkage and address challenges	X	X	X	X
5.2.11	Continue to track and document linkage to other services including permanent FP method and GBV services	X	X	X	X
<b>5.3 Strengthen capacity of CSO on data quality and data utilization</b>					
5.3.1	Conduct CSO refresher training on data collection, reporting, data quality and data use (needs based)	X			
5.3.2	Conduct need based onsite mentoring and supervision		X	X	X
5.3.3	Conduct quarterly data quality audits.	X	X	X	X
5.3.4	Send regular reports to Government (all levels)	X	X	X	X
5.3.5	Conduct quarterly supportive supervision.	X	X	X	X
<b>5.4 Strengthen regional and district data utilization to inform implementation progress</b>					
5.4.1	Share monthly reports with district authorities	X	X	X	X



5.4.2	Conduct zonal/regional annual data summit, sharing results from FY16	X			
5.4.3	Conducting quarterly data analysis and progress review, involving LGA, CT partners and CSOs	X	X	X	X
5.4.4	Establish the sharing of monthly bulletin within program	X	X	X	X
<b>5.5 Conduct internal DQAs and support external DQAs.</b>					
5.5.1	Conduct quarterly DQAs for Sauti Project regional offices and CSO (as detailed in activity 5.3.3)	X	X	X	X
5.5.2	Ensure lockable metal boxes are used to store files discretely	X	X	X	X
5.5.3	Conduct data security training for drivers who transport files in lockable metal boxes.	X			
5.5.4	Ensure Data security SOP is accessible and clearly understood and adhered by all project staff	X			
<b>5.6 Support ministry in the review and establishing use of the national M&amp;E recording and reporting tools for KP.</b>					
5.6.1	Support the ministry to review the UIC	X	X		
5.6.2	Print tools for piloting UIC	X	X		
5.6.3	Participate in the pilot of the revised tools	X	X		
5.6.4	Support the refining of the DHIS2 to incorporate agreed indicators and reporting for KP			X	X
<b>5.7 Learning Agenda</b>					
5.7.1	Obtain support for and conduct further detailed analysis	X	X	X	X
<b>DREAMS Initiative</b> (Many activities are embedded in Biomedical/ Behavioral or Structural Budget and workplans: CBHTC+, AFHS, FP trainings, Condom provision, SBCC GE, PC tools roll out, SASA! gender norms interventions, WORTH+, Parenting)					
<b>D.1 Increase vAGYW uptake of SRH services by reducing stigma and positively branding service delivery points</b>					
D.1.1	Apply DREAMS Shujaa branding materials targeting health providers at all CSO-run safe spaces and CBHTC+ tents	X	X		
D.1.2	Orient 333 influencers of vAGYW's SRH decisions (e.g. Parents, guardians, spouses, traditional birth attendants, <i>kungwis</i> , kitchen party hosts, famous 'aunties') for 1 day on the importance of SRH services for vAGYW and develop an action plan for how the influencers can reduce stigma and discrimination directed at vAGYW in their communities	X	X	X	X
<b>D.2 Establish safe spaces for vAGYW</b>					
D.2.1	Continue supporting three existing and establish three new CSO-run safe spaces in the DREAMS Districts	X			
D.2.2	Monthly plot GIS data from community mapping exercise to inform establishment of Safe Spaces beyond those run by the CSOs	X	X		
D.2.3	Hold meetings with each owner of identified safe spaces (beyond the six CSO-run ones) to agree on usage	X	X		
D.2.4	Hold ceremony for official establishment of each successfully negotiated safe space for vAGYW (including CSO-run) for community recognition and ownership	X	X		
<b>D.3 Empower 15-19 year old vAGYWs by rolling out a package for building their health, cognitive, economic and social assets and engaging them meaningfully</b>					
D.3.1	Hold a 5-day facilitation on mentorship and basic counseling skills for EWs who will be supporting social asset building	X	x		
D.3.2	Form <i>Binti Shujaa</i> clubs (WORTH+ clubs)	X	X	X	X
D.3.3	Introduce a monthly art/ design challenge for vAGYW in 6 DREAMS districts	X	X		
D.3.4	Implement 470 peer support groups ( <i>Binti Shujaa</i> groups) for younger vAGYW at safe spaces and bridge vAGYW-identified gaps through expert engagements.	X	X	X	X
D.3.5	Conduct weekly computer lab sessions at CSO-run Safe Spaces (Shuga episodes, education on use of computers, exploring education content in the computers etc.) by an identified CSO staff	X	X	X	X
<b>D. 4 Positively shift vAGYW behaviors through SBCC interventions</b>					
D.4.1	Print 100 copies of the final DREAMS SBCC Strategy and disseminate to the <i>Sauti Project</i> regional team, CSO and district coordination partners	X	X		
D.4.2	Print DREAMS Shujaa IEC materials for programmatic use in 6 DREAMS districts	X	X		

<b>D.5 Support vAGYW to voice their concerns at national and international fora and support central government to create awareness and advocate change around vAGYW concerns</b>					
D.5.1	Support 12 vAGYW or young FSW (2 from each district) to participate at national level commemoration of Day of the Girl Child (11 Oct), International Youth Day (Aug 12), International Day of Elimination of Violence Against Women (Nov 25) and World AIDS Day (Dec 1)	X	X	X	X
<b>D.6 Implement Photovoice as a meaningful advocacy and civic engagement tool for vAGYW</b>					
D.6.1	Orient selected cohorts of vAGYW and young FSW who will partake in the Photovoice project for 1 day on camera use and ethics		X	X	
D.6.2	Hold weekly sessions to discuss photos taken and captions for one quarter		X	X	X
D.6.3	Hold an all-day exhibition to raise the consciousness of policy makers and of the general public about vAGYW and FSW needs, vulnerabilities and opportunities.			X	X
D.6.4	Facilitate a 2-day forum with regional policy makers and other key stakeholders on corrective actions and the way forward based on concerns and recommendations shared by vAGYW			X	X
D.6.5	Develop a booklet with photo-stories arising from the Photovoice project				X
<b>D.7 Implement cash transfers to AGYW in select DREAMS wards of Shinyanga and Mbeya</b>					
D.7.1	Introduce the Sauti Project AGYW Household Survey to LGA Kahama TC, Msalala DC, Ushetu DC	X			
D.7.2	Conduct a 3-day orientation for enumerators who will roll out the Sauti AGYW Household Survey in Kahama TC, Msalala DC, Ushetu DC per the CTP SOP guidance.	X			
D.7.3	Roll out the Sauti AGYW Household Survey in Kahama TC, Msalala DC, Ushetu DC	X			
D.7.4	Convene enumerators to document successes and challenges, verify results, and return data collection tools	X			
D.7.5	Conduct a 3-day orientation to 4 CSOs on how to manage the cash transfer program and M&E tools in 6 DREAMS districts	X			
D.7.6	Conduct 1 day introduction and orientation meeting in each ward where the cash transfer program will take place	X	X	X	X
D.7.7	Enroll 12,144 AGYW in the cash transfer program in 5 DREAMS districts and also use the opportunity to sensitize them on other Sauti Project interventions	X	X	X	X
D.7.8	Disburse cash/subsidies to AGYW	X	X	X	X
D.7.9	Conduct quarterly monitoring of the program through the adverse event form and troubleshoot per the SOP	X	X	X	X
D.7.10	Hold biannual community check-in meetings in cash transfer villages to increase visibility of the outcomes and strengthen community support to AGYW		X		X

## VIII. Performance Indicators

Sauti Project's Performance Indicators were selected based on 1) the Logical Framework, 2) Funding requirements including USAID, DREAMS and EJAF and the PEPFAR Monitoring, Evaluation, and Reporting Indicator Reference Guide and 3) Tanzania's Third National Multi-sector Strategic Framework for HIV and AIDS 2014/18. These are key indicators that Sauti Project will report on regularly, but additional indicators will be tracked by the program or as requested by USAID for ad-hoc reporting. The table below shows a list of indicators, their information source, frequency of data collection and targets over the years of Sauti Project implementation.

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2017 TARGETS	TARGET SETTING COMMENT
<b>Goal: Contribute to the improved health status for all Tanzanians through a sustained reduction in new HIV infections in Tanzania in support of the Government of the United Republic of Tanzania's commitment to HIV prevention</b>						
<b>SO1. Increased and timely use of HIV prevention and FP services</b>						
1. Number of individuals who received HIV testing and counseling (HTC) services and received their test results – HTC_TST	PEPFAR indicator	<b>Numerator:</b> Number of individuals who received HTC services and received their test results during the PEPFAR reporting period.  Stratified by HIV status, sex, age, service delivery modality.	Health screening and service form	Ongoing with service delivery. Reported quarterly	541,682	Target breakdown: - 156,216 <15 yrs. - 385,466 15+ yrs. - Among the 15+ yrs. targets, 18,835 vAGYW in DREAMS districts
2. Percentage of KPs reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standard required KP-PREV	PEPFAR indicator	<b>Numerator:</b> Number of FSW and MSM reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required.	PE register and WORTH+ registers	Ongoing with service delivery. Reported quarterly	5,653 MSM 40,108 FSW	FSW target is distributed as follows: - 8,640 FSW in DREAM districts - 31,468 in other districts
		<b>Denominator:</b> Total estimated number of key populations in the catchment area. Key population estimates for sub district/ district/ region can be used if available  Disaggregated by FSW, MSM/TG, disaggregation required for both numerator and denominator. To be reported under DSD	Consensus KP size, NACP 2014	One time enumeration during the grant cycle	9,617 MSM 49,790 FSW	To be revised pending results from national enumeration exercise

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2017 TARGETS	TARGET SETTING COMMENT
3. Percentage of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum component, during reporting period – PP-PREV, KP-PREV	PEPFAR indicator	<b>Numerator:</b> Number of vAGYW who completed a standardized HIV prevention program, including the specified minimum component. This is attained by attending a minimum of four sessions of curriculum based SBCC group education.	PE register  WORTH+ register	Ongoing with service delivery. Reported quarterly	72,120	Target breakdown: - 20,162 in DREAMS districts - 51,958 other districts
		<b>Denominator:</b> Total number of estimated vAGYW in the catchment population Disaggregated by age and sex (10-14, 15-19, 20-24, 25-49, 50+)	THMIS 2012	One time enumeration during the grant cycle	92,601	To be revised pending results from VAGYW index adaptation.
4. Number of clients received Long Acting and Reversible Contraceptives/ Permanent (LARC/PM) disaggregated by method	USAID indicator	<b>Numerator:</b> Number of clients received Long Acting and Reversible /Permanent (LARC/PM) at CBHTC+ and DICs where Sauti Project services are being provided. Sauti Project provides LARC (implant and IUD), women opting for permanent methods are referred to health facilities. Disaggregated by FP method, Type of target group and Age (15-19, 20-24, 25+)	Health screening and service form	Ongoing with service delivery. Reported quarterly	To be confirmed	
5. Couple-years of protection (CYP) generated from LARC/PM disaggregated by method	USAID indicator	Couple of years of protection (CYP) generated from using modern FP methods, disaggregated by method.  Calculated using a multiplier factor with the number of clients receiving FP methods	Health screening and service form (HSST)	Annually	To be confirmed	
6. Yield of the partners from the partner notification intervention	Program indicator	HIV positivity rate among partners of index clients by relationship status (current versus past, long term versus casual)	HSST	Ongoing with service delivery, analyzed monthly	TBD	

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2017 TARGETS	TARGET SETTING COMMENT
7. Number and % of KVPs that are successfully referred for Care and Treatment services	Program indicator	<b>Numerator:</b> Number of clients tested HIV+ for the first time at the CBHTC+, home testing and DIC sites, who are linked with care and treatment services, confirmed by CTC ID number. Disaggregated by KVP (FSW, MSM, vAGYW)	Peer navigator referral outcome and tracking register	Ongoing with service delivery.	29,960	80% of KP who test HIV positive (it takes into account the refusal, which could be high in KP)
		<b>Denominator:</b> Total number of clients who are tested HIV+	HSST	Ongoing with service delivery.	37,450	
8. Number of community health and para-social workers who successfully completed a pre-service training program (H2.2.D)	PEPFAR HRH indicator	Number of community health workers who successfully completed a pre-service training program within the reporting period with full or partial PEPFAR support using a standard curriculum for a specified duration (PEs, EWs, others). "Pre-service" training comprises training that equips CHSWs to provide services for the first time. Disaggregated by gender/age/training type	Training forms and TrainSMA RT database	At the end of each training.  Reported quarterly	179 EWs  914 PEs	
9. Number of health care workers who successfully completed an in-service training program within the reporting period (H2.3.D )	PEPFAR HRH indicator	Health care workers who successfully completed an in-service training program within the reporting period. These include counselors and clinicians for the CBHTC+ teams, CSO staff and regional supervisors. Disaggregated by gender and training type	Training forms and TrainSMA RT database	At the end of each training.  Reported quarterly	TBD	

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2017 TARGETS	TARGET SETTING COMMENT
10. Number of people trained in FP/reproductive health with USG funds, including long-acting and permanent methods (HRH_FP)	USAID indicator	Counselors and Clinicians from the CBHCT+ team and DICs receiving FP training in either short-term methods or long-term methods or both, based on their assessed need.	Training forms and TrainSMART database	At the end of each training.  Reported quarterly	TBD	
11. Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (OVC_SERV)	DREAMS indicator	<b>Numerator:</b> Number of vAGYW (15-24 years) served with economic strengthening support, parenting education or social asset building during WORTH+ groups.	WORTH+ registers	Ongoing as part of service delivery, reported quarterly	21,289	Does not include vAGYW reached in the previous FY.
12. Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary FP services-FPINT_SITE	USAID indicator	<b>Numerator:</b> Number of service delivery points (ward) supported by PEPFAR that are directly providing integrated voluntary FP services (CBHCT+, HBCT and DICs) <b>Denominator:</b> All service delivery points (wards and DICs)	HSST	Ongoing as part of service delivery, reported quarterly	638 wards	
13. Percentage of women whose FP demand is satisfied with a modern method of contraception (FP_DEMAND)	USAID indicator					
14. Acceptance rate (%) for index clients in tracking their partners)	Program indicator	<b>Numerator:</b> Number of eligible index clients that accepted tracing of partners <b>Denominator:</b> # eligible index clients that were offered the tracing opportunity	Partner notification registers	Ongoing, analyzed monthly	TBD	

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2017 TARGETS	TARGET SETTING COMMENT
15. Number of unique users established in the MSM social media network	EJAF KPI indicator	Number of unique MSM who have registered and are accessing the established online social media platform	Usage report from the system server	Monthly	4,191	To be confirmed with Michelle if any changes in targets and activity. Based on reaching 20% of the estimated number of MSM in FY17
16. Number of KPs who received STI counseling and screening services and received their test results	EJAF KPI indicator	Number of FSW and MSM who received STI counseling and screening services and received their test results	HSST	Ongoing, reported bi-annually	25,356	Estimates were based on reaching 65% of the FSW and MSM in five regions in FY17.
17. Number of KPs who started an STI treatment.	EJAF KPI indicator	Number of FSW and MSM who started an STI treatment, Disaggregated by type of treatment and type of population	HSST	Ongoing, reported bi-annually	20,285 (10,897 MSM and 9,387 FSW)	Estimated targets based on 80% of those counseled will be initiated on PPT
<b>SO2. Improved positive behaviors and social norms at the individual and community levels</b>						
18. Number of KPs enrolled in peer support groups	EJAF KPI indicator	Number of FSW and MSM enrolled in peer support groups	PE register	Ongoing, reported bi-annually	12,171 (6,538 MSM and 5,632 FSW)	Target estimated at 60% of those initiated on STI PPT each year.
19. Number of vAGYW reached with combination of socio economic approaches	DREAMS indicator	<b>Numerator:</b> Number of vAGYW aged 15-24 who participate in WORTH+ groups, receiving economic strengthening support and social and behavioral change communication interventions.	WORTH+ register	Ongoing, reported monthly and quarterly	22,334	60% of the two years DREAMS target plus remaining target from FY 16 if any.
20. Number of vAGYW reached with better parenting education	DREAMS indicator	<b>Numerator:</b> Number of vAGYW aged 15-24 who participate in WORTH+ groups and receive better parenting education	WORTH+ register	Ongoing, reported monthly and quarterly	6,177	60% of the two years DREAMS target plus remaining target from FY 16 if any. .



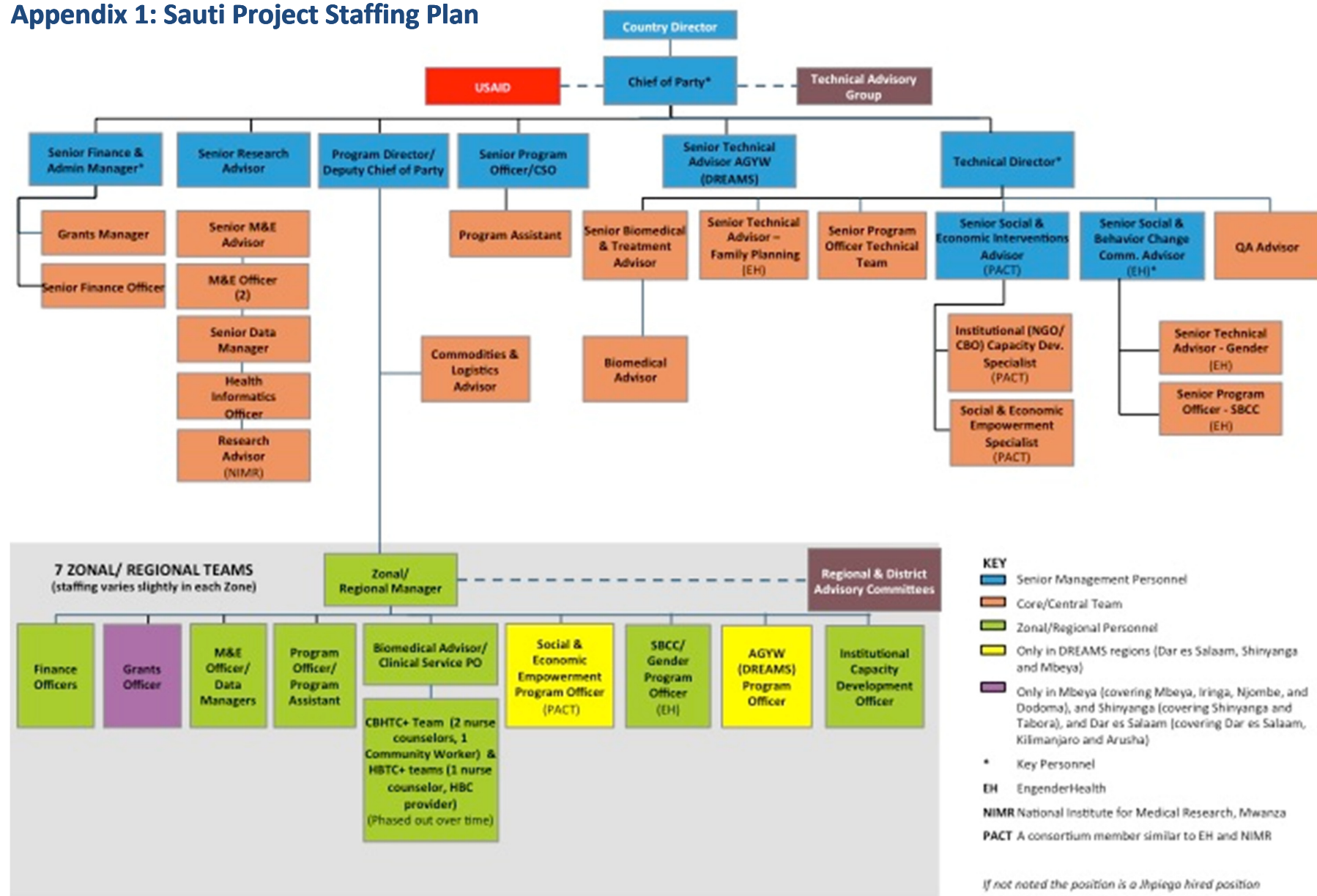
ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2017 TARGETS	TARGET SETTING COMMENT
21. Number of vAGYW reached with social asset building intervention	DREAMS indicator	<b>Numerator:</b> Number of vAGYW aged 15-19 who were identified using index tool and participate in WORTH+ groups, have received financial education / Started Savings <b>and</b> completed SBCC group education (all curriculum) <b>and</b> accessed any Biomed services either at CBHTC+ or DIC	WORTH+ register	Ongoing, reported monthly and quarterly	11,768	60% of the two years DREAMS target.
22. Number of individuals completing an intervention pertaining to gender norms within the context of HIV/AIDS, that meets minimum criteria- GEND_NORM	DREAMS indicator	Number of people completing an intervention pertaining to gender norms, that meets minimum criteria  3 Minimum criteria includes: - Understanding and questioning existing gender norms -discussion on link between gender norms and HIV prevention, care and support -Minimum of 10 hours intervention Disaggregated by age/Sex	WORTH+ register  PE register for vAGYW  SASA activity register	Ongoing, reported monthly and quarterly	17,281	In DREAMS districts only (Kyela, Temeke DC, Kahama TC, Msalala DC, Ushetu DC, Shinyanga MC)
<b>SO3. Reduced vulnerability of two priority populations through novel structural interventions (through executing the research and learning agenda)</b>						
23. Proportion of females who report increased self-efficacy at the conclusion of USG-supported training/program	USAID gender indicator	<b>Numerator:</b> The number of women (FSW and vAGYW) whose scores have improved between pre and post-test, after participating in Sauti Project SBCC group educations.  <b>Denominator:</b> Total number of women who participated in the relevant Sauti Project SBCC, WORTH+ interventions	Pre and Post-test surveys	Before and after an intervention, semi-annual analysis	75%	May need to refine numerator and denominator after more consultation on the subject
<b>Objective 4: Increasingly sustainable comprehensive HIV prevention services</b>						

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2017 TARGETS	TARGET SETTING COMMENT
<b>4.1 Strengthened engagement and ownership of host government and communities to support comprehensive HIV prevention</b>						
<b>4.2 Improved comprehensive HIV prevention for KVP through the application of monitoring, evaluation and learning</b>						
24. Existence of a Five years sustainability/ transfer plan	Program Indicator	Existence of the five years sustainability plan, which is reviewed annually.	Annual report	Annually	1 plan	
25. Number of articles published in peer-reviewed journals by Sauti Project	Program indicator	Number of articles published in peer-reviewed journals by Sauti Project	Articles	Ongoing, reported in the annual report.	3	
26. Number of community leaders and resource personnel promoting gender equity and women and youth empowerment within their spheres of influence due to USG assistance	Program indicator	Number of community leaders and resource personnel who are able to promote gender equity and women and youth empowerment, as a result of initial training and technical support from USG assistance	Activity reports	Annually	TBD	

## **IX. Appendices**

- Appendix 1: Sauti Project Organogram
- Appendix 2: Sauti Project Budget Breakdowns
- Appendix 3: Budget (LOP)
- Appendix 4: FY 17 Budget Summary by Line Item per quarter
- Appendix 5: Budget Notes
- Appendix 6: Targets by Region

## Appendix 1: Sauti Project Staffing Plan



## Appendix 2: Sauti Project Budget Breakdowns (in USD)

### a. Sauti Project Cumulative Funding Overview and Background (FY 15 – FY 17)

	Received							Expected					
	FY15	FY16						FY17					
	USAID TZ	USAID TZ	Washington	OGAC - Dreams	OGAC - EJAF	Total	Total received	USAID TZ	Washington	OGAC - Dreams	OGAC - EJAF	Total	Total
Program area													
<b>HIV</b>													
KP_PREV		2,320,090	-	-	-	2,320,090	10,560,090	3,023,737	-	-	-	3,023,737	13,583,827
PP_PREV		1,494,967	-	-	-	1,494,967	1,494,967	1,948,367	-	-	-	1,948,367	3,443,334
HTC_TST		6,443,610	-	217,243	-	6,660,853	6,660,853	5,484,116	-	-	-	5,484,116	12,144,969
OVC_SERV	8,240,000	500,000	-	-	-	500,000	500,000	-	-	-	-	-	500,000
HTXS		1,000,000	-	-	-	1,000,000	1,000,000	-	-	-	-	-	1,000,000
TB		300,000	-	-	-	300,000	300,000	-	-	-	-	-	300,000
HIVOP				5,225,522	1,200,000	-	6,425,522	-		2,626,923	-	2,626,923	9,052,445
Care and treatment							-	1,300,000				1,300,000	1,300,000
<b>Family Planning</b>													
FP	588,983	650,000	-	-	-	650,000	1,238,983	1,500,000	-	-	-	1,500,000	2,738,983
FP/HIV Intergration	2,900,000		-	-	-	-	2,900,000	-	-	-	-	-	2,900,000
Operational research													
<b>Total</b>	<b>11,728,983</b>	<b>12,708,667</b>	<b>-</b>	<b>5,442,764</b>	<b>1,200,000</b>	<b>-</b>	<b>19,351,431</b>	<b>13,256,220</b>	<b>-</b>	<b>2,626,923</b>	<b>-</b>	<b>15,883,143</b>	<b>46,963,557</b>

**b. USG funding by Program Area for FY17**

	<b>FY17</b>					
	USAID TZ	USAID Washington	OGAC - Dreams	OGAC - EJAF	FY 15 Pipeline	Total
Program area						
<b>HIV</b>						
KP_PREV	3,023,737	-	-	-	-	3,023,737
PP_PREV	1,948,367	-	-	-	-	1,948,367
HTC_TST	5,484,116	-	217,242.50	-	-	5,701,359
OVC_SERV		-	-	-	-	-
HTXS	1,300,000	-	-	-	-	1,300,000
TB		-	-	-	-	-
HIVOP	-		3,817,601	400,000	-	4,217,601
Community ART						-
			-	-	-	-
<b>Family Planning</b>			-	-	-	-
FP	1,500,000	-	-	-	-	1,500,000
FP/HIV Intergration	-	1,450,000	-	-	-	1,450,000
						-
Operational research					-	-
	-	-	-	-	-	-
Cost share						
<b>Total</b>	<b>13,256,220</b>	<b>1,450,000</b>	<b>4,034,844</b>	<b>400,000</b>	<b>-</b>	<b>19,141,064</b>

### C. Sauti Project Cost Share for FY 17

	Cost share						
	District councils	TIGO (MIC)	Gov staff LOE	EJAF	Toms	ILO	Total
Program area							
<b>HIV</b>							
KP_PREV	-	-	-	-	-	-	-
PP_PREV	-	-	-	-	-	-	-
HTC_TST	-	-	-	-	-	-	-
OVC_SERV	-	-	-	-	-	-	-
HTXS	-	-	-	-	-	-	-
TB	-	-	-	-	-	-	-
HIVOP	-	-	-	-	-	-	-
Community ART	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
<b>Family Planning</b>	-	-	-	-	-	-	-
FP	-	-	-	-	-	-	-
FP/HIV Intergration	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
Operational research	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
Cost share	25,531.91	216,454	302,599	400,000	1,024,560	67,303	2,036,448
<b>Total</b>	<b>25,532</b>	<b>216,454</b>	<b>302,599</b>	<b>400,000</b>	<b>1,024,560</b>	<b>67,303</b>	<b>2,036,448</b>



### **Appendix 3: Budget (LOP)**

**To be shared separately (forthcoming)**

#### Appendix 4: FY 17 Budget Summary by Line Item per Quarter

Line Item	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Personnel	\$1,060,561	\$1,050,271	\$1,044,692	\$1,127,991	\$4,283,515
Fringe Benefits	\$312,879	\$308,812	\$307,461	\$333,312	\$1,262,465
Travel	\$668,805	\$472,602	\$391,337	\$370,784	\$1,903,528
Equipment	\$150,000	\$0	\$0	\$0	\$150,000
Materials and Supplies	\$452,711	\$221,822	\$221,822	\$221,822	\$1,118,175
Contractual	\$1,719,027	\$1,683,984	\$1,672,470	\$1,665,470	\$6,740,952
Other Direct Costs	\$1,113,264	\$964,524	\$858,031	\$893,814	\$3,829,633
Indirect Costs	\$801,792	\$670,487	\$627,185	\$651,835	\$2,751,298
<b>TOTAL COSTS</b>	<b>\$6,279,039</b>	<b>\$5,372,502</b>	<b>\$5,122,998</b>	<b>\$5,265,028</b>	<b>\$22,039,566</b>

#### Appendix 5: Budget Notes

Please see separate document attached. (Revised November 4)

#### Appendix 6: Targets

Please see separate document attached.