Sauti Project

FY2018 Work Plan

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1. ACRONYMS

AFHS	Adolescent-friendly health services
AGYW	Adolescent Girls and Young Women
AOR	Agreement Officer Representative
ART	Antiretroviral Therapy
C&T	Care and Treatment
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
CHSS	Community Health Systems Strengthening
CPR	Contraceptive Prevalence Rate
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
DED	District Executive Director
DHS	Demographic and Health Survey
DIC	Drop-In Center
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
EWAT	Economic Wellbeing Assessment Tool
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
HBC	Home-Based Care
HBTC	Home-based testing and counseling
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
HPES	Health Promotion and Education Section
HTC	HIV testing and counseling
ICD	Institutional Capacity Development
IEC	Information Education and Communication
IP	Implementing Partner
IQC	Internal Quality Control
IRB	Institutional Review Board
ITOCA	Integrated Technical and Organization Capacity Assessment

IUD	Intra-Uterine Device
IVR	Interactive Voice Recording
KP	Key Population
KVP	Key and Vulnerable Population
KVPFHS	Key and Vulnerable Population Friendly Health Services
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
MoIYCS	Ministry of Information, Youth, Culture, and Sports
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
NACOPHA	National Council of People Living with HIV
NACP	National AIDS Control Programme
NACS	Nutritional Assessment, Counseling and Support
NGO	Non-Governmental Organization
NIMR	National Institute for Medical Research
OHSP	Other Hot-Spot Populations
OJT	On-the Job Training
ONA	Organizational Network Analysis
OPI	Organizational Performance Index
OVC	Orphans and Vulnerable Children
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
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
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
RAC	Research Advisory Committee
RACC	Regional AIDS Control Coordinator
RAS	Regional Administrative Secretary
RC	Regional Commissioner
RCHS	Reproductive and Child Health Services
RHASP	Regional HIV/AIDS Strategic Plans
RHMT	Regional Health Management Team
RLT	Regional Laboratory Technologist/Technician

RMO	Regional Medical Officer
RNO	Regional Nurse Officer
RS-LGA	Regional Secretariat Local Government Authorities
SASA!	Start Awareness Support Action
SAPTA	Support for Addiction and Prevention in Africa
SBCC	Social and Behavior Change and Communication
SEEO	Socio-Economic Empowerment Officer
SIMS	Site Improvement Monitoring System
SMS	Short Message Service
SNU	Subnational Unit
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
TB	Tuberculosis
TWG	Technical Working Group
URT	United Republic of Tanzania
USAID	United States Agency for International Development
USG	United States Government
vAGYW	Vulnerable Adolescent Girls and Young Women
VMMC	Voluntary Medical Male Circumcision
WEO	Ward Executive Officer
ZAC	Zanzibar AIDS Commission

2. EXECUTIVE SUMMARY

The US Agency for International Development (USAID) Sauti Project has worked 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 13 regions of mainland Tanzania. Led by Jhpiego, an affiliate of Johns Hopkins University and partners EngenderHealth, Pact and the National Institute for Medical Research (NIMR) Mwanza, since 2015 the Sauti Project has supported the Government of the United Republic of Tanzania (URT) to introduce and enhance strategies for HIV care and FP promotion. The goal at the end of the five-year program is for all KVP in program communities to be able to actively participate in a core package of vulnerability-tailored, high-quality, client/family- and community-centered combination (biomedical, behavioral and structural) prevention services. These will include strong and traceable linkages to care, treatment and other referral services, developed with the active support and participation of KVPs, their partners, families, and health providers, the wider community, Government of Tanzania (GOT) agencies, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the private sector.

In immediate past fiscal year three (FY 2017), Sauti project partnered with the National AIDS Control Program (NACP), Reproductive Child Health Services (RCHS), the Tanzania AIDS Commission for AIDS (TACAIDS), President's Office - Regional Administration and Local Governments (PO-RALG), and Regional Secretariat – Local Governments for Iringa, Njombe, Mbeya, Songwe (originally part of Mbeya), Dar es Salaam, Shinyanga, Tabora, Singida, Dodoma, Morogoro, Mtwara, Singida, Kilimanjaro, and Arusha regions. The project and partners have worked to provide community-based HIV testing and counseling plus (CBHTC+) and home-based HIV testing and counseling plus (HTBTC+) services, social and behavior change communication (SBCC) interventions, gender, and economic strengthening (referred to as WORTH+) services to KVPs and their children.

As of 6th September 2017 (fiscal year has not ended yet), the project achieved 90% (485,236) of HTC, and 87% (32,552) of HIV positive, targets. The project confirmed referrals to care and treatment clinics for 22,955 (77%). FP targets were surpassed, with 26,981 FSW (102%) and 13,275 AGYW (115%) provided modern FP methods. Furthermore, 37,450/40,108 FSW (93%) and 75,850/72,122 AGYW (105%) were reached through SBCC interventions. In six DREAMS councils, Sauti project continued to provide socio-economic services for 20,179 adolescent girls and young women, providing cash transfer for 11,216 AGYW, totaling Tanzania Shillings 70,000 (USD 32). Sauti project also introduced - under Institutional Review Board (IRB) and in partnership with Population Council - community Antiretroviral Treatment (ART) to 200 female sex workers (FSWs) in Njombe region.

The project faced a few challenges in the previous fiscal year, particularly from the suspension of services for men who have sex with men (MSM) from October 2016 to June 2017. With the release of the new KVP guidelines by the GOT in April 2017, services for MSM have now been reintroduced, albeit within a more controlled environment which calls for innovative approaches to project activity implementation.

This FY18 work plan was developed through a participatory and consultative process engaging all project supported regions, the MOHCDGEC, (PO-RALG), USAID, technical staff and consortium partners. The development process included a review of FY 17 implementation status, identification of priorities, and the subsequent development of the annual work plan. The following were the key steps undertaken to develop this document:

Step 1: Intensive desk review of relevant documents, workshop with regional and field staff, technical consultations with HIV leads from the Jhpiego home office, field visit to the Scale to Jilinde project in Kenya (Oral Prep scale up project) and Clinton Health Access Initiative (CHAI)-Kenya Pharmaceutical Association (KPA) joint HIV self-testing program.

Step 2: Multi-level stakeholder consultation, with engagement of the thirteen project supported regions, the MOHCDGEC, PO-RALG, NACP, TACAIDS, plus consultations with the USAID Tanzania mission and USAID technical teams from Washington DC.

Step 3: Revisions to project strategy, technical approaches, and activities to ensure they are responsive to the emerging global trends in HIV prevention, care and treatment, compliant to the new GOT KVP guidelines, meet the needs of project beneficiaries, and are culturally and politically correct.

This document outlines planned activities, strategies and targets, as well as proposed collaborations, for FY18, building on significant achievements in FY17. In FY18, Sauti project will operate 14 regions, adding Manyara to the existing 13 project regions, in accordance with the President's Emergency Plan for AIDS Relief (PEPFAR) council level prioritization. We will focus on a broader set of client-centered differentiated services utilizing not only mobile CBHTC+ services, but also home-based HTC, intensified partner notification (partner notification plus) and the use of index clients, 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. The service delivery model will be redesigned with the aim of increasing impact and achieving the highest yield possible. We will continue to use the innovative daily targets and reporting and use of WhatsApp platforms/groups.

The project will build on the lessons learnt in implementing FSW Community ART study in Njombe to expand the provision of community ART in the remaining regions. Additionally, Sauti will integrate PrEP and HIVST demonstration pilots under IRB in selected regions into its service delivery platforms. Sauti will continue to roll out SBCC, gender, and economic strengthening activities tailored to KVP –specific needs. In FY18, 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.

3. PROJECT NARRATIVE

3.1 Background

The Sauti Project, awarded by USAID to Jhpiego an affiliate of Johns Hopkins University and partners EngenderHealth, Pact and the National Institute for Medical Research (NIMR) Mwanza, seeks to contribute to **the improved health status of all Tanzanians through a sustained reduction in new HIV infections** in support of the Government of Tanzania's (GOT) commitment to HIV prevention. The Sauti project aims to introduce new innovations and enhance existing strategies for combination HIV prevention, positive health, dignity and prevention (PHDP), and family planning (FP) services for **key and vulnerable populations** (KVP). At the end of five years, Sauti Project's goal is to **have all KVP in project communities able to actively access a core package of vulnerability-tailored, high quality, client- and community-centered prevention services**, combining biomedical, behavioral and structural interventions. These include strong and traceable linkages to care, treatment and other referral services, that are being developed with the active support and participation of KVP, their partners, families, and health providers, as well as the wider community, GOT agencies, and the private sector. In FY18, Sauti will integrate into its service delivery platforms Community antiretroviral therapy (ART), Pre-Exposure Prophylaxis (PrEP), and HIV self-testing (HIVST) demonstration pilots in select regions.

Sauti Project will directly contribute to the actualization of the *National Guideline for a Comprehensive Package of HIV Interventions for Key and Vulnerable Populations (2017)* as well as the GOT's policies and guidelines for FP and other relevant health areas.

HIV prevalence in the United Republic of Tanzania (URT) has decreased from 7% 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 Voluntary Medical Male Circumcision (VMMC) program, and an increasing modern contraceptive prevalence rate (CPR) from 17% in 1999 to 32% in 2015 (Demographic and Health Survey [DHS]), are just a few of the successes contributing to this decrease. However, in hotspots across the country, HIV incidence and prevalence remain unacceptably high, with the achievements made in the general population not translating to progress for all, particularly key and vulnerable groups. Tanzania is facing a heterogeneous HIV epidemic in which key populations (FSW and MSM) and vulnerable groups (vAGYW and PFSWs) are disproportionally affected and underserved by HIV and FP programs. When seeking health services, KVPs frequently report high levels of stigma and discrimination by health providers. Prevention among these populations is an important step to sustain and scale the gains Tanzania has achieved thus far.

Definitions: Sauti Key and Vulnerable Populations (KVP)

Key Populations (KP): female sex workers (FSW) and men who have sex with men (MSM).

Vulnerable Populations: vulnerable adolescent girls and young women (vAGYW) aged 15-24 years, and partners of female sex workers (PFSW).

Other vulnerable populations at increased risk of HIV acquisition and transmission (e.g. mobile men, men and women in transient work places, and high risk children aged 18 months – 14 years).

3.2 Objectives

The Sauti Project aims to achieve five interrelated objectives:

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.

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.

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 vAGYW through novel structural interventions
- Increasingly sustainable comprehensive HIV prevention services for KVPs

3.3 Guiding Principles

Underlying the project objectives are the following guiding principles, which the Sauti Project is incorporating into its programming approaches:

- Meaningful engagement of local government authorities (LGAs), local civil society organizations (CSOs) and most importantly, the KVP community and people living with HIV (PLHIV) in the design and implementation of the project
- Providing high quality, client centered, and differentiated services that meet the needs of KVPs
- Utilization of data and creation of new evidence and learning to inform effective programming
- Fostering government ownership, accountability, and sustainability
- Strengthened treatment cascades
- Remaining nimble and responsive to the service delivery environment
- Performance –based management and monitoring of the project at all levels
- Use of affordable technology to increase efficiencies

Sauti programming in FY18 will **focus on achieving saturation of all the councils** (assigned to the project) for all KVPs sex/age bands by end of COP17/ FY18, through a number of strategies:

- Strengthening positivity, linkage and retention rates for all sex/age bands
- Intensifying focus and strategies for reaching men:
    a. Expanding & accelerating HIV testing services (HTS) and other evidence-based prevention among men <30 years' old
    b. Reaching men in high-risk sexual networks via KP platforms
    c. Identifying and linking male partners and sexual contacts of AGYW to HTS
- Reaching children of KPs for identification of the HIV positives and linkage to family centered services (pediatric antiretroviral therapy [ART], orphans and vulnerable children [OVC], prevention of mother to child HIV transmission [PMTCT])
- Advocating for, and implementing, evidence-supported treatment-service delivery models for stable HIV patients (community ART, multi month prescriptions & bi-annual clinic visits)

- Strengthening collaboration with facility-based partners to ensure and document effective linkages from community services to HIV care and treatment
- Collaborating with communication partners to improve treatment literacy and adherence to ART

3.4 Geographic Scope

During FY18, Sauti Project will operate in 14 regions, including Arusha, Dar es Salaam, Dodoma, Iringa, Kilimanjaro, Manyara, Mbeya, Songwe, Morogoro, Mtwara and Njombe, Shinyanga, Singida, Songwe, and Tabora in accordance with the President's Emergency Plan for AIDS Relief (PEPFAR) council level prioritization (see figure 1). A summary of project interventions and their geographic reach is presented in **Table 1** below. This includes Manyara region and 10 new councils which will be introduced in FY 18, marked with an asterisk, for a total of 51 councils (987 wards). Compared to FY17, in this program year, Sauti Project has expanded to 349 additional wards.

Figure 1: Map of Tanzania showing Sauti Geographical Coverage

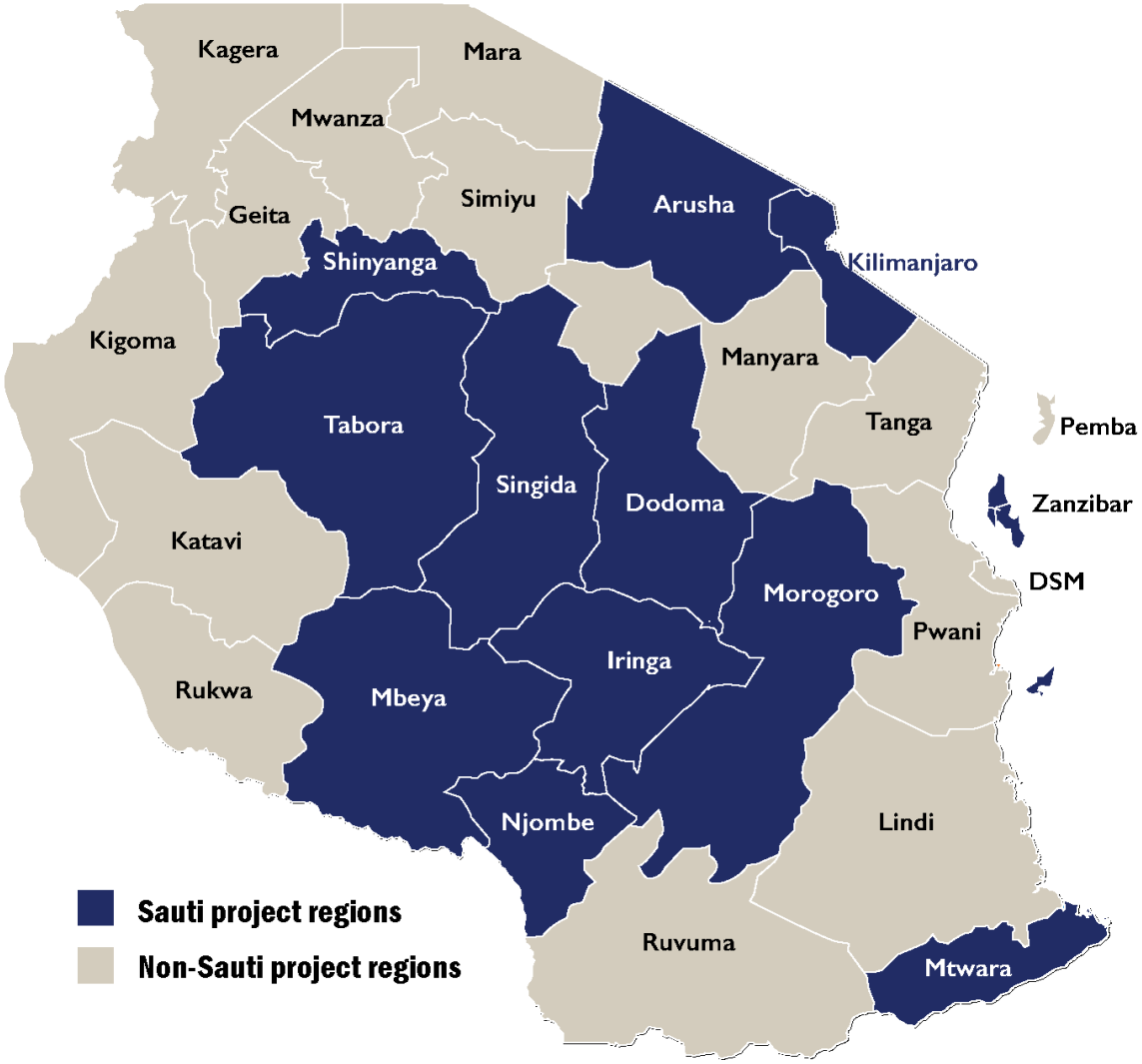


Table 1: Sauti Project's Geographic Coverage according to Combination Intervention Components (* New in 2018)

Region	SNU/ Council	Prioritization	CBHTC +/ HBTC+/ Comm. ART	PrEP	HIVST	SBCC	Gender (using SASA!)	WORTH +	Cash Transfer	EJAF
Arusha	Arusha CC	Scale up saturation	X		X	X				X
	Arusha DC	Scale up saturation	X			X				X
	Meru DC	Scale up saturation	X			X				X
Dodoma	Dodoma MC	Scale up saturation	X		X	X				X
DSM	Kinondoni MC	Scale up saturation	X	X	X	X				
	Temeke MC	Scale up saturation	X	X	X	X	X	X	X	X
	Kigamboni MC	Scale up saturation	X			X				X
Iringa	Iringa DC	Scale up saturation	X			X				X
	Iringa MC	Scale up saturation		X	X	X				
	Kilolo DC	Scale up saturation	X			X				
	Mafinga TC*	**Sustained**				X				
	Mufindi DC	Scale up saturation	X			X				
Kilimanjaro	Moshi DC	Scale up saturation	X			X				X
	Moshi MC	**Attained**	X			X				X
	Hai DC*	**Sustained**				X				
	Mwanga DC*	**Sustained**				X				
	Rombo DC*	**Sustained**				X				
	Same DC*	**Sustained**				X				

Region	SNU/ Council	Prioritization	CBHTC +/ HBTC+/ Comm. ART	PrEP	HIVST	SBCC	Gender (using SASA!)	WORTH +	Cash Transfer	EJAF
Manyara *	Babati DC*	**Sustained**				X				
	Karatu DC*	**Sustained**				X				
Mbeya	Kyela DC	Scale up saturation	X			X	X	X	X	X
	Mbarali DC	Scale up saturation	X			X				
	Rungwe DC	Scale up saturation	X			X				
	Tunduma TC	Scale up saturation	X							
Morogoro	Kilombero DC	Scale up saturation	X			X				X
	Kilosa DC	Scale up saturation	X			X				X
	Morogoro DC*	**Sustained**				X				X
	Morogoro MC	Scale up saturation	X		X	X				
	Mvomero DC	Scale up saturation	X							
Mtwara	Masasi DC	Scale up saturation	X							
	Newala DC	Scale up saturation	X							
Njombe	Ludewa DC	Scale up saturation	X			X				X
	Makambako TC	Scale up saturation	X			X				X
	Makete DC	Scale up saturation	X			X				X

Region	SNU/ Council	Prioritization	CBHTC +/ HBTC+/ Comm. ART	PrEP	HIVST	SBCC	Gender (using SASA!)	WORTH +	Cash Transfer	EJAF
	Njombe DC	Scale up saturation	X	X		X				X
	Njombe TC	Scale up saturation	X		X	X				X
	Wanging'ombe DC	Scale up saturation	X			X				X
Shinyanga	Kahama TC	Scale up saturation	X			X	X	X	X	X
	Msalala DC	Scale up saturation	X			X	X	X	X	X
	Shinyanga MC	Scale up saturation	X			X	X	X	X	X
	Ushetu DC	Scale up saturation	X			X	X	X	X	X
Singida	Iramba DC	Scale up saturation	X			X				
	Manyoni DC	Scale up saturation	X							
Tabora	Igunga DC	Scale up saturation	X			X				X
	Kaliua DC	Scale up saturation	X			X				X
	Nzega DC	Scale up saturation	X							
	Nzega TC*	**Sustained**				X				
	Sikonge DC*	**Sustained**				X				
	Tabora MC	Scale up saturation	X		X	X				
	Uyui DC	Scale up saturation	X			X				

3.5 Partnerships and Collaborations

Investing in synergistic and strategic partnerships is critical to amplify and sustain efforts in achieving epidemic control. From project inception, and under the leadership of USAID and Sauti consortium partners, several of these partnerships have been forged to leverage additional funding and expertise, and to institutionalize long-term project investments. These wide-ranging collaborations, directly linked to the project's objectives, are described in detail in subsequent sections and summarized in **Table 2**.

Table 2: Strategic Partnerships/Special Initiatives

Partner	Description	Status & Next Steps
Population Council (Project SOAR)	Sauti Project and NIMR/Mwanza is collaborating with Population Council in implementing a community ART study for FSWs at CBHTC+ sites in Njombe. *Sauti is receiving funding to support operations.*	This study is underway. Within 32 days of commencement, 220 FSW clients were initiated on ART. Sauti aims to utilize study results to advocate with the MOHCDGEC/ NACP to include this model in current service delivery approaches. USAID leadership will be required in advocating for incorporation of community ART into national policies and guidelines
Population Council (FSW FP Study)	In tandem with the above ongoing study, Population Council has been awarded another grant and is in the final stages of starting another study aimed at examining safer conception options for HIV positive FSWs. *Sauti will receive funding to support operations.*	This study will contribute to refinement of Sauti core package of HIV-FP integrated services for KVPs focusing on FSWs.
Bill & Melinda Gates Foundation (BMGF), through University of North Carolina (UNC)/Final Mile	With support from BMGF, UNC and Final Mile 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) among vAGWY. This qualitative work will build on Sauti Project's "CARE" study, *with no exchange of funds.*	This study is expected to commence in FY17 Q4/FY18 Q2. Findings will be used to inform Sauti's cash transfer program, implemented using DREAMS funding (no new funding; this is a continuation of COP16 plan). Funding invested by BMGF will contribute to Sauti's cost-share
Bill & Melinda Gates Foundation (BMGF) through M4ID	Under this collaboration, M4ID – a Finnish organization - will collaborate with Sauti project to implement Human Centered Design aimed at developing strategies to increase vulnerable adolescent and young adult populations' engagement with HIV testing and care. *Sauti will receive funds for implementation.*	This collaboration is in planning phase; it is expected that the results of this operational research will help Sauti and other KVP stakeholders to refine strategies for reaching at risk AGYWs, and successfully linking HIV positive AGYWs to care and treatment. Funding invested by BMGF will contribute to Sauti's cost-share
Bill & Melinda Gates Foundation (BMGF) through support to College of William & Mary	Sauti's cash transfer platform is being used as part of a Behavioral Economics study. The study will seek to understand whether incentivizing mobile money as a financial saving instrument among vAGYW receiving cash transfers under Sauti	This study has begun; similar to the UNC/Final Mile study, these findings will inform the Sauti/DREAMS supported cash transfer program. Funding invested by BMGF will contribute to Sauti's cost-share

Partner	Description	Status & Next Steps
	improves savings amongst beneficiaries. *This collaboration involves no exchange of funds.*	
TIGO (MIC)	Sauti has established a partnership with TIGO, whereby TIGO is providing in-kind donation of 12,000 feature phones for vAGYWs participating in cash transfer initiatives. Additionally, TIGO will field test a new mobile wallet application 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 interactive voice recordings (IVR) in the near future.	Enrolled vAGYWs have already received their phones. Currently, Sauti is waiting for the next consignment of 3,500 phones for use by WORTH+ loaning and saving groups. This initiative complements Sauti/DREAMS cash transfer program and creates an excellent cost-share opportunity for the Sauti project
Elton John AIDS Foundation (EJAF)	The EJAF public private partnership with PEPFAR enhances access to sexually transmitted infections (STIs) treatment including periodic presumptive treatment (PPT), and strengthens KP-focused CSO capacity.	EJAF program will continue until December 2018 with reprogramming of some activities to align with the new KVP guidelines.
TOMS Shoes	A public private partnership with TOMs Shoes - who will donate up to 90,000 pairs of shoes, worth more than US $2.2 million – emphasizes distribution to vAGYW as critical piece of our incentivized peer education program.	Sauti continues to receive and distribute TOMS shoes. The shoe incetive is contributing to uptake in SBCC services and retention. This partnership provides a good cost-share opportunity for the project.
International Labor Organization (ILO)	Sauti Project and the ILO joined forces in Kyela district council for the delivery of economic strengthening activities. vAGYW in WORTH+ groups were trained in the ILO's "Start Your Business" series. Revolving loan funds totaling $32,697 were disbursed in FY16.	Sauti is advocating with ILO to extend this support to other non-DREAMS councils. This partnership provides a good cost-share opportunity for the project.
National Council of People Living with HIV (NACOPHA)	This partnership is for "empowerment groups" for HIV-infected beneficiaries, to reduce internalized and anticipated stigma and increase ART retention.	Sauti continues to refer PLHIVs to NACOPHA led support groups
EQUIP	Sauti partnered with the USAID funded EQUIP project to developed standard operating procedures (SOPs) for the delivery of community based ART.	The SOAR study in Njombe are currently using the developed SOPs. The SOPs will be adapted for the COP- supported community ART demonstration project, to be implemented under Sauti project FY 18.
UCONNECT	UCONNECT donated 100 refurbished Dell OptiPlex 740 Desktop systems, fully loaded with educational software, for distribution to the 24 Sauti Project KVP Drop-in Centers (DICs) in FY17. Our CSO partners will secure and maintain the computers.	Since DICs were closed, these computers are being repurposed for use in safe spaces and other CSO spaces
Hewlett Packard Enterprise	Sauti Project's partner Pact has signed an award with Hewlett Packard Enterprise. HP Enterprise will digitize community	Design of activities under this partnership is still on going.

Partner	Description	Status & Next Steps
	savings groups to build household and community resilience through E-Ledgers, and will partner with Sauti Project WORTH+ groups	

Sauti project will continue to actively seek collaborations and partnerships for greater impact in FY18.

4. FY 2017 ACHIEVEMENTS

In FY17 Sauti partnered with the NACP, RCHS, TACAIDS, PO-RALG, and Regional Secretariat - Local Governments for the 13 project regions to provide community-based HIV testing and counseling plus (CBHTC+) and home-based HIV testing and counseling plus (HBTC+) services, SBCC interventions, and economic strengthening (referred to as WORTH+) services to KVPs and their children.

During FY17 Sauti project learned to navigate through the complex environment and the huge changes in its scope and coverage. The following **Table 3** represents a summary of the key environment-challenges during the fiscal year and how the project managed to address them.

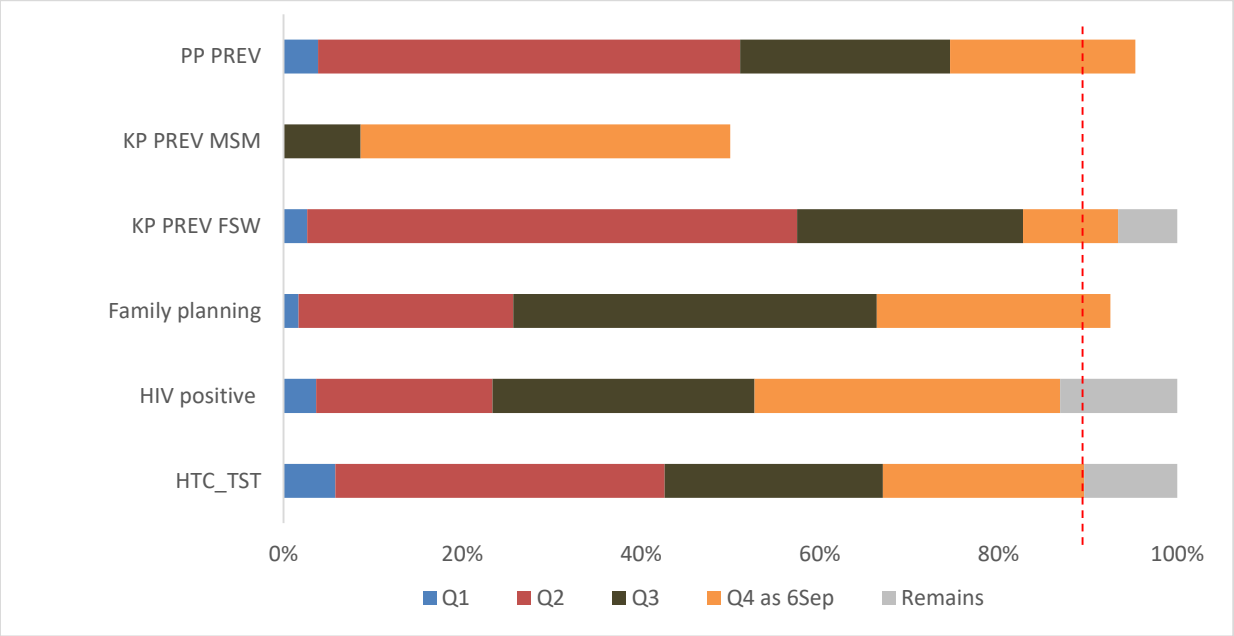
Table 3. FY17 Key environment-challenges and Sauti project responses

Challenge	Date	Project response	Status
Suspension of MSM services in all regions	October 2016	• Immediate closing of MSM services at all service delivery points and for all interventions, through rapid communication with the zonal teams, CSO and LGA • Issued official letter to the Sauti team and the CSO to suspend MSM-targeted services • Removed the MSM category from the health services screening tool • Maintained close communication with NACP and TACAIDS for further guidance • Engaged MSM-community into a dialogue to agree on the way forward and minimize beneficiaries and peer educators' risk • Established a rapid response line to continue monitoring the environment	Services reinitiated in 4 regions in June 2017 (roll out to other regions still ongoing) Engaging MSM peers to discuss best ways of programming for MSM amid the restrictive environment
Suspension of Resource centers in all regions	February 2017	• Immediate closing of resource centers services and relocation to other spaces, through rapid communication with the regional teams, CSO and LGA • Engaged CSO to agree on the way forward and minimize beneficiaries and peer educators' risk • Maintained close communication with NACP and TACAIDS for further guidance • Strengthened a rapid response line to continue monitoring the environment	Resource centers still closed Discussing with some LGAs on establishment of KP friendly services in some government HFs
Suspension of HIV testing services in Ushetu DC (Shinyanga)	July 2017	• Withdrew biomedical providers from the field • Conducted consultative meetings with the RHMT and Ushetu CHMT • Convened a regional and district stakeholders meeting with all the councils (chaired by the Regional Administrative Secretary)	Services reinitiated in August 2017

The following section summarizes Sauti's key achievements in FY17. For the overall HTC_TST, HTC_TST_POS, CTC enrollment (non-PEPFAR indicator), FP, KP_Prev and PP_Prev indicators, the data reported refers to the period of 1st October 2016 to 6th September 2017. Progress data for DREAMS – specific indicators, FP-disaggregated data, as well as quarterly progress (disaggregated by quarter and KVP group), data is presented for a period 1st October 2016 to 17th August 2017, for which a detailed analysis was conducted.

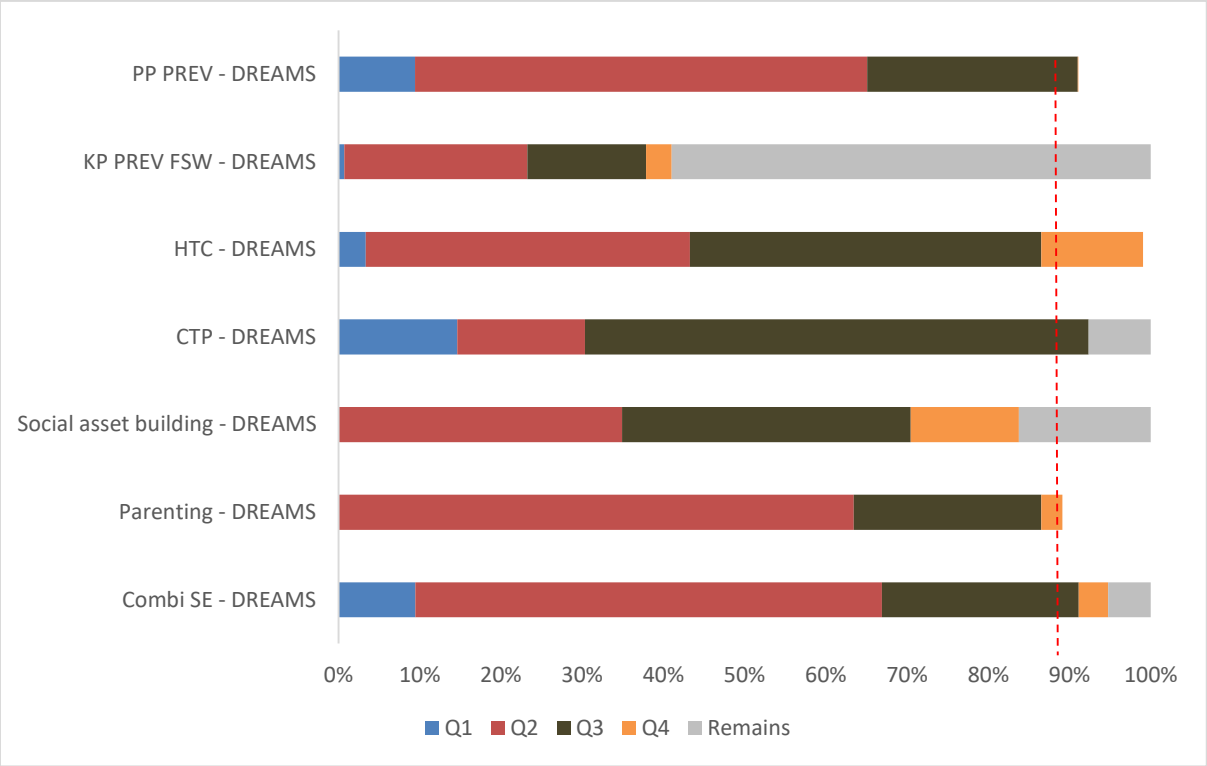
The following figures 2 and 3 represents the progress to annual targets by COP and DREAMS indicators respectively; the red dotted line refers to the 92% expected progress to target by September. In overall, 90% (485,236) and 87% (32,552) of the HTC and HIV positive targets were met, along with 77% (22,955) confirmed enrollment of HIV positive KVPs to care and treatment. Family planning targets for FSW and AGYW beneficiaries were overpassed (40,256/37,960; 106%). Also, targets related to behavior change education to FSW (KP Prev) and AGYW (PP Prev) were met at 93% (37,450) and 105% (75,850), respectively. As for MSM SBCC targets (KP_Prev MSM), the slow uptake (8% progress to annual target is due to the interruptions and suspension of MSM-targeted services following the government guidance issued on 26th October 2016. However, following the release of the revised KVP guidelines in April 2017, Sauti started to reintroduce both SBCC and biomedical services for MSM from 1st June 2017.

Figure 2. Progress to annual target by COP indicators (1at Oct 2016 – 6th Sept 2017)



In six DREAMS councils, which represent a subset of the above figure 2, as of 17th August, HTC (reached 19,018/ target 18,835), PP Prev (reached 22,347/ target 20,162), Gender norm (reached 32,077/ target 17,281), Parenting (reached 9,046/ target 6,177), combination of socio-economic (reached 24,877/ target 21,289) and cash transfer (reached 11,216/ target 12,144) targets were met or overpassed, while social assets building (referring to provision of socio-economic and biomedical services) was reached at 99% (reached 11,690/ target 11,769). KP Prev target for FSW was met at 41% (reached 3,544 / target 8,640) only, due to the fact that the majority of the FSW reached by the project was ages 25 and above, while this indicator refers to ages 18-24 only. September targets will be incorporated into the FY17 Q4/annual report which will be submitted in October 2017.

Figure 3. Progress to annual target by DREAMS indicators (1st Oct 2016 – 17th Aug 2017)



Following the challenges faced in Q1, related to the huge expansion of the geographic coverage, the staff relocation, the staff orientation on the new services such as partner notification as well the complex environment in which the project was operating (e.g. increasing police riots to FSW, closing of MSM services, LGA ban over the project-services in certain regions etc.), the Sauti leadership took the decision to establish a robust monitoring system to ensure that the project improves performance in the following quarters.

Such **Enhanced Monitoring System** included

1. Daily providers' targets allocation and performance monitoring and guidance towards yield and care and treatment clinic (CTC) enrollment

2. WhatsApp groups among field team and with project leadership
- *District-based Biomedical providers group for daily reporting and guidance*
- *SBCC-based group for daily demand creation monitoring and guidance*
- *Case Managers-based group for care and treatment enrollment monitoring and guidance*

3. Monthly district-based guidance on providers' efforts' allocation based on the progress towards targets
4. Weekly CSO dashboard results monitoring and guidance

5. Strengthening district-level operational plans aiming to efficient leveraging of services and resources across partners (e.g., HTC to beneficiaries of OVC partners) and effective layering of services across project-platforms (e.g., HTC to FSW and their children at SBCC groups)

6. Deployment of technical team from central level to underperforming regions to support the management of the operation and provide technical advice on the day to day service provision

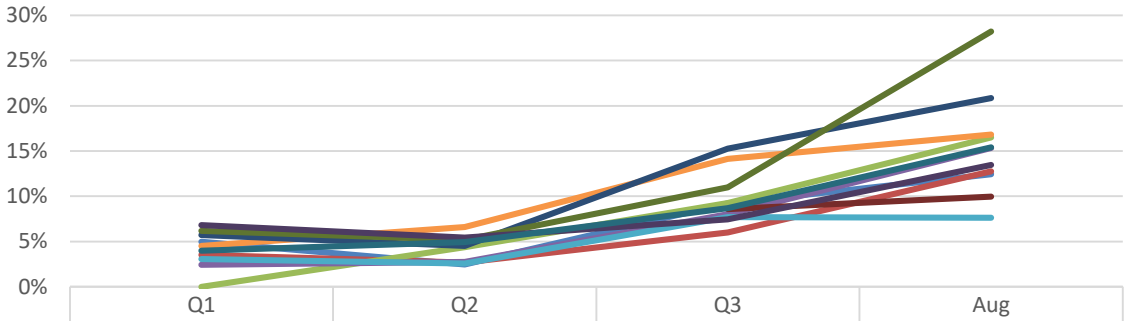
7. Closer involvement of and guidance by the Sauti Leadership throughout the staff cascade, from the central to the zonal team, from the managers to the service providers, including the CSO teams

Anticipating the risk of the above described approach, the project also established a **Risk Mitigation Plan** based on the following activities, which have been additional to the regular data quality assurance procedures:

- Random verification of HIV-infected records by
    - Contacting them through phone calls
    - Sending known HIV-negative mystery clients to the project sites and verifying their HIV status in the records afterwards
- Random verification CTC enrolled HIV-infected individuals by verifying their present within the care and treatment clinics' records

As result of the above, among the 38 subnational units (SNU) with HTC targets, 74% (28/38 SNU) already met or overpassed the HIV positive targets at the end of August 2017. Among the underperformance SNU, we included the new councils from Mtwara and Singida where services started only in Q4 following the delay in getting the official letter from the government. As described in the figure 4 below, from April 2017 and progressively into the month of August 2017, all the regions reported a significant increase in the yield, expressed as percentage of those tested HIV-positive from all who received HTC at project sites.

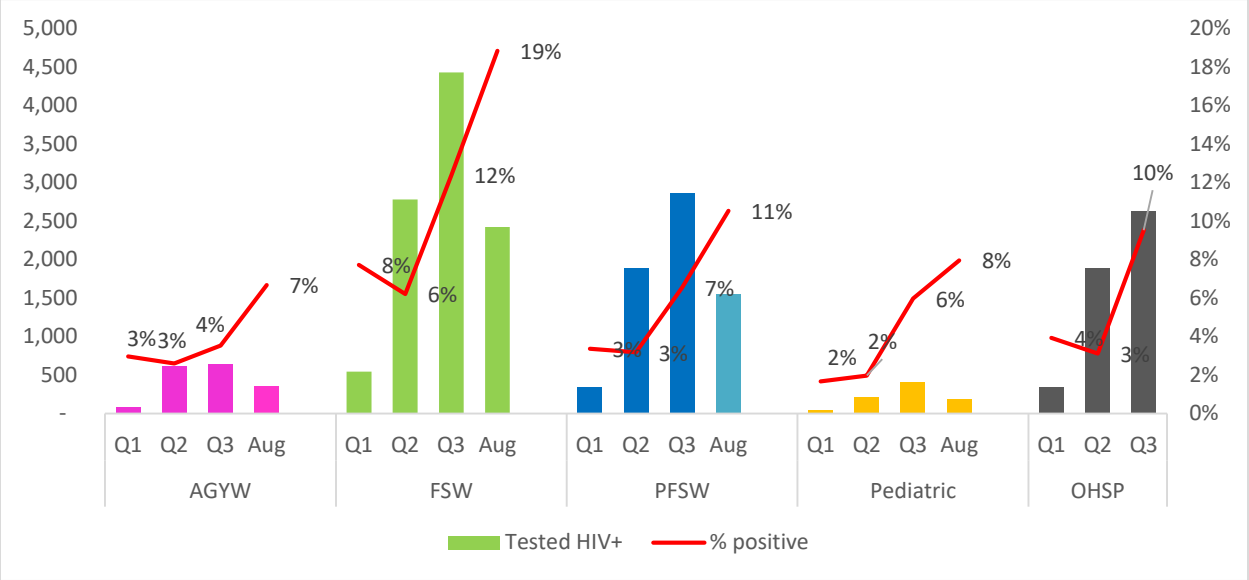
Figure 4. Yield by region, by quarter, FY17 (1st Oct 2016 – 17th Aug 2017)



	Q1	Q2	Q3	Aug
Arusha	5%	2%	9%	12%
Dar	4%	3%	6%	13%
Dodoma	-	4%	9%	17%
Iringa	2%	3%	8%	15%
Kilimanjaro	3%	3%	8%	8%
Mbeya	5%	7%	14%	17%
Morogoro	6%	5%	15%	21%
Mtwara			9%	10%
Njombe	6%	5%	11%	28%
Shinyanga	7%	5%	7%	13%
Tabora	4%	5%	9%	15%
Singida				6%

Such increase in yield was also observed in each population group, as described in the Figure 5 below. A sharp increase has been observed within the FSW population and their partners, and as well as among the Other Hot-Spot Populations (OHSP), and particularly among the pediatric population (compared to a national prevalence of 1.3% as reported by PEPFAR) and among the AGYW population (which average prevalence ranges from 2% to 4% as per 2011 THMIS). Most of these results has been the result of the *Enhanced Monitoring System,* but also of an intensified partner notification effort and more targeted moonlights events specifically for KP and their partners.

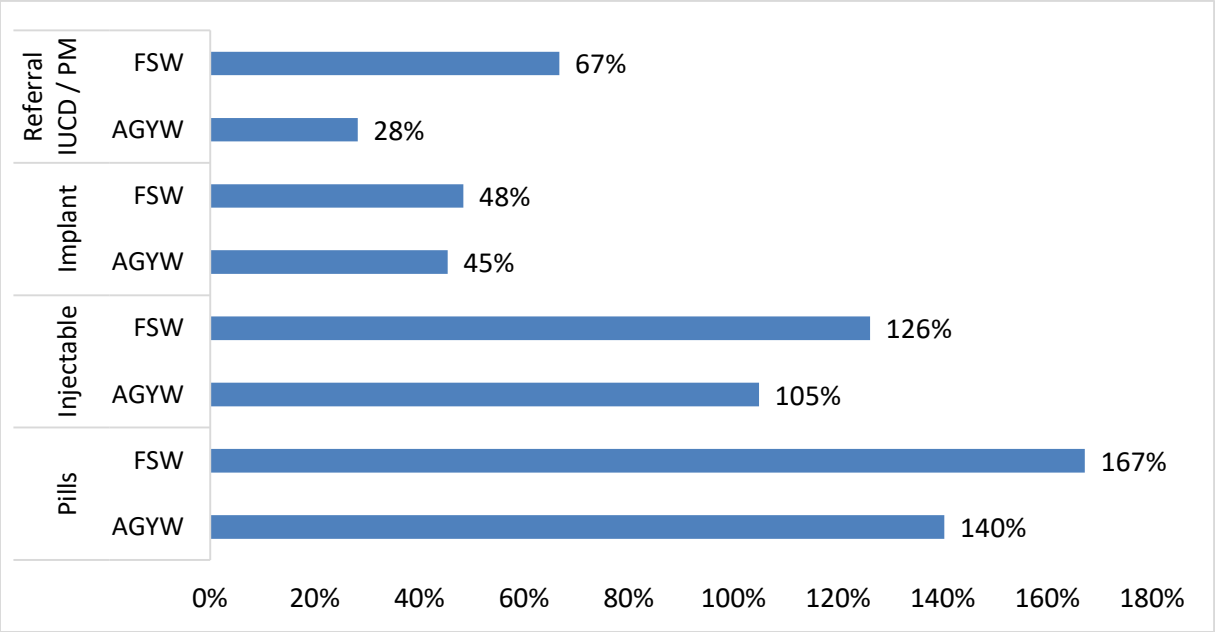
Figure 5. Quarterly progress in number and percentage tested positive, by population category, FY17 (1st Oct 2016 – 17th Aug 2017)



Cumulatively, the CTC enrollment rates reached 75% as of September 2017, which represents a major achievement compared to the global literature that reports it being at around 40-50% among KVP. Importantly, 58% (22/38) of the SNU with an HTC target, met or overpassed the internal target of 80% enrollment rate and among them, the majority (18/22) met or overpassed 90% enrollment rate. Such achievement has also been the result of the *Enhanced Monitoring System*, but also the continuous lobbying and advocating for enrollment at point of diagnosis with the C&T implementing partners (IP) and the regional and council health management teams (R/CHMT) and that in some councils showed to be successful, along with the establishment of a CTC contact person to fast track enrollments through flexi hours/dedicated clinics, the training of new home-based care (HBC) volunteers and the mentoring of existing HBC volunteers, the intensified escorted referral by biomedical providers and CBHS providers, the call-back system to remind the HIV-infected beneficiaries to enroll into C&T and the Case Managers close monitoring and tracking efforts.

Family Planning services continued being integrated with HTS; the project focused primarily on provision of such services to FSW and AGYW and among the 40,256 beneficiaries with methods other than condoms, and most of them had chosen an injectable; implants remain a challenging method to be taken by this population, following several misconceptions within the community. To note, the lack of availability of the entire FP method mix and the chronic shortage of the FP supplies in certain regions, contribute to the underperformance in selected areas and for selected methods. Emergency contraception, for instance, remains a challenge, as the project continued receiving about 30-40% of the requested volume, despite the enormous efforts in timely targets sharing, participate to FP council-level meetings, joint planning and ordering. In FY18, focus group discussions will be conducted to determine the reasons for low uptake of implants, intra-uterine device (IUD) and permanent methods, and strategies to address any gaps shall also be developed and actioned while closely observing voluntarism and freedom of FP choice by beneficiaries. Furthermore, the project will roll out the use of FP users among CBS providers, who will work as testimonials at the project sites.

Figure 6. FP by population and by method progress to target (1st Oct 2016 – 17th Aug 2017)



As the project supports combination prevention services, besides the biomedical interventions, also socio-behavior change and communication services were provided. Besides the demand creation activities, the CSO engaged their CBHS providers in conducting individual and group education to FSW (as MSM services were interrupted since Sep 2017) and AGYW. Most of the beneficiaries continued being from the oldest age group (25+ for FSW and 20-24 for AGYW) and so the project started identifying new strategies to reach the younger group which might benefit more from HIV prevention services, as their yield appears to be lower than the older age group. Also, based on the layering-strategy and the combination prevention effort, the project reached these beneficiaries at the education platforms, with the package of biomedical services. Most of the beneficiaries reached through group education completed the ten hours of education focusing on HIV prevention and gender norms.

In FY17, the project also established 844 WORTH+ groups, enrolling 19,381 AGYW on this platform and offering them education on SBCC, financial literacy, saving and loaning as well parenting and nutrition. Concurrently, the project continued supporting the groups established in FY16 (581 groups and 13,944 AGYW) always trough the cadre of trained empowerment workers. So, as of August 2017, the project supported 33,225 AGYW across six DREAMS councils, cumulatively.

Re-initiation of MSM-services

To note, following the MSM-services suspension in Sep 2016 and the MOHCDGEC issuing the new *National Guidelines for Comprehensive Package of HIV Interventions for Key and Vulnerable Populations* in Apr 2017, Sauti project engaged into an active dialogue with NACP and TACAIDS, as well the LGA and the CSO and following a robust preparatory phase, in June 2017, **re-initiated the MSM-services** in a phased manner, starting from Dar es Salaam region. The project team conducted orientations on new KVP guideline to the MSM community and the CSO, as well held a series of consultative meetings with the MSM community to receive their guidance on the service delivery modalities and venues; SBCC group education was phased out to reduce risk to beneficiaries and a WhatsApp-based communication system was established in all regions so to effectively resume population-specific services, timely provide guidance and rapidly manage crisis and in support to CSO and peer educators.

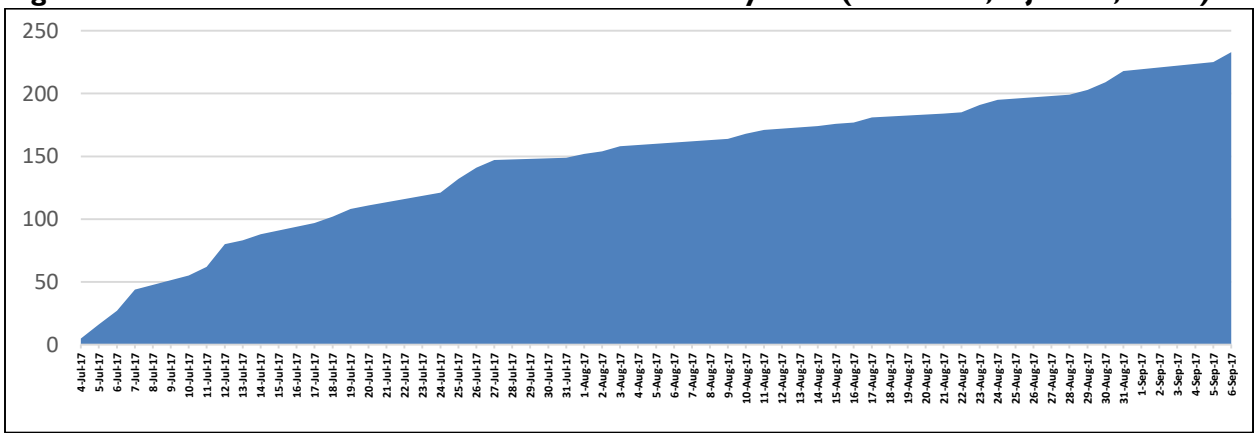
Achievements by Technical Area

Achievements by combination prevention technical areas are presented below, and they refer to the period 1 October 2016 to 31st August 2017.

Biomedical

- Continued supporting biomedical services at community-based HIV testing services plus (CBHTC+) sites, at home (HBTC+) and resource centers (RC); the latter until Feb 2017 when GOT requested IP to close them
- Developed partner notification SOPs and tools and rolled out services at all project sites
- Continued meeting and lobbying with the care and treatment implementing partners to exchange data reports on the ART cascade of HIV-infected KVP
- Continued conducting internal quality control of HIV rapid tests in all regions together with the district laboratory coordinators who supplied the teams with known samples
- Rolled out STI periodic presumptive treatment (PPT) in Dar es Salaam, Iringa, Njombe, and Mbeya
- Supported quarterly stakeholder1 supportive supervision visits to CBHTC+, HBTC+ and RC
- Supported MOHCDGEC to review STI guidelines, STI training curriculum and M&E tools, and the HTS guidelines
- Participated in, and was the secretariat of, the review of the *National Guidelines for Comprehensive Package of HIV Interventions for Key and Vulnerable Populations 2014*, and provided technical assistance during the workshops on ART-differentiated service delivery models
- Provided technical assistance to MOHCDGEC by reviewing the Health Sector HIV/AIDS Strategic Plan III (2012-2017) and contributing to the development of the Health Sector HIV/AIDS Strategic Plan IV (2018-2020).
- Regularly participated in the FP technical working group (TWG) and FP training subcommittee technical meeting both chaired by Reproductive, Child Health Section (RCHS) of MOHCDGEC
- Rolled out FP training to 18 biomed team and conducted on-the-job training on use of Implanon NXT to 55 biomed providers
- Rolled out of focus group discussion on PrEP, CTC Linkage and Partner notification
- Intensified supportive supervision to the regions with low performance - i.e., Mbeya, Shinyanga, Tabora, Mtwara, and Singida
- Introduced community ART study to R/CHMT and started service delivery in Njombe region (project SOAR/Pop Council); cumulatively enrolled 233 FSW into community ART within the first 38 days of operation, across four councils – reference to Figure 7 below
- Drafted HIVST and PrEP SOPs and tools, and participated in the development of the national PrEP protocol

Figure 7. Cumulative FSW enrollment into community ART (4 councils, Njombe, FY17)



SBCC and Gender

- Developed SBCC curricula evaluation SOP and tools, rolled out the evaluation; report being under development
- Finalized and rolled out the Gender, Sexuality, and gender-based violence (GBV) curriculum to all project staff
- Adapted the Jhpiego Global Gender Performance Standard Tool and rolled out at all biomedical project sites; remediation plans and reports being under development
- Developed SOP and tools and rolled out GBV screening by CBHS providers and empowerment workers at SBCC and WORTH+ groups, which preliminary data showed a **twelve folds' increase in the identification of post GBV survivors**; full report being under development
- Continued supporting four PLHIV empowerment groups and ten alcohol rehabilitation groups in Dar es Salaam region
- Continued rolling out SASA! Start and Awareness activities through the drama groups in the DREAMS councils
- Worked closely with NACP to finalize the approval of KVP information, education, and communication (IEC) material, SASA! IEC material and DREAMS material
- Conducted regional sensitization meetings with police gender desk, security committee members and other stakeholders

WORTH+

- Reviewed the WORTH+ curricula (then renamed as WORTH+), so to focus on innovation and creativity in business for youth interests and imparting enterprise skills
- Conducted Management Committee and Literacy Volunteer training to 157 empowerment workers and CSO Staff and therefore rolled out the same training to 1,363 group leaders and 481 Literacy Volunteers, respectively
- Linked 17 AGYW to participate in the skills development program under Plan International
- Sensitized and linked 18 WORTH+ groups and 434 AGYW with Ward Agricultural officer for technical support in Kyela district council.
- Facilitated the cumulative saving among AGYW in WORTH+ groups, of more than 240,000 USD over a period of about 15 months of operation (from March 2016 when the first WORTH+ groups were established to June 2017) and new quarterly loans of a progressively increasing value (reported an increase by over 3 fold from Q1 to Q3).

Table 4. Saving and Loans within WORTH+ groups, as of Q3 FY17

Cumulative savings (Tanzania Shillings)	Value of new loans (Tanzania Shillings)		
	Q1	Q2	Q3
543,647,130 (240,424 USD)	159,325,700 **(69,474 USD)**	318,135,300 **(138,724 USD)**	557,667,458 **(246,625 USD)**

DREAMS

- CTP
  - **Rolled out in all councils, and most of the enrolled vAGYW received 1st installment**
  - Received high level of support from regional and district authorities
  - Continued efforts to burst myths related to cash transfer program, through continuous village-level meetings, positive media coverage, highlighting success stories
- Revolving Funds by ILO
  - Continued partnership with ILO to support vAGYW trained on *Start Your Business*

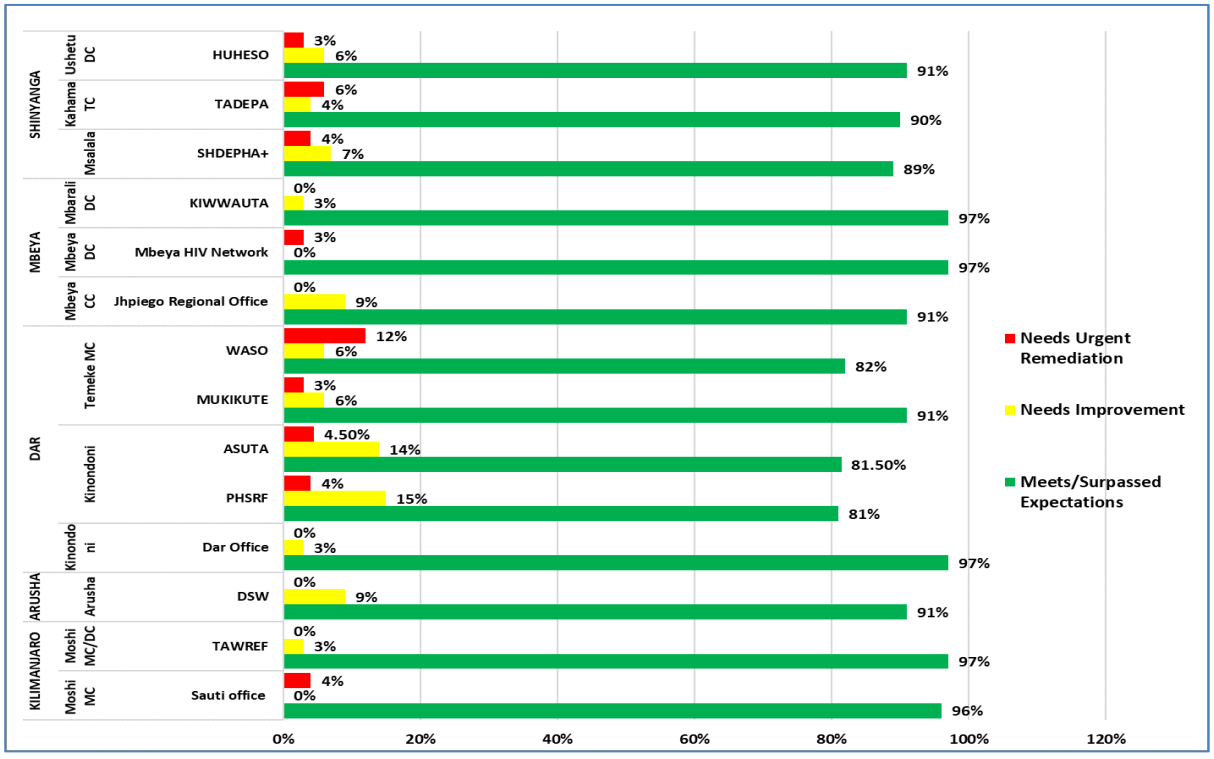
- **Provided TZS 31,000,000 (13,571 USD) loans to 94 vAGYW in WORTH+ groups from revolving funds scheme**
- Supported Businesses such as men's salon, food vending, minimarket, perishables, agriculture, livestock keeping, selling clothes and shoes

- AGYW-led empowerment and coordination activities
  - Established 385 safe spaces across DREAMS councils
  - Supported and linked 394 Shujaa Clubs (25 vAGYW each) with local experts and trained on various crafts (e.g., making batiks/ soaps/ candles/ cakes etc.)
  - Supported multi-stakeholder DREAMS coordination meetings at council level
- Supported 18 vAGYW from Mbeya, Shinyanga and Dar es Salaam to attend a national workshop by Johnson and Johnson held on November 2016 in Dar es Salaam. The workshop aimed to create a safe space to learn more about girls' experiences, environments, hopes, fears, and dreams through hand-on exercises (egg. Body map), and help them get an initial sense of self-realization
- Supported two vAGYW from Shinyanga and Dar es Salaam to attend the Johnson and Johnson funded Youth Council co-creation workshop in South Africa, on Dec 2016

Quality Improvement

- Orientated Sauti, CSO teams and R/CHMT on the quality assurance/quality improvement (QA/QI) SOPs and toolkit for conducting QA/QI periodic assessments; established regional and district QI/QA teams in all regions; facilitated quality assessment visits, development of remediation plan and their monitoring; planned the roll out of QA/QI training in new regions – Mtwara, Singida
- Supported two national technical working groups for the review of the SOP and tools for the KVP-friendly services at the health facility level and planned the health facility baseline assessment
- Supported the USG Site Improvement Monitoring System (SIMS) visits in Dar es Salaam, Kilimanjaro, Arusha, Shinyanga, and Mbeya; **on average met 90% of the SIMS standards in most of the regions** – reference to Figure 8 below

Figure 8. Summary SIMS Assessment Findings in FY17



Overall, Sauti performed excellently. Currently, the team is working hard to address the identified gaps in order of priority and urgency.

Monitoring and Evaluation, Research and Learning

- Completed mapping activities through the Geographic information system (GIS) system, so to identify hotspots and develop project operational plans and service delivery plans
- Implemented a robust data management and referral-tracking system through the roll out of the mHealth application in all regions
- Developed training curriculum for mentoring CSOs on data quality and data and rolled it out in all regions
- Continued providing R/CHMT with the national reports for each project service delivery, as applicable
- Conducted internal data quality assessments and support external data quality assessment
- Supported MOHCDGEC in the review and use of the national M&E recording and reporting tools for KP
- Submitted abstracts to national and international conference are listed in the table 5 below; the team is planning to submit new abstracts to CROI and IAS 2018

Table 5. Abstracts submitted and accepted to conferences

Abstract title	Conference	Outcome of submission
1. **Delivery and uptake of HIV interventions among men who have sex with men in Easter and Southern Africa, a systematic review** 2. **The burden of HIV and challenges of implementing interventions among FSW and MSM in Sub-Saharan Africa: unpacking myths and realities**	Annual scientific conference of NIMR 2016	Oral presentations
1. **Community-Based HIV Testing Services in Tanzania Double the Uptake of Family Planning Among Adolescent Girls and Young Women and Female Sex Workers** 2. **Relationship between Living Arrangements and HIV Risk among Key and Vulnerable Populations and the General Population in Tanzania** 3. **Partners of Female Sex Workers Who Are Older and Unaware of Their HIV Status Are at** 4. **Higher Risk of HIV Infection in Tanzania**	HIV R4P 2016	Poster presentations
1. **Key Population Risk Factors Associated with Differentiated HIV Care in Tanzania** 2. **Adolescent girls and young women's knowledge of sex partners' HIV status in Tanzania** 3. **Prevalence and Correlates of Receptive Anal Intercourse among out of School AGWY in TZ** 4. **Women Organizing Resources Together+ (WORTH+) groups for vulnerable adolescent girls and young women and female sex**	IAS 2017	Poster presentations

workers as a platform to address multiple risks for HIV acquisition 5. **The Sauti AGYW HIV Risk Index reliably identifies individual risk for HIV acquisition in adolescent girls and young women in TANZANIA**		
1. **Factors associated with initiation of STI periodic presumptive treatment among female sex workers in Tanzania** 2. **STI and sexual violence screening is relevant for key populations in Tanzania**	ICASA 2017	Poster presentations
1. **TB-HIV services for HIV key and vulnerable populations (HIV KVP) in Tanzania: who and what should be prioritized?**	IUATLD 2017	Poster presentation

Research

The following table 6 describes the status of each research study, as of August 2017.

Table 6. Research portfolio

#	Research Study	Status
1	KVP Desk Reviews	Completed
2	Formative Research for MSM and FSW (including PrEP & HIVST)	Completed
3	Mapping and Enumeration of Key Populations in Tanzania	Completed
4	Cash Transfer Evaluation for vAGYW in Shinyanga (CARE)	To begin in FY18 Q1
5	Pilot STI periodic presumptive treatment (PPT) for FSW and MSM (EJAF PPP)	To begin in FY18 Q1
6	Community Based ART (Population Council/Project SOAR)	Ongoing
7	Formative research on FP services and conception among HIV-infected FSW (Population Council/Project SOAR)	To begin in FY18 Q1
8	Formative research on PrEP among AGYW, caregivers, partners and community leaders (Population Council/Project SOAR)	Ongoing
9	Qualitative & Behavioral Economics study to determine how the cash transfers that vAGYW receive through Sauti/DREAMS influence sexual dynamics within their relationships, and also to use behavioral economics to understand the short and long-term impact of cash transfer interventions for vAGYW including reduction in compensated sex and intergenerational sex (University of North Carolina and Final Miles through BMGF)	To begin in FY18 Q1
10	Evaluation of a saving instrument among vAGYW receiving cash transfer under Sauti (College of William & Mary through BMGF)	To begin in FY18 Q1
11	Human Centered Design to increase the uptake of vulnerable adolescent and young adult populations' engagement with HIV testing and care (M4ID through BMGF)	To begin in FY18 Q1
12	Measure client satisfaction and changes in behaviors and social norms through the SMS cohort surveys	To begin in FY18 Q1

CSO's

- Revised the CSO management SOPs, and conducted end of year financial reviews for all 27 CSOs engaged in FY16; oriented 20 selected CSOs on Sauti Project FY17 work plan
- Established central and regional organizational development teams for CSO capacity strengthening
- Developed CSO dashboard for effective and timely monitoring

- Developed SOPs for the Institutional Capacity Development (ICD) to ensure that all capacity development interventions are conducted consistently to achieve intended results
- Revised the Sauti CSO Management SOPs to include the Integrated Technical and Organization Capacity Assessment (ITOCA) and mentored the CSO team on the same
- Conducted quarterly Organizational Network Analysis (ONA) review networks and workshops for KVPs, LGAs, and CSOs

Local Engagement and Collaboration

- Finalized Sauti Project Sustainability Plan and conducted bi-annual regional sustainability plan meeting
- Conducted introductory meetings with regional and district authorities and other KVP stakeholders and initiated MOUs between Sauti Project and LGAs in the three new regions and 21 new councils
- Established Regional Advisory Sub-Committees and District Hotspot Advisory Committees, and supported annual meetings on program planning, implementation, monitoring, reviewing progress
- Conducted biannual Sauti Project's Technical Advisory Group and Research and Learning Sub-Committee Meetings
- Conducted Government Performance Index (GoPI) assessments to establish baseline technical, management, and financial management capacities
- Conducted quarterly meetings to review LGAs GoPI plans
- Participated and contributed in the development of CCHPs in each of the LGAs
- Collaborate with JSI-led Community Health Systems Strengthening (CHSS) Program to coach and mentor LGAs in financial management and other indicators as per GoPI developed plans

25-Months of Sauti Operation

Cumulatively, since the startup of the program (25 months of field operations), as of 6th of September 2017, Sauti project has provided HTS to more than one million KVP beneficiaries (1,148,203), FP methods to more than 50,000 AGYW and FSW, identified 50,244 newly diagnosed PLHIV, and cumulatively enrolled 56% of them to care and treatment clinic. Additionally, 93,885 KPs (MSM and FSW) and 143,685 vAGYW have been reached with SBCC interventions. Finally, since the inception of WORTH+ activities, 43,966 vAGYW have been enrolled to WORTH+ program, and as of to date, a total of TZS 1,0030,875,180 (USD 462,275) have been cumulatively saved by the beneficiaries. Table 7 below summarizes these overall achievements.

Table 7: Summary of Cumulative Sauti Project Achievements (FY15-FY17) [As of 17th Aug 2017)

Indicator	FY15	FY16	FY17				FY15-17 Cumulative
	Aug-Sep15	Oct15-Sep16	Oct-Dec16	Jan-Mar17	Apr-Jun17	Jul-6th Sep17	
HIV Testing	9,485	653,482	31,443	199,661	132,287	121,845	1,148,203
Tested Positive	535	17,157	1,363	7,396	10,975	12,818	50,244
Confirmed C&T Enrolment	65	4,922	730	4,916	7,858	9,451	27,942
Received Family Planning (FP)	427	9,575	755	10,721	18,118	11,703	51,299
KP received SBCC education - KP Prev	753	55,282	1,060	21,996	10,216	4,578	93,885
AGYW received SBCC – PP Prev	-	67,835	3,162	37,598	18,703	16,387	143,685

Indicator	FY15	FY16	FY17				FY15-17 Cumulative
	Aug-Sep15	Oct15-Sep16	Oct-Dec16	Jan-Mar17	Apr-Jun17	Jul-6th Sep17	
AGYW/FSW enrolled into WORTH+	-	23,815	2,017	12,590	4,908	636	43,966

5. FY 2018 WORK PLAN: PROPOSED ACTIVITIES BY OBJECTIVE

5.1 Development of work plan, including assumptions

This work plan and its annexes have been developed by members of the Sauti Project team through consultation with USAID, Jhpiego technical advisors, Tanzanian Commission for AIDS (TACAIDS), the Reproductive and Child Health Services (RCHS) section of the Ministry for Health, Community Development, Gender, Elderly and Children (MOHCDGEC), and the National AIDS Control Programme (NACP). The work plan blocks have been built upon the lessons learnt from the past 25 months of operation.The scopes of work of partners for care and treatment, orphan and vulnerable children, communications (Tulonge Afya), and other collaborating groups have been taken into account, and cross cutting themes - **promoting sustainability, addressing gender, and strenghtening capacity** - were at the core of all project planning. The work plan was initially drafted in a participatory workshop held in June 2017, and was finalized in September 2017.

The activities described in the work plan are dependent on several major assumptions:

1. The programmatic and implementation environment remains stable and conducive to project operations.
2. Commodities such as HIV rapid test kits, HIV self-test kits, PrEP medications, FP methods, and other items for the delivery of services are made available in a timely way by the relevant district units, Medical Stores Department (MSD), USAID, and other GOT sources as appropriate.
3. Letters of introduction to Manyara region and the ten newer councils are provided promptly by MOHCDGEC.
4. Continued level of funding as obligated by USAID/Tanzania (shown in Appendix 2 and summarized in **Table 8** below).
5. Sauti Project expects to attract US $3,626,024 in additional cost share in FY18. This represents all new cost share sources.
6. The total FY18 budget of USG funds is US $34,574,679.

Table 8: FY18 Budget Summary

Project Area	USG Funding Level
HIV Counseling & Testing Services (HVCT)	$13,479,021
Sexual Prevention - Other Sexual Prevention (HVOP)	$13,741,234
Sexual Prevention - Abstinence/Be Faithful (HVAB)	$2,016,274
Orphans and Vulnerable Children (HKID)	$1,377,365
Adult Treatment (HTXS)	$1,100,000
Family Planning (FP)	$500,000
STI (OGAC-EJAF-PPP) *[3/3 years]*	$400,000
Cash Transfer Program/Research *[FY15 Carryover]*	$1,960,786
Total	**$34,574,680**

5.2 New Interventions/Approaches

There are several new evidence-based HIV programming tools which when used appropriately – can enable country programs to achieve 90 – 90 – 90 goals expeditiously. These include **Pre-Exposure Prophylaxis (PrEP), HIV self- testing (HIVST),** Lay Counselor Testing (LCT), and community ART for stable HIV patients. In FY18, Sauti Project will focus on a **broad set of client-centered services** that introduce select new approaches listed above, as well as **intensified partner notification** (referred in this work plan as **partner notification plus**) and **incentivized peer network HIV testing for KP**, in order to increase yield. These approaches will all be integrated into the existing Sauti project's service delivery approaches (i.e., CBHTC+ and HBTC+). Sauti will continue to intensify efforts to **achieve near universal levels of linkage and enrollment of the newly identified HIV positive clients** in CTCs through close collaboration with Regional/ District AIDS Control Coordinators (R/DACC) and C&T implementing partners and pilot CTC flexi hours (weekends and nights). In tandem with these approaches, Sauti CBHTC+ and HBTC+ will continue to escort newly identified HIV-positive clients to CTC using **Community –Based HIV Service Providers** (formerly referred to as peer educators). PLHIV will also be closely engaged in these activities. The project will build on the lessons learnt in implementing the **FSW Community ART** study in Njombe to expand the provision of community ART in the remaining regions. Additionally, Sauti will integrate PrEP and HIVST demonstration pilots in selected regions into its service delivery platforms. Since PrEP, HIVST and Community ART are not yet captured in policy, the three interventions will be implemented as operational research and will require approval by NIMR institutional review board (IRB). Sauti will continue to roll out SBCC, gender, and economic strengthening activities tailored to KVP –specific needs, and use these platforms to provide services.

Note: The suffix "plus" (+) as it pertains to CBHTC and HBTC service delivery modalities, represents other integrated services such as family planning (FP), syndromic screening for sexually transmitted infections (STIs), gender-based violence (GBV), alcohol/drug use, and tuberculosis (TB).

5.3 Objective 1: Implement a package of core and expanded biomedical HIV prevention interventions, with enhanced linkages to C&T and support services

In FY17, Sauti continued to expand and rollout CBHTC+ and HBTC+ services to KVPs in scale up saturation and aggressive SNUs. These services include risk assessment; substance abuse screening; TB, STI and GBV syndromic screening; HIV testing services; FP methods provision; escorted referrals for newly identified PLHIV, GBV survivors, and clients who preferred IUD and permanent FP methods; and onsite C&T enrollment using government providers (the final one limited to a few regions).

A lack of flexible clinic hours and long waiting times at health facilities, poor staff attitudes, refusal of care, stigma, and poor confidentiality are significant barriers to seeking HIV care for KVPs. In FY18, Sauti will continue to support peer-led escorted referral to the CTCs, fast tracking channels (where CBHS providers directly contact facility-based providers who provide KVP's with timely and respectful care), and trained nurses, clinicians, CBHS providers, and HBC volunteers will continue to offer services at hotspots on days and times preferred by KVPs. Sauti will establish partnership with the C&T IP, and will support defaulter tracing activities through CBHS providers' networks, with the aim of rapidly re-enolling defaulters into care and re-starting ART for those KP living with HIV who missed clinic's appointments or were lost to follow up.

Peer-driven interventions will be implemented as per the current national guidelines. The national KVP M&E system and unique identifier system facilitate case-based monitoring and confidential tracking of beneficiaries across the continuum of HIV prevention and care and treatment services.

In order to help the Government of Tanzania (GOT) achieve the first 90, the Sauti project will continue to use evidence-supported, high yield strategies to identify newly diagnosed PLHIV and successfully link them with HIV care and treatment services in FY18.

For FY18, these strategies include:

1. **Partner Notification Plus**: Sauti will intensify and scale up the partner notification strategy introduced in FY17 by targeting HTS to sexual partner(s) and family members of KVPs living with HIV. Sauti case managers and peer navigators will continue to explain the importance of reaching partners of PLHIV and offer multiple options for notifying partners. These options may be proactive (i.e., providers go into the community to notify and offer HTS to partners and family members) or passive (i.e., clients refer partners to the site where notification and testing is offered). When possible, Sauti providers will manage facilitated disclosure for couples, and all-HIV positive partners will be linked with appropriate follow-up services based on their results.
2. **Incentivized Peer Network Testing:** Sauti will implement incentivized peer network testing with KVPs, aiming to expand the reach of HTS and linkage. Through this approach, willing KVPs will be coached and incentivized to recruit persons in their social and sexual networks who may also be at high risk for HIV infection but who have not been tested. Particular focus will be on the high-yield target SNUs, including Dodoma MC, Morogoro MC, Manyioni DC, Mbarali DC; as well as councils with the highest numbers of PLHIVs (i.e., councils in Dar es Salaam, Mbeya and Shinyanga regions), based on FY18 targets.
3. **Increasing male-friendly HTS services for men:** Due to the low HTS uptake and ART coverage among men, Sauti will provide customized services aiming to reach men under 30 years of age. Male-friendly HTS includes integration of other health services (i.e. hypertension, diabetes, and prostate screening) with mobile HTS as a means of reducing stigma associated with HTS and to incentivize and attract male clients to HTS. Health services will be offered during weekends and evenings hours when men are more likely to be available. Male CBHS providers will be trained and engaged to promote mobile HTS in common places where men congregate (e.g., workplaces and sporting events).
4. **Targeted OVC Testing:** Sauti will work closely with OVC partners (particularly USAID Kizazi Kipya Project) to support the roll out of the HTS eligibility-screening tool and to offer targeted provision of HTS to children exposed to HIV and children of index clients. Furthermore, FSW and AGYW who test HIV-positive will be encouraged to bring in their children for testing.
5. **DREAMS-focused HTS**: Sauti will continue supporting the roll out of the vulnerability index so to identify and offer HTS, FP, and ART linkages to the high-risk out-of-school AGYW ages 15-24 years and their male partners.

Following the issuance of the GOT's circular allowing health care providers to implement a ***"Test and Treat"*** policy national-wide, the project will continue to realign and intensify its linkage and retention strategies at Sauti sites, with the ultimate goal of increasing ART coverage and sustaining viral suppression amongst newly identified PLHIVs (i.e. the second and third 90s). In alignment with the COP17, Sauti will collaborate with LGAs, CSOs, and KVP networks to increase efforts to reach a minimum of 85% linkage. To achieve this, Sauti project will introduce new approaches and strengthen existing ones rolled out in FY16-17. These include the use of:

- On-site peer navigators to provide linkage counseling, reinforce benefits of treatment, physically escort newly diagnosed KVPLHIV to the CTC, and follow-up with clients by phone or at home after their first visit to support retention;
- Trained CBHS providers and peer navigators to intensive follow up with all clients who fail to self-enroll in HIV care and treatment within 30 days of an HIV diagnosis, by conducting phone and/or home visits;
- Sending automated SMS reminders to clients who have failed to self-enroll in HIV care and treatment even after 30 days of HIV diagnosis;

- Intensified post-test counseling by CBHTC+ and HBTC+ providers to reinforce the benefits of treatment and emphasize the importance of seeking early treatment;
- Integrated and collocated HTS-FP and ART within CBHTC+ & HBTC+ platforms;
- SMS platforms to provide additional post-test counseling messages to newly diagnosed PLHIV and remind them to enroll in care.

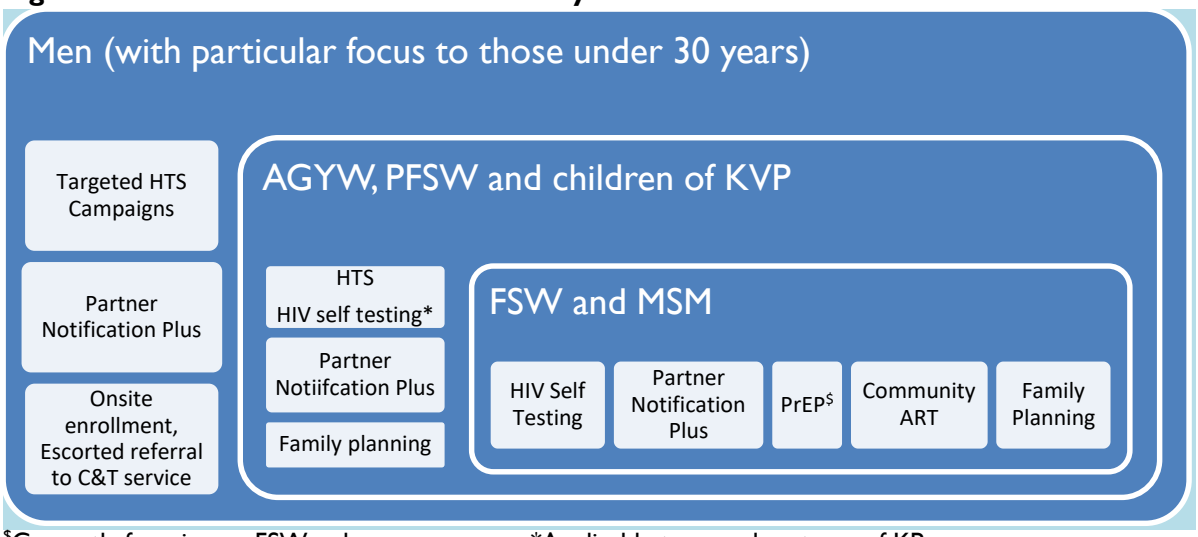
Sauti will continue supporting NACP to strengthen the unique identification code to facilitate tracking of patients across health services, and will introduce a QI strategy to use project data to improve linkage to care rates. The project will scale up best practices, particularly in relation to combination prevention services, linkages, and case management models, and will collaborate with USAID Tulonge Afya project to develop materials for ARV treatment literacy. The project will strengthen collaboration with facility-based care and treatment partners to increase PLHIVs' CTC retention through the implementation of the evidenced-supported approaches outlined in **Table** 9.

Table 9: Strategies for increasing enrollment, adherence, retention and viral suppression

Service	Scale-up SNUs	Attained SNUs	Sustained SNUs
Roll out of tracking register for CTC enrollment	X	X	-
Link newly HIV infected beneficiaries to CBHS providers	X	X	-
Use of mHealth (SMS) and Social media (WhatsApp) to follow up beneficiaries	X	X	-
Support of peer support groups to enhance adherence, retention, and disclosure	X	X	-
Support of tailored adherence and retention activities for AGYW, men under 30s and KP (in collaboration with NACOPHA)	X	X	-
Roll out of community mobilization and empowerment activities to ensure that HIV prevention and C&T services are available at community level	X	X	-
Participate to increase health literacy to address stigma, discrimination and gender based violence	X	X	-
Tracking and re-engaging HIV infected lost to follow up KVP into care and treatment services by CBHS providers and HBC volunteer	X	X	-

As discussed in section 6.2 besides the CBHTC+ and HBTC+ approaches rolled out from FY16-17, Sauti will integrate community-based ART, PrEP, and HIVST into its core package of interventions. As a result of the expansion of the package, biomedical teams will be organized to deliver customized services for different KVP types. For example, biomedical teams composed of "male nurses and clinicians" will be established to specifically serve the male population; a dedicated team of PrEP/community ART nurses will target KP hotspots; government CTC nurses will continue to be involved in offering enrollment into C&T at Sauti points of diagnosis, where feasible; FP teams will focus on community-based campaigns to AGYW and FSW; and gender-mix team of nurses and clinicians (mostly recruited from the government) will be rolling out HTS campaigns in low yield councils (sub-national unites). **Figure 9** depicts how the project will provide this differentiated biomedical care depending on the beneficiaries' needs and preferences. Partner notification plus will be provided to all beneficiaries accessing Sauti sites.

Figure 9: Illustrative Model on Community-Based Differentiated Care



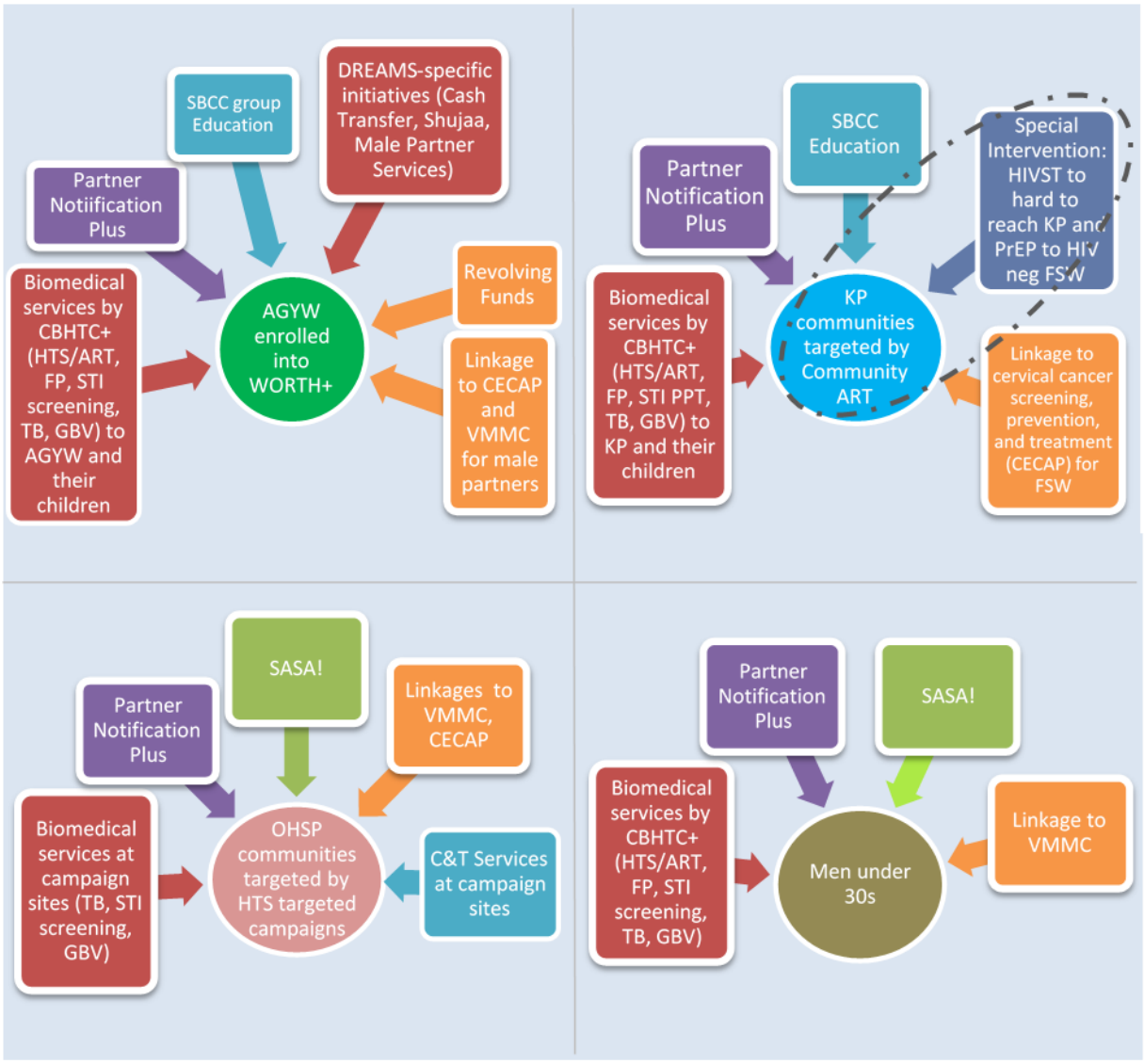
$Currently focusing on FSW only *Applicable to sexual partners of KPs

For new interventions, the project will leverage existing and newly developed service delivery platforms to offer integrated services **(Figure 10).** For example, communities targeted by community ART service delivery will also receive PrEP, and HIVST will be offered to KP beneficiaries reached by HIV prevention or C&T services, and via secondary distribution models to reach peers and sexual partners of KP.

AGYW enrolled into saving and loaning groups (WORTH+) will be offered the entire biomedical package of services, along with pediatric care for their children. SBCC group education and other DREAMS-specific interventions (e.g., Cash Transfer Program, Shujaa Groups, Male Partner Services) will specifically target these AGYW. Pediatric care to children of FSW and AGYW will form a component of SBCC sessions. Community and home based STI PPT to KPs provides a platform to offer PrEP and community ART to the same beneficiaries. Leveraging across services will maximize the opportunities for beneficiaries to receive HIV combination prevention package of services. Referral to additional services that are not provided by the project will remain among the key mandate of Sauti. All eligible beneficiaries will be offered to receive Voluntary Male Medical Circumcision (VMMC) or cervical cancer screening/cervical cancer prevention (CECAP) services as applicable.

Community based HIV providers and community leaders will provide support for demand creation.

Figure 10. Illustrative Model on Leveraging Across Sauti Services and Resources



Based on the above frameworks and population distribution from FY16 and FY17 reports, in FY18, the project is planning to provide HTS to the following beneficiaries:

- 1,141,055 total individuals reached with HTS
- 342,317 PFSW (30%) reached as result of outreach to mobile men and FSW
- 239,622 FSW (21%) reached: 50,144 through SBCC education platform (KP Prev) and 189,478 through peer-led mobilization
- 182,569 men (16%), including men under 30, reached through male clinics/campaigns and workplace-based services
- 136,927 AGYW (12%) reached: 112,806 through SBCC curriculum-based group education platform (PP Prev) and 24,121 through peer-led mobilization and other DREAMS initiative platforms
- 11,411 MSM (1%) reached: 6,565 through SBCC education (KP Prev) and 4,846 through peer-led mobilization and social media

- 68,464 children (6%) reached: children of FSW and AGYW reached through SBCC education (KP and PP Prev) as well children of index clients, from OVC programs, and those missed by the PMTCT/ EID programs

Activity 1.1: Provide differentiated biomedical services (i.e., HTS, syndromic screening for STI GBV, Alcohol/Drugs, and TB, as well as syphilis testing & treatment, and STI PPT).

1.1.1: Provide CBHTC+ and HBTC+, and intensify efforts to achieve near universal levels of linkage and enrollment of the newly identified HIV positive clients

Develop route plans for effective delivery of services

Building upon the lessons learnt in FY17, Sauti will continue developing monthly operational plans with more focus on (1) designing route plans informed by high yield hotspots, (2) leveraging across services, and (3) integrating efforts with other implementing partners on the ground, such as VMMC and OVC for HTS, PMTCT and C&T. Sauti will intensify the use of geographic information system (GIS) mapping, which allows the project to overlay hotspot locations derived from mapping reports onto council and ward level maps, along with HIV prevalence data from the national reports. Daily reports and field level feedback from peer networks, key informants, and the index clients' list will also be integrated into route plan development. A multidisciplinary team composed of project staff, CSO staff, CBHS providers, and LGA staff will meet monthly to develop plans for delivering CBHTC+ and HBTC+ alongside partner notification plus. Biomedical SOPs, job aides, and other relevant training materials will be reviewed. As described in the personnel section, additional biomedical providers will be recruited (to match the project needs) and trained on the service delivery approaches.

Note: Partner notification (reported by the FY17 project at 54% yield by August 2017) remains a cost-effective approach, as it can identify undiagnosed HIV infection and prevent new cases of HIV infection.

Strategies for increasing HIV yield detection

Sauti project will continue to provide community-based services at high yield hotspots and KVP gatherings (as per mapping reports and the peer network feedback). Partner notification plus will be intensively rolled out using the list of HIV-infected beneficiaries from past project reports, offering the service to sexual partners of every newly identified HIV-infected KVP and their children, as well as sourcing from the index list at CTCs. The project will focus efforts in building a cadre of trained home base care volunteers and community-based HIV providers dedicated to tracing high risk populations and escorting HIV positive clients to CTCs. The sexual partners and children of KVPLHIV will be offered HTS services at community sites or their residence. To mitigate the challenge related to other non-partners' household members requesting HTS, the team will only offer HTS to those with high risk, based on a formal risk assessment. For the rest, Sauti HBTC+ teams will offer vital signs checkups and will consider providing other services such as FP and glucose rapid test, as available and as appropriate. Lessons learnt from FY17 included that that yield at brothels might not be as high as expected. Therefore, the project will target street-based FSW, who are expected to be younger and practicing more condomless sex. Daily data reports will be analyzed, by ward, age category, and population group, trend analyses will be conducted, and high yield wards will be prioritized for services.

In FY18, Sauti will implement specific approaches targeting other hard to reach groups whose 90-90-90 cascade is nationally underachieved. These include pediatric population, adolescents, as well as men (especially those under 30 years),

a) Reaching the pediatric population and adolescents

In line with the Super-Fast Track strategy launched at IAS 2016 (which aims at ensuring that children and adolescents are not left behind in the fast-track 90-90-90 targets), and the WHO Building Blocks for

differentiated care, Sauti will continue addressing children and adolescents' vulnerabilities by providing combination prevention efforts including HTS and linkage to ART. The project will specifically reach children of index clients, KVPs, from OVC programs, and of mothers who have been missed by the PMTCT program (usually as a result of 50% home deliveries that occur in Tanzania). Sauti will mainstream and integrate other evidence-supported and age-appropriate interventions such as FP and cash transfers (the latter applies for DREAMS councils) along with Sauti biomedical services and strategies against gender discrimination including gender-based violence and countering stigma.

In FY18, Sauti will continue providing opportunities to test outside medical facilities by actively tracing children with a team of trained nurses and clinicians, as well through the peer networks for KPs. The project will offer child-specific psychosocial support and parenting and child care guidance as a part of combination prevention, and will ensure the availability of peer support environments embedded into the vAGYW WORTH+ groups and the FSW SBCC group education.

For those AGYW residing specifically in DREAMS councils, the project will offer adolescent friendly health services (AFHS), inclusive of HTS and sexual and reproductive care, as well as linkage to ART. This package of services will be provided at the safe spaces where the beneficiaries gather to participate in other DREAMS related activities. Through the engagement of the AGYW into the male partners' characterization workshops, the project will reach their male partners and offer them the HTS-VMMC prevention package, as well rapid linkage to ART, and engagement into SASA! Championship program.

Note: In non-DREAMS councils, Sauti will collaborate with other implementing partners in implementing DREAMS like activities.

b) Roll out campaigns targeting young men

Targeting men in prevention and treatment may significantly influence new infections, morbidity, mortality, and the economic impact of HIV/AIDS in Africa. In FY18, Sauti project will accelerate its strategies to reach at risk men, particularly those under 30 years. The project will emphasise interventions for employment-related migrant men (potential partners of FSW and vAGYW) who are typically away from their partners and families for long periods of time, making them more vulnerable to HIV infection due to sexual exposure, drug and alcohol use, and an absence of linkages to local health services.

Through exposure to SASA!, the project will address issues related to masculinity as these are intimately linked to the likelihood to seek health care, and to engage in multiple sexual partnering practices, violence against women, and substance use. A large body of evidence suggests that peer-led programs that are integrated into the workplaces may be successful at engaging men in HIV testing, care, and treatment. Therefore, in FY18, Sauti will conduct workplaces' mapping and offer the integrated package of biomedical services to truck and motorbike-taxi (boda boda) drivers at parking places and companies, mine workers in their working fields, fishermen, and seasonal workers engaged in farming. Specifically, the project will establish dedicated teams of male health care providers who will offer biomedical services to men within Sauti SNUs, supported by community-based HIV service providers for demand creation. These male-oriented services will run after working hours, at workplaces, and in male-specific recreational areas, such as football fields and evening/ weekend bars, alongside roll out of male-targeted campaigns, which will run throughout the fiscal year.

Ensure rapid enrollment to care and treatment

As described above, in FY18, Sauti Project will intensify efforts to achieve near universal levels of linkage and enrollment of the newly identified HIV positive clients in CTCs through close collaboration with Regional/ District AIDS Control Coordinators (R/DACC) and C&T implementing partners and pilot CTC flexi hours (weekends and nights). In addition to the specific approaches described above, Sauti project will engage R/DACCs to roll out point of care enrollment. The current HTS guidelines recommend C&T

enrollment at point of diagnosis, and follow up for successful linkages. In geographic areas where such an approach was supported by the LGA and operationalized by Sauti biomedical providers, the project will continue advocating for the allocation of government C&T providers to the project biomedical sites. In other regions, the onsite enrollment model is being successfully implemented. Here, Sauti will support study tours for R/DACCs to facilitate south-to-south learning and provide them the opportunity to observe and discuss this model with their colleagues from other regions and districts. Lastly, under the leadership of USAID, Sauti will continue engaging in a dialogue with C&T implementing partners, and will propose the establishment of a joint implementation plan (JIP) to strengthen enrollment, ART initiation, viral suppression, and tracing of lost to follow up. Sauti will support regional-level monthly coordination meetings with the C&T implementing partners for data reconciliation so as to ensure that HIV infected KVPs receive all necessary HIV related services, including early initiation of ART, in a timely manner.

1.1.2: Provide STI PPT to key populations in EJAF-supported regions

Building upon the successful scale up of STI PPT and syphilis rapid testing and treatment through CBHTC+, Sauti will continue to use EJAF/PEPFAR public private partnership funds to offer such services to KPs in the five high HIV prevalence regions of Shinyanga, Dar es Salaam, Iringa, Njombe, and Mbeya. The project will strengthen the integration of STI PPT into the HBTC+ package of services offered to KPs. In FY17 (as of July 2017), 34% of the FSW were reached through this approach.

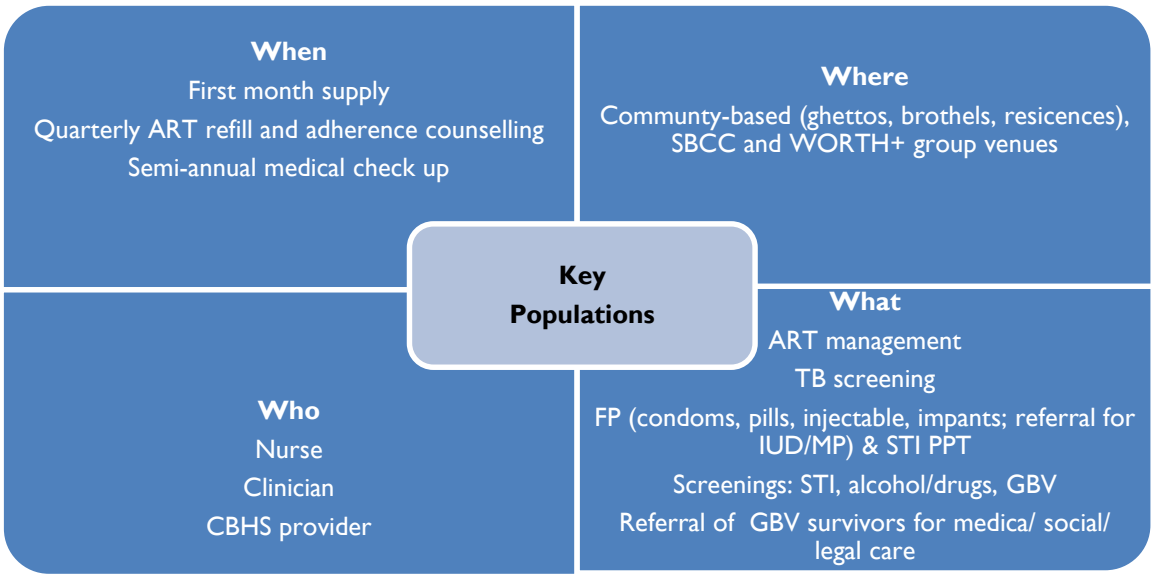
By June 2017, STI PPT and syphilis rapid testing and treatment through CBHTC+ reached 16,816 FSW for medication and treatment, 9,203 with syphilis rapid screening, and diagnosed 3.3% as positive. These then received treatment.

The KVP guidelines were revised in April 2017, and Sauti subsequently reintroduced STI PPT services for MSM in Q4 of FY17. In FY18, Sauti plans to scale up these services to all eligible MSM in the five EJAF supported regions, and continue the same for FSWs. Finally, as Sauti supported the MOHCDGEC to fine-tune STI guidelines, training curriculum and M&E tools, in FY18 the project will continue providing support in the dissemination of the materials to government health services. The STI PPT study, rolled out in Q4 FY17, will be completed by end FY18, and findings will inform and shape the national policy and guidelines.

Activity 1.2: Roll out Community ART to KPs

As part of the FY18 expanded biomedical package, Sauti Project will roll out community ART to 6,600 KP to improve linkages to and retention in ART C&T. Sauti will design and evaluate an integrated clinical and community-based model of ART delivery, where HIV care and ART will be offered by certified ART clinicians and nurses at non-mainstream community HIV prevention sites, such as CBHTC+ mobile sites for FSWs and MSM. All national standards will be observed, and provision of multi-months' ART supply will be offered, including three monthly medications and six monthly medical checkups for HIV infected KPs. Community ART services will be implemented in 10 Sauti supported regions - Dar es Salaam, Arusha, Dodoma, Iringa, Tabora, Singida, Shinyanga, Kilimanjaro, Morogoro, and Mtwara. The activity will be fully integrated into the Sauti project standard of care, and will rely primarily on the data collected from the national M&E tools, with a few additional project related tools. Sauti will use routine M&E data to evaluate the effect of the intervention on enrollment into care, treatment initiation, retention, and treatment adherence. Factors associated with these outcomes will also be determined. **Figure 11** describes the various components of community-based ART services as part of the Sauti project.

Figure 11: Building Blocks of Community-based ART Services



Activity 1.3: Roll out innovative interventions for KPs

1.3.1: Roll out Pre-Exposure Prophylaxis (PrEP) for FSW

The efficacy of PrEP has been demonstrated in randomized control trials, and 2015 WHO recommendations state that people at substantial risk of HIV infection should be offered PrEP as an additional prevention choice. In line with this guidance, and as part of comprehensive prevention, Sauti will roll out oral PrEP to 4,192 FSW through a community-based platform in Iringa MC, Njombe TC, Temeke MC and Kinondoni MC districts across three regions (Iringa, Njombe and Dar es Salaam) in FY18. **Table 10** lists the council-specific PrEP targets.

Table 10. PrEP FSW targets by council

Region	Council	SNU Priority	PrEP FSW Targets
Dar es Salaam	Kinondoni MC	Scale Up Saturation	1,348
Dar es Salaam	Temeke MC	Scale Up Saturation	2,474
Iringa	Iringa MC	Scale Up Saturation	266
Njombe	Njombe DC	Scale Up Saturation	104
Total			**4,192**

Sauti will heavily reference and adapt the WHO Oral PrEP guidelines (2015) and the WHO Implementation Tool for Pre-Exposure Prophylaxis of HIV infection (released in July 2017) to design the PrEP service delivery model (integrated with other Sauti services for FSW), develop PrEP training package, SOPs, job aides, M&E tools, and other materials and tools to enable a team of CBHTC+/HBTC+ nurses and clinicians to deliver PrEP. Additionally, Sauti will build off the lessons learnt from Jhpiego-led Bridge to Scale PrEP project in Kenya and a PrEP program in Lesotho (all of which are larger programs with big targets) to inform the design and the implementation. PrEP services will be provided as part of Sauti expanded package of services, integrated with other biomedical services, such as HTS-FP, TB/STI screenings, GBV assessment, and alcohol/drug screening, as described in earlier sections. PrEP will be delivered at FSW's hotspots (e.g., ghettos and brothels) as well at saving and loaning platforms (e.g., WORTH+ groups).

PrEP is not yet policy in Tanzania. Therefore, in accordance with the current national KVP guidelines (2017), Sauti Project will implement PrEP as a demonstration intervention (requiring ethical clearance). Under the guidance and leadership of the National AIDS Control Program, since FY17 Q4, Sauti Project started collaborating with ICAP and Henry Jacksons Foundation to design a common protocol which will be submitted to the NIMR institutional review board (IRB) in September 2017.

Under this protocol (to be shared as a separate document), eligible HIV negative FSW will be offered a baseline creatinine test (when available) then initiated on PrEP HTS and creatinine test (the latter to be done when available) will be repeated after one month, and thereafter every three months. Both initiation and refill will be done at the hotspots. Initiation will be done by trained CBHTC+/HBTC+ nurses or clinicians in the first month, followed by monthly refills done by nurses/clinicians and/or CBHS providers.

Peer support groups will be established under the leadership of the CSO and the management of the peer educators (CBHS providers). The groups shall meet monthly, and will provide an opportunity for PrEP medication refills, and side effect and adherence monitoring by nurses/clinicians. Peers will be oriented on how to detect, counsel, and refer clients experiencing side effects. Prior to initiation of PrEP, all FSW will be assessed for eligibility. Below is a list of the inclusion and exclusion criteria. A detailed SOP will be submitted to USAID for review.

PrEP Eligibility Criteria

- HIV negative
- FSW according to PEPFAR definition (age 18 and above, exchanging sex for cash or goods or both as the primary source of income)
- Creatinine Clearance > 60 ml/min (if test available)

PrEP Exclusion Criteria

- HIV-infected
- Signs of acute seroconversion (cannot start PrEP until confirmed HIV negative)
- Reported high risk exposure (cannot start PrEP until when a HIV test 28 days' post-exposure reveals a negative result)
- Non FSW according to PEPFAR definition
- Creatinine Clearance < 60 ml/min (if test available)
- Uncontrolled kidney disease, hypertension, diabetes mellitus and serum creatinine test not available
- Allergy to any drug in the PrEP regimen
- Use of nephrotoxic agents
- Lack of willingness to adherence to daily PrEP and associated follow-up schedule
- Adolescents < 35kgs or age < 18 years

In councils where Sauti Project will be implementing both PrEP and Community ART, both HIV negative and HIV positive FSW reached by Sauti CBHTC+/HBTC+ teams will be prescribed ARV medications (either for prevention or treatment, respectively). This approach will potentially reduce stigma against HIV positive FSW as all of them will be taking the same drug. In councils where HIVST is also offered, high-risk HIV-negative clients will be informed about the availability of PrEP, and referred and linked to PrEP services.

A set of indicators (refer to the performance indicator section) will be collected continuously and aggregated at least monthly to assess refusal rates, new enrollments, discontinuation, and retention. These monthly (or more frequent) reports will guide programming

1.3.2: Roll out HIV Self-Testing (HIVST) to FSW and MSM

Leveraging on the SBCC education to KPs, Sauti will provide HIVST to over 45,000 KPs (FSW and MSM) and their sexual partners, as described in **Table 11** below. The main objective of the HIVST service will be to reach those **"hard to reach"** KP and sexual partners at high risk of HIV infection, particularly those who wouldn't otherwise access the traditional HTS at Sauti community-based mobile services or facility-based services provided by other implementing partners. The project will receive from USAID the **OraQuick HIV Self-Test** and will directly manage the supply distribution to the zonal offices and service delivery sites

Sauti will use a variety of platforms to provide HIVST to KPs and their sexual partners in 7 regions and eight councils. This new testing modality provides a platform to reach more first-time testers and facilitate necessary re-testing for those with high ongoing risk of contracting HIV. Evidence from other similar settings suggests that demand for and acceptability of HIV self-testing is high, and that it reaches men, adolescents and KPs who would otherwise not access traditional HIV testing. MSM and FSWs will be reached by individual and group behavior change education. Peer networks will function as distribution outlets for self testing kits, along with Sauti CBHTC+ sites and selected pharmacies. Below are the two modalities for distribution.

Primary Distribution:

- Mobile CBHTC+ Sites by biomedical providers
- Hotspots for demand creation or individual SBCC education by CBHS providers
- Dedicated venues for group SBCC education by CBHS providers
- Private pharmacies by pharmacists (selected number)

Secondary Distribution

- To KP partners and peers by KP who have received coaching on how to reach highest-risk partners and peers

HIVST distribution will be piloted also at selected pharmacies and modalities to ensure reaching high risk hard to reach KP, with particular focus on reaching men, will be discussed. KPs reached by trained community HIV service providers, health care workers, and pharmacists will be offered the opportunity to use HIV self-tests **on-site** (i.e. in a designated, private location or room at the site) or **off-site** (i.e., they can take the kit with them and use it at home or in another private location they choose). Persons who conduct their self-test on-site may choose to be **assisted** (i.e., with the help of an on-site provider wh would be present to offer any technical and/or emotional assistance, as well referral for confirmatory test) or **unassisted** (i.e. without any help from an on-site provider, but with explanation and demonstration in advance).

Table 11. HIVST Targets Distribution

Council	FY18 KP_PREV Targets		6-month FY18 KP_PREV Targets		80% KP_PREV to be reached with direct HIVST distribution		KP peers and partners to be reached through secondary HIVST distribution (maximum three additional kits per KP)	
	MSM	FSW	MSM	FSW	MSM	FSW	MSM peers and partners	FSW peers and partners
Arusha CC	717	2,111	359	1,056	287	844	860	2,533
Dodoma MC	668	1,346	334	673	267	538	802	1,615
Kinondoni MC	1,227	5,120	614	2,560	491	2,048	1,472	6,144
Temeke MC	2,604	7,256	1,302	3,628	1,042	2,902	3,125	8,707
Iringa MC	249	797	125	399	100	319	299	956
Morogoro MC	542	1,506	271	753	217	602	650	1,807
Njombe TC	190	631	95	316	76	252	228	757
Tabora MC	368	456	184	228	147	182	442	547
Subtotal	6,565	19,223	3,283	9,612	2,626	7,689	7,878	23,068
GRAND TOTAL								**41,261**
Pharmacy-based distribution								**5,000**
Training and advocacy								**1,000**
GRAND TOTAL								**47,261**

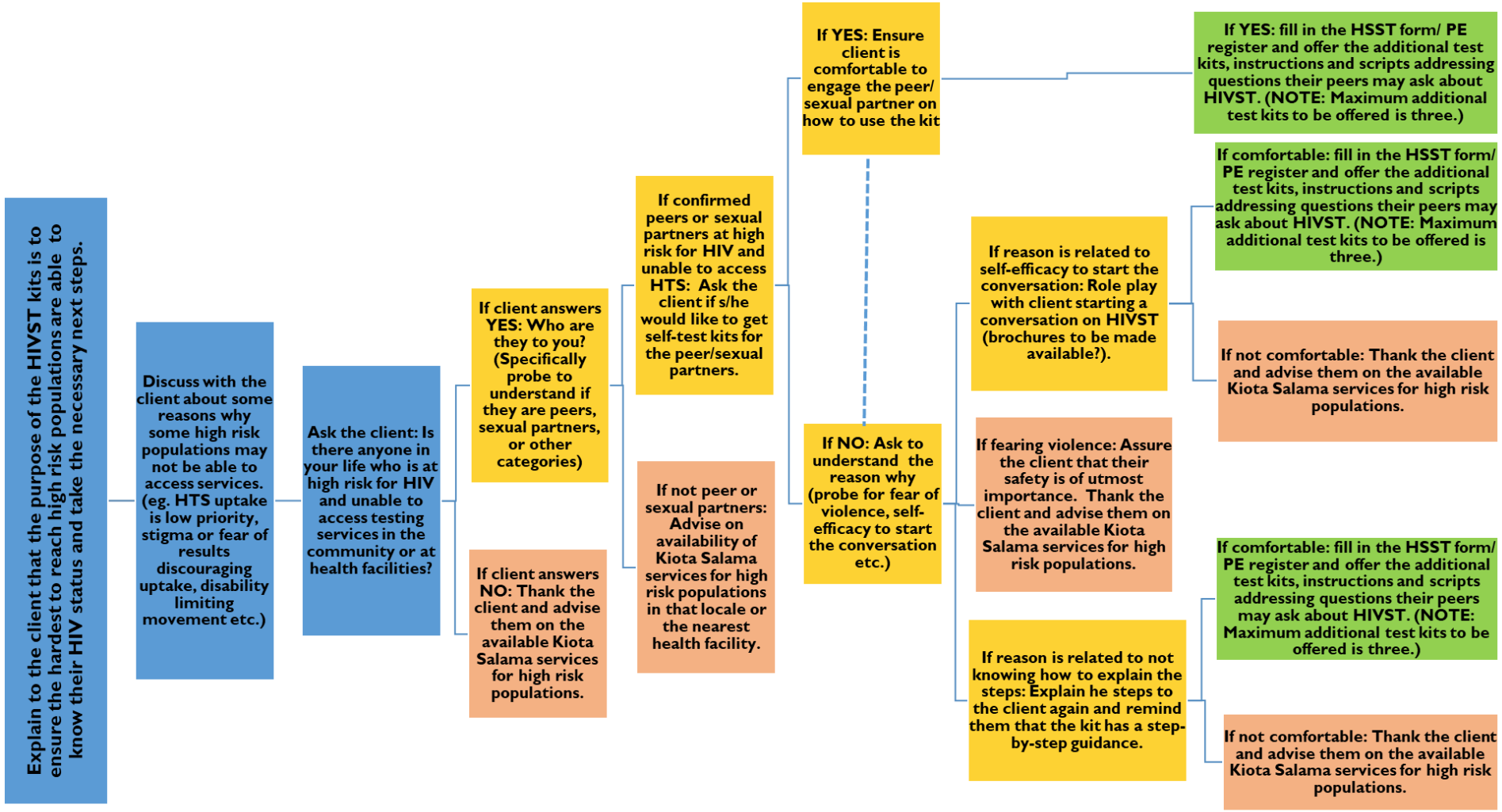
Other KPs - who will be testing through Sauti CBHTC+ services and seen by health care workers - will be coached on how to distribute additional test kit(s) to their sexual partners and persons in their peer network, with particular focus on reaching to high risk and hard to reach beneficiaries. Those receiving HIV self-test directly, as well as the secondary users (KP's peers and sexual partners), will receive information about how to perform the test, the meaning of the results, and the need for confirmatory testing if the HIV self-test is reactive.

Note: The HIVST trained biomedical providers will issue additional test kits to the peers /sexual partners only in the event the client fulfills either of the following criteria

- able to articulate the reasons why some high risk population might have limited access to both community and facility based HTS
- understands who would benefit from HIVST
- belongs to a network of hard to reach population
- feels comfortable to provide HIVST kits to the peer(s)/ sexual partner(s)
- no risk of violence

Figure 12 below illustrates the coaching required prior to issuing additional HIV self-test kits for secondary distribution. For more information, refer to the detailed HIVST SOPs shared as a separate document.

Figure 12: HIV self-testing Coaching Prior to Giving Additional Test Kits (Secondary Distribution)



Clients will be invited to receive their confirmatory test at a Sauti site, but may also choose to go to another site or health facility for confirmatory testing. All clients will be invited (voluntarily and anonymously) to share their test result and linkage through SMS, and may also receive additional information or a follow-up phone call or home visit through this system. This will allow the project to conduct surveys, and place self-testing orders for home delivery or delivery to hotspot locations. In selected health facilities, the project will attempt to document the uptake of confirmatory testing by those who have used HIV self- Confirmatory tests will be done using the national HTS algorithm. Clients who receive their confirmatory test at a Sauti site, will then be offered an escorted referral to CTC or community ART services, if available. In the three councils where PrEP and HIVST services overlap, high-risk HIV-negative persons who use HIVST will be linked with PrEP and uptake of linkage to PrEP following HIVST compared to conventional HTS will be monitored. Similar to PrEP, Sauti Project will support the development of HIVST SOPs, tools, and training curriculum to be used for building the capacity of the biomedical providers and the community-based HIV service providers.

Furthermore, consultative focus group discussions/meetings with KP beneficiaries will be designed to better design service delivery modalities for HIVST and PrEP, IEC/SBCC materials and messages will also be be developed. Additionally, Sauti is planning to support study tour by MOH to Jilinde – PrEP project in Kenya, and also support national TWG meetings (as needed). Apprenticeship program for GOT providers to learn and practice PrEP / HIVST service delivery using Sauti platform will also be offered.

Along with observational indicators, selected routinely collected indicators will be integrated into the existing Sauti QA/QI toolkit.

Sauti team will engage NACP technical/program staff in planning, implementation, monitoring, supportive supervision, operations research, etc. on PrEP and HIVST. Both PrEP and HIVST roll out will be conducted in close collaboration with RALG, CSOs, peer networks, and community leaders. Lessons learnt from data and field reports will be regularly documented and shared in national technical working groups (TWGs). This data will inform the national agenda and further shape the national response to HIV prevention.

Activity 1.4: Support quality control and assurance for HIV rapid test (HTS and HIVST)

Maintaining clinical quality is a key pillar of Sauti project. In FY18, the project will continue to support the national Internal Quality Assurance (IQA) system for HTS, with a focus on QA for demonstration projects on self-testing, counseling, and quality control for HIV testing performed by health care providers. HIV testing data will be recorded through the national IQC/EQA HIV Log Book, corrective action will be taken as necessary, and timely reporting and feedback to the national program will be supported. Sauti Project providers will participate in the national HIV providers' certification exercise. In the context of HIVST, demonstration on how to use the HIVST will be conducted before issuing it, to improve the quality of the HIV self-test performance; furthermore, all providers issuing HIV self-tests will be trained and proficient in performing and explaining

Activity 1.5: Integrate FP into Biomedical Services

Since the inception of the project, all the Sauti service delivery platforms have been serving as a one-stop-shop for both FP and HIV services to KVP. In FY18, the project will continue to provide FP-HTS integrated services in accordance with the national policies and guidelines. CSOs (through peer educators and empowerment workers) will continue to create demand for the services, while trained healthcare providers will provide HTS and FP services to eligible KVPs. For clients requiring intra-uterine devise insertion or long term permanent FP methods, escorted referral will be provided. Sauti will conduct trainings on social behavior change communication (SBCC) for peer educators and empowerment

workers, and FP short and long-term methods for healthcare providers, to standardize their skills for creating demand and providing FP services, respectively.

Activity 1.6: Provide technical assistance to MOHCDGEC (NACP & RCHS) and TACAIDS, and support them in the provision of preventive and clinical services to KVP

As a key technical assistance (TA) KVP partner, Sauti has always demonstrated leadership in supporting the MOHCDGEC (NACP and RCHS), TACAIDS, and other relevant ministries to review the national strategic plans, guidelines, SOPs, M&E tools, and curricula key to the quality delivery of HIV prevention/FP service to KVPs in accordance with global recommendations. In FY18, Sauti Project will support the review of the national KVP friendly health services (KVPFHS) training curriculum, HTS guidelines, and AFHS training curriculum. Additionally, Sauti will provide intensive support to NACP to update PrEP, HIVST, and community ART policies and guidelines, informed by the real-time project implementation of these interventions in the community.

Furthermore, Sauti Project will participate in curriculum development, and continue advocating for and supporting the MOHCDGEC in the roll out of HTS provision by lay workers. Project staff will continue to work with TACAIDS and MOHCDGEC to brainstorm around reduction of the age of consent for HTS, and will support RCHS in the planning for provision of injectables and implants to HIV negative and HIV infected individuals on ART (based on the 2017 WHO guidance on the possible risk of HIV acquisition and contraceptive failure). Sauti Project will also continue to support the KVP national agenda by participating to national fora and TWGs, particularly in providing technical guidance to the KP, HIV prevention, HIV C&T, and FP TWGs. In FY18, Sauti will continue to engage NACP, RCHS, and TACAIDS in conducting quarterly supportive supervisions to the regions.

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

SBCC interventions continue to be an important part of the Sauti project's combination prevention package in FY18, due to the critical role SBCC plays in improving HIV risk reduction behaviors and positive health outcomes across the continuum of care. Recognizing that beneficiaries and service provider's behaviors are influenced by a combination of factors at multiple levels, SBCC interventions will continue to draw on social ecological models of behavior change **(Figure 12)** to enhance impact from individual to the policy levels.

In FY18, Sauti Project will continue implementing activities aimed at improving positive behaviors and social norms at the individual and community levels, as well as strengthening support for positive gender norms and behaviors within communities. The overall aim of these activities will be to achive:

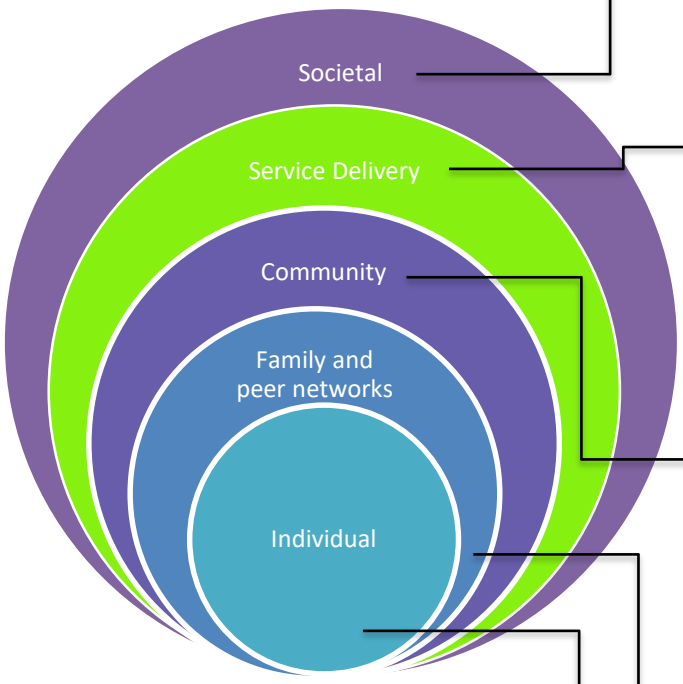
- Reduction in HIV transmission and acquisition
- Improved uptake of HTS, HIVST, PrEP, and FP services by KVPs
- Increased enrollment of KVPLHIVs to CTC clinics
- Timely initiation of ART at facility level and community service delivery points (including SNUs through which Sauti project will be implementing community ART under IRB) and
- Enhanced drug adherence and retention to C&T among HIV-infected KVP.

Behavioral Interventions

Social and Behavior Change Communication (SBCC) interventions will continue to be an important part of the Sauti project's combination prevention package due to its critical role in improving HIV risk reduction behaviors and positive health outcomes across the continuum of care. In recognition that beneficiaries and service provider's behaviors are influenced by combination of factors at multiple levels,

SBCC interventions will continue to draw on social ecological models of behavior change **(Figure 13)** to enhance impact from individual to the policy levels.

Figure 13: Ecological model and Sauti SBCC/Gender Interventions.



- Provide technical assistance to Government and other partners
- Advocate for KVP policy adherence to global evidence
- Sensitize members of parliaments and other GOT officials on KVP programming through gender transformative workshops

- Train project and GOT providers
- Integrate SBCC and biomedical services provision (linked to individual and peer network levels)
- Establish GBV case navigation to services
- Support KVP-friendly health service provision

- Sensitize police, media, security committees, and other key stakeholders
- Mobilize and capacitate KVPs to advocate for their health concerns
- Social mobilization of KVPs to encourage testing and service uptake
- Address power dynamics and inequitable gender norms to combination HIV prevention services through SASA model
- Consult with the KVPs community to solicit their views and involvement in project implementation, monitoring and evaluation.
- Support HIV/gender campaigns to increase awareness for combination HIV service uptake

- Establish vAGWY's empowerment Clubs
- Engage vAGWY's care givers and male partners for HIV combination prevention services
- Conduct group education activities to increase awareness and decrease stigma associated with HIV combination services
- Engage permanent partners of FSWs for HIV combination prevention services
- Strengthen use of social media by KVPs to reach their peer networks
- Facilitate establishment of peer support groups for service uptake and adherence

- Conduct inter-personal communication activities to increase awareness and decrease stigma associated with HIV combination services
- Supported escorted referral to care and treatment clinics through the CBHS providers
- Promote and provide condoms through CBHS providers

These interventions will be primarily delivered through CSOs, with close engagement of KVP networks and peers using a variety of platforms to support the Test and Start national policy. In all these platforms, peers will provide behavior change messages for prevention, care and treatment for HIV targeted to KVP specific behaviors and needs, and addressing key social, cultural, and practical barriers to positive behavior change including barriers to HIVST and PrEP. Sauti will strengthen the engagement of CSOs and KVP networks to effectively participate in the development and use of KVP group-specific messages and IEC materials aimed at increasing the uptake of HIV testing, linkage to care and treatment. In order to promote positive prevention behaviors among KVPs living with HIV, Sauti will facilitate peer support groups (established in coordination with NACOPHA and based on an integrated NACOPHA-Sauti curriculum), where beneficiaries will be empowered with knowledge and skills to enhance adherence, retention, and disclosure. Moreover, Sauti will strengthen the use of powerful real life stories from KVPs living with HIV to normalize and destigmatize positive health behaviors across the treatment cascade using a combination of communications channels (including face-to-face, print and audiovisual). Additionally, Sauti will continue to implement activities geared towards reducing internalized and anticipated stigma related to HIV/AIDS. Sauti will implement the evidence-based approaches outlined in the **Table 12** below.

SBCC platforms

- individual/ group education sessions (using an SBCC curricula adapted to meet the needs of different KVP groups)
- Alcohol recovery groups (established based on the Steps to Healthy Living program from SAPTA Kenya)
- "Empowerment groups" for people living with HIV (PLHIV)
- WORTH+ groups.

Table 12: Sauti SBCC strategies for HIV prevention

Activity
Use of mHealth (SMS) and Social media (WhatsApp) to follow up beneficiaries, with particular focus on HTS, ART and PrEP uptake
Engage KVP CBHS providers to identify peers for HIV testing and link newly identified PLHIV to CTC
Engage KVP CBHS providers to create awareness for service uptake during 1-1, group education and SASA! activities
Roll out community mobilization and empowerment activities to ensure that HIV prevention and C&T services are accessible for KVPs
Support peer support groups to enhance adherence, retention and disclosure

Building upon the strong contribution made by the project to the national SBCC agenda for KVP, Sauti will support the creation of an enabling environment for service delivery. It will do so by continuing to provide TA to the MOHCDGEC (through NACP, the Health Promotion and Education Section (HPES), and TACAIDS) to develop policy documents and SBCC materials, and to build LGA capacity on KVP programing. Sauti will collaborate with the new USAID-funded communication program (USAID Tulonge Afya), UNAIDS, and Save the Children KP program to support the treatment literacy campaigns.

Gender being a crosscutting intervention, Sauti will continue to mainstream gender transformative activities into all Sauti Project interventions and services in FY18.

Activity 2.1: Continue rolling out interventions to increase awareness and uptake of services and reduce HIV acquisition risk for KVPs

Awareness-raising and behavior change education will continue in FY18, but will be revamped and more targeted towards identifying PLHIV and at-risk HIV-free KVPs, particularly vAGYW (in the context of the DREAMS initiative). Sauti will support SMS and social media platform targeting beneficiaries from the

project database, utilizing risk-tailored messaging. For instance, national messages related to HIV prevention and ART will be adapted and delivered to KVPs living with HIV and at risk for infection.

SBCC activities will be aligned to address key barriers and enablers to HIV-prevention and uptake of services. The activities will serve to strengthen uptake of biomedical services to meet the HIV testing "yield", improve uptake of HIVST, and increase enrolment in PrEP and Community ART, and enhance adherence and retention. Micro planning will ensure targeted interventions based on high yield hotspots. Activities will be conducted at a variety of venues, such as private residences (particularly for MSM), workplaces (e.g., brothels, mine sites, fishing communities, truck and motorbike drivers parking places, seasonal workers' warehouses); and nightclubs (with moonlight events targeting KP and their partners). All KVPs reached by the CBHS providers and accessing biomedical services will also receive condoms, and KVP-specific IEC material will be made available for individuals to take if they feel comfortable (to ensure that having this type of material will not increase stigma or put the individual in any danger).

2.1.1: SBCC interventions for increased uptake of HTS, HIVST, and PrEP

In FY18, Sauti will build upon the experiences of the **"know your epidemic"** approach, which has been implemented across the past 25 months of operation (FY15-FY17). Safety and security of KVP beneficiaries and the CBHS providers are first priority, and strengthening the risk assessment and management system will allow rapid response to any emerging issue. SBCC activities will employ a variety of approaches, such as creating men-centered and friendly services, KP incentivized peer networks, workplaces-based mobilization activities, targeted messaging to increase uptake of HIVST and PrEP, and specific SBCC approaches to promote ART initiation, adherence, and retention. The design and development of all strategies and materials will involve consultation and partnership with MOHCDGEC, TACAIDS, CSOs, and KVP beneficiaries.

HTS and HIVST to KVP

CBHS providers will conduct interpersonal communication activities at hotspots, and social media (WhatsApp and SMS) will reach high risk beneficiaries who tested HIV negative in the past and through them, reach additional peers to whom the same messages can be forwarded. Messages encouraging AGYW and KP to undergo HIV testing will continue being integrated into existing group education curricula, and initiatives such as SBCC education to KP, sport development programs and youth clubs (in the DREAMS context). Population-appropriate language and clear messages that advocate healthy behaviors and empower beneficiaries to take responsibility for their own health will form the foundation of all SBCC activities and materials regarding HIVST and HTS.

In the councils where Sauti is implementing SBCC activities (see table 1), KPs and their peers will be mobilized to access HIVST, as mentioned in Objective 1. Before rolling out HIVST, Sauti will conduct consultative focus group discussions with KPs and their partners to examine attitudes related to self-testing, and potential barriers and enablers to uptake. These discussions will inform the design and content of messaging, and the communication modalities for HIVST. Additionally, Sauti will develop and distribute Frequent Asked Questions (FAQ) materials to targeted communities to increase awareness and reduce misconceptions.

Men under 30s

Recognizing that strategies to involve men in prevention and care activities critically needed, SASA! Community Activists Community champions and drama groups will promote gender transformative HIV prevention and treatment. Male CBHS providers' and SASA! team trainings will focus on engaging men to discuss and reflect on gender inequities, to consider the ways in which women are often disadvantaged (including the expectation that they take sole responsibility for childcare, SRH matters, and domestic tasks), as well discussing risky behavior and the need for HIV prevention. Platforms like

SASA! dialogues and edutainment events at soccer games and other sport and social events will create awareness about HIV testing, early ART initiation, adherence, and retention, and promote positive gender norms among young men. As mentioned previously, the SBCC initiatives are complemented by biomedical service provision, at preferred times for male clients (such as evenings, nights and weekends), in geographical identified hotspots/recreational areas, and alongside their services (e.g. hypertension, diabetes, and prostate screening) to reduce the stigma associated with HIV testing and incentivize care seeking.

Tulonge Afya will hold radio programs, and small group debates with young men participating will follow these programs. Furthermore, building upon the Swaziland experience of Male Mentoring Camps, intensified support will be provided to AGYW's male partners in DREAMS areas. These partners will be invited to participate to camps using youth friendly methodologies - such as outdoor challenges, edutainment games, art and cultural observances – to facilitate discussions on masculinity, gender awareness, goal setting, HIV and male health issues. Concurrent biomedical services will be available, and participants will be offered a comprehensive suite of male health services including HTC and C&T, VMMC, STI and TB screening, nutrition classes.

KP Incentivized Peer Networking (IPN)

The use of structural interventions such as individual or community-based financial incentives to increase uptake of HIV prevention interventions is an area of growing interest to which Sauti is planning integrate into programming. Based on lessons learned from other countries, in FY18, Sauti will support the roll out of incentivized peer network by trained CBHS providers and in selected councils with high yield-target and selected regions with high-HIV positive target. The CBHS providers will distribute vouchers to their high-risk peers who will be directed to access mobile CBHTC+ services; CBHS providers' incentives will be issued upon identification of new peers living with HIV. This model will be closely monitored and documented so to be able to inform the national agenda, and to ensure that the model does not result in unintended negative consequences (such as coercive behavior on the part of CBHS providers, discouragement away from testing on the part of non-incentivized peers, or an increase in risk behavior among peers who wish to receive incentives). In line with the project goal and objectives, the roll out of incentivized peer network will aim to increase identification of HIV-infected KP, link them to care and treatment services and timely start them on ART; concurrently, those FSW testing HIV-negative, will be offered PrEP at selected councils where such service will be made available.

PrEP

PrEP SBCC strategies and material have been developed under the Bridge to Scale project in Kenya, and Sauti has conducted focus group discussions on PrEP with FSW in FY17. These, along with the preliminary findings of the PrEP-related formative research conducted by Population Council in Tanzania and other countries, will be used to develop SBCC messaging and activities for delivery of PrEP to FSW in four selected councils across three regions. The messaging will focus on FSW-related work-hazard, and on the desire for intimacy with an HIV-positive partner, peer/partner/family support, condom use, and access to free PrEP. In an effort to avoid stigmatizing the product by linking PrEP to FSW, Sauti will raise awareness of the new service through the peer networks, social media, and sending automated SMS messages to consented HIV negative FSW recorded into the project database. The project will work with satisfied PrEP users to create a pool of in-country PrEP testimonials and champions, and build the capacity for champions to present their testimonies at community mobilization activities and group education sessions for other FSW. All PrEP SBCC activities will be undertaken in collaboration with NACP and TACAIDS. Sauti will support the establishment of PrEP support groups for adherence and retention. Within these groups, FSWs will be exposed to PrEP and HIV-related stories, and will be given the opportunity to document their own stories and develop their own casebook, increasing their agency and social cohesion. Trained CBHS providers from the peer network will manage these groups.

2.1.2: Implement SBCC activities to increase uptake of Community ART (as well as enrollment to CTC), adherence, and retention

Interventions incorporating constructs from behavioral economics and psychology are recognized to have enhance HIV `treatment as prevention' (TasP) strategies. Sauti will integrate key concepts of behavioral economics such as the provision of incentives (SBCC materials like calendars, testimonial cards,) use of SMS messages as positive behavioral reminders, priming/ framing, and harnessing social influences for HIV testing and linkage to treatment. Within the Sauti platform, about 6,600 KP living with HIV will be invited to join peer support groups established in coordination with NACOPHA and based on an integrated NACOPHA-Sauti curriculum. Within these groups, beneficiaries will hear and share HIV and ART case stories, drawing from their personal and peer experiences. These groups will be managed by trained CBHS providers (preferably peers also living with HIV), who will receive orientation on ARV adherence counseling and early recognition of side effects, so as to be able to rapidly refer the PLHIV for medical care if required. CBHS providers and the community ART biomedical team will share a WhatsApp network for rapid information exchange and advice. Community-ART specific SBCC material targeting KP living with HIV will be developed through focus group discussions and distributed through these support groups and peer networks.

Activity 2.2: Implement individual and group education sessions

Following the process evaluation and consultation with KVP beneficiaries and technical experts from MOHCDGEC and TACAIDS in FY17, Sauti reviewed its group education curriculum, job aides, and other materials to align with the national KVP guideline and GOT KVP strategies. In FY18, the project will implement SBCC activities that reflect the changes made. The KVP-specific curriculum and job aide content will be strengthened through the incorporation of the new HIV prevention tools such as HIVST, PrEP, community ART.

The project will focus on reaching KVP at scale, through curriculum-based as well as low dose high frequency education sessions, which are a component of CBHS provider interpersonal communication activities. Where possible, Sauti will upload audio-visual clips generated by the USAID Tulonge Afya program to the project's mHealth application for CBHS providers to use in peer education and awareness-raising activities.

The project will also pilot a social cohesion and social participation index to assess the factors that may help reduce HIV risks and optimize health-seeking behaviors. CBHS providers will conduct the index pilot assessment at the start and end of SBCC group education to FSWs, in Dar es Salaam, Mbeya, and Shinyanga regions.

Finally, Sauti will leverage the highly successful and award winning Shujaaz comics, radio shows and other media. Collaborative work with Well Told Story (WTS) will support the roll out of the Shujaaz platform, targeting AGYW and men under 30s audience segments. Utilizing the Tulonge Afya platform, Sauti will provide TA to Kanga Rue Media (KRM) for the development and implementation of a new KP transmedia platform. Sauti will work with Dimagi to increase CBHS providers' access to job aids, training materials, and supportive supervision.

Activity 2.3: Promote gender equality

Sauti project will continue promoting gender equity in service delivery, addressing gender norms, and reducing the stigma and discrimination that hinders KVP access to health services. Sauti will continue mainstreaming gender in interventions, promoting and supporting gender and GBV sensitization with high-level police officers and security committees, implementing the SASA! package, and including gender equity and GBV into the KVP curricula, job aides, and IEC material.

In collaboration with TACAIDS and NACP, 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 KP HIV programs. In FY18, particular focus will also be placed on stigma and discrimination, and efforts will be put into constructing effective indicators to track changes.

2.3.1: Increasing gender equity in HIV programs and services, including reproductive health

In FY18, Sauti project will continue rolling out the annual four-day training on GBV, gender, and sexuality to the project team. The purpose of this is to engender empathy for gender and sexual minorities and enthusiasm for responding to their health and HIV needs. The team will learn how to meaningfully engage with gender and sexual minority beneficiaries and connect to local gender, sexuality diversity resources. Participants recognize how stigma and discrimination negatively affect gender and sexual minorities' health and lives, and identify opportunities to reduce this impact. The training provides practical guidance on creating welcoming, inclusive, and equitable workplaces and designing effective health and development programs to reach those most at risk. To assess and ensure gender equity at project services, Sauti will routinely utilize a Jhpiego-pioneered gender performance assessment tool at all biomedical service delivery points. This tool lists evidence-based operational standards against which the service is scored, and an improvement plan of action is developed.

2.3.2: Preventing, detecting and responding to gender-based violence

Based on the success of the FY17 GBV screening pilot using CBHS providers and empowerment workers at SBCC and WORTH+ groups, Sauti will scale up this approach to all DREAMS supported councils in FY18. It is hoped this service delivery model will address some barriers to GBV case identification at CBHTC+ services. Every GBV screening point (CBHTC+, SBCC, and WORTH+ groups) will continue to hold a council-level directory of medical, legal and social services. This enables them to effectively link GBV survivors to the services they need that are not provided by Sauti. In FY18, Sauti will place emphasis on mapping KP-specific services, their referral preferences, and those services that the project has assessed as safe for them. Escorted referral, HTS, and emergency contraception for post GBV care will continue to be offered at project sites. The project will integrate the module on biomedical management of GBV cases within the KVP training for health service providers in selected facilities. Sauti will establish community emergency/ GBV crisis response systems in each Sauti council and, along with the national police gender desk, will seek to establish a toll free number for GBV police response.

2.3.3: Continue to implement Start Awareness Support Action (SASA!) model in DREAMS councils

Sauti Project will continue supporting SASA! Interventions to challenge negative community social norms, and address GBV and violence against AGYW and KP. The project will continue to use local activism, media and advocacy, communication materials, and training to reach a variety of audiences through these various modalities. In FY17, Sauti rolled out the *Start* and *Awareness* phases of SASA!; and in FY18, Sauti will continue implementing the *Support* and *Action* phases. By tracking outcomes and conducting follow up assessment surveys, the project will ensure it moves to the next phase at the right time. In the *Support* phase, community members engaged in the SASA! intervention will be supported to discover the best and practical approaches to support women, men and activists directly affected by or involved in these interconnected issues, by joining their power with others. In the fourth and final *Action* phase**,** community members will explore ways to take action, and will use their power to prevent violence against women and HIV transmission. The model will be modified from FY17 to meet the DREAMS expectation of reaching men and women with at least 10 hours of HIV prevention and gender norms education through the SASA! dialogues.

Activity 2.4: Create 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, violence, and abuse at the hands of providers, the law enforcers and other state actors, and ultimately increasing HIV risk. Widespread consensus exists among government, UN agencies, NGOs and health and social service providers that in order to halt national HIV epidemics an enabling environment must be created to support HIV prevention and treatment efforts while ensuring law enforcement and public safety. Therefore, to prevent further spread of HIV in Tanzania, as is the aim of the NACP and TACAIDS, Sauti will support the government to create an enabling environment by conducting gender transformative workshops, increasing community leaders' understanding on KP dynamics and impact on the HIV epidemic, sensitizing media, police and security committees on the same.

2.4.1: Empower local government and key stakeholders to foster an enabling environment for HIV services among KP

In partnership with CSOs, KVP networks, NACP, and TACAIDS, Sauti Project disseminate a guidance document to community leaders that provides the background and the rationale for supporting KP programming in the context of public health. The document will also address common misconceptions and stigmatizing statements, and advise on how to deal with such events. Sauti will continue to monitor changes in the legal landscape as it influences KVP programming.

2.4.2: Provide TA to MOHCDGEC, TACAIDS, and other Ministries in the provision of SBCC/Gender/GBV services to KVP

Sauti Project will continue providing TA to MOHCDGEC and TACAIDS in promoting the SBCC HIV prevention agenda for KVP; spearheading the national Male Involvement Strategy, particularly as related to Test and Start; mainstreaming gender in national policies and strategies; participating in relevant TWGs; and ensuring that global standards and recommendations and brought to the national forum. Under the leadership of MOHCDGEC/ NACP and TACAIDS, and in close coordination and collaboration with UNAIDS and Save the Children under the Global fund against AIDS, tuberculosis and malaria (GFATM), Sauti will consider modalities for implementing a Treatment Literacy Campaign aimed at improving the uptake of HIV treatment, with particular focus on mobilizing community leadership to accelerate the pace of Test and Start implementation. Sauti project will support the GoT's commitment to the 2014 UNAIDS fast tracking strategy to end AIDS by 2020. Sauti will work collaboratively with the USAID Tulonge Afya communication program in the overlapping regions of Tabora, Dodoma, Arusha, Kilimanjaro, Singida, Mtwara, Iringa, Njombe, and Shinyanga. Sauti will also coordinate with T-MARC in supporting the regionalized radio messaging and radio-discussions under SASA! Programming.

Structural (WORTH+) Interventions

In FY18, Sauti will increase the engagement of LGAs supporting WORTH+ groups by engaging Municipal/ District Executive Directors (DED), Community Development Officers, Policy and Planning Officers, Social Welfare Officers and other key LGA officials in planning, implementation, supervision, and monitoring of WORTH+ activities. Sauti will encourage these individuals to collaborate and advocate for LGAs to support the registration of WORTH+ groups at council level, making them eligible to receive technical and financial support. As the cost of registering these groups is high in some of the councils, Sauti will work very closely with the MOHCDGEC and PO-RALG to advocate for reduction and/or subsidization of registration fees by the LGAs. A small budget will be set aside for facilitating the registration process, and cost share opportunities will be explored with private partners.

2.5. Establish new WORTH+ groups, continue to support those established in FY16-17, equip vAGYW with business and entrepreneurship skills, and link them with public and private sector

Establish and continuing supporting WORTH+ groups

In addition to the 124 EWs supporting the existing 1,356 WORTH+ groups, Sauti will recruit and train 256 additional EWs in FY18, who will, in turn, establish and support 1,280 new WORTH+ groups in the DREAMS councils. These EWs take a low-dose high frequency approach to roll out the integrated curriculum of community banking and financial literacy, SBCC and gender transformative HIV prevention and FP, and better parenting. This curriculum includes sessions on developing group rules, maintaining records, leadership, savings, 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 beneficiaries' abilities 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 from dividends from the group loans.

Sauti Project will utilize recently revised **"Selling Made Simple,"** an evidenced-based, easy-to-read, financial literacy curriculum tailored to vAGYW with low levels of formal education, to guide them to develop and strengthen small-scale businesses. The curriculum empowers the vAGYW with the knowledge of to identify business opportunities, 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 also be provided to vAGYW as part of the WORTH+ package in the DREAMS councils. Trained EWs will conduct knowledge and skill building sessions using the Parenting Education module to improve the use of positive child discipline by parents and expectant mothers. All WORTH+ members will be encouraged to partake of parenting sessions, as the skills acquired could be relevant in their future if they become parents, guardians, or caretakers of younger siblings or other children in their communities. Learning aids provide a starting point for sharing experiences and group discussions, on topics such as positive parenting, identifying children's behavior, understanding factors that contribute to negative and positive behaviors, types of children's growth, special needs, and how to be a role model to a child. As children of AGYW living with HIV might be potentially exposed, EWs will use this platform to educate and sensitize HIV positive mothers to take their children for HTS; Sauti CBHTC+/HBTC+ teams will also be available to test both mothers and children at their meeting places.

Equip vAGYW groups with business and entrepreneurship skills, and link them with the public and private sector, as well as other NGOs

Guided by a recently revised youth focused Worthy manual and youth employability curriculum, Sauti Project will continue to scale up efforts to equip vAGYW in WORTH+ groups with age appropriate business and entrepreneurship skills. Further, Sauti Project will continue to link eligible vAGYW with Kizazi Kipya for vocational skills training scholarships according to their interest and market analyses. In addition, Sauti will coordinate and leverage ongoing initiatives for synergies where possible (e.g., Plan International, Innovation Challenge and BRAC) to facilitate the vAGYW enrolling into subsidized vocational training education. In addition, Sauti will continue to link vAGYW for apprenticeships with successful businesses and enterprises in their local environment. Other WORTH+ group members not eligible for Kizazi Kipya Project will be encouraged to borrow from the group funds to finance their training. Negotiations will continue for VETA to provide tailor made programs at a reduced fee to the WORTH+ group members.

In FY18, Sauti will support 4,751 WORTH+ groups' beneficiaries aged 18-24 from 43 rural wards in three councils (Msalala DC, Ushetu DC and Kyela DC) to engage in farming activities and agribusinesses, tailoring, hair dressing, tool-making, etc. to increase productivity and diversify farming ventures. Agricultural activities will increase productivity for household surplus, impart basic farming and 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, established in FY16 and FY17, Sauti 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 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.

Facilitate Empowerment Workers Quarterly Meetings
Every month, EW and CSO staff come together to share good practices and learn from one another. These meetings keep the Socio-Economic Empowerment Officers (SEEOs) and local partners informed of project progress, and any challenges that participants face during their work. Additionally, the meetings focus on mapping out WORTH+ graduation processes and developing plans for supporting individuals who transition to become independent; reviewing the registration progress and status of WORTH groups; progress on AGYW's CFH enrollment; and innovations to support AGYW agency.

Activity 2.6: Digitalize group-level recordkeeping and avail it in a mobile format

In FY18, Sauti will pilot MyWORTH app and gradually transition from the current paper-based ledgers to e-ledgers for recording accounting transactions in all DREAMS councils so to increase efficiency, and reduce data entry and funds records errors. The e-ledgers and mobile applications will not only simplify recordkeeping but also decrease transaction time, and will include opportunities for e-learning and peer-to-peer knowledge sharing. Participating vAGYW will receive training on e-ledgers use for their individual and group recordkeeping. With improving of MyWORTH and full group usage savings and loan records from participating groups will be available electronically for sharing with formal financial institutions as credit records, as requested by the groups/AGYW.

Activity 2.7: Conduct vulnerability assessment of vAGYW in existing WORTH+ group to determine eligibility to graduate from the Sauti program

Sauti will continue to assess, classify, and graduate 13,944 vAGYWs participating in FY16 and FY17 established WORTH+ group cohorts, who have received a level of economic security and can care for their basic needs. Graduations will be in accordance with the standards as articulated in the Economic Wellbeing Assessment Tool (EWAT) and the Site Improvement Monitoring Systems (SIMS) tool. Sauti Project will assess their vulnerabilities and track their progress (based on economic strengthening pathway model), before determining whether they are ready to graduate. After being assessed and ranked, vAGYW will be provided with relevant interventions as described in the economic strengthening pathway guidelines to help them successfully navigate anticipated economic obstacles.

Activity 2.8: Provide stimulus financial support to financially constrained vAGYW to facilitate enrollment in Community Health Insurance Fund, participation in WORTH+ groups, and registration of WORTH+ groups with LGAs

Sauti's experience implementing WORTH+ in FY16 and FY17 led to the realization that some vAGYW enrolled and participating in WORTH+ were too poor to afford contributing as little as $0.20 towards mandatory group savings, forcing these potentially highly vulnerable beneficiaries to fail to enroll or drop out. As a strategy to make WORTH+ more inclusive, in FY17, Sauti established a system for some vAGYWs to participate in WORTH+ sessions and learn about the other components of the package without having to contribute and save. However, it was observed that this did not increase participation and inclusion of all at risk AGYW. Therefore, based on the experience in Kyela DC whereby through ILO support Sauti provided **"revolving funds"** to vAGYW to facilitate their participation in economic

empowerment activities, in FY18, Sauti is planning to establish a revolving fund mechanism for other DREAMS councils. Mechanisms and modes of operations will be determined and operationalized after a thorough analysis of the Kyela lessons, and following consultations with the Shinyanga Regional Secretariat, respective LGAs, and USAID.

Adolescent and youth SRH is a public health priority, and a strategy to increase inclusivity and access to health care by vAGYW is by promoting and increasing the enrollment of beneficiaries to the Community Health Fund (CHF). In FY18, with guidance from USAID, Sauti will support WORTH+ groups members to enroll to CHF - and special NHIF packages in Temeke municipality, where CHF is not operational. CHF cards will ease financial burdens to meet the medical cost for themselves and their family members. Similar to the revolving fund scheme, the modus operandi will be developed in consultation with USAID, CSOs, and LGAs. Budgets for both the revolving funds and CHF enrollment will come from the OVC_Serv budget code, and cost share opportunities will be explored for these initiatives.

5.5 Objective 3: Execute a robust research and learning agenda

In FY15, under the leadership of NACP and TACAIDS, and in coordination with USAID/TZ, Sauti developed a research and learning agenda to identify and effectively use interventions with the greatest opportunity to prevent new HIV infections, care for those infected and affected, and improve uptake in FP amongst KVP groups during the 5 years of the project. At project startup, Sauti established a Research Advisory Committee (RAC) comprising of members from the government including MoHCDGEC (NACP, RCHS), TACAIDS, PO-RALG, MoH, Ministry of Information, Youth, Culture and Sports (MoIYCS), TASAF; development partners such as USAID, CDC, UNAIDS, and UNDP; international and local academic institutions including Johns Hopkins University, MUHAS, UDSM; and KVP beneficiaries. The RAC - a subcommittee under the larger multidisciplinary TAG - is tasked to advise and guide the development and implementation of Sauti's research and learning agenda. As of end of FY17, several research studies have been wholly or partially completed, and data is and will continue to be used to inform programming. In FY18, Sauti will conduct dissemination of the completed studies, finalize the ongoing studies, and roll out the pending ones.

Activity 3.1: Disseminate KP Enumeration and Mapping Study results

Population size estimates of KPs are crucial to direct interventions including determining the scope and coverage of the interventions, assessing the saturation, and informing national policies and strategies. Under the leadership of the MOHCDGEC, since FY16 Sauti has conducted a mapping and enumeration study whose objectives were: 1) to map the sites where FSW and MSM congregate, profile the main subtypes, and estimate the sizes of these populations in Tanzania, 2) to obtain more precise estimates in selected areas where Sauti interventions are in place or planned by oversampling in those locations, and 3) to contribute to the development of crude national estimates of FSWs and MSM populations in Tanzania in collaboration with the Ministry of Health.

Data collection and analysis of the enumeration and mapping activity are complete, and in FY18, Sauti will work on dissemination and use of the findings, with NACP and USAID, among other key stakeholders. A technical report and manuscript will be finalized in FY18, and writing and dissemination workshops will be done in close coordination with NACP.

Activity 3.2: Disseminate MSM and FSW formative research study results

In FY17, Sauti conducted formative research - one for MSM and another for FSW - aimed at understand KP preferences for HIV and FP-related service delivery (including HIVST and PrEP), views on beliefs, social norms, behaviors and attitudes; and to develop a typology of sexual partners of KP. The data collection

and analysis is complete. In FY18, the project will prepare a final report, and two manuscripts, one for MSM and another for FSW.

Activity 3.3: Conduct Research on Cash Transfer Interventions Among vAGYW (CARE)

As an integral component of DREAMS-funded activities, Sauti has been implementing a cash transfer intervention in Kyela DC (Mbeya) and Msalala DC, Ushetu DC, Shinyanga MC, and Kahama TC (Shinyanga) since FY17. vAGYW aged 15-23 years receive Tanzania Shillings $31.5 every three months through mobile money on their cellular phones donated by Tigo for a period of 18 months. The first cohort of beneficiaries received their first cash disbursements in FY17 Q1. Due to the staggered start of cash disbursements, some of the cohorts will graduate in FY18 and some in FY19. As a component of the cash transfer program, Sauti will be implementing a cluster-randomized controlled trial aimed at answering the following questions: 1) do unconditional cash transfers (UCT) reduce new infections of HSV-2 among vulnerable AGYW (VAGYW) in Tanzania? and 2) do cash transfers conditioned on participation in economic strengthening sessions reduce new infections of HSV-2 among VAGYW? The impact of the intervention will be assessed on three outcomes: HSV2 status, transactional sex, and concurrent sexual partnerships. Baseline data collection will commence in FY18 Q1 and FY18 Q2, then every six months up to FY19. Sauti will continue to engage USAID in all stages of the study implementation, monitoring, and analysis.

Note: Due to randomization challenges that led into imbalances in the study arms, in consultation with USAID, Sauti will reduce the number of arms from 3 to 2. To measure the independent effect of WORTH+ on the outcomes mentioned above, Sauti will additionally conduct a nested case control study and/or employ propensity score analysis methodology. These changes will not lead into increased costs of conducting the study and neither will it compromise the quality of the evaluation.

Activity 3.4: Pilot STI PPT for FSW and MSM

As part of the EJAF public-private partnership, *Sauti* is implementing a study of STI PPT for FSW and MSM. Sauti will collaborate with the STI team at NACP to determine the prevalence of gonorrhea, chlamydia, and syphilis amongst FSW and MSM prior to and following PPT in CBHTC+/HBTC+ services. The results of this pilot will provide programmatic guidance to MOHCDGEC for the review of the national STI guidelines. Data collection will commence in FY18.

Activity 3.5: Measure client satisfaction and changes in behaviors and social norms through the SMS cohort surveys

The Sauti research team will develop and implement a protocol for using SMS to survey KVPs on satisfaction with biomedical, behavioral and structural services, risk behaviors, and norms. This study aims to track changes over time within a cohort of beneficiaries, and compare with routine data on utilization of Sauti services, including dose/exposure to Sauti interventions. In FY18, the response for answering clients will receive a small top up of airtime on their phones. In addition, Sauti will implement client satisfaction/feedback surveys for all clients who attended CBHTC+/HBTC+ services.

Activity 3.6: Prepare results of the roll out of the vAGYW Index for publication

In FY15, Sauti began piloting the vAGYW Index, designed to identify 15-24-year-old females most vulnerable to HIV infection in Sauti projects and communities. In FY16, Sauti integrated this Index into CBHTC+, drop-in centers (DIC) and BCC interventions, collecting close to 4000 individual responses to the Index. The Index uses the national Unique Identifier Code, enabling Sauti to track uptake of services by vAGYW, and their health outcomes. Linkage of the Index and Biomedical databases was performed, data analyzed, and results used to refine the Index, following which Sauti disseminated the Index to DREAMS partners. In FY18, Sauti will link additional data between the Index, use of biomedical services, and health outcomes, and perform confirmatory analysis of the Index after the version update. Dissemination of findings will be undertaken in FY18.

Activity 3.7: Publish results of desk reviews on KVPs in Tanzania, sub-Saharan Africa and beyond

The NIMR-led Sauti research team conducted systematic reviews of HIV interventions for KVPs in Tanzanian settings and beyond in an attempt to identify research and knowledge gaps. Two systematic reviews (i.e., *"Delivery and uptake of HIV prevention interventions among men who have sex with men in Sub-Saharan Africa",* and *"Access to voluntary HIV counselling and testing among female sex workers in Sub Saharan Africa: a systematic review")*, both registered on PROSPERO, are in the final stage of development. In FY17 Q3, the search strategies for the two manuscripts were updated using Cochrane Systematic Review Software (Covidence), and the manuscripts re-written based on the outputs of the Covidence. In FY18, the Sauti research team will finalize and submit the two manuscripts to peer-reviewed journals. Through disseminating the findings of these reviews, the Sauti team hopes to share identified gaps in knowledge with a broad audience, and potentially attract additional research to Tanzania to help bridge those gaps.

Activity 3.8: Support the implementation of other collaborative research studies

Sauti platform provides for an opportunity to nest operational researches geared towards informing the KVP programming agenda. Since the inception of the program, various partners (local and international) have continuously expressed interest to collaborate with Sauti Project. Under the leadership of USAID, several collaborations have been established. In FY18, Sauti will continue to support the following studies. These include:

- Population Council – supported Community ART in FSW (Njombe & Mbeya)
- Population Council – supported FSW FP Safe Conception Study (Dar es Salaam)
- Bill & Melinda Gates Foundation – supported study (qualitative and behavioral economics) to evaluate the effect of cash transfer in vAGYW in Shinyanga [implemented by University of North Carolina and Final Mile)
- Bill & Melinda Gates Foundation – supported study (behavioral economics) to evaluate the effect of incentivized savings in vAGYW receiving cash transfer in Shinyanga [College of William and Mary, Virginia)
- Bill & Melinda Gates Foundation – supported study (human centered design study aimed at developing strategies to increase vAGYW and young adolescent population in engagement with HIV testing and care, implemented in Dar es Salaam (Temeke) and Mbeya (Kyela) [M4ID]

5.6 Objective 4: Increase the sustainability of comprehensive HIV prevention services by strengthening engagement and ownership of host government, CSOs, and communities

Like in many other countries in sub-Saharan Africa, substantial gains have been registered since the inception of PEPFAR. However, these gains remain threatened if we do not take action to ensure that the HIV response is sustained. Achieving sustainable epidemic control will require increased country ownership in four main dimensions, i.e., *political responsibility and stewardship*, *institutional and community ownership*, *capabilities*, and *mutual accountability*. In FY18, Sauti Project will continue to hardwire sustainability into its programming, and will focus on strengthening the engagement of the government, civil society, beneficiaries, the community in implementing interventions towards achieving 90-90-90 goals. Specifically, Sauti will:

1) continue to intensify the collaboration with the MOHCDGEC, TACAIDS, PO-RALG, PMO, MoHA, MoIYCS, etc. to advocate for the creation of an enabling policy and legal environment which supports the implementation of KVP HIV programming

2) engage CSOs, KVPs, and the community in developing and implementing HIV prevention, C&T, and support interventions

3) advocate with LGAs to ensrure that council health plans include budgets for supporting KVP HIV programming; and

4) ensure quality services which meet accepted national and international standards.

Partnerships and collaboration with other stakeholders will also be established. Sauti will establish MOUs and sustainability plans with newer councils, and also continue to monitor the implementation of sustainability plans for older councils.

4.1. Conduct introductory meetings with regional and district authorities and other KVP stakeholders in one new region and ten new district councils

In FY18, Sauti will expand to Manyara region, as well as including eight new councils in the four regions where Sauti has been operating in FY15-17. Prior to rollout of services to the new locations, Sauti will conduct introductory and regional/ council – level stakeholders' meetings. The purpose of these meetings is to share the Sauti project scope with the LGAs and other regional stakeholders, particularly as it aligns with the Regional HIV/AIDS Strategic Plans (RHASPs), and national, regional, and district health and social welfare priorities.

New region: Manyara

New councils: Babati MC, Hai DC, Karatu DC, Mafinga TC, Morogoro DC, Mwanga DC, Nzega TC, Rombo DC, Same DC, and Sikonge DC

Sauti will use this opportunity to clarify how the project fits into existing government and community structures, including setting parameters for working relationships (e.g., obtaining commodities and supplies such as HIV rapid test kits and FP commodities, establishing bidirectional community-facility referrals, etc.). These fora will also be used to share project targets, and the contribution to the national 90%- 90% -90% goals, as well as understanding local governments' expectations for project results. At the regional level, representatives from the national NACP and TACAIDS will attend, while at the district level, the government from regional offices (RMO, RACC, TACAIDS Coordinator, RCHCO, RLT, and MSD Representative) will participate. The meetings will involve Regional and District Commissioners, DEDs, Council Chairpersons, Members of Parliament, Councilors, Religious Leaders, and Regional/Council Legal Advisors, so as to ensure shared understanding and commitment towards the KVP public health agenda.

4.2 Support the development and implementation of Memoranda of Understanding (MOU) guiding the partnerships between Sauti and LGAs in the ten new councils

In order to officially formalize working relationships with LGAs, in all Sauti regions, Memorandum of Understanding (also referred to as Joint Implementation Plans by Sauti) have been developed in each council. These clearly outline the specific roles for Sauti and LGAs in supporting the KVP HIV/FP programming agenda. Some are completely signed, whereas, for others, the process is underway. MOUs/ JIPs have proven to be the best tools in ensuring commitment and accountability from LGAs in supporting Sauti's goals and objectives.

In FY18, Sauti Project will conduct consultative meetings with senior representatives from the RAS, RMO, DED, and District Medical Officer for the ten additional councils to jointly draft Joint Implementation Plans /Memorandums of Understanding described above.

Note: Sauti programing is guided by the National Guidelines for Comprehensive Package of HIV Interventions for KVPs (April 2017), and the 4th Health Sector HIV and AIDS Strategic Plan (HSHSP – IV), the latter of which is still being finalized.

4.3 Operationalize the Five-Year Sustainability Plan to guide the transfer of responsibility and ownership of HIV Prevention/ FP Interventions to LGAs, CSOs, and KVPs

The sustainability agenda for Sauti is centered on strengthening district council-led planning, coordination, and, ultimately, financing interventions for KVPs, and maintaining project results and impacts beyond the life of the project. It also involves engagement of local CSOs, private sector actors, and KVP stakeholders/groups at council level to promote and support KVP interventions. Using the PEPFAR COP Guidance on Sustainability (adapted to the district-level context), Sauti has developed a Five-Year Sustainability Plan (2015-2020) to guide this transfer of responsibility and ownership to LGAs, local NGOs/ CBOs and KVP groups/ networks. In FY17, Sauti revised the plan, and a developed three-year operational plan that highlights milestones for the first three years.

Commitments made (or under discussion) with LGAs include:

- allocation of human resources to support CBHTC+/HBTC+ services
- enrollment of newly identified PLHIVs at point of diagnosis;
- support for research
- supplies management and provision (such as HIV rapid test kits, FP commodities)
- waste disposal at health facilities
- establishment of KVP friendly services at health facility level;
- participation of R/CHMTs in supportive supervision

In FY18, Sauti will conduct consultative meetings with new councils to develop council specific action plans to be implemented by respective LGAs. Where there are other IPs conducting programs that are similar or complementing Sauti's scope, the plans will also incorporate the scope of those specific partners. On a quarterly basis, at council level, Sauti will facilitate review meetings to track progress towards successful transfer of responsibility and ownership of KVP HIV prevention/FP interventions to LGAs, CSOs, and KVP groups/networks. Sauti will facilitate meetings with RHMT, the HR/Admin Officer, Social Welfare Officer and Planning Officer to review implementation of sustainability plans for each council, discuss implementation bottlenecks and agree on way forward.

4.4. Empower local CSOs, KVP networks/groups, (including KVP PLHIVs) and communities to meaningfully participate in all project elements

As described under objective 1 and 2, in FY 18, Sauti will continue to engage CSOs, KVP networks, peers, KVPLWHIV, and other community members (e.g., key informants, ward and village leaders) to develop and refine service delivery approaches; develop communication messages and IEC materials; create demand for FP and HIV combination prevention, C&T services; deliver SBCC/gender interventions; and drive economic empowerment interventions.

With regards to CSO engagement, the current sub-agreements with CSOs end on 30th September 2017. In alignment with both USG rules and regulations (2CFR 200) and Jhpiego sub award management policies, Sauti has begun the process of issuing new sub agreements. In view of the current political and legal environment, Sauti will minimize the risk of misconceptions, misunderstandings, and potential conflicts between CSOs and peers by continung to engage the same cohort of CSOs for the upcoming two years. The key determinants of this decision are:

- The current CSOs (with our support) have already established strong links with LGAs and proved that their agenda is same as that for the government, i.e., they aren't promoting homosexuality (a significant misconception from government colleagues)
- They also have good relationship with Regional and District Security Committees, and police
- They have gained trust and respect from both KPs and the communities aroun
- They understand the sensitivities of working in the KVP space
- They understand how to brand the work that we do in the current context
- Their staff have received KP, Sexual, and Gender Orientation
- We have already made investments in terms of personnel capacity building, preventing and dealing with crisis, orientation on safety and security for KP beneficiaries, and maintaining confidentiality.

Based on the above, in consultation and approval from Jhpiego HQ, in FY17 Q4, Sauti will submit a formal request to USAID to seek for approval to extend the period of performance for the CSOs. In preparatin for this process and in line with the aforementioned standards, Sauti already initiated the process in FY17 Q3 by conducting a thorough review and evaluation of the two years of project implementation for all the 20 awarded CSOs. Based on the results, Sauti project will extend the performance period and increase the budget and new scope of work for 17 CSOs upon USAID approval (**Table 13**). The project will not be supporting DSW, KIWAUTA and CHESA (currently in the process of phasing it out). Due to the changes in National Guidelines for Comprehensive Package of HIV Interventions for KVPs (2017) and to the expanded geographic coverage, Sauti will modify scopes for the CSOs to reflect the revised service delivery approaches and geographic expansion.

Once approved by USAID, Sauti will continue to work with CSOs management to strengthen their capacity to deliver services to the targets population through (1) Personnel recruitment, as a result of expanded scope and staff turn overs (2) Financial management in line with USG regulations, country laws and generally accepted accounting principles GAAP (3) Quarterly financial and progress performance reviews (4) Cashflow management (5) Understanding and compliance to new National Guidelines for Comprehensive Package of HIV Interventions for KVPs (2017)

The total budget for CSOs for this year is estimated to be US$ 4.3M**.**

Table 13. Details of interventions implemented by CSOs in FY18

Name of the Organisation	Region	District	Interventions	Target Groups
MUKIKUTE	Dar es Salaam	Temeke MC	SBCC/Gender	FSW, vAGYW
WASO	Dar es Salaam	Temeke MC	SBCC/Gender	FSW, MSM
PHSRF	Dar es Salaam	Kindondoni MC	SBCC/Gender	FSW, vAGYW
ASUTA	Dar es Salaam	Temeke MC	SBCC/Gender, Structural/DREAMS	AGYW
BAOBAB	Dodoma	Dodoma MC	SBCC/Gender, Biomedical	FSW, MSM, vAGYW
TAWREF	Kilimanjaro	Moshi MC, Moshi Dc, Hai DC, Mwanga DC, Same DC, Rombo Dc	SBCC/Gender	FSW, vAGYW
	Arusha	Arusha CC, Arusha DC, Meru DC	SBCC/Gender	FSW, vAGYW, MSM
MNHT	Mbeya	Rungwe DC, Tunduma TC, Mbarali DC	SBCC/Gender, Biomedical	FSW, MSM, vAGYW
KIWOHEDE	Mbeya,	Kyela DC	SBCC/Gender/, Structural/ DREAMS	FSW, vAGYW
HACOCA	Morogoro	Morogoro MC, Mvomero DC, Kilosa DC, Kilombero DC	SBCC/Gender	FSW, MSM, vAGYW
COCODA	Njombe	Makambako DC, Njombe DC & TC, Wanging'ombe DC	SBCC/Gender	FSW, vAGYW
SHDEPHA	Shinyanga	Msalala DC	SBCC/Gender, Structural/ DREAMS	FSW, MSM, vAGYW
RAFIKI SDO	Shinyanga	Shinyanga MC, Meru DC, Arusha CC, Arusha DC	SBCC/Gender, Structural/ DREAMS	FSW, vAGYW
TADEPA	Shinyanga	Kahama TC	SBCC/Gender, Structural/ DREAMS	vAGYW,

Name of the Organisation	Region	District	Interventions	Target Groups
HUHESO	Shinyanga	Ushetu DC	SBCC/Gender, Structural/ DREAMS	vAGYW, FSW
TDFT	Tabora	Sikonge DC, Tabora MC and Uyui DC	SBCC/Gender	FSW MSM, vAGYW
JIDA	Tabora		SBCC/Gender	FSW, vAGYW
TACECE	Tabora	Nzega TC, Igunga DC	SBCC/Gender	FSW, MSM, vAGYW
CSO (TBD)	Iringa	Iringa MC, Iringa DC, Kilolo DC, Mafinga TC, Mufindi DC	SBCC/Gender	FSW, vAGYW, MSM

Note: In view of the scope expansion in Iringa, for efficiency and cost-effectiveness, Sauti is planning to competitively re-engage one of the 3 CSOs which were dropped in FY17 because of narrowed scope in the respective SNU. An application package for this, with findings of the evaluations, will be submitted to USAID in FY17 Q4 for approval.

Activity 4.5. Strengthen LGA capacity through mentorship and coaching

In FY17, Sauti Project engaged 20 new LGAs to conduct a Government Performance Index (GoPI) assessment to establish a baseline for their technical and management capacity, identify performance challenges, and institute plans for corrective measures that will include coaching and mentorship in support of the remediation plans. Sauti also engaged LGAs to conduct supportive supervision to the project biomedical teams and CSOs; the joint visits provided peer-learning opportunities for services' content, tools, and processes.

In FY18, Sauti Project will strengthen the capacity of both the existing and newly supported LGAs through on-site coaching and mentorship as a component of sustainability. Sauti will continue to seek collaborations with other IPs who work on community health systems strengthening at LGA level. Sauti Project will also conduct GoPI in all the ten new LGAs to establish their baseline. Sauti will participate in, and contribute to, the development of comprehensive council health plans (CCHPs) for every LGAs, so to ensure KVP interventions are reflected in the plans and budgets. Finally, the project will collaborate with LGA representatives in developing joint regional implementation plans, and engage R/CHMTs to continue the joint supportive supervision and mentorship visits to biomedical teams and CSOs

Activity 4.6. Continue supporting Regional Advisory Sub-Committees and District Hotspot Advisory Committees, and support annual meetings on project planning, implementation, monitoring, reviewing progress, and development of action plans

Sauti Project established Regional and District Advisory Committees (R/DAC) in FY15. In FY17, the membership of these committees expanded to include regional and district legal advisors, public-private partnership coordinators, cultural officers, informational officers, and security officers. The committees serve as dedicated regional/district bodies tasked with providing culturally accommodative guidance and advice to Sauti Project regional/district teams, suggesting inputs to the work plan development, collaborating with Sauti Project regional teams in monitoring, and giving feedback on regional implementation plans. The R/DACCs 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 FY18, Sauti Project will establish a RAC in Manyara region and 10 DCAs for the new councils. The project will continue to support RAC and DAC meetings, annually and biannually respectively.

Activity 4.7. Conduct Annual Sauti Project's Technical Advisory Group (TAG) and Research and Learning Agenda (RLA) Sub-Committee Meetings

TAG and Research and Learning Sub-Committee 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

In FY15, Sauti established a technical advisory group (TAG) and the research and learning agenda (RLA) sub-committee, whose scope is 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 in alignment with KVP needs. FY18, Sauti will convene the 4th TAG and RLA meetings. Members will review research and learning progress, and offer technical advice including updates on latest evidence in KVP HIV programming. In particular, members will further advice on refining plans for articulating the impact of the project, including through the results of the CARE study, Sauti's contribution to the 90-90-90 global and national goals, and identifying further priority research questions.

Additionally, the meeting will also focus on:

1) improving enrollment and retention of the newly identified PLHIVs into care and treatment;
2) strategies for identification and better engagement at-risk hidden KP populations, non-virally suppressed men under 30s, HIV positive children, and HIV positive vAGYW and their partners
3) the use of mapping and enumeration data for programming; and
4) measuring and demonstrating the contribution and impact of Sauti in controlling the epidemic in Tanzania.

Activity 4.8. Establish public private partnerships

Through the National Public Private Partnership (PPP) Policy (2009), the GOT recognizes the role of the private sector in bringing about socio-economic development through investments. In recognition of the importance of PPP frameworks in fostering sustainability of KVP programs in Tanzania, under USAID's leadership, Sauti has engaged in several partnerships aimed at leveraging resources and expertise since the start of the project. These include **Tigo** (in-kind donation of 12,000 feature phones for girls receiving cash transfer), **TOMS shoes** (in-kind donation of shoes for incentivizing vAGWY's participation in SBCC and WORTH+ sessions), **Bill and Melinda Gates Foundation** (collaboration on cash transfer evaluation studies), **UConnect** (in-kind donation of desktop computers loaded with education materials for vAGYW), **EJAF** (support for STI PPT, syphilis testing and treatment), and **ILO** (revolving funds for vAGYW in Kyela DC). In FY18, Sauti project will continue to seek new opportunities in collaboration with USAID's PPP team and the GOT. As opportunity arise, Sauti will engage LGAs and CSOs to identify and establish PPPs for cost-share or resource mobilization to complement and support KVP programming.

4.9. Conduct QI activities to ensure Sauti Project-supported high quality services

Building upon the strong partnerships with NACP and other stakeholders on the QA/QI activities, Sauti will compile FY17 lessons learned to engage the MOHCDGEC in the review of the QA/QI SOPs and tools to align with the 2017 KVP National guideline. Following such a review, the project will continue to roll out QA/QI activities in all Sauti-supported regions in FY18. A five-day orientation for the Sauti team, CSO, and R/CHMTs on the revised QA/QI SOP and tools in 27 districts will be conducted.

QI visits for central, region and district QI teams will continue on a quarterly basis, and the Sauti central team will involve staff from NACP, TACAIDS, RCHS and other stakeholders to join the visits and provide leadership. In line with the SIMS standards, Sauti will ensure that QA/QI visits generate remediation plans which are monitored and fully executed. In doing so, the project will support full participation in the assessment visits by the R/CHMT and the awarded CSOs. Each QA/QI team at region and district,

including CSO and LGA teams, will ensure the use of SIMS tool for routine QA/QI monitoring activities. Sauti staff will participate to the National QI TWG forum in order to share and learn from others best practices, challenges, and opportunities for QI and service delivery.

As part of the Sauti Quality Improvement Strategy and as one of the sustainability pillars, in FY18, Sauti will build upon the work initiated in FY16 and continued in FY17, related to the establishment of Key and Vulnerable Population Friendly Services (KVPFHS) at health facility level. Following the review of the KVPFS standard operating procedures and tools by the national TWG, Sauti will continue supporting the assessment of the GOT's health facilities and the establishment of KVP friendly systems as well the training and clinical attachments at CBHTC+ sites of the GOT providers so to strengthen their confidence and skills in serving the KVP. A robust linkage between these selected health facilities and the community-based services, will be established so to ensure that the KVP access the health facility-based services as appropriate. As part of the capacity building program, the project will support regular mentorships to the providers at these GOT health facilities, tracking changes in systems and competencies, as well access to services by the KVP

Activity 4.10. Provide TA to the GoT on developing/reviewing policies and strategic/implementation plans on HTS, HIVST, Community ART, PrEP, STI, Adolescent Health, GBV, Gender and KVP HIV prevention/FP programming

Following Sauti support to the MOHCDGEC / NACP in reviewing the National KVP guidelines (issued on April 2017), in FY18 Sauti will continue providing TA on training curriculum development, as well the development of the KVP friendly services package.

Sauti will also continue to participate and provide technical leadership in National Advisory Committees, Task Force and TWG meetings for HIV prevention and community care, HIVST, PrEP, STI, FP, Adolescent Health, Gender, GBV, and KVP programming. Sauti will 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. Sauti will also support development, review and/or operationalization of KVP, HTS, HIVST, PrEP, and GBV training materials, standards, guidelines and policies (including the standardization and rollout of KVP monitoring systems) as applicable.

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

The success of KVP HIV/FP programming is highly dependent on the ability of projects be able to meaningfully engage and reach KP in locations, and at times, that are convenient and preferred by them. Any real, perceived, or anticipated change in the legal and political landscape as it pertains to their security and safety concerns can greatly affect the access and utilization of both facility and community based services. In FY17, several incidences occurred which resulted in the phenomenon described above. Currently, projects such as Sauti continue to struggle to increase uptake of services by KPs (particularly MSM) despite substantial demand creation efforts in place. Therefore, in FY18, Sauti will continue integrate data and educational messages aimed at sensitizing and educating law enforcers, government actors and other key decision makers into all programming activities, with the aim of improving engagement of KPs in designing and implementing HIV interventions targeting these groups. UNAIDS, WHO, USG, and other stakeholders will be collaborators in all steps of the process.

5.7 Objective 5: Improved comprehensive HIV prevention for KVP through the application of M&E and learning

For the past three years, the project has invested intensely in establishing monitoring, evaluation and learning systems as a way to generate sound evidence for key programatic decision making, and

demonstrating progress towards project, national, and global PEPFAR goals. The lessons, best practices, innovations, and identified gaps have been used to inform FY18 planning for this project.

In FY18, Sauti aims to fully transition to m-health for data collection, as a clinical algorithm for providers, as a data visualization platform, and as storage for clean individual-merged data. Currently, Sauti project data lies in different databases, i.e., D-Tree, DHIS, and Open Data Kit. In FY18, Sauti plans to integrate and link all the existing database into one solid platform. Sauti will link DREAMS Auxillary M&E System (DAMES) to this unified database, so that layering of AGYW services' reach can be analyzed and visualized.

M&E systems will be customised to capture required information for the new initiatives and service modalities such as PrEP, Community ART, HIVST, and ART and Viral Load tracking treatment cascade for HIV-infected KVP identified by the project and then enrolled into C&T services. Particularly for the purpose of tracking the ART cascade, the project will build upon the FY17 experience and the tools which were developed and piloted with C&T IPs. PrEP and HIVST tools will be developed based on the Jhpiego-supported Bridge to Scale project in Kenya and on other country models. Sauti will support data capture, reporting systems, and use of information by KVP friendly facilities through training and mentorship. For the success of this initaitive, collaboration with facility –based parteners will be required.

Advantages of mHealth system

- Reduces data entry errors by automated skipping and logic patterns
- Reduces budget cost on personnel
- Increases data security as application is password protected and data are saved in a server outside the country
- Reduces physical data storage cost – all information is saved on the cloud
- No need for paper based job aides
- Allows for inclusion of additional features such as pictures and videos to be showed to the beneficiaries as part of education and counselling
- Enable easy generation of daily program reports

As highlighted in objective 4.7, one of Sauti's key interest is to assess the extent to which combination prevention strategies may reduce or even eliminate HIV transmission in a settings characterized by a high disease burden in overlapping key at-risk groups. Therefore, in FY18 Sauti will design and start working on the impact evaluation in alignment with the national and global priorities related to KVP programming. Routine data will be used in this exercise.

Activity 5.1: Conduct GIS mapping of the new councils, update the current maps with new hotspot data, and conduct spatial analysis

Building on established GIS mapping systems, the focus in FY18 will be on updating GIS coordinates in the new ten councils - and new hotspots in old councils - to facilitate route planning by the regional teams. Basic GIS data will be linked with DHIS and with size estimates results to map reach and saturation. Spatial analysis will also be conducted to examine spatial correlation between predictors of yield, enrollment, retention, and viral load suppression.

Activity 5.2: Implement and strengthen service data management and referral-tracking systems to inform KVP cascades progress

Linkage between datasets allows better analysis of clients across intervention areas. An application programming interphase (API) will be built to consolidate data in an unified platform. This will facilitate the integration of Sauti and DAMES data using an API to allow for DREAMS evaluation. Additionally, the Kiota card will be improved to allow for longitudinal tracking of individual beneficiaries across multiple service encounters and tracking reach by frequencies and with comprehensiveness of the services.

A complete move to electronic system (using m-health application) for routine service data will be finalized in FY18. Alongside this, monitorig of digital health systems' performance through user feedback and expert enagement will be institutionalized. The project will continue with limited paper based system as a backup to the electronic data management system.

Specific activities will include:

- Programming new service tools and revising existing tool in m-Health platforms (PrEP, HIVST, community ART, partner notification)
- Procurement of cellphones, tablets, accessories, and orientation training to new providers on the m-Health use
- Facilitating the use of the SMS for reminders to clients for follow up visits, tracking linkage to CTC, demand creation and assessing service utilization
- Strenghening the use of m-Health data system through semi annual evaluation for improving application and usage, routine data dashboard refinement, and impact dashboard development
- Finalizing the integration of Sauti systems with the DREAMS Auxilliary Monitoring and Evaluation System (DAMES).

The M&E system will be aligned to allow tracking of HIV-infected KVP treatment cascade, report progress of the cascades to donor and government authorities, and use cascade data to improve both the cascade itself and its tracking.

Specific activities include:

- Generating IDs for all clients enrolled to CTC and sharing the list with C&T IPs to obtain and monitor ART and viral load outcomes of individual clients, as well supporting the C&T IPs to trace those who defaulted from the service.
- Regional team quarterly meetings with C&T IP to discuss enrolment progress and treatment outcomes as a way to inform needed improvement strategies.

Note: Data safety and security is a key issue for Sauti. In FY18, Sauti will continue to implement data security measures using the standard procedures developed in FY17. Using this approach, all Sauti electronic data is encrypted, and in the event a computer or tablet or phone is lost, all the data can be erased from the hardware and software. For hardcopies, Sauti will continue to store them in locked control cabinets kept in Sauti regional offices.

Activity 5.3: Build capacity of Sauti regional teams and CSO on data quality and data utilization

FY17 saw the development of a data use curriculum and its roll out in some of the project regions, along with an improved daily reporting system. This largely contributed to the increased data use that is observed at both CSOs and Sauti regional teams levels. With the introduction of new interventions in FY18, the complete move to mHhealth, and the need for data quality improvements, the focus will continue to be directed towards capacity enhancement for CSOs and Sauti regional teams.

Specifically, Sauti project will:

- Complete data use training for the regional teams who did not have it in FY17, as well as the newly hired staff
- Conduct quarterly data review meetings in all the 14 regions involving Sauti staff and C&T IP
- Develop pre-printed dashboards for KVP friendly health facilities and Sauti regional offices to visualize KVP cascades and other services progress within the catchment areas

- Conduct quarterly internal Data Quality Assurance (DQA) activities to examine accuracy of data on enrollment to CTC, new positives, etc. Sauti will employ the use of mystery/ dummy clients to check for data quality at different levels.
- Conduct capacity needs assessment for MER project and CSO staff and address identified gaps
- Provide supportive supervision and mentorship to regional MER project teams and CSOs on cascade tracking in particular and continuous improvement in data quality and use.

5.4 Support Ministry in establishing the use of the national M&E recording and reporting tools for key and vulnerable population

In FY18, Sauti will build upon the FY16-17 efforts to support facilities in data recording, reporting, and utilization. Sauti will continue to work with the MOHCDGEC in strengthening the national M&E system for KVP including tracking and reporting KVP cascades, and providing TA on strengthening the national unique identifier code for the KVP.

5.5. Support the learning agenda through detailed analysis and use of routine information

FY18 being the fourth year of the project, one of the questions which Sauti would like to answer is to what extent the combination prevention approaches is contributing to the anticipated anticipated project results and the overal impact. It is of great interest to identify which of the three interventions or combinations contributes to the largest decrease in HIV incidence in specific groups at risk. Additionally, lessons on the overal cost and the cost-effectiveness of the different prevention strategies are important for informing national HIV policies and strategies.

With technical support from Johns Hopkins University, Sauti will develop a plan on how to answer these questions using routinely collected data and triangulations. In country, the NIMR team will lead the design of an impact analysis, and develop a plan on how to conduct this exercise in a participatory manner with NACP, TACAIDS PO-RALG, and USAID. Once finalized, findings and infographic briefs will be disseminated to all the key stakeholders, and virtual workshops will be conducted with NACP and TACAIDS technical and MER experts to ensure that they utilize this exercise as a learning process.

5.8 DREAMS (Determined Resilient Empowered AIDS-free Mentored Safe) Initiative

Sauti was selected by USAID in late 2015 to be an IP for the DREAMS Initiative, whose goal is to reduce new HIV infections amongst vAGYW ages 15-24 by 40% over two years. The implementation period started in FY16, and funding has now been extended to the end of FY18. As vAGYW in sub-Saharan Africa are 1.5-3 times more likely to be infected with HIV compared to their male counterparts, the project focuses on rolling out a combination prevention package of evidence-supported biomedical, behavioral and structural interventions to out-of-school vAGYW ages 15-24 years. This package is being implemented within selected hotspots and communities in six priority councils: Temeke MC, Kyela DC, Shinyanga MC, Kahama TC, Msalala DC, and Ushetu DC.

Due to the integrated and cross cutting nature of the Sauti package, some key activities under DREAMS fall directly under the previously described FY18 biomedical, behavioral and structural interventions (discussed in objective 1 and 2). These include hotspot identification and route plan development, provider training, biomedical service provision, training of new EWs and PEs, SBCC group education, incorporation of vAGYW mapping tools in SBCC group education, gender norms interventions using SASA!, training and supporting new and existing WORTH+ groups. Therefore, this section will focus on additional activities in the aforementioned councils and their expected deliverables for FY18.

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

Sauti is basing interventions on **Bandura's Social Learning Theory,** which states that people learn through observing others' behavior, attitudes, and the outcomes of those behaviors, through continuous reciprocal interaction between cognitive, behavioral, and environmental influences. Taking into account social factors and behaviors that put vAGYW at risk for HIV, in FY18, the Sauti Project will strategically display and wear (as appropriate) DREAMS Shujaa materials when at service provision sites, safe spaces, community events, and high level meetings on vAGYW. In consultation with TACAIDS, NACP, and LGAs, the project staff will develop a distribution by ward, to align with the targets to be reached and displayed where vAGYW or secondary audiences (parents, community leaders, male partners, and healthcare providers) congregate. The materials, which were developed in FY17 and piloted across all implementation sites, display positive role models who serve as a reminder that all vAGYW have the right to friendly services, as well as the power to take action. Materials with positive messages targeting secondary audiences supplement the project's other efforts to alter negative norms in the community.

D.2 Continue supporting and establishing Safe Spaces for vAGYW

According to Population Council guidelines, in a world where the majority of public spaces are inhabited by men, projects focusing on adolescent girls should identify and establish female-only safe spaces, where girls can meet socially, receive information on health and economic empowerment, and access biomedical services. In FY17, Sauti focused efforts on establishing safe spaces within the vAGYW community. vAGYWs identified local government offices, libraries, community halls, schools, youth centers, and even their own houses as safe spaces. The activity was well received by vAGYW, praised by LGAs, and supported by parents. As the project continues to empower vAGYWs to identify spaces where they feel safe, and negotiate girl-only use days and times, a directory of all identified safe spaces will be developed to assist interested parties (LGAs, parents, social workers, etc.) to refer girls who need to be socially connected to their peers. All safe spaces will be appropriately branded.

D.3 Continue empowering vAGYW by rolling out a package for building their health, cognitive, economic and social assets and engaging them meaningfully

In FY18, the Sauti Project will continue to form **Binti Shujaa Clubs** and link them to information and skill build from local experts of their choice. At an estimated four days per expert, each Shujaa Club will learn the theoretical aspects of the skillset they selected, do a market visit to understand pricing and quality of raw materials, and practice how to make the selected products. In FY17, most beneficiaries requested to learn skills on batik making, cake making, embroidery, hall decoration, and soap making. All Sauti Project beneficiaries are out of school. Thus this innovative non-formal learning opportunity can help provide competencies and skills for gaining adequate self-employment.

In addition, vAGYWs will continue to produce thematic art projects that will be displayed in safe spaces and LGA offices, with themes around friendly adolescent health services, action on GBV and supporting survivors, girls and young women's dreams and future prospects, qualities of positive relationships, and benefits of vAGYW economic empowerment. By expressing themselves, vAGYW build their communication skills, confidence, and indirectly contribute to community conversations around these issues. In addition, by displaying the artwork in local government offices, they will continue to trigger and remind the leaders, as well as community members who visit, that vAGYW contributions matter.

In FY17, these activities only targeted 15-19 year olds but, by popular demand, they will be extended to 20-24 year olds as well in FY18. The project-initiated SBCC and economic empowerment groups across the implementation councils will be utilized to realize global DREAMS Initiative efforts to ensure each beneficiary is exposed to as many layers of the rolled out interventions as possible.

D.4 Positively shift vAGYW behaviors through saturating with SBCC interventions

In FY18, the Sauti Project will continue to roll out SBCC group education sessions using the vAGYW curriculum adapted from **Stepping Stones**. In addition, the project will identify secure vAGYW safe spaces that can safely house computers (donated through a partnership with UConnect) loaded with offline age-appropriate SBCC content. These secure spaces include CSO offices, community halls, religious centers, libraries, etc. and vAGWY will have weekly access to watch *Shuga, Siri ya Mtungi*, and other electronic SBCC content.

In order to understand overall SBCC saturation in each implementation council, the project, through sub grantee CSOs, will utilize the Household Registry and Residency Registry to populate data on 15-24 years out-of-school vAGYW. The Household Registry documents residents of all ages per household, and the Residency Registry documents all 18+ year old residents by street. The data sets are housed with council and street leaders respectively. In addition to the provided targets, per USAID feedback, these vAGYW estimates will assist the project and the external DREAMS Evaluation Team to estimate percent saturation via project reach for SBCC interventions since the start of implementation.

D.5 Support vAGYW to voice their concerns at national fora and support government authorities to create awareness and advocate change around vAGYW concerns

In FY18, the Sauti Project will work with other DREAMS Implementation Partners to identify 10 DREAMS Ambassadors in each council. Working closely with Council HIV AIDS Coordinator (CHAC), DACC, and the District Youth Officer, these ambassadors will coordinate activities with other vAGYW in each ward of implementation. These activities, depending on preference of the vAGYWs, could include debates, product exhibitions, panel discussions, fashion shows using vAGYW made materials, and so on. Attendees will include community leaders, religious leaders, parents, guardians, male partners, and vAGYW themselves. The project will also continue supporting vAGYW to meaningfully participate in events that are targeted at them, such as International Day of the Girl Child (11 Oct) and International Youth Day (Aug 12), where DREAMS Ambassadors shall be linked as part of the district planning committee. The activity aims to increase visibility of vAGYW abilities, their contribution to civic engagement, and to build their leadership skills.

D.6 Support vAGYW Enrolled in Cash Transfer Program in select DREAMS initiative wards of Shinyanga and Mbeya

The Sauti Project will continue supporting vAGYW enrolled in the cash transfer program in FY17 through ensuring they receive their quarterly cash transfers and receive assistance in cases of any adverse events. In addition, the project will continue holding village and ward-level community meetings and engaging LGA leaders monthly on the objectives of the cash transfer program, benefits to the vAGYW, her family and community, and how to support those who may face challenges related to the program, e.g., losing phones and simcard. All vAGYW enrolled in the cash transfer program were provided with phones, and the project will continue to use interactive voice recordings (IVR) and short messages to identify vAGYW who may need physical follow up, and get feedback from vAGYWs. Each council will have a staff member solely dedicated to following up on enrolled vAGYW and conducting sensitization meetings, and engaging stakeholders such as police and social welfare office as needed. The Sauti Project plans to document feedback from vAGYW beneficiaries and community meetings (e.g., via success stories) to improve the intervention as well as inform similar future programs.

6. PROJECT PERSONNEL, MANAGEMENT, OVERSIGHT, AND PARTNERSHIPS

Sauti project has multiple interventions (i.e., HIV combinaiton prevention, C&T, PPT of STIs, as well as FP counseling and service provision), and provides a varying range of services in a very wide geographical

coverage. In order to ensure smooth and effective programming, since the startup of the project, Sauti consortium partners have worked in close collaboration to built robust build robust finance and project management systems. Examples of sytems components include: digital registration and electronic payment system; mHealth applications for data collection and clinical decision making; GIS mapping for targetting hotspots; daily report data dashboard; CSO performance management dashboard; individual provider peformance managemen system; Skype for Business for teleconferencing with the field teams; as well as the use of WhatsApp for tracking the progress of activities and technical support..

In FY18, Sauti will continue to strengthen the use of these sytesms and tools in order to increase management efficiencies and productivity. In addition, in the coming fiscal year, Sauti will expand the use of ***"performance-based monitoring of staff"*** piloted in the CBHTC+ and HBTC+ platforms to increase yield and enrollment, to the sub granted CSOs and KVP networks. Starting FY18, all staff and volunteers will be assigned individual performance targets, and they will be monitored, coached and mentored by their supervisors who will ensure that they achieve the set goals.

Furthermore, Sauti will engage closely with the USAID technical/project team to monitor the implementation of the project in accordance with the with the scope, resources, and schedule.

Management

In FY18, Sauti will continue to ensure the project scope (i.e., targets, coverage, and engagement MOHCDGEC, TACAIDS, PO-RALG, LGAs, CSOs and KVP beneficiaries) are fully achieved within the set timeframe, and project funds are spent reasonably, effectively and efficiently. Sauti will use the following platforms as an avenue to measure and review progress to achieve this:

- Monthly project financial monitoring review meetings
- Quartely project, technical and financial review meetings
- Joint project and planning meeting led by USAID
- Quarterly consortium partners meetings
- Monthly CSO project performance review meeting
- Monthly CSO financial review meeting
- Annual TAG & RLA meetings
- Internal expenditure analysis to gauge expenditures vs. budgeted funds

Sauti Project will continue to hold monthly meetings 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

The Sauti Project had several staff transitions in n FY17. Sauti's Technical Director (Dr. Caterina Casalini) relocated out of Tanzania, though still working for Sauti as the Senior Technical Advisor and the main technical backstop (supporting remotely with quarterly field travels) focusing on the PrEP, community ART, and HIVST. Due to a reduction in level of effort by 30%, a new Technical Director will be recruited to provide in-country support. Sauti's MER Director (Dr. Tessa Lennemann) also transitioned out of the project, and the recruitment of her replacement is progressing. In FY18 Q1, in consultation and with approval by USAID, these positions are expected to be filled. In the meantime, Jhpiego HQ MER backstop (Molly Strachan) and Jhpiego Tanzania MER Director (Mary Drake) are supporting the MER portfolio. The newly recruited DCOP (Maligo Katebalila) was on boarded on 1st

June 2017, and is progressing well. Besides these two replacements, the staffing structure for the key personnel remains the same.

Staffing reorganization and restructuring given the project's expanded coverage and additional interventions

Due to the introduction of the newer interventions (i.e., PrEP, HIVST, and community ART) and the increased geographical coverage and targets, in FY18, Sauti project will do some minor staffing restructuring and also recruit some more biomedical providers so as to match the project's new needs. New positions will include

- Clinical Advisors/Coordinators for PrEP, HIVST and Community ART
- Commodities and Logistics Advisor (Since Sauti will be handling PrEP and STI PPT medications, as per TFDA's requirements, the project has to hire a pharmacist)
- PrEP and Community ART Providers (nurses and clinicians)
- Additional CBHTC+/HBTC+ providers to match the increased testing targets (from 541K to 1.14 million)
- M&E/Program Officer in charge of tracking and monitoring the whole cascade

Note: As it was for FY17, some Sauti hired CBHTC+/HBTC+ providers will be relocated to scale up saturation SNUs. Additionally, government providers (locum employees) will continue to support HTS and other biomedical services

Short Term Technical Assistance

Since the startup of the project, Sauti has been engaging technical experts in designing service delivery approaches, developing SOPs and other relevant tools, implementation of the KVP services, as well as monitoring and evaluation of the combination prevention and FP package of services. In FY18, Sauti will continue to engage technical experts from headquarters who will provide technical backstopping the in-country technical and program teams. Table 14 provides the details.

Table 14. Short Term Technical Assistance needs for Sauti Project in FY18

NAME	SCOPE	% LOE	NUMBER OF DAYS PER QUARTER	NUMBER OF DAYS IN IN A YEAR
Kelly Curran, Senior Director HIV/, Infectious Disease & Malaria	Provide TA to the country team, attend project TAG; give continuous strategic guidance on operationalization of the FY18 work plan, particularly the new technical initiatives	10%	6.5	26
Molly Strachan, Senior M&E Advisor	Provide M & E backstop support in the operationalization of Sauti's combination prevention & FP program, particularly as it pertains to the newer interventions i.e. Comm. ART, PrEP, and HIVST	12%	7.8	31.2
Jason Reed, Senior Technical Advisor	Support the roll out of PrEP and provide technical support for the team	5%	3.25	13

NAME	SCOPE	% LOE	NUMBER OF DAYS PER QUARTER	NUMBER OF DAYS IN IN A YEAR
Kristina Grabbe, Senior Technical Advisor	Support roll out of HIV self –testing, partner notification plus, and use of other approaches to increase yield and enrollment to CTC for the newly identified KVP LHIV.	5%	3.25	13
Jennifer Masters Snyder, Digital Health Advisor	Support DHIS2 configuration and API to link data from various systems into one platform	20%	13	52
Alice Liu, Senior Director ICT for Development	Provide strategic guidance for the digital health of the project	2%		
Myra Betron, Gender Director	Provide gender mainstreaming/integration guidance and technical support	5%	3.25	13
Tobi Saidel, Research Advisor for structural interventions (Consultant)	Provide technical support in strategic utilization of the mapping and enumeration KP size estimates; attend TAG & research and learning agenda meetings, and support the design and analysis of Sauti data to measure and demonstrate the impact of the project	5%	3.25	13
Jane Otai Adolescent Health Advisor	Support the integration of youth friendly services interventions across all technical areas, and guide continuous documentation of FY18 experiences	5%	3.25	13
Sosthenes Ketende, Biostatistician	Support in routine data analysis, measuring and documenting impact of Sauti; internal evaluation	10%	6.5	26
Stephan Baral, KP Expert, Physician, Clinical Epidemiologist	Participate in the TAG meetings, support the ongoing research and learning agenda, (including reviewing and writing manuscripts), and support the design and analysis of Sauti data to measure and demonstrate the impact of the project	5%	3.25	13
JHU Data Analyst/ Epidemiologist/ Biostatistician*	To work with Stephan Baral and Sosthenes Ketende in the tasks listed above	5%	3.25	13
Marya Plotkin, Senior M&E Advisor	Support the documentation of best practices and program learnings.	5%	3.25	13

Note: All the above listed STTAs (except the position marked with "*" will visit the Tanzania field office ≥1 times (aligned with the project needs) for technical assistance (costs will either be fully or cost-shared with other Jhpiego and partner programs). Consortium partner cost-shared visits are not included above.

Regional Office Space & Management

In FY17, Sauti project had operations in 44 councils. In FY18, this will increase to 51 councils. As a strategy to minimize administrative costs, since the startup of the project, Sauti has established five zonal offices and two satellite offices in seven strategically selected urban councils: Iringa, Njombe, Mbeya, Dar es Salaam, Shinyanga, Tabora, and Kilimanjaro. The two satellite offices (Tabora and Njombe) are collocated and cost-shared with the AIDSFree project. These offices accommodate the technical and project leads, and serve as a meeting space for CBHTC+/HBTC+ teams based in the urban districts/councils. Teams operating from rural districts/councils are accommodated in either LGA - donated spaces or CSO offices.

Due to a larger scope expansion in Morogoro, in FY18, Sauti project plans to establish another satellite office in Morogoro MC (also collocated and cost-shared with AIDSFree), which will be managed from Iringa, covering Dodoma MC and five municipalities in Morogoro region (i.e. Kilombero DC, Kilosa DC Morogoro MC, Morogoro DC and Mvomero DC).

Procurement

In view of the increased FY18 HTS targets (1.14 million), in FY17 Q3 & Q4, Sauti field teams started sharing targets with LGAs Zonal MSD offices in the existing regions in order to secure a supply of HIV rapid test kits, FP commodities, and condoms. In FY18 Q4, promptly after receiving introductory letters, Sauti will start providing biomedical services. A procurement plan for all materials and commodities has been developed; using Jhpiego's prequalified vendor list, the project anticipates it will receive timely procurement. Due to the geographical expansion, Sauti is proposing to purchase six vehicles. In consultation and with guidance from the AOR, Sauti will return three vehicles (Toyota Hilux Pick Up) to AIDSFree, making a net increase of three vehicles. Sauti will consult the AOR for more guidance on the above request. Addititionally Sauti will procure motorcycles and bicycles for peer educators and empowerment workers to facilitate travels between and within their wards of service.

Sub-awards to local NGOs and CSOs

As highlighted in objective 4.4, Sauti will be submitting a request for approval to extend the period of performance for 17 out of the 20 existing CSO subgrantees. The project will not be supporting DSW, KIWAUTA and CHESA (currently in the process of phasing it out). Additionally, due to the scope expansion in Iringa, Sauti will competitively re-engage one of the 3 CSOs which were dropped in FY17. The proposal to continue working with the same cohort CSOs has been reached based on the premise that engaging a newer cohort of CSOs might bring about instability. Having safely traversed the crackdown gives the existing CSOs the ability to continue serving KVPs without the threat of misunderstandings and conflicts. The process of extending the contracts observes both USG codes of federal regulations and Jhpiego sub grant management policies and standards. The total budget for CSOs for this year is estimated to be US $4.3 M. The names of the CSOs according to their geographical coverage and targets are described in objective 4.4.

7. IMPLEMENTATION MATRIX

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
Objective 1: Implement a package of core and expanded biomedical HIV prevention and FP interventions, with enhanced linkages to C&T and support services					
1.1: Provide differentiated biomedical services (i.e., *HTS, syndromic screening for STI GBV, Alcohol/Drugs, and TB, as well as syphilis testing & treatment, and STI PPT).* *[Note: For details about the distribution of these interventions according to geographic coverage, please refer to* ***table 1****]*					
1.1.1: Provide CBHTC+ and HBTC+, and intensify efforts to achieve near universal levels of linkage and enrollment of the newly identified HIV positive clients					

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
1.1.1.1	Develop/review biomedical SOPs, job aides, and training materials	X			
1.1.1.2	Train new biomedical providers (Sauti and GOT) on HTC, FP and orient them on the other components of the core package of biomedical services (including SOPs and M&E tools)	X	X		
1.1.1.3	Orient new CBHS, HBC volunteers, and Case Managers on the Sauti biomedical package for improving yield, enrollment, adherence, and retention	X	X		
1.1.1.4	Provide on-the-job/refresher training for the biomedical providers (nurses and clinicians)	X	X	X	X
1.1.1.5	Develop route-plans for effective delivery of biomedical services (by using GIS mapping and in consultation with KVPs, CSOs, and LGAs)	X	X	X	X
1.1.1.6	Develop district level monthly operational plans to guide biomed services based on mapping reports and CSO feedback from peer educators' observations	X	X	X	X
1.1.1.7	Implement mobile community-based HIV testing and counseling plus (CBHTC+) and home-based HIV testing and counseling plus (HBTC+) services to KVP by biomed providers, KVP peers, CBHS provider/key informants	X	X	X	X
1.1.1.8	Intensify partner notification approach *(i.e. partner notification plus)* to improve yield	X	X	X	X
1.1.1.9	Roll out incentivized partner network testing to improve yield	X	X	X	X
1.1.1.10	Provide targeted home- and community-based biomedical services for high risk men aged ≤30 years, vAGYW, and high risk children (e.g., OVC and children of KVP, and adolescents	X	X	X	X
1.1.1.11	Design and rollout mini-campaigns targeting men under 30 years (at workplaces and in high risk communities such as fisher folks, plantation & mining), and children (in collaboration with GOT facilities during ANC/immunization outreaches)	X	X	X	X
1.1.1.12	Rollout CBHTC+ services at hotspots during special annual events (e.g., Saba Saba, Nane Nane, World AIDS Day, International Youth Day, etc.)	X	X	X	X
1.1.1.13	Deploy the use of vAGYW Index and other risk assessment tools to identify vAGYW and other at risk KVP, respectively	X	X	X	X
1.1.1.14	Conduct prospective escorted referral of newly identified HIV+ KVP to GOT CTC and CBHS and HBC volunteers (using tracking registers)	X	X	X	X
1.1.1.15	Conduct intensified retrospective enrollment of HIV+ KVPs who were not successfully enrolled after diagnosis (using tracking register, SMS/social media) via the use of CBHS and HBC volunteers)	X	X	X	X
1.1.1.16	Conduct daily assessment of yield and enrollment, and develop performance improvement plans accordingly	X	X	X	X
1.1.1.17	Maintain regular communication on supplies needs with regional/district lab and pharmacist and zonal MSD	X	X	X	X
1.1.1.18	Develop order with the regional/district lab/pharm and based on the R&R cycle	X	X	X	X
1.1.1.19	Conduct regional and district level monthly stock monitoring of all medical supplies and commodities (HIV rapid test kits and FP methods)	X	X	X	X
1.1.1.20	Engage LGAs R/CHMTs in conducting supportive supervision	X	X	X	X
1.1.2: Provide STI PPT to KPs in five EJAF-supported regions (i.e., Iringa, Njombe, Mbeya, Dar es Salaam & Shinyanga)					
1.1.2.1	Continue to roll out Syphilis testing and treatment, and STI PPT for FSW in EJAF - supported regions by CBHTC+ and HBTC+ (also initiate services in Shinyanga)	X	X	X	X
1.1.2.2	Scale up Syphilis testing and treatment, and STI PPT for MSM in 5 regions by CBHTC+ and HBTC+	X	X	X	X

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
1.2. Roll out Community ART to KPs					
1.2.1	Develop SOPs and job aides for community ART (biomedical providers, CBHS, and HBC volunteers)	X	X		
1.2.2	Develop protocol for IRB submission	X			
1.2.3	Train 51 new Community ART providers	X	X		
1.2.4	Map platform for delivering community ART	X			
1.2.5	Identify mother CTC	X			
1.2.6	Secure ARV meds and NACP M&E tools from mother CTC	X	X	X	X
1.2.7	Engage LGA in planning for community ART service delivery	X	X	X	X
1.2.8	Recruit stable HIV positive KVPs for Community ART	X	X	X	X
1.2.9	Roll out community ART services to KP HIV+	X	X	X	X
1.2.10	Conduct lab test for baseline biochemistry (sample collection to be conducted in the community and transported to GOT facilities for testing)	X	X	X	X
1.2.11	Conduct routine monitoring of adherence and retention	X	X	X	X
1.2.12	Conduct viral load testing (sample transportation needed)	X	X	X	X
1.2.13	Maintain regular communication on Community ART needs with regional/district lab and pharmacist and zonal MSD	X	X	X	X
1.2.14	Develop order with the regional/district pharm and based on the R&R cycle	X	X	X	X
1.2.15	Conduct regional and district level monthly stock monitoring of Community ART	X	X	X	X
1.2.16	Engage LGAs R/CHMTs in conducting supportive supervision	X	X	X	X
1.2.17	Track the ART cascade	X	X	X	X
1.2.18	Conduct ART defaulter tracing by KP CBHS/HBC providers	X	X	X	X
1.3. Roll out Innovative Interventions for KPs					
1.3.1: Roll out Pre-Exposure Prophylaxis (PrEP) for FSW					
1.3.1.1	Develop SOPs and job aides for PrEP (biomedical providers, CBHS, and HBC volunteers)	X			
1.3.1.2	Develop PrEP information and education materials for clients	X			
1.3.1.3	Develop protocol for IRB submission	X			
1.3.1.4	Train new biomedical providers responsible for providing PrEP services	X			
1.3.1.5	Identify mother CTC/facility for obtaining PrEP medications and referrals	X			
1.3.1.6	Secure PrEP medications from mother CTC	X	X	X	X
1.3.1.7	Engage LGA in planning for PrEP service delivery	X	X	X	X
1.3.1.8	Map platform for delivering community PrEP	X			
1.3.1.9	Roll out PrEP service	X	X	X	X
1.3.1.10	Conduct lab test for baseline biochemistry (sample collection to be conducted in the community and transported to GOT facilities for testing)	X	X	X	X
1.3.1.11	Conduct routine monitoring of adherence and retention	X			
1.3.1.12	Maintain regular communication on supplies needs with regional/district pharmacist and zonal MSD	X	X	X	X
1.3.1.13	Develop order with the regional/district pharm and based on the R&R cycle	X	X	X	X
1.3.1.14	Conduct regional and district level monthly stock monitoring of PrEP medications)	X	X	X	X
1.3.1.15	Engage LGAs R/CHMTs in conducting supportive supervision	X	X	X	X
1.3.2: Roll out HIV Self-Testing (HIVST) to FSW and MSM					
1.3.2.1	Develop SOPs, training curriculum, and job aides for HIVST (biomedical providers, CBHS, and HBC volunteers)	X			

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
1.3.2.2	Develop HIVST information and education materials for clients	X	X		
1.3.2.3	Develop protocol for IRB submission	X			
1.3.2.4	Train biomedical providers responsible for providing HIVST services	X	X		
1.3.2.5	Secure HIVST kits from USAID (or other designated sources)	X	X	X	X
1.3.2.6	Engage LGA in planning for HIVST service delivery	X	X	X	X
1.3.2.7	Roll out HIVST services	X	X	X	X
1.3.2.8	Track cohort of KP for HIV ST result through KP CBHS providers network	X	X	X	X
1.3.2.9	Maintain regular communication on supplies needs with regional/district lab and pharmacist and zonal MSD	X	X	X	X
1.3.2.10	Develop order with the regional/district lab/pharm and based on the R&R cycle	X	X	X	X
1.3.2.11	Conduct regional and district level monthly stock monitoring of HIV self-testing kits	X	X	X	X
1.3.2.12	Engage LGAs R/CHMTs in conducting supportive supervision	X	X	X	X
1.4: Support quality control and assurance for HIV rapid tests (HTS and HIVST)					
1.4.1	Engage Sauti biomedical providers in the national providers certification exercise	X	X	X	X
1.4.2	Train providers providing HIVST kits on proficiency and how to best explain the procedure to clients	X	X	X	X
1.4.3	Conduct IQC for HIV test kits upon reception of test samples from district lab technician	X	X	X	X
1.5. Integrate FP into Biomedical Services					
1.5.1	Train newly hired providers on FP short and long term methods	X			
1.5.2	Maintain regular communication on FP commodities with regional/district pharmacist and zonal MSD, as well as R/DRCHCOs	X	X	X	X
1.5.3	Develop order with the regional/district lab/pharm and based on the R&R cycle	X	X	X	X
1.5.4	Conduct regional and district level monthly stock monitoring of FP methods	X	X	X	X
1.5.5	Provide FP counseling and methods using CBHTC+ and HBTC+ platforms (targeting FSW and vAGYW)	X	X	X	X
1.5.5	Roll out targeted FP campaigns in collaboration with R/CHCOs	X	X	X	X
1.5.6	Engage LGAs R/CHMTs in conducting supportive supervision	X	X	X	X
1.5.7	Escort clients who need IUD and permanent methods to GOT facilities	X	X	X	X
1.6. Provide technical assistance to MOHCDGEC (NACP & RCHS) and TACAIDS, and them in the support provision of preventive and clinical services to KVP					
1.5.1	Support NACP to review the national HTS guidelines and training curriculum (including HIVST)	X	X		
1.5.2	Support KVP, Community ART, HIVST, and PrEP TWG meetings	X	X	X	X
1.5.3	Participate in PMTCT, FP, ART, GBV, and HIV-FP integration TWG	X	X	X	X
1.5.4	Support quarterly NACP assessment of KP/HTC/PrEP/C&T service in each region	X	X	X	X
1.5.5	Support quarterly TACAIDS assessment of integrated services in each region	X	X	X	X
1.5.6	Support quarterly RCHS assessment of FP/GBV service in each region	X	X	X	X
1.5.7	Conduct learning PrEP study tour for GOT officials and PrEP Champions	X	X		
Objective 2: Reduce individual risk behaviors and strengthen support for positive social norms and structures at the community level					
Behavioral Interventions					
2.1. Continue rolling out interventions to increase awareness and uptake of services and reduce HIV acquisition risk for KVPs					

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
2.1.1: SBCC interventions for increased uptake of HTS, HIVST, and PrEP					
2.1.1.1	Build the capacity of CBHS and HBC volunteers to deliver SBCC/create demand for services	X	**X**	**X**	**X**
2.1.1.2	Conduct KVP programmatic hotspots mapping		X		X
2.1.1.3	Conduct monthly meeting with Sauti team to jointly develop the biomed and community mobilization route plan	X	X	X	X
2.1.1.4	Update directory of all high risk men and female workplaces by district	X	X	X	X
2.1.1.5	Develop incentivized peer network (IPN) SOPs and training/orientation package	X			
2.1.1.6	Conduct IPN training to peer CBHS providers	X			
2.1.1.7	Develop vouchers for IPN	X			
2.1.1.8	Print vouchers for interpersonal communication	X			
2.1.1.9	Roll out IPN to reach (2,022 newly infected HIV KPs)	X	X	X	X
2.1.1.10	Organize FSW at the large size brothels to be visited by the CBHTC+ team (done by peer CBHS, either physically, or by SMS/WhatsApp or phone calls)	X	X	X	X
2.1.1.11	Organize MSM to be visited by the CBHTC+ / HBTC+ team	X	X	X	X
2.1.1.12	Organize KP and PFSW moonlight events	X	X	X	X
2.1.1.13	Conduct literature review of existing research on barriers and facilitators to uptake of PrEP and HIVST in East Africa	X			
2.1.1.14	Consult with other implementing partners on SBCC strategies for PrEP and HIVST	X			
2.1.1.15	Collect electronic copies of existing PrEP and HIVST SBCC materials, tools, and strategies	X			
2.1.1.16	Technical meeting to present the literature review findings on SBCC for PrEP and HIVST	X			
2.1.1.17	Develop/adapt SBCC materials and messages for PrEP and HIVST (to be used via various communication channels, including radio, TV, SMS and WhatsApp platforms)	X	X		
2.1.1.18	Pretest designed/adapt HIVST and PrEP SBCC materials and messages with KPs	X	X		
2.1.1.19	Finalize SBCC materials and messages based on feedback and inputs from the pretest and other technical stakeholders	X	X		
2.1.1.20	Develop and integrated job aides for CBHS/peer educators (print and integrate into mHealth SBCC registers)	X			
2.1.1.21	Print IEC FAQ PrEP and HIVST	X	X	X	X
2.1.1.22	Roll out PrEP and HIVST messages through various channels	X			
2.1.1.23	Develop HIVST and PrEP training/orientation package for KP CBHS providers	X			
2.1.1.24	Train existing KP CBHS providers on HIVST and PrEP	X	X		
2.1.1.25	Develop case stories to be used at the PrEP peer support group meetings	X	X	X	X
2.1.1.26	Develop focus group discussions to collect testimonials on PrEP use amongst FSW		X		
2.1.1.27	Establish and support FSW PrEP support groups	X	X	X	X
2.1.1.28	Integrate the use of PrEP testimonials in demand creation for PrEP and fostering adherence	X	X	X	X
2.1.1.29	Establish and support FSW PrEP support groups	X	X	X	X
2.1.1.30	Integrate the use of PrEP testimonials in demand creation for PrEP and fostering adherence	X	X	X	X
2.1.2. Implement SBCC activities to increase uptake of Community ART (as well as enrollment to CTC), adherence, and retention					

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
2.1.2.1	Develop community ART messages suitable for various communication channels (e.g., SMS and WhatsApp)	X	X		
2.1.2.2	Develop and integrated Job aides for PE into mHealth SBCC IE registers	X	X	X	X
2.1.2.3	Secure NACP IEC material on ART	X	X	X	X
2.1.2.4	Establish and support community ART support groups	X	X	X	X
2.1.2.5	Conduct consultative focus group discussions to develop Community ART communication messages	X	X	X	X
2.1.2.6	Develop/adapt community ART messages based on inputs from beneficiaries		X	X	
2.1.2.7	Collaborate with the USAID-supported communication implementing partner (Tulonge Afya Project) to develop literacy campaign materials and messages	X	X	X	X
2.1.2.8	Roll out community ART SBCC messages through various channels			X	X
2.1.2.9	Hire consultant to adapt NACOPHA curriculum and create a flip chart format	X			
2.1.2.10	Translate flip chart curriculum for PLHIV support groups	X	X		
2.1.2.11	Print flip chart curriculum for PLHIV support groups		X		
2.1.2.12	Orient regional SBCC Program Officers on the PLHIV support groups flipcharts		X	X	X
2.1.2.13	Continue rolling out 10 ART PSG in DSM	X	X	X	X
2.1.2.14	Scale up ART PSG to other regions	X	X	X	X
2.2. Implement individual and group education sessions					
2.2.1	Build CBHS providers competency to implement SBCC activities	X	X		
2.2.2	Support peer CBHS providers monthly meetings	X	X	X	X
2.2.3	Conduct individual education to FSW and MSM through peer CBHS providers	X	X	X	X
2.2.4	Conduct Group Education to KP and AGYW by Peer CBHS providers	X	X	X	X
2.2.5	Roll out AGYW Social Asset Mapping tools as part of SBCC group education activities	X	X	X	X
2.2.2	Roll out AGYW vulnerability index by peer CBHS providers during community mobilization activities and at AGYW group education	X	X	X	X
2.2.7	Provide TOMS's shoes as group education graduation incentive to AGYW	X	X	X	X
2.2.8	Update directory of FP peer CBHS providers testimonials	X	X	X	X
2.2.9	Provide TA to the regional SBCC PO on how to support development and delivery of FP testimonials	X	X	X	X
2.2.10	Orientation to 90 peer CBHS providers on how to refine personal FP testimonials by regional SBCC PO		X		
2.2.11	Roll out FP testimonials as part of regular demand creation, group or individual education activities		X	X	X
2.2.12	Develop a directory of all C&T IP supported AGYW (ages 15-24) out of school PLHIV clubs, where HIV prevention education is not providers (also continue to update)	X	X	X	X
2.2.13	Conduct group education enrollment at C&T IP supported AGYW PLHIV clubs	X	X	X	X
2.2.14	Develop a directory of all large volume ANC clinics to offer enrollment to AGYW in group education activities	X			
2.2.15	Roll out AGYW group education enrollment at ANC	X	X	X	X
2.7.16	Conduct supportive supervision to group education activities to assess if they received biomedical services	X	X	X	X
2.7.17	Distribute condom to KVPs during mobilization for service activities, SBCC education and peer support groups (PSG)	X	X	X	X
2.7.18	Roll out IEC material to KVP (from FY17)	X	X	X	X

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
2.7.19	Roll out SMS for risk reduction to selected risk KVP who accessed project service	X	X	X	X
2.7.20	Develop and translate focus group discussions (FGD) for assessment about reactions and usefulness of SMS and other IEC materials on risk reduction behaviors			X	
2.7.21	Conduct FGDs to asses effectiveness of IEC to risk reduction behaviors			X	
2.7.22	Conduct FGDs to asses effectiveness of SMS to risk reduction behaviors for AGYW, FSW, and MSM			X	
2.7.23	Rolling out 15 Alcohol rehabilitation groups for FSW	X	X	X	X
2.7.24	Semi-annual assess KP Alcohol anonymous groups progression	X			X
2.7.25	Develop a directory of the alcohol rehabilitation groups per district (and continue to update it)	X	X	X	X
2.3. Promote gender equity					
2.3.1: Increasing gender equity in HIV programs and services, including reproductive health					
2.3.1.1	Conduct Gender, Sexuality, and GBV training to regional Sauti staff and CSOs by Champions ToT	X	X		
2.3.1.2	Roll out surveys to all Case managers, biomed providers, PE and EW on comfort level to escort GBV survivors to services	X	X	X	X
2.3.1.3	Conduct quarterly gender equity assessment at biomedical service delivery points (CBHTC+) by regional SBCC/gender PO as part of supervision	X	X	X	X
2.3.1.4	Develop and implement improvement plans based on gender equity assessment at biomedical service delivery points (CBHTC+)	X	X	X	X
2.3.1.5	Develop a standardized tool to monitor progress of the biomed sites towards gender standards	X			
2.3.1.6	Monitor progress of the biomed sites towards gender standards by using a standardized tool	X	X	X	X
2.3.1.7	Ensure all Sauti and CSO offices and the service delivery points have signed anti stigma and discrimination policy	X	X	X	X
2.3.1.8	Ensure all Sauti staff, service providers, and volunteers have signed the policy	X	X	X	X
2.3.2. Preventing, detecting and responding to gender based violence					
2.3.2.1	Conduct training on GBV screening tool to new Sauti biomed team	X	X	X	X
2.3.2.2	Conduct GBV screening supportive supervision to biomedical team	X	X	X	X
2.3.2.3	GBV screening in WORTH and SBCC group education in all DREAMS districts	X	X	X	X
2.3.2.4	Train peer CBHS providers and EW on GBV screening and referral	X			
2.3.2.5	Conduct supportive supervision of peer CBHS providers and EW	X	X	X	X
2.3.2.6	Update the ward level GBV directory and ensure it is available at all Sauti sites	X	X	X	X
2.3.2.7	Meet with GBV partners and discuss opportunities for collaboration	X	X	X	X
2.3.3. 2.3.3: Continue to implement Start Awareness Support Action (SASA!) model in DREAMS councils					
2.3.3.1	Train Sauti and CSO regional SBCC /DREAMS Program Officer on SASA! Action			X	
2.3.3.2	Train Drama groups, community activist, champions on SASA! Action package			X	
2.3.3.3	Roll out SASA! support package to-DREAMS wards	X	X		
2.3.3.4	Roll out end SASA! Survey by former CHAMPION project master trainers			X	X
	Develop the follow up SASA! Survey report				X
2.3.3.5	Disseminate follow up survey report with DREAMS implementing partners and other stakeholders				X
2.3.3.6	Roll out SASA! Action package to DREAMS wards			X	X

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
2.4: Create enabling environment supportive to KP access to HIV prevention and FP services					
2.4.1: Empower local government and key stakeholders to foster enabling environment for HIV services among KP					
2.4.1.1	Roll out district level annual Gender and GBV sensitization meetings to higher level police officers , security committees, Regional/District Commissioners, and other influential leaders (commanders)	X	X	X	X
2.4.1.2	Share information with various stakeholders explaining why it is important to reach KVPs using public health approach	X	X	X	X
2.4.1.3	Advocate for engagement of KP representatives in HIV response planning and implementation at regional and district level	X	X	X	X
2.4.2: Provide TA to MOHCDGEC, TACAIDS, and other Ministries in the provision of SBCC/Gender/GBV services to KVP					
2.4.3.1	Advocate for participation of CSOs and KVP representative in national level planning meetings and other key prevention activities	X	X	X	X
2.4.3.2	Advocate for friendly policy environment which fosters uptake of prevention, care and treatment HIV/AIDS services for KVPs (e.g., age of consent for adolescents HTS, lay counselor testing, community ART, etc.)	X	X	X	X
	Provide TA to MOHCDGEC and TACAIDS to build capacity of LGA on KVP programing	X	X	X	X
2.5. Establish new WORTH+ groups, continue to support those established in FY16-17, equip vAGYW with business and entrepreneurship skills, and link them with public and private sector					
2.5.1	Train 256 new economic empowerment workers	X			
2.5.2	Establish 1,280 WORTH+	X	X	X	X
2.5.3	Conduct ToT to EW on Village Banking, Management Committees Training (MCT), Literacy Volunteer Training (LVT), and positive parenting	X			
2.5.4	Rollout MCT and LVT trainings	X	X		
2.5.5	Conduct a five days TOT 252 EWs on Youth employability-Worthy curriculum (revised Our group and Road to Worth curricula) and entrepreneurship curriculum (revised Selling made simple curriculum)	X	X		
2.5.6	Support EW to conduct monitoring and supervision visits to the newly established WORTH+ groups	X	X	X	X
2.5.7	Support CSOs (through Economic Empowerment Officers) to conduct monthly district level meetings with EWs	X	X	X	X
2.5.8	Continue to support WORTH+ groups established in FY16-17	X	X	X	X
2.5.9	Conduct ToT EW on age-appropriate economic strengthening intervention for rural based AGYW ages 18-24		X		
2.5.10	Roll out training on age-appropriate economic strengthening intervention for rural based AGYW ages 18-24 from new FY18 groups	X	X	X	X
2.5.11	Facilitate the enrollment of AGYW ages 15-24 into market driven vocational training at Vocational Educational and Training Authority (VETA)	X	X		
2.5.12	Facilitate the enrollment of newly recruited FY18 AGYW ages 15-24 into apprenticeship programs with successful people in business in the districts	X	X		
2.6. Digitalize group-level record keeping and avail it in mobile format					
2.6.1	Support the of digitalized group-level recordkeeping (started in small scale in FY17)	X	X	X	X
2.6.2	Support the digitalization of group-level recordkeeping for FY18 new AGYW ages 15-24	X	X	X	
2.6.3	Conduct TOT for EWs on e-ledgers use for individual and group record keeping	X	X	X	X
2.6.4	Support EWs to roll out training on e-ledgers to vAGYW beneficiaries	X	X	X	X

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
2.6.5	Continue to offer close support as the groups transition from paper based system to the electronic system	X	X	X	X
2.7. Conduct vulnerability assessment of vAGYW in existing WORTH+ to determine eligibility to graduate from Sauti program					
2.7.1	Orient CSOs (Economic Empowerment Officers and EWs) on the Economic Wellbeing Assessment Tool (EWAT)	X	X	X	X
2.7.2	Engage LGAs and CSOs to conduct the assessment using the EWAT	X	X	X	X
2.7.3	Conduct analysis of the results	X	X	X	X
2.7.4	Develop a transition plan for the vAGYWs who will be graduating		X	X	X
2.7.5	Continue to provider tailored support to vAGYWs who will not be eligible to graduate		X	X	X
2.8. Provide stimulus financial support to financially constrained vAGYW to facilitate enrollment in community health insurance fund (CHF), participate in WORTH+ groups, and registration of WORTH+ groups with LGAs					
2.8.1	Engage USAID, MOHCDGEC, PO RALG, TACAIDS, LGAs and CSOs to develop a modus operandi for assisting financial constrained vAGYW enroll into CHF (including special NHIF package in Temeke)	X	X	X	X
2.8.2	Conduct consultative meetings with NHIF/CHF and other key implementing partners to develop a roadmap for assisting the vAGYW receive orientation on health insurance benefits, enroll and utilize services	X	X	X	X
2.8.3	Provide stimulus funding to support financially constrained vAGYWs to enroll for CHIF	X	X	X	X
2.8.4	Support the enrollment of select vAGYW into CHF in collaboration with LGAs and NHIF	X	X	X	X
2.8.5	Facilitate access to revolving fund to WORTH+ groups across all DREAMS districts (in consultation with USAID and in coordination with LGAs)	X	X	X	X
2.8.6	Continue support AGYW that are unable to contribute mandatory savings through CTP	X	X	X	X
2.8.7	Engage and advocate with LGAs to subsidize or waive registration fees for vAGWY WORTH+ groups which are financially constrained	X	X	X	X
2.8.8	Provide financial support (as necessary and as needs be) for registration of WORTH+ groups with LGAs and the Ministry of Gender, Community Development and Children	X	X	X	X
Objective 3: Execute a robust research and learning agenda					
3.1. Disseminate KP Enumeration and Mapping Study results					
3.1.1	Conduct a technical meeting with the USAID strategic information team to discuss about the findings and the strategies for data utilization	X	X		
3.1.1	Conduct dissemination workshop with NACP and other stakeholders	X	X		
3.1.2	Writing workshop to prepare manuscript of enumeration and mapping		X		
3.1,3	Submitting the manuscript to a peer review journal	X	X	X	
3.2. Disseminate MSM and FSW formative research study results					
3.2.1	Conduct workshop for review and finalization of reports of formative assessment	X			
	Writing workshop for **FSW** formative study manuscript	X			
3.2.2	Writing workshop for **MSM** formative study manuscript	X			
3.2.3	Submitting the manuscript to a peer review journal	X	X	X	
3.2.10	Study monitoring	X	X	X	X
3.3. Conduct research on cash transfer interventions among VAGYW (CARE)					
3.3.1	Submit progress reports to IRBs	X	X		X
3.3.2	Recruit study staff (Research assistants, Transcribers & Translators)		X		X

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
3.3.3	Training for data collection		X		X
3.3.4	Procurement of field study consumables	X	X	X	X
3.3.5	Print study documents		X		X
3.3.6	Hold Stakeholders meeting in study region		X		X
3.3.7	Data collection in the field		X		X
3.3.8	Laboratory testing AND Sample storage	X	X	X	X
3.3.9	Monitoring of CARE study field implementation		X		X
3.3.10	Data cleaning	X	X	X	X
3.3.11	Data management	X	X	X	X
3.3.12	Data analysis	X	X	X	X
3.4. Pilot STI PPT for FSW and MSM					
3.4.1	Submissions of 6 months reports to IRBs	X			
3.4.2	Staff recruitment (research assistants)	X			
3.4.3	Training for data collection	X	X	X	
3.4.4	Procurement of field study consumables	X	X	X	
3.4.5	Print study documents				
3.4.6	Data collection for PPT	X	X	X	X
3.4.7	Laboratory testing	X	X	X	X
3.4.8	Monitoring of PPT study	X	X	X	X
3.4.9	Data entry	X	X	X	X
3.4.10	Data cleaning	X	X	X	X
3.4.11	Data management	X	X	X	X
3.4.12	Analysis of PPT data	X	X	X	X
3.5. Measure client satisfaction and changes in behaviors and social norms through the SMS cohort surveys					
3.5.1	Finalize study design, develop study protocol and IRB applications	X			
3.5.2	Obtain IRB approval		X		
3.5.3	Data collection		X	X	X
3.5.4	Preliminary analysis				X
3.6. Prepare the results of the roll out of the VAGYW Index for publication					
3.6.1	Link Index, biomedical and health outcome data	X	X		
3.6.2	Prepare and print technical brief on the VAGYW index		X	X	
3.6.3	Publish manuscript on the Index validation and findings			X	X
3.7. Publish results of desk reviews on KVPs in Tanzania, sub-Saharan Africa and beyond					
3.7.1	Finalize and submit manuscript on systematic review of **MSM** programming	X			
3.7.2	Finalize and submit manuscript on systematic review of **FSW** programming	X			
3.8. Support the implementation of other collaborative research studies					
3.8.1	Population Council – supported Community ART in FSW (Njombe & Mbeya)	X	X	X	X
3.8.2	Population Council – supported FSW FP Safe Conception Study (Dar es Salaam)	X	X	X	X
3.8.3	Bill & Melinda Gates Foundation – supported study (qualitative and behavioral economics) to evaluate the effect of cash transfer in vAGYW in Shinyanga [implemented by University of North Carolina and Final Mile)	X	X	X	X
3.8.4	Bill & Melinda Gates Foundation – supported study (behavioral economics) to evaluate the effect of incentivized savings in vAGYW receiving cash transfer in Shinyanga [College of William and Mary, Virginia)	X	X	X	X
3.8.5	Bill & Melinda Gates Foundation – supported study (human centered design study aimed at developing strategies to increase vAGYW and	X	X	X	X

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
	young adolescent population in engagement with HIV testing and care, implemented in Dar es Salaam (Temeke) and Mbeya (Kyela) [M4ID]				
OBJECTIVE 4: Increase the sustainability of comprehensive HIV prevention services by strengthening engagement and ownership of host government, CSOs, and communities					
4.1. Conduct introductory meetings with regional and district authorities and other KVP stakeholders in one new region and ten new district councils					
4.1.1	Conduct buy in meetings with DEDs, and CHMTs in new councils	X			
4.1.2	Hold one-day district-level buy-in meetings and consultative workshops with district KVP stakeholders in the all new councils	X			
4.1.3	Conduct annual project updates meeting with RACs, DEDs, RHMTs, and CHMTs as well as CMAC members in all Sauti implementation regions				X
4.1.4	Conduct annual project updates meeting with government stakeholders (i.e., MOHCDGEC, PO-RALG, 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
4.2. Support the development and implementation of Memoranda of Understanding (MOU) guiding the partnerships between Sauti and LGAs in the ten new councils					
4.2.1	Conduct consultative meetings with the -new district/municipal leaders to develop MOUs (integrated with other visits to LGAs)	X	X		
4.2.2	Print MOUs and disseminate to districts/ municipalities		X		
4.3. Operationalize the Five-Year Sustainability Plan to guide the transfer of responsibility and ownership of HIV Prevention/ FP Interventions to LGAs, CSOs, and KVPs					
4.3.1	Develop a PMP for the sustainability plan	x			
4.3.2	Conduct a one-day sustainability planning meetings with the new regions/districts	X	X		
4.3.3	Conduct quarterly sustainability operational plan monitoring meetings at district/municipal level	X	X	X	X
4.3.4	Conduct bi-annual sustainability plan meeting at regional level		X		X
4.3.5	Collaborate with other IPs on the implementation of the Sauti sustainability plan	X	X	X	X
4.4. Empower local CSOs, KVP networks/groups, (including KVP PLHIVs) and communities to meaningfully participate in all project elements					
4.4.1	Conduct planning meeting for CSOs (orientation of FY18 service delivery models, SOW and budget)	X			
4.4.2	Develop performance monitoring plan that includes project management indicators to track and measure results of capacity development support to CSOs	X			
4.4.3	Conduct quarterly staff performance review to CSOs	X	X	X	X
4.4.4	Train CSOs on SOPs (e.g., SBCC, Biomedical, WORTH+, MER, etc.) to institutionalize the tools	X			
4.4.5	Coach and mentor regional level organizational development teams in capacity development to support capacity strengthening of CSOs	X	X	X	
4.4.2	Conduct Organizational Performance Index to measure change in performance improvement) for all 20 CSOs	X			
4.4.7	Collaborate with USAID Implementing partners and provide capacity development support to CSOs	X	X	X	X
4.4.8	Conduct Integrated Technical Organizational Assessment and develop CISPs for 20 CSOs		X		
4.4.9	Coach/mentor CSOs on various parts of their capacity development plans	X	X	X	X

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
4.4.10	Design and implement a secondment strategy for periodical placement of Sauti regional office/Organization Development teams to facilitate skills transfer to CSOs	X	X	X	X
4.4.11	Review Sauti staff's performance contracts and Job descriptions to include CSO management and capacity building duties	X			
4.4.12	Review quarterly CSO CISPs to assess progress of activities implementation	X	X	X	X
4.4.13	Train CSOs on financial and project management	X			
4.4.14	Ongoing coaching and mentoring to CSOs on financial management and project management	X	X	X	X
4.4.15	Conduct quarterly financial and project reviews	X	X	X	X
4.4.12	Review FY 17 financial audit findings to develop and implement corrective measures	X			
4.4.17	Support installation of QuickBooks to 10 CSOs		X		
4.4.18	Conduct annual ONA workshop for KVPs, LGAs and CSOs (to be done at national level)				X
4.4.19	Conduct tailored monthly regional joint project, technical, grants, and finance management TA visits to all CSOs	X	X	X	X
4.4.20	Conduct monthly monitoring calls with all CSOs	X	X	X	X
4.4.21	Conduct joint quarterly supervision visit (for CSOs management team)	X	X	X	X
4.4.22	Develop supportive supervision checklist for project management	X			
4.4.23	Facilitate quarterly experience sharing workshop/Jukwaa for CSOs	X	X	X	X
4.4.24	Support CSOs to develop staff retention strategies	X			
4.5. Strengthen LGA capacity through mentorship and coaching					
4.5.1	Participate and contribute in the development of CCHPs in each of the LGAs collaborating with Sauti		X		
4.5.2	Collaborate with LGAs representatives in developing joint regional implementation plans	X	X	X	X
4.5.3	Support the printing of Regional HIV and AIDS Strategic Plans	X	X	X	
4.5.4	Engage R/CHMTs in conducting joint supportive supervision and mentorship visits to CBHTC+ teams, DICs and CSOs	X	X	X	X
4.5.5	Support R/CHMTs to attend national and regional level meetings linked to project deliverables (as applicable)	X	X	X	X
4.5.2	Support on-the-job eLMIS refresher trainings for commodities and logistics focal persons at regional and district levels	X	X	X	X
4.6. Continue supporting Regional Advisory Sub-Committees and District Hotspot Advisory Committees, and support annual meetings on project planning, implementation, monitoring, reviewing progress, and development of action plans					
4.6.1	Establish District Advisory Committees (DAC) in 10 newly added districts/councils	X	X		
4.6.2	Support biannual District Advisory Committee meetings at regional and district levels respectively		X		X
4.7. Conduct annual Sauti Project's TAG and Research and Learning Agenda Sub-Committee Meetings					
4.7.1	Conduct Annual TAG meeting			X	
4.7.2	Conduct Annual Research and Learning Agenda meeting			X	
4.8. Establish public private partnerships					
4.8.1	Seek new opportunities in collaboration with USAID PPP team and the GOT	X	X	X	X
4.8.2	Engage RS-LGAs, CSOs and other interested parties to identify and establish PPPs for cost-share or resource mobilization to complement and supplementing KVP programming	X	X	X	
4.9. Conduct QI activities to ensure Sauti-supported high quality services					

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
4.9.1	Review the Sauti QA/QI SOP and tools	X			
4.9.2	Technical meeting with stakeholders to present the draft review of the QA/QI SOP and tools	X			
4.9.3	Finalize the QA/QI SOP and tools, print and disseminate	X			
4.9.4	Orient Sauti team, CSO, RHMT and CHMT on the revised QA/QI SOP and tools in 27 districts	X	X		
4.9.5	Conduct quarterly QI visits by regional/district QI team	X	X	X	X
4.9.2	Conduct quarterly QI visits by central QI team	X	X	X	X
4.9.7	QI visit reports and QI plans developed and stored in each regional office (Sauti and CSO)	X	X	X	X
4.9.8	Support use of SIMS tool for Q routine project monitoring by Sauti, CSO and GOT teams	X	X	X	X
4.9.9	Join PEPFAR led SISM visits	X	X	X	X
4.9.10	Participate to the quarterly national QI TWG	X	X	X	X
4.9.11	Conduct selected health facilities Q assessment	X			
4.9.12	Train GOT and non-GOT providers from 17 health facilities on the NACP KVP friendly services curriculum		X		
4.9.13	Roll out practicum at Sauti sites to all trained providers		X	X	X
4.9.14	Roll out mentoring activities at the selected 17 health facilities		X	X	X
4.9.15	Provide TA to NACP to review the Nat KVP friendly service curriculum	X	X		
4.10. 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					
4.10.1	Participate and provide technical leadership in National Advisory Committees, Task Force and TWG meetings for CBHTC, STI, FP, Adolescent Health, Gender, GBV and KVP programming	X	X	X	X
4.10.2	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
4.10.3	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
4.10.4	Conduct an orientation workshop for Regional TACAIDS Coordinators to equip them with tools to better coordinate and support Sauti activities in the regions	X	X	X	X
4.10.5	Support TACAIDS, RCHS, and NACP to conduct regional TA and supportive supervision visit to HIV/AIDS and FP focal persons	X	X	X	X
4.10.2	Provide technical and financial support to national and regional level activities (e.g., 12 days of activism, National AIDS Day, etc.) (as applicable)	X	X	X	X
4.11. Advocate for KVP HIV/FP programming using public health-centered approach					
4.11.1	Integrate data and educational messages to sensitize and educate law enforces, government actors, and other key decision makers on the importance of targeting KVP with HIV combination interventions	X	X	X	X
4.11.2	Engage development partners, implementing partners, and local CSOs in designing and implementing KVP interventions with the GOT	X	X	X	X
5. Improved comprehensive HIV prevention for KVP through the application of M&E and learning					
5.1. Conduct GIS mapping of the new councils, update the current maps with new hotspot data, and conducting spatial analysis					
5.1.1	Updating GIS coordinate for new hotspots in old districts, new hotspots in 10 new councils and safe and unsafe places in DREAMS councils		X		
5.1.2	Linking basic GIS data with DHIS, to be able to generate basic maps for mapping reach	X			

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
5.1.3	Facilitate use of GIS for route planning, routinely by the regional data managers	X	X	X	X
5.2. Implement and strengthen service data management and referral-tracking systems to inform KVP cascades progress					
5.2.1	Identification of one platform/system that Jhpiego and the project can use for all m-health data management needs.	X			
5.2.2	Enhance electronic data collection and readily availability of data to facilitate detailed analysis	X	X	X	X
5.2.3	Facilitate use of the SMS platform for routine monitoring	X	X	X	X
5.2.4	Routine data dashboard and impact dashboard development	X	X		
5.2.5	Monitor performance of data and digital health systems	X		X	
5.2.2	Printing of tools for backing up the electronic data management system	X			
5.2.7	Facilitating data entry for information collected through paper based systems	X	X	X	X
5.2.8	Track KP cascade with CT partners: facilitate quarterly review meetings, and the sharing of CTC ID numbers for clients enrolled to CTC to get the outcomes of their linkage.	X	X	X	X
5.2.9	Prepare quarterly reports, annual reports, and MER work plans	X	X	X	X
5.2.10	Maintain and adapt existing databases for project and research				
5.2.11	Support the functionality of Sauti data inputs into DAMES	X	X	X	X
5.2.11	Improving the Kiota card for facilitating tracking service reach across intervention	X			
5.3. Build capacity of Sauti regional teams and CSO on data quality and data utilization					
5.3.1	Conduct quarterly regional data review meetings	X	X	X	X
5.3.2	Develop pre-printed dashboards for KP friendly facilities and regional offices for tracking and recording KP cascades for data within catchment areas of the facilities.	X			
5.3.3	Conduct quarterly internal DQAs	X	X	X	X
5.3.4	Conduct supportive supervision	X	X	X	X
5.3.5	Conduct capacity needs assessment for MER staff and identify gaps for addressing	X			
5.3.2	Addressing identifies capacity building needs		X	X	X
5.4. Support Ministry in establishing the use of the national M&E recording and reporting tools for key and vulnerable population.					
5.4.1	Train KP friendly focal person for the mapped KP friendly facilities on reporting	X	X		
5.4.2	Coordinate Workshops to discuss progress in strengthening the national M&E system for KP including KP cascades	X		X	
5.4.3	Facilitate quarterly reporting including on KP cascades, using the national data flow.	X	X	X	X
5.4.4	Participate in national TWG related to M&E	X	X	X	X
5.5 Support the learning agenda through detailed analysis and use of routine information					
5.5.1	Conduct impact analysis of the project	X	X	X	X
5.5.2	Develop Impact infographic briefs.			X	
5.5.3	Conduct virtual workshops on vAGYW Index to facilitate use of the results	X	X	X	X
5.5.4	Conduct Manuscript development workshop		X		X
5.5.5	Facilitate one BBL from any learned topic		X	X	
5.5.2	Develop abstracts for conferences and travel to conferences for sharing accepted abstracts		X	X	
2. DREAMS Initiative ***(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*					

	ACTIVITY DESCRIPTION	Q1	Q2	Q3	Q4
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! running WORTH+ groups, supporting existing WORTH+ groups. The additional activities below are specific to DREAMS Councils)					
D.1 Increase vAGYW uptake of SRH services by reducing stigma and positively branding service delivery points					
D.1.1	Ensure visibility of DREAMS Shujaa materials targeting negative norms around vAGYW SRH choices during activities and events	X	X	X	X
D.2 Continue supporting and establishing Safe Spaces for vAGYW					
D.2.1	Continue documenting and supporting recognition of vAGYW-selected Safe Space in each of the 2 DREAMS Councils	X	X	X	X
D.2.2	Hold ceremony for official establishment of each successfully negotiated safe space for community recognition and ownership	X	X	X	X
D.2.3	Develop a directory of vAGYW safe spaces per ward	X	X	X	X
D.2.4	Identify secure venues in each council for housing computers previously housed at CSO safe spaces	X			
D.2.5	Draft and finalize memorandum of understanding (MOU) between the CSO and the owner of the identified secure space to house computers for vAGYW use	X			
D.2.2	Weekly computer lab sessions at 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
D.3 Continue empowering vAGYW by rolling out a package for building their health, cognitive, economic and social assets and engaging them meaningfully					
D.3.1	Form and maintain 1,282 *Binti Shujaa* clubs as peer support groups and skills development platform for vAGYW at safe spaces	X	X	X	X
D.3.2	Introduce a monthly art/ design challenge for vAGYW in 2 DREAMS councils	X	X	X	X
D.4 Positively shift vAGYW behaviors through saturating with SBCC interventions					
D.4.1	Access LGA records and extract a reliable enumerator on the universe of girls in the catchment area.	X	X		
D.5 Support vAGYW to voice their concerns at national fora and support government authorities to create awareness and advocate change around vAGYW concerns					
D.5.1	Organize ward-level events to allow vAGYW to voice their concerns, opinions, and solutions	X	X	X	X
D.5.2	Actively participate in district-level events to allow vAGYW to voice their concerns, opinions, and solutions	X	X	X	X
D.2 **Support vAGYW enrolled in Cash Transfer Program in select DREAMS initiative wards (Shinyanga and Mbeya)**					
D.2.1	Hire a CTP focal person	X			
D.2.2	Conduct 1 day meeting in each ward where the cash transfer program will take place	X	X	X	X
D.2.3	Disburse cash/subsidies to vAGYW	X	X	X	X
D.2.4	Conduct quarterly monitoring of the program through the adverse event form and troubleshoot per the SOP	X	X	X	X
D.2.5	Hold a community check-in meeting in each cash transfer village to increase visibility of the outcomes and strengthen community support to vAGYW	X	X	X	X

8. 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-Sectoral 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 project 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 2018 TARGETS	TARGET SETTING COMMENT
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						
SO1. Increased and timely use of HIV prevention and FP services						
1. Number of individuals who received HIV testing and counseling (HTS) services and received their test results – HTS_TST	PEPFAR indicator	**Numerator:** Number of individuals who received HTC services and received their test results during the PEPFAR reporting period. Disaggregated by HIV status, sex, age, service delivery modality.	Health screening and service form	Ongoing with service delivery. Reported quarterly	1,141,054	Target breakdown: - 238,756 <15 yrs. - 902,298 15+ yrs.
2. Acceptance rate (%) for index clients in tracking their partners)	Project indicator	**Numerator:** Number of eligible index clients that accepted tracing of partners **Denominator:** # eligible index clients that were offered the tracing opportunity	Partner notification plus registers	Ongoing, analyzed monthly	60%	
3. Number of individuals tested and counseled who were found to be HIV positive (HTS_TST_POS)	PEPFAR indicator/ Program Indicator	**Numerator:** Number of individuals who received HTC services and tested HIV positive during the PEPFAR reporting period. Disaggregated by sex, age, KVP type, and service delivery modality	Health screening and service form	Ongoing with service delivery. Reported quarterly	36,560	Target breakdown: - 3,546 <15 yrs. - 33,014 15+ yrs.

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2018 TARGETS	TARGET SETTING COMMENT
4. Yield of the partners from the partner notification plus 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	40%	
5. Number and percentage of KVPs that are successfully enrolled to Care and Treatment services	Program indicator	**Numerator:** Number of clients tested HIV+ for the first time at the CBHTC+ and HBTC+ platforms, who are linked with care and treatment services, confirmed by CTC ID number. Disaggregated by KVP (FSW, MSM, vAGYW, PFSW and other)	Tracking register	Ongoing with service delivery.	31,076	85% of KP who test HIV positive (as per PEPFAR expectations)
		Denominator: Total number of clients who are tested HIV+	HSST	Ongoing with service delivery.	36,560	Equivalent to HTC_POS target
6. Number of HIVST kits distributed to key population beneficiaries, their peers, and their sexual partners (HTS_SELF)	PEPFAR indicator	Number of HIV self-test kits distributed to KPs (FSW and MSM), their peers, and their sexual partners Disaggregated by age, sex, population category, service delivery modality (CBHTC+/HBTC+, SBCC group education sessions & SBCC individual education sessions), and distribution modality (direct/secondary) *Note: Direct distribution refers to providing HIV self-test kits to clients who intend to test themselves, while secondary distribution refers to providing test kits to clients who intend to give other KPs (peers) and/or sexual partners*	HSST SBCC registers Pharmacy register Sauti will also pilot SMS tracking system	Ongoing with service delivery, analyzed monthly	12,815 HIVST kits to be distributed directly to KPs 33,446 HIVST kits to be distributed indirectly (secondary)	***Direct distribution:*** 1 to 2 kit per beneficiary (2 kits in the event that the KP tests positive through assisted modality and s/he wants to test again with the partner) ***Secondary distribution:*** 2 kits per beneficiary (1 to the peer and 1 to the sexual partner)

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2018 TARGETS	TARGET SETTING COMMENT
7. Percentage of self-testers reporting their results who are positive	Program indicator	Numerator: Number of self-testers who test HIV+ with self-test Denominator: Total number of self-testers who test and report results	HSST (Onsite), DHIS (SMS)	Ongoing with service delivery, analyzed monthly	N/A	
8. Number and 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	**Numerator:** 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	6,565 MSM 50,144 FSW	
		Denominator: 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	To be updated after final analysis of the KP population size estimates (this will be presented to USAID in FY18 Q1)	To be revised pending results from national enumeration exercise
9. Percentage of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum component, during reporting period – PP-PREV	PEPFAR indicator	**Numerator:** 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	112,806	Target breakdown: - 45,928 in DREAMS districts - 66,878 other councils
		Denominator: 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	TBD	

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2018 TARGETS	TARGET SETTING COMMENT
10. Number of individuals trained in family planning/reproductive health with USG funds	USAID indicator	**Numerator:** Number Sauti providers (medical and non-medical) trained in family planning/ reproductive health with USG funds Disaggregated by, sex, type of service provider trained (physician/clinician, nurse, midwife, or CHW), type of training (pre-service or in-service), and training content (e.g., LARCs, PM, PPFP, youth, CTU, PAC-FP, integration).	Training forms and TrainSMART database	At the end of each training. Reported quarterly	TBD	To depend on the findings of the skills analysis exercise (to be done after hiring new CBHTC+/HBTC+ providers)
11. Number of USG-assisted community health workers (CHWs) providing family planning information, referrals, and/or services during the year	USAID indicator	**Numerator:** Number Sauti PEs, CBHS providers, HBC providers, and EWs providing family planning information and referrals during the year	Program/ CSO registers	Annually	2600	
12. Number of KVPs using a modern family planning method	USAID indicator	**Numerator:** Number of KVPs reached through CBHTC+ and HBTC+ who are using a modern family planning method Disaggregated by, sex, age *(10-14, 15-19, 20-24, or 25+)*, residence *(urban or rural)*, contraceptive method, type of user *(new or continuing)*, and service delivery point.	HSST	Ongoing as part of service delivery, reported quarterly	TBD	
13. Percent of current PLHIV clients who received family planning services	USAID indicator	**Numerator:** Number of KVP living with HIV who receive family planning services at Sauti service delivery platforms	HSST	Ongoing as part of service delivery, reported quarterly	TBD	

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2018 TARGETS	TARGET SETTING COMMENT
from FPINT_SITE service delivery points		**Denominator:** Total KVP living with HIV who receive family planning services at Sauti service delivery platforms Disaggregated by, sex, age *(10-14, 15-19, 20-24, or 25+)*, contraceptive method, type of user *(new or continuing)*, service delivery point, and type of service *(counseling only; counseling/referral for method; counseling/ receipt of method from index service delivery point)*	HSST			
14. Number of clients received Long Acting and Reversible Contraceptives/ Permanent (LARC/PM) disaggregated by method	USAID indicator	**Numerator:** Number of clients received Long Acting and Reversible /Permanent (LARC/PM) at CBHTC+ 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+)	HSST	Ongoing with service delivery. Reported quarterly	13,829	Target breakdown: AGYW = **4,922** (370 (PM/IUCD) + 3,079 (Implanon/ Implanon NXT) + 1473) Jadelle) FSW = **8,907** (674 PM/IUCD) + 6,779 (Implanon/ Implanon NXT) + 1454 Jadelle)
15. 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	TBD	

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2018 TARGETS	TARGET SETTING COMMENT
16. PrEP New	PEPFAR indicator	Number of individuals who have been newly enrolled on (oral) antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.	HSST	Daily	4,192	
17. 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 TrainSMART database	At the end of each training. Reported quarterly	256 EWs 2300 PEs	
18. 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 TrainSMART database	At the end of each training. Reported quarterly	322	
19. 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 CBHTC+ team 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	80	

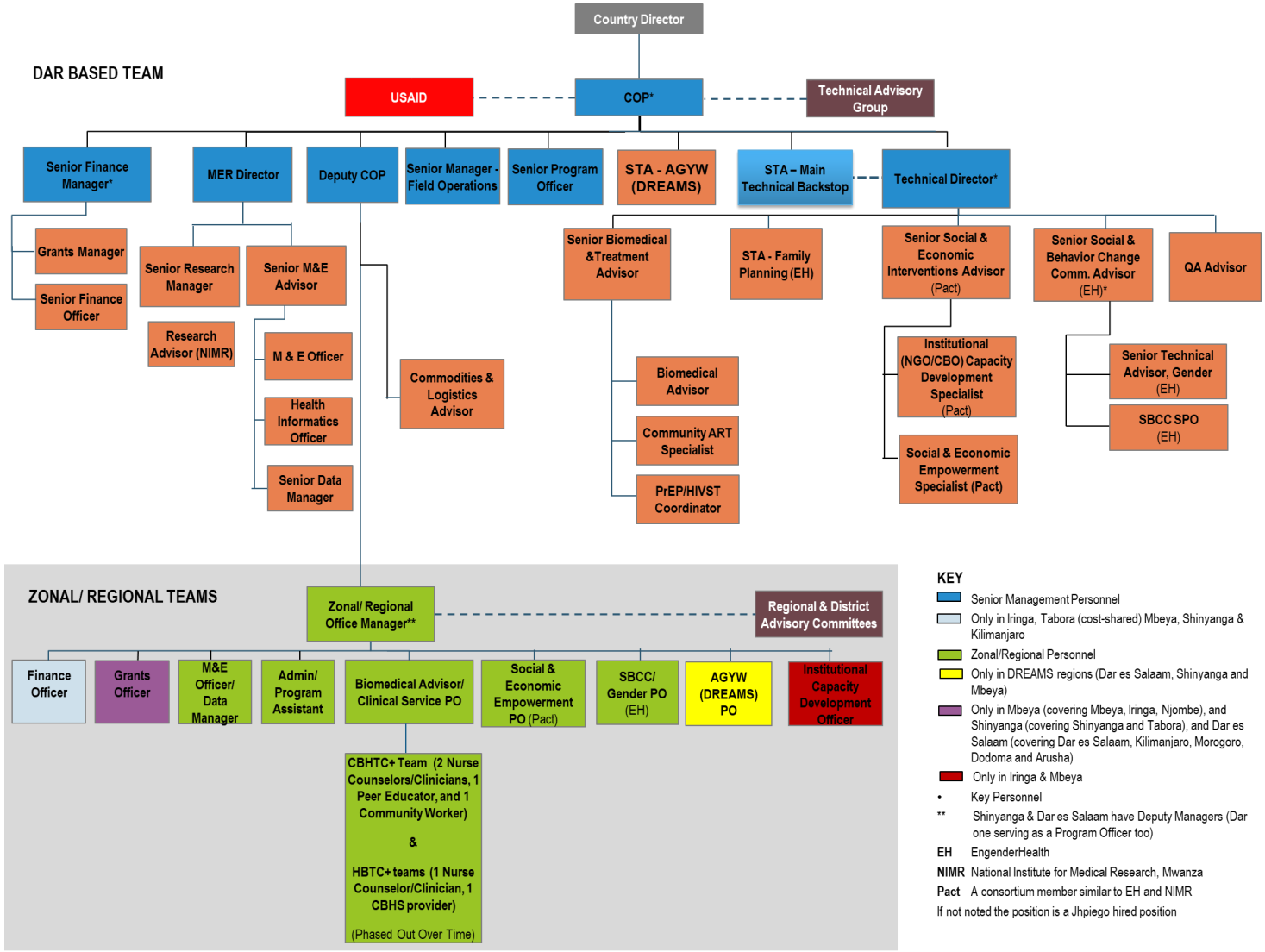
ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2018 TARGETS	TARGET SETTING COMMENT
20. Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (OVC_SERV)	DREAMS indicator	**Numerator:** Number of vAGYW (15-24 years) served with economic strengthening support, parenting education, social protection or social asset building during WORTH+ groups. Disaggregated by, age, sex, and intervention (i.e., combination socio economic, parenting, and social protection [the last one is synonymous to cash transfer]),	WORTH+ registers	Ongoing as part of service delivery, reported quarterly	66,463	Target inherited include 34,437 (FY16 & FY17) and remaining is 32,026 target for FY18
21. Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary FP services-FPINT_SITE	USAID indicator	**Numerator:** Number of service delivery points (ward) supported by PEPFAR that are directly providing integrated voluntary FP services (CBHCT+, and HBCT+) **Denominator:** All service delivery points (wards)	HSST	Ongoing as part of service delivery, reported quarterly	679 wards	This is for wards where biomedical services are provided.
22. 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	HSST	Ongoing, reported bi-annually	29,257 (15,717 MSM and 13,539 FSW)	Estimates were based on reaching 75% of the estimated FSW and MSM in five regions
23. Number of KPs who started an STI PPT.	EJAF KPI indicator	Number of FSW and MSM who started an STI PPT Disaggregated by type of treatment and type of population	HSST	Ongoing, reported bi-annually	23,405 (12,574 MSM and 10,831 FSW)	Estimated targets based on 80% of those counseled will be initiated on PPT
SO2. Improved positive behaviors and social norms at the individual and community levels						
24. 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	14,043 (7,544 MSM and 6,499 FSW)	Estimated from 60% of KP receiving STI PPT.

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2018 TARGETS	TARGET SETTING COMMENT
25. Number of vAGYW reached with social asset building intervention	DREAMS indicator	**Numerator:** Number of vAGYW aged 15-19 who were identified using index tool and participate in WORTH+ groups, have received financial education / Started Savings **and** completed SBCC group education (all curriculum) **and** accessed any Biomed services either at CBHTC+ or DIC	WORTH+ register	Ongoing, reported monthly and quarterly	16,013	100% of the girls aged 15-19 year olds targeted for DREAMS OVC serv indicator.
26. 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 include: - 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	SASA activity register	Ongoing, reported monthly and quarterly	16,421	In DREAMS councils only (Kyela, Temeke DC, Kahama TC, Msalala DC, Ushetu DC, Shinyanga MC) Disaggregated by: 11,485 males 4,926 females
SO3. Reduced vulnerability of two priority populations through novel structural interventions (through executing the research and learning agenda)						
27. Proportion of females who report increased self-efficacy at the conclusion of USG-supported training/program	USAID gender indicator	**Numerator**: The number of women (FSW and vAGYW) whose scores have improved between pre and post-test, after participating in Sauti Project SBCC group educations. **Denominator**: Total number of women who participated in the relevant Sauti Project SBCC interventions	Pre and Post-test	Before and after an intervention, semi-annual analysis	75%	
Objective 4: Increasingly sustainable comprehensive HIV prevention services						

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	FY 2018 TARGETS	TARGET SETTING COMMENT
4.1 Strengthened engagement and ownership of host government and communities to support comprehensive HIV prevention 4.2 Improved comprehensive HIV prevention for KVP through the application of monitoring, evaluation, and learning						
28. Existence of a Five years sustainability/ transfer plan	Project Indicator	Existence of the five years sustainability plan, which is reviewed annually.	Annual report	Annually	1 plan	
29. Number of articles published in peer-reviewed journals by Sauti Project	Project indicator	Number of articles published in peer-reviewed journals by Sauti Project	Articles	Ongoing, reported in the annual report.	3	
30. Number of community leaders and resource personnel promoting gender equity and women and youth empowerment within their spheres of influence due to USG assistance	Project 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	100	

9. APPENDICES

9.1 Appendix 1: Sauti Project Organogram



9.2 Appendix 2: Sauti Budget Breakdowns (US $)

i. Sauti Project Cumulative Funding Overview and Background (FY15 – FY18)

Program Area	FY15	FY16						FY17					FY18		Total (USD)
	Received (USD)	Received (USD)						Received (USD)		Expected (USD)			Expected (USD)		
	USAID TZ	USAID TZ	USAID Washington	OGAC - Dreams	OGAC - EJAF		Total	Total received	USAID TZ	OGAC - Dreams	USAID Washington	OGAC - EJAF	Total	USAID TZ	Total	
HIV																
KP_PREV (HVAB)*		2,320,090	-	-	-	-	2,320,090	10,560,090	3,023,737	-	-	-	3,023,737	2,016,274	2,016,274	**15,600,101**
PP_PREV (HVAB)*		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	13,479,021	13,479,021	**25,623,990**
OVC_SERV	8,240,000	500,000	-	-	-	-	500,000	500,000	-	-	-	-	-	1,377,365	1,377,365	**1,877,365**
HTXS		1,000,000	-	-	-	-	1,000,000	1,000,000	-	-	-	-	-	1,100,000	1,100,000	**2,100,000**
TB		300,000	-	-	-	-	300,000	300,000	-	-	-	-	-		-	**300,000**
HIVOP (Prevention)				5,225,522	1,200,000	-	6,425,522	6,425,522	-	2,626,923		-	2,626,923	13,741,234	13,741,234	**22,793,679**
Care and treatment								-	1,300,000	-			1,300,000		-	**1,300,000**
												-	-		-	**-**
Family Planning												-	-		-	**-**
FP	588,983	650,000	-	-	-		650,000	1,238,983	-	-	1,000,000	-	1,000,000	500,000	500,000	**2,738,983**
FP/HIV Intergration	2,900,000		-	-	-		-	2,900,000	-	-	-	-	-		-	**2,900,000**
							-		-	-			-		-	**-**
Additional fund							-		2,854,677	-			2,854,677		-	**2,854,677**
							-		-	-	-	-	-		-	**-**
Total (USD)	**11,728,983**	**12,708,667**	**-**	**5,442,764**	**1,200,000**	**-**	**19,351,431**	**31,080,414**	**14,610,897**	**2,626,923**	**1,000,000**	**-**	**18,237,820**	**32,213,895**	**32,213,895**	**81,532,129**

*This amount split between KP_PREV and PP_PREV related activities

ii. **USG funding by project year for FY18**

PROGRAM AREA	FY18			TOTAL (USD)
	USAID TZ (USD)	FY17 PIPELINE OGAC - EJAF PPP (USD)	FY17 PIPELINE CASH TRANSFER AND RESEARCH (USD)	
HIV				
KP_PREV (HVAB)	2,016,274**	-		**2,016,274**
PP_PREV (HVAB)				
HTC_TST	13,479,021	-	-	**13,479,021**
OVC_SERV	1,377,365	-	-	**1,377,365**
HTXS	1,100,000	-	-	**1,100,000**
HIVOP (Prevention)	13,741,234	-	-	**13,741,234**
				-
Family Planning				
FP	500,000	-	-	**500,000**
				-
STI (OGAC-EJAF PPP)	-	400,000	-	**400,000**
Cash Transfer Program/Research	-	-	1,960,786	**1,960,786**
Total	**32,213,895**	**400,000**	**1,960,786**	**34,574,680**

**This amount split between KP_PREV and PP_PREV related activities

iii. Sauti Project Cost Share Expected in FY18

	Cost Share Sources						
	District Councils	TIGO (MIC)	Gov staff LOE	EJAF	TOMS	ILO	**Total**
Cost Share Amounts (USD)	25,532	198,582	1,604,261	535,707	1,214,640	47,303	3,626,024
Total (USD)	**25,532**	**198,582**	**1,604,261**	**535,707**	**1,214,640**	**47,303**	**3,626,024**

9.3 Appendix 3: Budget Summary by Line Item per Quarter

Line Item	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Personnel	$1,401,098	$1,578,230	$1,581,726	$1,721,432	$6,282,486
Fringe Benefits	$489,423	$554,561	$555,409	$606,164	$2,205,557
Travel	$1,556,976	$1,384,172	$1,201,385	$1,132,405	$5,274,938
Equipment	$150,000	$0	$0	$0	$150,000
Materials and Supplies	$963,623	$463,061	$389,753	$342,055	$2,158,491
Contractual	$2,144,528	$2,049,638	$2,042,538	$2,049,228	$8,285,933
Other Direct Costs	$1,641,156	$1,331,758	$1,324,493	$1,279,123	$5,576,529
Indirect Costs	$1,315,496	$1,143,215	$1,087,331	$1,094,703	$4,640,745
TOTAL COSTS	**$9,662,300**	**$8,504,633**	**$8,182,635**	**$8,225,110**	**$34,574,679**

9.4 Appendix 4: Life of the Project (LOP) Budget

Line Item	Program Year					Total (US $)		Total (US $)
	Year 1 (US $)	Year 2 (US $)	Year 3 (US $)	Year 4 (US $)	Year 5 (US $)	Federal Funding	Non-Federal Funding Cost share	
Personnel	581,874	3,994,294	4,161,569	6,282,486	6,175,622	21,195,845	2,119,584	23,315,429
Fringe Benefits	182,668	1,285,959	1,313,656	2,205,557	2,116,893	7,104,732	710,473	7,815,205
Travel	271,395	3,890,659	3,259,218	5,274,938	672,227	13,368,437	1,336,844	14,705,281
Equipment	458,800	0	625,565	150,000	0	1,234,365	123,437	1,357,802
Materials and Supplies	370,805	1,209,308	935,929	2,158,491	222,557	4,897,091	489,709	5,386,800
Contractual	348,062	4,632,816	6,814,693	8,285,933	6,948,477	27,029,981	2,702,998	29,732,979
Other Direct Costs	489,763	2,979,615	2,703,718	5,576,529	3,484,739	15,234,365	1,523,436	16,757,801
Indirect Costs	410,268	3,130,474	2,825,925	4,640,745	2,927,772	13,935,185	1,393,519	15,328,704
Total cost (US $)	**3,113,634**	**21,123,125**	**22,640,274**	**34,574,679**	**22,548,288**	**104,000,000**	**10,400,000**	**114,400,000**

Jhpiego