Sauti

FY2019 Work Plan

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1. ACRONYMS

AFHS	Adolescent friendly health services
AGYW	Adolescent girls and young women
ART	Antiretroviral therapy
BE	Behavioral economics
BMGF	Bill and Melinda Gates Foundation
C&T	Care and treatment
CBHSP	Community-based health service providers
CBHTC+	Community-based HIV testing and counseling plus
CHIF	Community Health Insurance Fund
CHMT	Council health management team
CPR	Contraceptive prevalence rate
CQM	Continuous quality management
CSO	Civil society organization
CTC	Care and treatment clinics
CWM	College of William and Mary
DC	District council
DQA	Data quality assessments
DQA	Data quality assessments
DREAMS	Determined, Resilient, AIDS-Free, Mentored, and Safe
EJAF	Elton John AIDS Foundation
EWs	Empowerment workers
FAQ	Frequently asked questions
FGD	Focus group discussions
FP	Family Planning
FSW	Female sex worker
GBV	Gender-based violence
GOT	Government of Tanzania
HBC	Home based care
HCD	Human centered design
HIVST	HIV self-testing
HRT	HIV rapid test
HTC	HIV testing and counseling
HTS	HIV testing services
IBBS	Integrated biological and behavior survey
IGA	Income generating activities
IPC	Interpersonal communication
IPN	Incentivized peer network
IPs	Implementing partners
IQA	Internal quality assurance
IQC	Internal quality control
IRB	Institutional Review Board
KP	Key populations
KVP	Key and vulnerable population
LGAs	Local government authorities
LNGO	Local non-governmental organization

LVT	Literacy volunteer training
MC	Municipal council
MCT	Management committee training
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MSM	Men who have sex with men
MSD	Medical Stores Department
NACOPHA	National Council of People Living with HIV
NGO	Non-governmental organization
NIMR	National Institute for Medical Research
OVC	Orphan and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHDP	Positive health, dignity and prevention
PFSW	Partners of female sex workers
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child HIV transmission
PO-RALG	President's Office Regional Administration and Local Government
PPP	Public private partnership
PPT	Periodic presumptive treatment
PrEP	Pre-exposure prophylaxis
PSG	Psychosocial support group
QA/QI	Quality assurance/quality improvement
RCHS	Reproductive Child Health Section
RHMT	Regional health management team
SBCC	Social behavior change communication
SNU	Subnational units
SOP	Standard operating procedure
STI	Sexually transmitted infection
TACAIDS	Tanzania Commission for AIDS
TWG	Technical working group
URT	United Republic of Tanzania
USAID	United States Agency for International Development
vAGYW	Vulnerable adolescent girls and young women
VETA	Vocational Education and Training Authority
VMMC	Voluntary medical male circumcision

2. EXECUTIVE SUMMARY

The Sauti project, funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through United States Agency for International Development (USAID), was awarded to Jhpiego, an affiliate of Johns Hopkins University, and its partners EngenderHealth, Pact and the National Institute for Medical Research (NIMR) Mwanza. Since its startup in February 2015, the project has collaborated and supported the Government of the United Republic of Tanzania (URT) to introduce new and enhance existing HIV response strategies. At the end of five years (February 2020), the goal is that all key and vulnerable populations (KVPs) located in communities reached by the program will be able to actively participate in a core package of vulnerability-tailored, high-quality, client-, family- and community-centered combination prevention services (biomedical, behavioral and structural). These services include strong and traceable linkages to care, treatment and referral services; and were developed with the active support and participation of KVPs, their partners, families, and health providers, as well as the wider community, and Government of Tanzania (GOT) agencies including the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), Tanzania Commission for AIDS (TACAIDS), President's Office Regional Administration and Local Government (PO-RALG), as well as the private sector.

The Sauti project's goal is 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 KVPs.** This goal is achieved through direct community-based service provision in the councils served by the project, as well through above-site level engagement with various government departments and agencies. Being one of the first large KVP-focused projects in the country and globally, the Sauti project has, and continues to serve as a learning platform within which various implementation science research studies have been nested. Findings from these studies inform programming and influence policy changes around KVP HIV programming in Tanzania and beyond.

In FY18, the Sauti project consortium and its 18 sub-granted local non-governmental organizations (LNGOs)/civil society organizations (CSOs) continued to roll out vulnerability-tailored and client-centered community-based HIV testing and counseling plus (CBHTC+), social behavior change communication (SBCC) interventions, and economic strengthening services (referred to as WORTH+) to KVPs in 14 regions and 51 councils in mainland Tanzania. Additionally, under the leadership of USAID, the Sauti project rolled out new interventions in select subnational units (SNUs) including pre-exposure prophylaxis (PrEP), HIV self-testing (HIVST), and Outreach Antiretroviral Therapy services.

As of August 31, 2018, the project achieved 99% (1,124,156) and 97% (35,579) of its HIV testing and counseling (HTC) and HIV positive targets, respectively. Additionally, the project confirmed referrals to care and treatment clinics for 20,802 individuals (58% enrollment rate). FP targets were surpassed, with 80,524 female sex workers (FSW) and adolescent girls and young women (AGYW) provided with modern FP methods,193% progress to target. Furthermore, 52,503 FSW and men who have sex with men (MSM) (93% progress to target), and 85,164 AGYW (77% progress to target) were reached through SBCC interventions. In six Determined, Resilient, AIDS-Free, Mentored, and Safe (DREAMS) initiative councils, the Sauti project continued to provide socio-economic services for 31,129 AGYW (97% progress to target), providing cash transfers for 11,216 AGYW, totaling Tanzania Shillings (TSH) 70,000 each (USD 32). The project also introduced Community ART, under Institutional Review Board (IRB) and in partnership with Population Council through Project SOAR, to 309 FSWs in Njombe Region and

transitioned 6,978 stable HIV infected clients into Outreach ART in four regions. To date in FY18, 2,459 FSW started PrEP (59% progress to target), and 2,367 HIVST kits were distributed to key populations (KP) and their sexual partners (9% progress to target due to delayed supply). As part of the public private partnership (PPP) with Elton John AIDS Foundation (EJAF), over 58,000 KP started and continued STI PPT and over 88,000 received syphilis tests in FY18.

Within the larger framework of strengthening the treatment cascade and reaching epidemic control by identifying the missing HIV infected clients and ensuring viral load suppression, in FY19 the Sauti project will continue offering targeted mobile community-based combination prevention services to KVPs at selected hot spots in 32 SNU and 11 regions in Tanzania.

The Sauti project will also continue to scale up PrEP, HIVST, and Outreach ART services and integrate them into the core package of integrated services, both mobile and index testing, that also includes HIV testing services (HTS), FP, gender-based violence (GBV), sexually transmitted infection (STI) and TB. Furthermore, the project will strengthen collaboration with facility-based implementing partners to scale up index testing and Outreach ART services, as well as monitoring the 95-95-95 treatment cascade for the community-referred people living with HIV (PLHIV). To ensure the expanded package of services is provided to KVPs, particularly to men, the Sauti project will also enhance coordination with the respective implementing partners working in Sauti SNUs by offering joint services or using community-based health service providers (CBHSP) to navigate clients to locations that offer additional services.

The Sauti project will continue reaching FSWs and their sexual partners, MSMs, and children of KVPs. As well, under the DREAMS partnership, the Sauti project will continue to provide holistic and layered services in the seven selected councils to address the multidimensional factors that put out-of-school AGYW at increased risk of HIV. By doing so, under the leadership of the government, the 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), National Multisectoral Framework (2018-2023), Health Sector HIV/AIDS Strategic Plan (2018-2020),* and other GOT policies and guidelines for FP and relevant health areas. Ultimately, the project is supporting the efforts to reaching the global and national 95-95-95 targets.

Furthermore, through its partnerships with Population Council, EJAF, Bill and Melinda Gates Foundation, TIGO, TOMS Shoes, National Council of People Living with HIV (NACOPHA), EQUIP, UNCONNECT, and Hewlett Packard Enterprise, the Sauti project will continue expanding its horizons by exploring new concepts and piloting innovative ideas, including behavioral economics (BE), human center design (HCD), KVP-friendly centers of excellence, e-learning and e-banking.

The full roll out of a mobile data collection platform will be completed in early FY19, and the application will be used for not only for data collection, but also learning and programming, strengthening the continuum of care and behavior change, and conducting providers' and beneficiaries' surveys to better understand their perspectives and needs.

In line with the ecological model, the Sauti project will work at individual, interpersonal, community, service delivery and policy levels. Through this holistic approach, the Sauti project will continue to play an important role in reaching saturation at all levels with behavioral, biomedical and economic empowerment services. Gender, sexuality, and diversity mainstreaming will continue throughout the project's interventions, and a robust sexual harassment policy deployed at workplaces.

LNGOs and CSOs will continue to play an important role by connecting the project to the beneficiaries through peer networks and the peer-navigation services, and enhancing agency among out-of-school vAGYW. CSOs and local government authorities (LGAs) will continue to receive support through a strong capacity-building plan to ensure future sustainability of project interventions. In the final extended project year, the Sauti project will engage PO-RALG and USAID to assess progress towards implementation of the 5-year sustainability plans, which were developed at the startup phase of the project in each SNU. The Sauti project will also focus on strengthening the quality management of the program to support implementation of programming with fidelity, scale and quality, to achieve outcomes that drive sustainable epidemic control.

FY19 represents an important year for the project to consolidate its learnings, examine the implications of the lessons learned, collate them into new strategic thinking, and inform the national HIV programming agenda and the design of phase 2 of the program by USAID/PEPFAR. Sauti utilize data from the routine program data as well as the research studies nested in the project (implemented through various partnerships as discussed in the later sections) to conduct robust analyses aimed at examining the contribution and impact of the project interventions. Technical support will be sought from the Johns Hopkins University's epidemiologists and statisticians who are part of the Sauti Technical Advisory Group.

3. SAUTI PROGRAM DESCRIPTION

3.1 Background

The Sauti project, awarded by USAID to Jhpiego, a Johns Hopkins University affiliate, and partners EngenderHealth, Pact and 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 GOT's 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 FP services for KVPs. At the end of five years, Sauti's goal is to **have all KVP in project communities able to readily 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 addition to the above interventions, since FY18, Sauti's core package of services was expanded to include into its service delivery platforms, Outreach ART, PrEP, and HIVST in selected regions. PrEP and HIVST are not part of the national guidelines yet, so are both being implemented as demonstration projects under approval from the NIMR IRB.

The 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 *4th National Multisectoral Framework (2018-2023)*, the *4th Health Sector HIV/AIDS Strategic Plan (2018-2020)*, and other the GOT policies and guidelines for FP and other relevant health areas.

In accordance with the most recent Tanzania Health Impact Survey (2017), the country's HIV prevalence among those ages 15-49 in mainland Tanzania remains at 4.8%. In comparison with previous surveys, this shows a downward trend (7% in 2003/4 and 5.1% in 2011/12). On the other hand, the cascade saturation estimates are 52%, 91%, and 88% for the 1st, 2nd and 3rd 90, respectively. Some populations (men in particular) are underrepresented in the treatment cascade progress.

For FP, the most recent demographic and health survey (2015) shows an increase in modern contraceptive prevalence rate (CPR) from 17% in 1999 to 32% in 2015. Despite progress, the country is far behind from the CPR goal of 45% by 2020.

This data provides a strong justification for Tanzania to continue strengthening and expanding HTS and FP

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 who are out of school and sexually active, 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 in transactional sex, and high risk children aged 18 months – 14 years, particularly children of KVP).

services, particularly with an enhanced focus on underserved and marginalized KVP.

Tanzania is currently implementing a follow up integrated biological and behavior survey (IBBS), which will provide insights on whether the decrease in the overall HIV prevalence is also reflected among KVP. The 2013 IBBS revealed an HIV prevalence of 36%, 26% and 25% amongst people who inject drugs, FSWs and MSM, respectively. Without engaging and increasing the uptake of HIV prevention care and treatment services to KVPs, the country will not be able to achieve epidemic control. Prevention among these populations is an important step to sustain the gains Tanzania has achieved thus far. To ensure prevention interventions are successful, addressing stigma and discrimination by health providers is vital to ensure that KVP friendly services are provided at facility level as well, to ensure continuum of care.

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.

3.3 Interventions

The Sauti project's core package of vulnerability-tailored and client-centered combination HIV prevention and FP services is summarized in **Table 1** below.

Table 1: Sauti Core Package of Combination and FP Services for KVPs

Intervention	KVP Types[1]					
	FSW	MSM	AGYW	PFSW	OHSP	Peds
1. Biomedical						
• Risk assessment and counseling	X	X	X	X	X	X
• HTS / Index testing	X	X	X	X	X	X
• HIV Self Testing	X	X		X		
• FP counseling and services	X		X			X
• STI screening	X	X	X	X	X	X*
• STI periodic presumptive treatment	X	X				
• Condoms Promotion Provision	X	X	X	X	X	X*
• TB screening	X	X	X	X	X	X

[1] FSW: Female Sex Worker; MSM: Men Who Have Sex with Men; AGYW: Adolescent Girls and Young Women (ages 15-24); PFSW: Partners of FSW; OHSP: Other Hotspot Population (Men & Women); Peds: Pediatrics/Children 18months – 14 years

Intervention	KVP Types[1]					
	FSW	MSM	AGYW	PFSW	OHSP	Peds
• GBV screening	X	X	X	X	X	X
• Alcohol and drug screening	X	X	X	X	X	X*
• Escorted referral Care & Treatment Clinic, GBV services, RCHS	X	X	X	X	X	X
• Outreach ART for stable PLHIV clients	X	X	X	X	X	
• Pre-Exposure Prophylaxis	X					
2. SBCC						
• Demand creation	X	X	X	X	X	X
• SBCC group education	X		X			
• SBCC individual education	X	X				
3. Economic Empowerment						
• Saving and Loaning and Parenting			X			
• Cash transfer program			X			
5. PLHIV and Alcohol support groups	X	X	X	X	X	
6. SASA!	X	X	X	X	X	X

if sexually active

3.4 Anticipated Results

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

4. FY 2018 ACHIEVEMENTS BY TECHNICAL AREA

In FY18, the Sauti project continued to strengthen partnerships with the NACP, the Reproductive Child Health Section (RCHS), TACAIDS, PO-RALG, and regional secretariat - local governments for the 14 project regions (51 councils/SNUs) to provide CBHTC+ services, SBCC and gender interventions, and economic strengthening services (referred to as WORTH+) to KVPs and their children. Furthermore, under the leadership of USAID, the project successfully rolled out three new interventions (PrEP, HIVST and Outreach ART).

Cumulatively, from the start of the program to 31st August 2018 (37 months of field operations), the Sauti project has delivered HTS to over two million KVP beneficiaries (2,292,139), provided FP methods to around 370,000 AGYW and FSW, identified almost 89,000 newly diagnosed PLHIV, and enrolled 60% of those diagnosed to care. The project has reached over 150,000 KPs (MSM and FSW) and 240,000 vAGYW with SBCC interventions. Over 70,000 vAGYW have been enrolled in the WORTH+ program, with beneficiaries collectively saving TZS 954,674,077 (USD 417,295). As part of the public-private partnership with EJAF, about 90,000 KP started and continued STI periodic presumptive treatment (PPT) and about 100,000 KP received syphilis tests. In FY18, 2,459 FSW started PrEP, 2,367 HIVST kits were distributed to KVP and their sexual partners, and 6,978 stable HIV infected clients started Outreach ART.

Table 2 below provides a summary of the progress towards targets, cumulative (from FY15-FY17), and the ***1 October 2017 to 31st August 2018*** period of FY18 (not a full year).

Table 2: Summary of Cumulative Sauti Achievements (FY15-FY18) [As of August 31, 2018]

Indicator	FY15 (Aug-Sep15)		FY16 (Oct15-Sep16)		FY17 (Oct17-Sep17)		FY18 (Oct17-Sep18)		Cumulative (8th Aug15-31st Aug18)
	APR	Progress to target (%)	APR	Progress to target (%)	APR	Progress to target (%)	APR*	Progress to target (%)	Number (#)
KVP received HTS	9,227	377%	653,482	97%	505,274	93%	1,124,156	99%	2,292,139
KVP Tested HIV positive	535	183%	17,157	34%	35,718	95%	35,579	97%	88,989
KVP HIV+ confirmed enrolled into CTC	69	30%	4,922	12%	27,556	92%	28,025	90%	60,572
HIVST distributed to KP and sexual partners	-	-	-	-	-	-	2,367	9%	2,367
FSW started on PrEP	-	-	-	-		-	2459	59%	2,459
Outreach ART	-	-	-	-	-	-	6796	47%	6,978
AGYW Received FP	179		3,060		14,168	123%	105,985	204%	123,392
FSW Received FP	248		4,781		30,409	185%	210,752	783%	246,190
AGYW/ FSW Received FP	427	NA	7,841	NA	44,577	117%	316,737	758%	369,582
FSW received SBCC Edu (KP Prev FSW)	448		41,901	104%	38748	97%	51115	113%	132,212
MSM received SBCC Edu (KP Prev MSM)	206		7,906	140%	3,253	58%	7,420	75%	18,785
KP received SBCC Edu (KP Prev)	654	150%	49,807	139%	42,001	92%	58,535	115%	150,997

Indicator	FY15		FY16		FY17		FY18		Cumulative
	(Aug-Sep15)		(Oct15-Sep16)		(Oct17-Sep17)		(Oct17-Sep18)		(8th Aug15-31st Aug18)
	APR	Progress to target (%)	APR	Progress to target (%)	APR	Progress to target (%)	APR*	Progress to target (%)	Number (#)
AGYW received SBCC Edu (PP Prev)	251		67,835	112%	88,463	123%	110,990	77%	267,539
AGYW received WORTH+ (Comb SE)			14,933	100%	21,894	103%	33,770	105%	70,597
AGYW/FSW received WORTH+ (Comb SE)	-	-	23815	96%	21,360	100%	34827	109%	56187
Cumulative vAGYW/FSW savings in TSH	-	-	416,611,250		726,517,723		954,674,077		2,097,803,050
MSM/FSW received STI Periodic Presumptive Treatment	-	-	-	-	33871	167%	58343	2608%	92,214
MSM/FSW tested for syphilis	-	-	-	-	21018	-	88530	303%	109,548
MSM/FSW treated for syphilis	-	-	-	-	656	-	1614	102%	2,270

* 1 Oct17- 31 Aug18

Other FY18 achievements by technical area are presented below

Biomedical

- In order to reach the right beneficiaries, CBHSP, key informants, and other stakeholders were involved in the preparation of monthly biomedical operational plans. The project employed 65 new biomedical providers, allocated to different districts based on targets.
- Sauti deployed a campaign model to reach the pediatric population at scale with HTS, and also continued engaging care and treatment (C&T) and orphans and vulnerable children (OVC) partners (Kizazi Kipya project) to reach children exposed to HIV and not yet diagnosed.
- Given the FY18 focus on men under 35, Sauti offered service delivery at workplaces in mining and fishing communities, local industries, trucks and taxi drivers parking stations.
- Sauti supported LGAs by training 132 CBHSP from 13 SNU to support index testing, adherence counseling and defaulter tracing. The project held meetings with high volume care and treatment clinics (CTCs) from 14 SNUs to discuss linkage of HIV infected beneficiaries from the community to CTC, with index testing and defaulter tracing by Sauti. Sauti is now sharing with the CTC in-charge and the C&T implementing partners (IP) the index testing report and the CTC identification number of index clients whose sexual/injecting partners and children have been tested to update family information in the CTC2 card.
- Based on learnings from the Population Council Project SOAR Study on the provision of Community ART to FSW and on the recently released national recommendations on the provision of Outreach ART services, Sauti started engaging the NACP and LGAs to roll out ART outreach services in select councils. In Q2, services started in Tabora and Singida, followed by Shinyanga, Dar es Salaam, Arusha and Kilimanjaro. An ART outreach orientation was rolled out within 30 regional health management teams (RHMT) and 80 council health management teams (CHMTs), with comprehensive and refresher ART and FP training to 335 and 75 government health care providers, respectively.
- Sauti collaborated with NACP and other IPs in developing the PrEP and HIVST national study protocol, SOPs, training curriculum and tools; and establishing a pool of 35 national facilitators. At Sauti sites, services were rolled out from May, and by mid-June all PrEP-HIVST SNUs were offering the community-based services, though only 63% of the entire HIVST supply was received. 37 RCHMT and 37 CHMT members and 128 Sauti and government health care providers were oriented through the national PrEP/HIVST package in Kinondoni Municipal Council (MC), Temeke MC, Njombe District Council (DC), Njombe TC, Iringa MC, Morogoro MC, Dodoma MC, Tabora MC and Arusha CC.
- Sauti offered FP methods to AGYW and FSW in all districts. In order to strengthen access, the project oriented and engaged 138 CBHS providers across 11 regions to share FP testimonials with their peers and champion FP uptake
- Under the PEPFAR/ EJAF PPP grant, Sauti continued to provide STI PPT and syphilis testing and treatment to key populations in the five regions
- To ensure availability of biomedical commodities and supplies such as HIV rapid test (HRT) and FP methods, the team continue working closely with the LGA to access them through the national supply chain system. No shortage of commodities was reported throughout the FY. As per national guidelines, Sauti continued to conduct internal quality control (IQC) in all districts
- Sauti attended the monthly national FP technical working group (TWG): actively participated to the discussions on the outcomes of the task shifting study tour in Rwanda; supported the development of costed implementation plan II; contributed to the international FP conference in Kigali; and provided technical assistance on messaging related to the risk of HIV acquisition when using injectables

Social Behavior Change Communication and Gender

- In FY18, Sauti staff in collaboration with LNGOs/CSOs recruited 937 new CBHSP, to address attrition and

meet the targets. 460 male CBHSP were engaged to strengthen demand creation among men specifically. CBHSPs continued to support access to the project's biomedical services through the identification of local events where KVP typically gather; mobilization of fishermen and mine workers; use of social media and peer network; roll out of moonlight SBCC at areas with a high density of night clubs; and provision of individual and group education.

- In consultation with the Bill and Melinda Gates Foundation-funded Jilinde Project in Kenya led by Jhpiego and FHI360 in South Africa, Sauti supported the development and pretesting of PrEP and HIVST messages. A fact sheet of Frequently Asked Questions (FAQ) along with case stories to be used at PrEP Monthly Psychosocial Support Group (PSG) meetings was developed. 178 CBHSPs were trained to support the distribution of HIVST, the recruitment of the PrEP beneficiaries, the retention in PrEP, facilitate the monthly PrEP PSG meetings and conduct defaulter tracing.
- ART Outreach Psychosocial Support Groups were established and supported by 311 trained expert patients.
- To increase the identification of HIV infected KP through targeted HTS, Sauti supported the roll out of incentivized peer networks (IPN). IPN SOPs and a training package were developed, with service targeted at SNUs with high yield targets, such as Dodoma MC, Mbarali DC, Rungwe DC and Morogoro DC. Introductory meetings to the LGA were conducted and 25 CBHS providers were trained on IPN, with the resulting HIV yield among KP increasing 3-fold when compared to mobile testing modalities (10% versus 30%)
- Sauti collaborated with FHI360 through the Tulonge Afya project, with close to 200,000 copies of Shujaaz materials distributed for use in group education for AGYWs and FSWs. About the same volume of KVP IEC materials were printed and distributed to the beneficiaries at demand creation activities
- GBV screening continued to be conducted by trained health care providers in all community-based sites. The Sauti team reviewed the Gender Standards Assessment tool to include the GBV Standards Assessment, and scaled up the provision of GBV screening at SBCC and WORTH+ groups in DREAMS SNUs, following the successful FY17 pilot.
- Sauti continued implementing the SASA! Start and Awareness phase. Preliminary results from a midterm survey indicate that most SNUs were ready to move into the Support and Action phase.
- GBV sensitization meetings were held with 1046 police officers from the gender desk and other GBV stakeholders in 13 regions, aimed at sensitizing Police and Gender Desk Officers on gender, GBV, and sexuality; stigma and discrimination impact on health care services; public support and commitment to stop stigma and discrimination; and the development of collective action plans.
- Sauti supported the International Day of Violence against Women, International Human Rights Day, and the sixteen days of activism by engaging in open dialogues with the LGA; mobilizing KVPs to participate in the march with other community members; raising awareness on GBV through theatre performance at national event grounds; and providing biomedical services to KVPs.
- The Sauti team collaborated with the Health Promotion and Education Section and the National AIDS Control Program at the MOHCDGEC and TACAIDS by participating in quarterly GBV review meetings, TB-HIV and gender meetings, and Test and Start Campaign development meetings. The project supported TACAIDS to disseminate national KVP guidelines in 9 regions, reaching 457 stakeholders.
- Media training workshops were conducted to empower media editors on the importance of reducing stigma and discrimination among PLHIVs and KVPs; to increase understanding and use appropriate HIV-related terminologies; and to identify and address myths and misconceptions on HIV.

Economic Empowerment/WORTH+

- 256 Empowerment Workers (EWs) were recruited for the six LNGOs/ CSOs in DREAMS councils through participatory approaches with LGA
- 218 newly recruited EWs and 15 CSO staff received start up training; 204 newly recruited EWs and 8 CSO

staff received better parenting training; 208 EWs and 3 CSO staff received Management Committee Training (MCT) and Literacy Volunteers Training (LVT) across the DREAMS districts; 114 EWs and 3 CSO program staff received employability training

- Digitalized WORTH+ group-level recordkeeping through the MyWORTH Application was pre-tested in Temeke district in Dar es Salaam region; 25 EWs and 1,600 AGYW were trained on the app and 392 AGYW were trained on digital literacy using the Digital Opportunity Trust -Tanzania trainers
- 237 AGYW ages 15-19 years were enrolled in Vocational Education and Training Authority (VETA) through an established partnership and support from Plan International and from the Kizazi Kipya project; 132 EWs from Msalala DC and Ushetu DC were trained on age-appropriate guidelines
- 9 Sauti structural team members and 390 CSOs staff and EWs were trained on entrepreneurship mentorship. As a result, 1,301 AGYW were linked with agricultural extension officers for technical support and networking and 117 AGYW were linked with successful business people for technical and soft skills mentorship
- 100 AGYW in Temeke trained by ELEA on re-usable menstrual pads, to become menstrual hygiene ambassadors educating their community on menstruation hygiene and health. This is part of private sector engagement efforts for expanded program impact.
- 12,844 WORTH+ group members were enrolled to Community Health Insurance Fund (CHIF)
- 912 WORTH+ groups were registered with LGAs
- 8 AGYW participated in the Sabasaba and Nanenane events in Dar es Salaam and Kyela. This exposed them to business opportunities and empowered them to practice their skills, network, and learn
- 2 Sauti structural team members attended the LEO summit in Washington DC where they met with other experts in the field to learn best practices on economic empowerment and livelihoods
- The structural team developed and piloted a WORTH+ Group Graduation Assessment Tool. 309 EWs and CSO staff were trained on the tool, and 1,478 groups from FY16 and FY17 will be assessed by end of September, 2018
- In line with the Economic Strengthening Livelihood pathways which recommend a subsidy/ cash transfer or revolving funds for vulnerable and destitute populations, Sauti supported the assessment of the project potential and the market landscape to establish and support a revolving fund for the AGYWs in WORTH+ groups, and to facilitate them to establish profitable business ventures at affordable interest rates. Sauti conducted a situational analysis to gather information and data to guide leadership on setting up, operationalizing and managing the Sauti Revolving Fund for AGYW in WORTH+ groups to help them jumpstart small and medium businesses including agriculture, trading, production, value addition, livestock and poultry farming in the Sauti DREAMS districts.

Table 3: WORTH groups and beneficiaries, savings and loans volume and value (in TZ Shillings) from 1st Oct 2017 to 31st Aug 2018

DISTRICT	NUMBER OF GROUPS REACHED FY 16&17		NUMBER OF GROUPS REACHED FY 18		TOTAL	BENEFICIARIES FY 16&17		BENEFICIARIES FY 18		TOTAL	CUMMULATIVE PROGRESS FY18 GROUPS			CUMMULATIVE PROGRESS FOR FY16, FY17 & FY18		
	15-19 yrs	20-24 yrs	15-19 yrs	20-24 yrs	15-24 yrs	15-19 yrs	20-24 yrs	15-19 yrs	20-24 yrs	15-24 yrs	Amount of savings accumulated	# Loan provided	Value of loans (TZS)	Amount of savings accumulated	# Loan provided	Value of loans (TZS)
Kyela DC	96	174	71	73	414	2,639	4,084	1,748	1,814	10,285	58,607,000	4,230	96,784,050	116,625,600	9,808	270,702,500
Temeke MC	68	167	150	151	536	2,621	3,107	3,601	3,585	12,914	59,688,100	433	28,612,302	88,979,800	1,294	49,379,002
Shinyanga MC	92	153	113	118	476	3,106	2,676	2,759	2,782	11,323	73,122,950	3,715	97,462,450	148,502,770	5,848	221,925,750
Msalala DC	76	249	134	137	596	3,948	3,322	3,186	3,253	13,709	78,327,350	5,450	93,324,250	226,158,350	12,585	297,807,150
Kahama TC	108	61	124	126	419	2,696	1,407	2,923	3,062	10,088	106,102,300	4,359	113,492,650	194,906,650	6,866	201,454,200
Ushetu DC	89	145	127	119	480	3,264	2,434	3,130	2,984	11,812	57,932,100	2,859	63,579,100	179,500,907	8,342	133,059,842
Total	**529**	**949**	**719**	**724**	**2,921**	**18,274**	**17,030**	**17,347**	**17,480**	**70,131**	**433,779,800**	**21,046**	**493,254,802**	**954,674,077**	**44,743**	**1,174,328,444**

DREAMS Initiative

- 41,170 vAGYW completed the minimum number of SBCC sessions at Sauti's 228 identified safe spaces in DREAMS districts. These safe spaces, sanctioned by LGA during officiating ceremonies, continue to serve as a key link with government officials and other influential community members to start seeing their role in solving AGYW concerns and creating a safer community for them to learn, thrive and grow.
- 49,874 vAGYW were tested for HIV. 707 tested positive and 288 were linked to CTC in DREAMS districts. 14,973 received a modern FP method of their choice through Sauti's integrated CBHTC+ package at safe spaces and mobile tents.
- 14,249 vAGYW were linked to local experts as part of Shujaa Clubs learning how to make batiks, candles, soap, and other crafts that could be used to boost economic empowerment efforts. This activity continues to be very popular with AGYW, and the project plans to standardize it and embed it in WORTH+ platform starting FY19.
- 9,920 vAGYW in Kyela DC, Shinyanga MC, Kahama TC, Msalala DC, and Ushetu DC received their three rounds of cash transfer in FY18 totaling TZS 1,432,861,968. The Project continued to monitor their progress and adverse effects. Related, due to changing national policies around phone line registrations which could affect AGYW's access to digital technology and mobile money platform used by the cash transfer program, the project also engaged the Tanzania Parliamentary Committee on HIV/AIDS to support advocating for exemptions for mature minors.
- Sauti supported four DREAMS AGYW Ambassadors to partake in the International Trade Fair; one to attend the Gender360 Summit in Washington, DC, USA; and another one to attend the International Conference on FP in Kigali, Rwanda. In addition, the project successfully hosted 12 delegates from the White House Office of Management and Budget, including the U.S. Centers for Disease Control Director.
- Under the guidance of the PEPFAR DREAMS Coordinator, Sauti was also able to print DREAMS IEC materials (t-shirts, posters, stickers, bandannas, umbrellas, books etc.) and distribute them to AGYW and their parents, partners, local leaders and other influential persons.

Quality Improvement

- Under the leadership of the MOHCDGEC, Sauti continued supporting the roll-out of the quality assurance/quality improvement (QA/QI) standard operating procedures (SOPs) and toolkit which complements all of the Sauti combination prevention package interventions and are in line with the national QI framework. In FY18, Sauti supported and facilitated a 5-day orientation and roll out of QA/QI package to 140 participants from RHMT's, DHMT's from 7 regions and 11 new SNUs to enable the Sauti team in all regions to plan, conduct, monitor, and evaluate community-based HIV service to KVP in accordance with the QI standards. Regional and district QA/QI team leaders continued facilitating QI review meetings guided by the QA/QI SOP and toolkit. A QA/QI visit by representatives from NACP, TACAIDS and RCHS took place in Dar es Salaam, Iringa, Mbeya and Njombe.
- Sauti supported joint supportive supervision in six regions with KVP programming at health facility level, aiming to assess the quality of services and ensuring that KVP friendly services are available and accessible to the beneficiaries. The teams included representatives from national, regional and council level as well from Sauti staff. Key findings from this assessment s included inadequate capacity by the health providers to offer KVP friendly services; lack of KVPFS focal person; lack of KVP services in the health facilities operational plan; lack of KVP data recording;

insufficient coordination with outreach services. Subsequently, Sauti supported the review of the national KVPFS curricula for biomedical providers and CBHSP by a national TWG composed of 45 stakeholders and beneficiaries; the pre-testing of the curricula to 130 GoT and Sauti health care providers, 115 CBHSP; the establishment of a pool of 40 national facilitators; and the roll out of KVPFS training to 125 biomedical providers and 112 CBHSP from 20 selected health facilities in Morogoro and Iringa as part of the EJAF/OGAC PPP.

- Following the reprogramming of funds under the EJAF grant, three MSM-friendly centers of excellence (COE) were proposed (2 in Dar es Salaam and 1 in Dodoma city). The COE proposal was presented to NACP and to about 100 R/CHMT members in Dar es Salaam and in Dodoma. The baseline assessment took place in both regions, the COEs were selected, the case managers and KP expert nurses were identified along with the CBHSP who will ensure a strong linkage with the other Sauti community-based services; as mental health will be offered along with all services included in Sauti core package, two mental health specialists were identified and will provide monthly clinics at the COE.
- Sauti team supported and participated to SIMS assessments in four regions (Tabora, Mbeya, Mtwara, Kilimanjaro, Arusha and Dodoma). Over 97% score was reported in each region.

Monitoring & Evaluation

- In FY18 Q4, Sauti transitioned its data system from Mango Fire digital application (developed by D-Tree) to an in-house built CommCare application. This followed the failure of the former system to meet the expanded data needs of the project. As of end of FY18 Q4, 34 staff (including Team Leaders, Biomedical Providers, and Data Managers) from all regions have been trained. The digital health team is currently developing an Application Programming Interface (API) to be used for transfer of data from CommCare to DHIS2, the latter of which serves as the central data warehouse. CommCare will be fully operational from FY19 onwards.
- In order to enable the program be able to monitor the clinical cascade of the project-identified KVP living with HIV, Sauti developed an electronic system for tracking clients' enrollment into care and treatment. The system has been tested and will be rolled out in FY19.
- In close coordination with TAYOA, Sauti also successfully developed an API to facilitate transfer of data from DHIS2 to DAMES. However, due the transitioning of the system to the newer digital platform, the API will have to be reworked.
- Following the various revisions of the national and PEPFAR indicators, in FY18, Sauti updated and standardized all the reporting tools so as to meet the MOHCDGEC, PEPFAR, as well as other program requirements. Additionally, the transition to monthly reporting schedule of HTS indicator was also successfully integrated into Sauti's data management systems
- Supported the revision and testing of the DHIS2 and CTC2 database which include HTS module
- SAUTI supported NACP in revision of the national HTC register which resulted in modified HTC registers that include index testing and pre-ART retesting
- Supported the write-up of the PrEP and HIVST protocol, including protocol M&E tools, and approval
- Revised the national KVP client recording form to capture PrEP and HIVST variables
- Developed the National KVP web-based database which will capture PrEP and HIVST module
- Developed training materials for index testing and partner notification training services as well as PrEP and HIVST

- Successfully conducted data quality assessment in Shinyanga, Dar es Salaam and Mbeya regions and established an internal quarterly data review meeting for MER and technical staff
- In addition to routine M&E activities, in FY18, Sauti implemented a dozen research activities, some funded under COP and others with external funding (through Sauti or other collaborating institutions). Six of them were complete, while the other six research activities will be continued into FY19. The following **table 4** describes the status of each research study, as of August 2018.

Table 4. Research Studies' Status Updates/Progress

S/N	Study Details	Funding Source	Status
1	Formative Research for MSM	USAID/COP	Completed
2	Formative Research for FSW	USAID/COP	Completed
3	PrEP Formative Research for AGYWs	USAID/Washington via Population Council	Completed
4	Mapping and Enumeration Study/Key Population Size Estimates	USAID/COP	Completed
5	FSW Community ART Study	USAID/Washington via Population Council (Project SOAR)	Completed
6	Safe Conception Choices for FSW LWHIV	USAID/Washington via Population Council (Project SOAR)	Completed
7	Cash Transfer Evaluation (vAGYW)	USAID/COP	To be carried over to FY19
8	Incentivizing Mobile Savings Amongst vAGYWs receiving cash transfers (Behavior Economics Study)	Bill & Melinda Gates Foundation (through College of William and Mary)	To be carried over to FY19*
9	Behavioral Economics & Qualitative Study to Evaluate Cash Transfer for vAGYW	Bill & Melinda Gates Foundation (through University of North Carolina and Final Mile)	To be carried over to FY19*
10	STI Periodic Presumptive Treatment	PEPFAR/EJAF PPP	To be carried over to FY19*
11	Human Centered Design Research (HIV testing and linkage of vAGYW and Adolescent Boys and Young Men)	Bill & Melinda Gates Foundation (through M4Id)	To be carried over to FY19*
12	Implementation Science Research to Inform Rollout and Scale-up of PrEP and HIV self-testing	USAID/COP	To be carried over to FY19

*These study projects are captured as cost-share

The completed and ongoing studies were reviewed in FY18, and the key findings/observations used to improve programming. **Appendix 3** summarizes some of those lessons and applications for each study, and **appendix 4** lists the various abstracts presented in conferences.

LNGO/CSO Capacity and sustainability Building

- Conducted capacity assessments to 18 Sauti LNGOs/CSOs and 11 new LGAs
- Mentored and coached 18 CSOs on financial management, financial review process and program management through joint visits. This increased efficiency in resource utilization and effectiveness in program implementation in FY18

- Supported the implementation of CSOs Comprehensive Institutional Strengthening Plans (CISPs). More than 80% of planned capacity development interventions have been successfully implemented
- Sauti provided CSOs with tailor made trainings
- Sauti established partnerships with other USAID funded programs to support LNGOs/CSOs (e.g. collaboration with JSI – CHSS Program in CSO capacity development)
- Established LNGO/CSO change management teams.

Due to these collective efforts, as of to date, the LNGOs/CSOs have achieved the following:

- Change management teams are now capable of coordinating capacity development interventions in their respective CSOs
- CSOs reviewing and improving their human resource management, financial and procurement management manuals
- CSOs improved program management and hence improved program delivery
- CSOs presents timely and better-quality program reports
- Reduced questioned costs as far as CSO grant management is concerned
- CSOs moving from managing their accounts using excel sheets to electronic accounting systems
- CSOs developed new strategic plans
- CSOs have improved on program design, they are applying the knowledge and experiences acquired through Sauti to manage other projects in their organizations

Local Engagement and Collaboration

- In FY18 Sauti continued to strengthen collaboration with the government and other local stakeholders at the Regional and District level as part of strategy to minimize cost and ensure sustainability. As a result of this has been offered office space in 12 districts (Arusha DC, Babati DC, Nzega DC, Igunga DC, Iramba DC, Morogoro, Manyoni DC, Newala DC, Kyela DC, Rungwe DC, Msalala DC and Ushetu DC) to host our field teams and storage for commodities and supplies used for service delivery.
- In addition, project has been able to obtain and use government nurses and clinicians in delivery of mobile outreach services in different regions and districts on a part-time basis. Of the total biomedical providers, the project had in FY18, 50% are government providers (certified and trained nurses and clinicians).
- The project continued to receive commodities and supplies for HTS and FP from the government through DMO office, also waste management using government facilities
- In order to ensure quality of services, the project has continued to engage Local Government Authorities particularly the Regional and District Health Management teams in conducting quarterly joint supportive supervision and mentorship
- In FY18 Sauti organized quarterly stakeholders in each district. These meetings were coordinated by the office of Regional Administrative Secretaries (RAS). The meetings helped the project to better coordinate with other implementing partners (IPs) and ensure provision of a continuum of services for the beneficiaries ranging from provision of prevention services as well treatment services.
- Also Sauti in collaboration with NACOPHA engaged the Parliamentary Standing Committee on HIV and Drug Abuse to advocate for policy changes aimed at overcoming implementation barriers such as fast racking legislations for HIV self-testing, community ART policy as well as

removal age of consent that limits access to HIV testing among young population below the age of 18 years unless they are accompanied by parents or guardians.

- In FY18, the project collaborated with NACOPHA to use its cluster platforms to provide HIV Testing Services to sexual partners of PLHIV

5. FY19 PROPOSED WORKPLAN

5.1 Geographic Coverage & Targets (by intervention)

During FY19, the Sauti project will operate in 11 regions, including Arusha, Dar es Salaam, Dodoma, Iringa, Kilimanjaro, Mbeya, Morogoro, Mtwara and Njombe, Shinyanga and Tabora in accordance with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) council level prioritization. **Figure 1** and **Table 5** below provide a summary of geographical coverage and targets (by intervention type).

Figure 1: Map of Tanzania showing Sauti Geographical Coverage

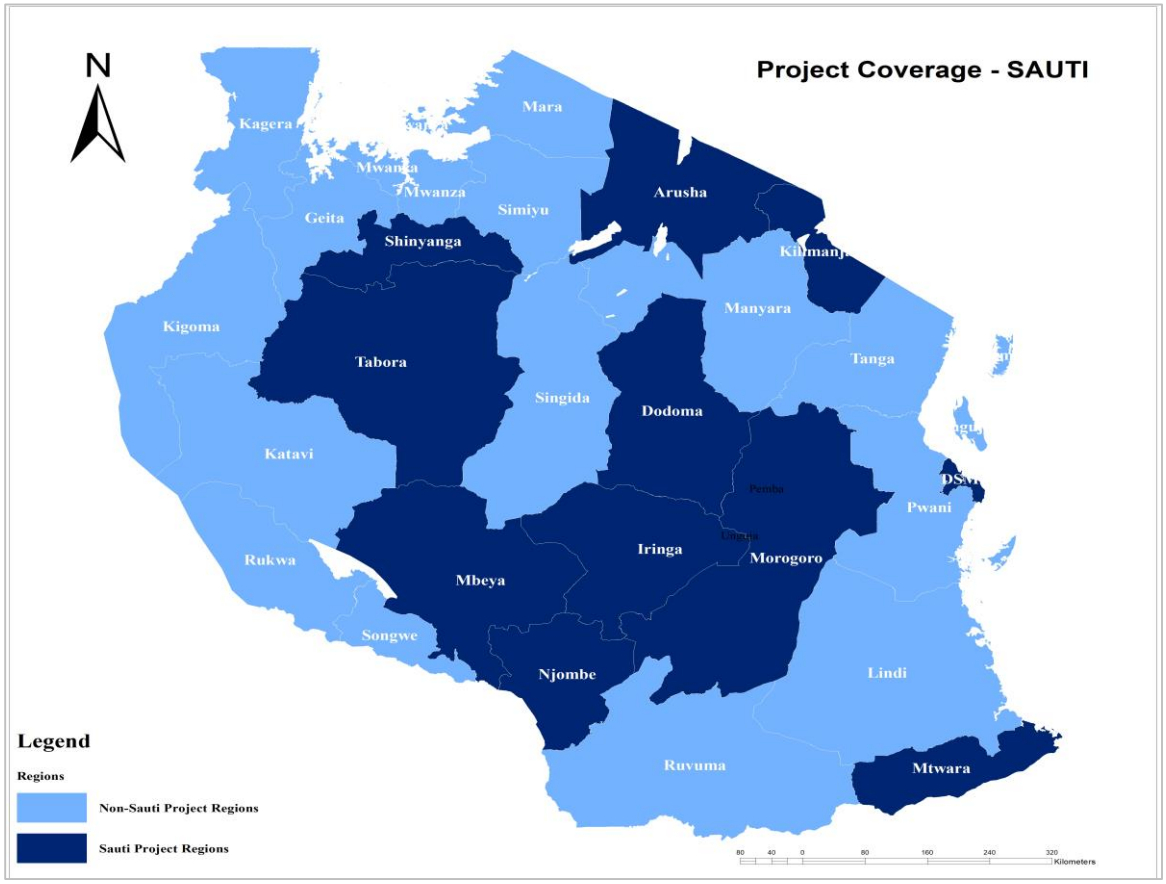


Table 5: Sauti's Geographic Coverage and Targets (by Intervention) (* New in FY19)

Region	SNU/C	Prioritization	Targets (Number)													
			HIV Testing	HIV Positive	HIV self-testing	Outreach ART	KP_Prev FSW	KP_Prev MSM	PP_Prev	OVC_Serv Other	OVC_Serv (Econo	Cash Transfer	PrEP	Gender norm	Combination of Social	Modern FP (counse
Arusha	Arusha CC	Scale up saturation	13,869	1301	1,527	1,171	2,118	882	8,199	-	-	-	72	-	-	7,760
	Arusha DC	Scale up saturation	9,108	497	898	448	704	-	5,523	-	-	-	31	-	-	5,098
Dodoma	Dodoma MC	Scale up saturation	17,096	1417	1,396	1,276	1,636	822	7,683	-	-	-	51	-	-	7,210
	Kondoa DC*	Scale up saturation	10,863	465	-	418	-	-	0	-	-	-	-	-	-	-
Dar es Salaam	Kinondoni MC	Scale up saturation	33,454	3318	2,433	2,986	5,387	1,893	10,090	-	-	-	217	-	-	10,051
	Kigamboni MC	Scale up saturation	11,488	552	474	497	1,358	455	1,815	-	-	-	46	-	-	1,878
	Temeke MC	Scale up saturation	30,792	2298	2,972	2,068	7,196	2,549	11,879	8,762	-	0	153	4,689	-	11,986
Iringa	Iringa MC	Scale up saturation	12,387	1,093	784	984	2,021	-	3,899	-	-	-	59	-	-	3,873
	Mafinga TC	Sustained	8,153	373	472	335	761	-	2,633	-	-	-	51	-	-	2,506
	Mufindi DC	Scale up saturation	24,924	1,004	743	903	2,071	-	180	-	-	-	72	-	-	534
Kilimanjaro	Moshi DC	Scale up saturation	36,694	2,576	2,035	2,318	15,289	-	3,490	-	-	-	132	-	-	5,893
	Moshi MC	Attained	3,992	664	390	598	1,126	-	1,861	-	-	-	40	-	-	1,878
Mbeya	Kyela DC	Scale up saturation	9,070	975	525	878	2,138	-	2,145	6,866	2,142	1,772	55	2,605	2,142	2,316
	Mbarali DC	Scale up saturation	7,086	636	481	573	1,245	-	2,386	-	-	-	31	-	-	2,371
Morogoro	Kilombero DC	Scale up saturation	22,133	2,313	577	2,082	1,511	-	2,682	-	-	-	38	-	-	2,685
	Kilosa DC	Scale up saturation	45,424	3,995	757	3,596	1,405	-	4,118	-	-	-	38	-	-	3,959
	Morogoro DC	Sustained	7,943	647	612	582	1,893	-	2,467	-	-	-	47	-	-	2,561

Region	SNU/ C	Prioritization	Targets (Number)													
			HIV Testing	HIV Positive	HIV self-testing	Outreach ART	KP_Prev FSW	KP_Prev MSM	PP_Prev	OVC_Serv Other	OVC_Serv (Econo	Cash Transfer	PrEP	Gender norm	Combination of Social	Modern FP (counse
	Morogoro MC	Scale up saturation	11,663	1,094	831	985	947	667	4,205	-	-	-	31	-	-	3,955
	Mvomero DC	Scale up saturation	9,999	571	349	514	-	-	2,327	-	-	-	-	-	-	2,094
Mtwara	Masasi DC	Scale up saturation	2,127	85	-	77	-	-	0	-	-	-	-	-	-	-
Njombe	Njombe TC	Scale up saturation	11,003	1,027	859	924	607	234	3,720	-	-	-	97	-	-	3,457
	Wanging'ombe DC	Scale up saturation	14,679	1,307	1,043	1,177	2,805	-	1,808	-	-	-	114	-	-	2,132
Shinyanga	Kahama TC	Scale up saturation	13,101	932	1,064	839	1,378	755	7,707	11,022	4,578	3,147	36	5,568	4,578	7,185
	Msalala DC	Scale up saturation	18,138	1,391	1,474	1,251	5,609	-	4,721	12,563	4,721	2,136	116	5,742	4,721	5,259
	Shinyanga DC*	Scale up saturation	11,663	350	-	315	-	-	11,152	11,152	11,152	-	-	13,564	11,152	10,037
	Shinyanga MC	Scale up saturation	6,191	398	815	358	603	535	3,560	10,650	3,560	2,658	105	4,330	3,560	3,313
	Ushetu DC	Scale up saturation	8,205	702	1,024	632	1,221	-	5,101	12,943	5,101	2,431	44	6,204	5,101	4,811
Tabora	Igunga DC	Scale up saturation	29,986	1,370	1,362	1,233	903	-	8,443	-	-	-	39	-	-	7,761
	Kaliua DC	Scale up saturation	19,034	828	1,285	745	453	-	8,273	-	-	-	30	-	-	7,527
	Urambo DC*	ScaleUp Saturation	6,489	323	-	290	-	-	0	-	-	-	-	-	-	-
	Tabora MC	Scale up saturation	18,645	1,427	1,087	1,285	1,750	-	5,947	-	-	-	63	-	-	5,667
	Uyui DC	Scale up saturation	15,895	1,245	1,305	1,120	859	-	8,093	-	-	-	40	-	-	7,438
Overall Total			**501,295**	**37,176**	**29,574**	**33,458**	**64,994**	**8,792**	**146,105**	**73,958**	**31,254**	**12,144**	**1,847**	**42,704**	**31,254**	**143,194**

^Refers to continuing support of beneficiaries from past FY18

€These targets combine the FY19 targets and those carried over from FY18

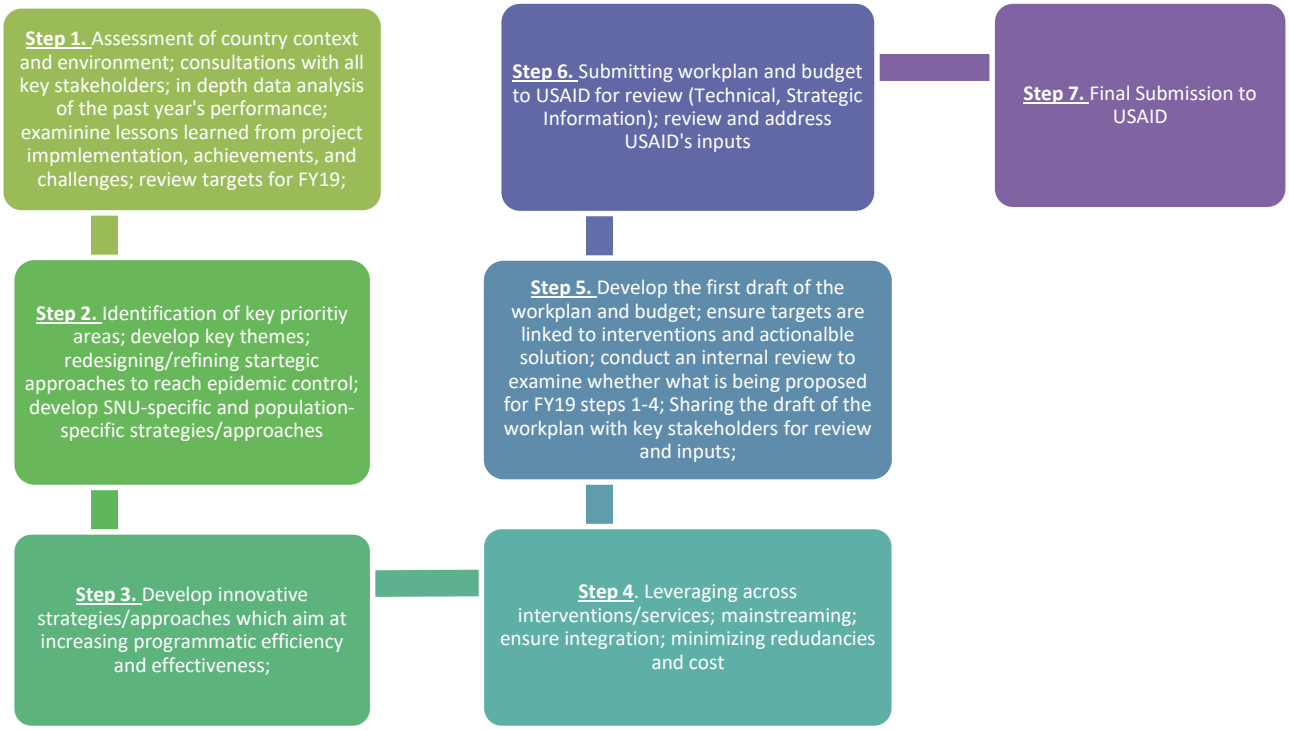
¥These targets are carried over from FY17 (no new targets for FY18 or FY19)

5.2 Development of work plan, including assumptions

This FY19 workplan and budget have been developed through a participatory and consultative process engaging all project supported regions, the MOHCDGEC (NACP and RCHS), TACAIDS, PO-RALG, USAID, Sauti- sub granted LNGOs/CSOs, and KVP beneficiaries (including PLHIV). The development process included: a review of COP18 guidance, consultations with the government to elicit country priorities for this fiscal year; a review of the Health Sector HIV/AIDS Strategic Plan and the National Multisectoral Framework; an analysis of what worked well and what did not work well in FY18; a review of performance trends (yield, progress towards targets, providers' capacity in terms of number of clients they are able to provide CBHTC+ services per year, and seasonality); a review of the Tanzania Population-based HIV Impact Survey and obtaining insights from the National Bureau of Statistics team who led the process; and consultations with beneficiaries to seek feedback and inputs. Additionally, the scopes and geographical coverage of facility-based care and treatment, orphan and vulnerable children, and health communications/SBCC IPs, as well as other collaborating groups were considered.

Four consultative workshops were conducted (in June, July, and two in August). The narrative and budget were finalized in September 2018. **Figure 2** below provides a summary of the steps taken to develop this workplan.

Figure 2. Workplan Development Logic Steps



The proposed activities narrated in this workplan are dependent on several major assumptions:

1. The legal and policy environment guiding KVP programming remains steady
2. PO-RALG introduces Sauti to the new councils in a timely manner
3. Timely and uninterrupted availability of all commodities in the regions and councils
4. Funding availability and timeliness of disbursements by USAID, which is inclusive of COP18 funding as well as carryover funding from special initiatives as approved in the previous COPs (summarized in **table 6** below; also shown in **appendix 2**)
5. Sauti successfully attracts and documents cost-share amounting to USD $ 4,967,000

Table 6: FY19 Budget Summary

PROGRAM AREA	FY19					
	COP18 HIV	COP18 FP	SPECIAL INITIATIVES/CARRYOVER$			TOTAL
			OGAC-EJAF PPP	DREAMS	FP	
HIV						
KP_PREV (HVAB)*	14,428,136					**14,428,136**
PP_PREV (AB)*						
HTXS & HTS#	15,033,662					**15,033,662**
OVC_SERV	1,054,487					**1,054,487**
DREAMS	-			1,311,255		**1,311,255**
FAMILY PLANNING		500,000			500,000	**1,000,000**
HIV/STI EXPANDED PACKAGE (KP)			813,161			**813,161**
TOTAL	**30,516,285**	**500,000**	**813,161**	**1,311,255**	**500,000**	**33,640,701**

*A portion of prevention funding (KP_Prev and PP_Prev) is also used to support HIV testing services in SBCC and WORTH+ groups, including testing children of KPs

This budget code also includes funding for HTS (index and mobile)

$ This includes carryover funding from FY15, FY16 and FY17)

5.3 Technical Approaches/Strategies

In order to meaningfully assist and contribute to achieving the GOT aim of reaching the 95-95-95 goals and attain epidemic control, the Sauti project will continue to implement evidence-based and data-driven strategies with fidelity and at scale under the leadership of USAID. In FY19, Sauti will collaborate with MOHCDGEC, TACAIDS, and PO-RALG to accelerate the roll out of targeted community-based HIV combination prevention services to diagnose hard to reach PLHIVs, link them with life-saving ART in the community, and support retention and adherence to ensure HIV viral suppression. The Sauti project is also committed to contribute to progress towards viral load suppression (in adolescents particularly) reaching the missing non-virally suppressed men and children living with HIV, and achieving clinical cascades in KPs.

Under the DREAMS partnership, the Sauti project will continue to provide a holistic and layered approach to address the multidimensional factors that put AGYW out of school and at increased risk of HIV. Along with DREAMS services, the Sauti project will continue focusing on offering the HIV

prevention toolkit (VMMC referral, condom promotion and provision, PrEP, PMTCT referral, and ART initiation), towards controlling the pandemic. As a strategy to reach non-virally suppressed male partners of AGYW, the Sauti project will conduct a series of consultation meetings and mini-surveys to characterize the male sex partners of AGYW and develop men-centered strategies to increase uptake of HIV testing and treatment services for this population.

The Sauti project will continue to implement a strategic mix of HIV testing modalities to improve testing coverage, yield, and efficiency. Efficient testing strategies will include integrated HTS, FP, testing of sexual networks, and self-testing for KP and their sexual contacts who are unlikely to access both facility and community HTS. Specific focus will be given to prospectively eliciting and testing sexual partners and children of recently diagnosed HIV-positive index clients.

In addition to the community-based provider initiated HIV testing modality described above, in FY19, the Sauti project, under the leadership of USAID, will continue to engage with the GOT through the HIVST Technical Working Group (TWG) to advocate for the inclusion and wider scale up self-testing, moving away from the current IRB-approved demonstration project which is implemented in a select number of SNUs. HIVST presents an avenue for expanding access to HTS among KP and their sexual partners who may not access health facility nor community based health services.

One of the key considerations as the scale up of HTS delivery models is progressing in the community is for programs to develop robust strategies for quality assurance. In observance of this, in FY19, Sauti will continue to support ***HIV Rapid Testing Continuous Quality Improvement (HIV RTCQI)*** in order to improve the quality of HIV rapid testing and reduce error rates. Sauti will continue to enhance RTCQI through conducting competence-based training of all biomedical providers, reinforcing the use of standard operating procedures, conducting internal quality controls and external quality assessments, as well as structured supportive supervisions.

One of the biggest benefits of HTS is its potential to serve as a gateway to accessing both HIV prevention and treatment services. Sauti combination prevention (integrated with FP) platform is designed to provide layered interventions to KVPs in the community, as well as refer clients to health facilities for other services. The Sauti linkage system to other services (within the same service delivery platform and across other community and facility providers) will continue to present a great opportunity to receive combination multilayered services. For instance, vulnerable out of school AGYW residing in the DREAMS SNUs receiving HTS, access integrated SBCC interventions (using peer-led stepping stones curricula) as well as the WORTH+ saving and loaning groups; eligible HIV negative KP will be offered PrEP and uncircumcised HIV negative men will be offered VMMC; KP receiving HTS will be offered FP and STI PPT; KVP will be offered SBCC and HTS will be layered over such platforms; OVC will be reached out for HTS-FP; and lastly (list not exhaustive) HIV infected KVP will be offered escorted referral to government facilities providing care and treatment and transition to Outreach ART upon stability is achieved.

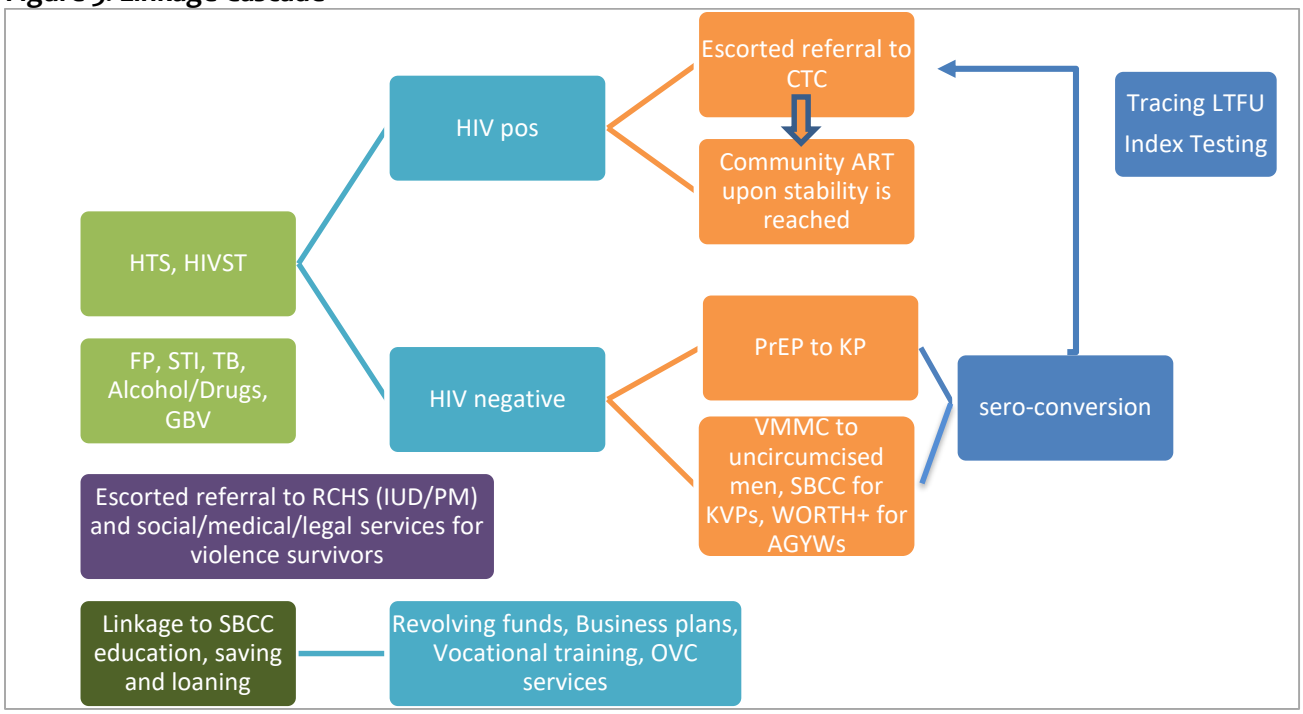
As the current policy and guidelines do not allow for ART initiation at community level, in FY19, Sauti will continue to advocate for policy change with the MOHCDGEC, but also engage TACAIDS as well as the Parliamentary Committee for HIV/AIDS and Drugs to advocate for the same. Once Community ART initiation is endorsed by the government, Sauti will coordinate with facility-based care and treatment partners to rollout this intervention with special focus on KVP, whom their enrollment and retention remains sub-optimal to date. Otherwise as indicated above, in the meantime, Sauti will continue to provide ART Outreach Services as guided by the National Guideline for the Management of HIV and

AIDS (Sixth Edition, October 2017), which allows for the offering of ***ART refills through a mobile outreach strategy by ART certified health care workers in hard to reach areas.*** As per the guidance, since these services are attached to a mother CTC and be led by LGAs, Sauti will coordinate with facility-based implementing partners to rollout primarily reach KVPs residing within and near hotspots. In order to reduce stigma to KVPs, other populations will also be reached.

Note: Eligibility criteria for the refills include the following: PLHIV age above 5 years; received ART ≥ 6 months; no adverse drug reactions that require regular monitoring; no current illnesses (opportunistic infections and uncontrolled comorbidities); good understanding of lifelong adherence of 95%; kept clinic visit appointments for the past 6 months; on first line ARVs; HIV Viral load below 50 copies/ml (HV suppression); and In the absence of HVL monitoring, rising CD4 counts ≥350 cells/mm^3

Figure 3 below illustrates the linkage and layering of services to KVPs within the Sauti community-based service delivery platform, and referrals to other facility and community services

Figure 3. Linkage Cascade



As a strategy to address other evidence-based drivers of the epidemic, in FY19, Sauti will focus its efforts on prevention of violence among KVP and their children and adolescents, including screening sexual violence, educating on the risk of early sexual debut, and helping communities and families to support this youth with education, as part of the DREAMS package; the Sauti services will be linked with OVC programs. Sauti will also engage in reducing stigma and discrimination against key and vulnerable populations by supporting provision of friendly services at all community based sites and at selected government health facilities with the aim to further increase access to essential prevention and treatment services.

Peer-led services and most importantly navigation will continue representing one of the most important aspects of the project, so as to improve the effectiveness of ART treatment retention; peer

Summary of the FY19 key technical/program strategies:

- Strengthening positivity and linkage rates for all sex/age bands
- Expanding & accelerating HIV testing services (HTS), such as scaling up HIV self-testing
- Advocating for evidence-supported testing-service delivery models such as HIV testing services by lay workers
- Strengthening the HIV prevention toolkit, by scaling up pre exposure prophylaxis
- Intensifying focus and strategies for reaching men:
    a. Community-based men's clinic offering HTS and screening for chronic diseases, at workplaces and at men's gathering venues, after working hours and during weekends
    b. reaching men , such as young men <30 years' old with HIV preventive services and linkages to VMMC services through mobile clinics and HIV infected old men to initiate on ART
    c. Reaching men in high-risk sexual networks via KP platforms
    d. Identifying and linking male partners and sexual contacts of AGYW to HTS
- Reaching children of KVPs 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])
- Scaling up ART outreach to stable clients and advocating for community ART initiation at point of diagnosis
- 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, as well index testing
- Piloting and rolling out an HTS screening tool to conduct targeted HTS and reach high risk children and other men and women who aren't KP
- Enhance reaching MSM through the engagement of KP expert nurses and the establishment of MSM friendly centers of excellence (under the PPP funded by EJAF)

educators (renamed as community based HIV service providers) will be providing support at community level, linkage to health facility and in some selected key and vulnerable population friendly health facilities they will also support the KVP at the clinics; besides supporting towards an improved ART uptake, they will also contribute to decrease loss-to-follow-up of those who struggle to stay in HIV services, by conducting defaulter tracing activities.

Data use for programming will continue to be key; this initiative will be enhanced by the use of ***Commcare*** mHealth application which will be fully rolled out from October 2018. This platform is expected to support availability of quality real time data. Furthermore, the availability of dashboards to track cascades and assess data by gender, age, risk groups, venue, service modality, population category, seasonality, SNU and ward etc. will be strengthened. Through such approach, Sauti will refine its learning curve on the beneficiaries needs and identify the best service delivery models to timely reach them, with fidelity, and at scale.

The main theme for FY19 operations is ***"adapting evidence-based practices and rapid execution of those practices scale with high degree of fidelity"***. Under this tenet, Sauti is committed to focus on quality and fidelity of all the workable and proven approaches for all the combination interventions. Acknowledging the relevance of quality management, including SIMS, the focus will be on how to operationalize an overall quality management program to support implementation of programming

with fidelity, scale and quality. The Continuous Quality Management (CQM) plan, will assist Sauti in assessing progress and compliance to standards in a focused and rapid manner so as to understand why community-sites may be under-performing, and what is needed to improve implementation fidelity and achieve outcomes that drive sustainable epidemic control.

5.4 Guiding Principles

Underlying the project objectives and strategies, the following project main themes FY19:

- Utilization of data and evidence to guide programming
- Bringing interventions to scale and fidelity
- Providing high quality, client centered, and differentiated services that meet the needs of KVPs
- 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
- Enhancing innovation for inform effective programming
- Use of affordable technology to increase efficiencies
- Fostering partnerships with all the key stakeholders, nationally and internationally

6. FY19 PROPOSED ACTIVITIES BY OBJECTIVE

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

In FY19, the Sauti project will continue to implement HIV combination prevention services. The holistic approach of simultaneously offering complementary behavioral, biomedical and structural prevention strategies will be scaled up to all supported SNUs, with the exception of non-DREAMS SNUs where economic strengthening will not be available. Within this context, the project will continue serving FSWs and their sexual partners, MSM, AGYW ages 15-24 who are out of school and sexually active, children of KVPs, and men. The project will offer integrated HTS and FP services, as well TB and STI screening, STI PPT (in EJAF-supported regions of Dar es Salaam, Mbeya, Shinyanga, Njombe and Iringa), GBV screening, and alcohol and drug screening.

The Sauti project will continue to use evidence-based, high yield strategies to identify PLHIV and link them to care and treatment services through PEPFAR-recommended Improved Testing Strategies and providing FP services to KVP. Linkage and retention to ART will remain a key area of focus for those identified as living with HIV at Sauti project sites, with the ultimate goal of achieving and sustaining viral suppression. The Sauti project will increase efforts to reach new HIV infected KVPs and achieve a 95% linkage rate through peer-driven demand creation, HIVST to KPs and their sexual partners, incentivized peer networks, escorted referrals to enroll into care and treatment, and Outreach ART to stable clients.

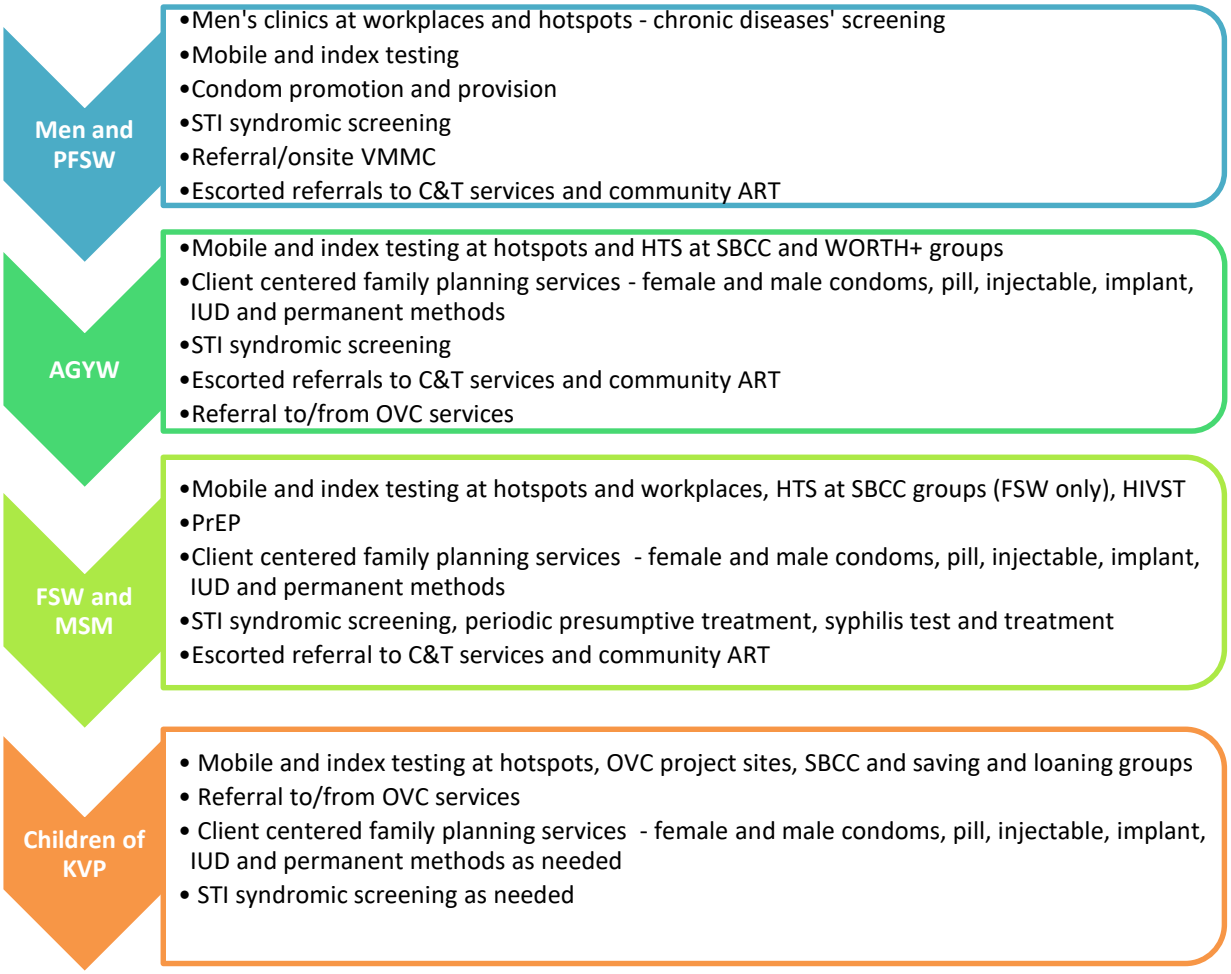
In FY19, the project will employ innovative approaches, including: the use of KP expert nurses to offer HTS to hard-to-reach KP, HIVST to KP and their sexual partners, PrEP to KP, and Outreach ART services to stable clients, all integrated with the Sauti project core package of biomedical services (with a focus on reaching more KPs living with HIV). The project will also continue mentoring and monitoring biomedical providers to provide index testing with fidelity. Dedicated teams of providers will be established to reach pediatric populations, with a focus on biological children of HIV-infected mothers missed by the prevention of mother-to-child transmission (PMTCT) program. Collaboration with OVC partners operating in the same SNUs will be strengthened to include the identification of HIV positive children. HTS screening tools will be piloted to increase targeted testing of AGYW at SBCC groups, as well as for men and females from other hotspot populations. Men's clinics will be offered at workplaces after working hours and over weekends and at men's gatherings. These services will continue to be integrated with chronic disease screening, such as for hypertension, and will include escorted referral to VMMC for HIV negative men.

Services will be provided through a community-based platform of trained and certified nurses, clinicians, CBHSPs and home-based care (HBC) volunteers offering services at hotspots. Demand creation will be conducted by CBHSPs and community leaders. Tailored messages will be developed and automatically sent to selected population groups through an SMS platform to remind them about FP, STI PPT, ART and PrEP refills, return defaulters to care and treatment, and inform beneficiaries about HIV prevention services availability. The team will work with health facilities, CHMTs and the zonal Medical Stores Department (MSD) to secure HIV test kits and a mix of FP methods including condoms and emergency contraception and other commodities.

The Sauti project will continue adopting differentiated care models (DCMs) for HIV prevention and ART to ensure services remain cost-efficient and improve outcomes. From offering integrated biomedical services within one platform, to offering HTS and FP at SBCC and economic strengthening platforms, to offering Outreach ART in the proximity of the PLHIV residences, the Sauti project will continue to strive towards optimal efficiency and effectiveness. **Figure 4** below provides an illustration of how the Sauti project will leverage across services and resources to offer client-centered differentiated services.

Whenever operationally possible, eligible communities targeted by Outreach ART services will also receive PrEP and HIVST. Furthermore, AGYW enrolled in saving and loan groups (WORTH+) will be offered the entire biomedical package of services, along with pediatric care for their children. Community and home-based STI PPT to KPs will also be used as an avenue to offer PrEP and ART depending on the HIV status.

Figure 4. Illustrative Model on Community-Based Differentiated Care



Activity 1.1: Provide integrated biomedical services through differentiated service delivery models

In FY19, the Sauti project will sustain its commitment to offer mobile and index testing services to 501,295 KVPs at hot spots and identify 27,478 newly HIV positive individuals through certified and trained biomedical providers. HTS will be provided along with FP (condom, pills and emergency contraception, injectables, implant, and referral for IUD and permanent methods), TB and STI screening, STI PPT, alcohol and drugs screening, and GBV screening. Sauti will also continue leveraging across services and integrating efforts with other implementing partners on the ground, such as VMMC and OVC project for HTS, PMTCT, and C&T for linkage and ART initiation.

Building upon lessons learned from previous years, the Sauti project will continue developing monthly operational plans and designing route plans based on hotspot mapping reports, feedback from CBHSPs, high yield hotspots, and the analysis of project data disaggregated by age, gender, service delivery modality and venue. A multidisciplinary team composed of Sauti staff, CSO staff, CBHSPs and Local Government Authorities (LGA) will meet on a monthly basis to develop the plans for delivering index and mobile community based biomedical services, as well as SBCC and economic strengthening services.

1.1.1: Index Testing

Index testing with fidelity will be rolled out throughout FY19, contributing to 30% of the overall HTS target. All HIV infected beneficiaries identified at hot spots, SBCC and WORTH+ groups will be offered HTS to their sexual and injecting partners and biological children. PLHIV identified from CTC will be linked to index testing biomedical teams upon access of CTC records following challenges faced by the facility based implementing partners to locate the partners and children of index clients. HIV-infected men identified at VMMC project sites will also be linked to index testing teams. Index testing will be provided through referrals by the index client or through the active case finding by the biomedical provider, at hotspots, or at private residences, as preferred by the beneficiaries. One of the fundamentals for rolling out index testing with fidelity (especially in a large scale community testing program where sexual partners and biological children may reside in SNUs not covered by the project) is ensuring there is a robust system for eliciting index clients and tracking their partners and children. In recognition of this, in FY18, Sauti designed special partner notification/index testing register which has been adopted by the national system. In FY19, Sauti will establish an electronic register using the CommCare electronic data capture platform. This register will be generated automatically every time an index case lists a sexual partner or children. Using this system, all sexual partners and biological children can and will be linked to the index client. This exercise will enable triangulation with individual level data from facility-based implementing partners and enable improving synergies and data-driven collaborative strategies to bridge the treatment gap.

Note: Sauti has updated index testing standard operating procedures and tools to include inputs received from the interagency STTA who provided technical assistance in FY18. Examples include: screening for intimate partner violence, categorization of self-referred partners of HIV infected beneficiaries who cannot be linked, re-testing HIV negative sexual partners and their categorization and health information/counseling scripts for providers.

Realizing that index testing and literacy amongst PLHIVs is crucial for successful elicitation of their sexual partners and children, in FY18 the Sauti project established a joint agreement plan with the National Coalition of People Living with HIV/AIDS (NACOPHA) to engage the PLHIV clusters in biomedical service provision. In FY18, this collaboration was established in one District, (Dodoma Municipal). In FY19, the Sauti project will extend this partnership to nine additional councils where Sauti and NACOPHA *(Sauti Yetu)* operate. Orientation meetings and trainings will be conducted in all 9 councils. Furthermore, the Sauti project will use NACOPHA's Treatment Advocates (who traces lost to follow up cases at the community level and links them back to CTC) to elicit sexual partners and children of positive mothers. Prior to actual rollout of this activity into the additional councils, the Sauti project will orient the Treatment Advocates on their role and required skills for eliciting sexual partners and children of positive mothers. This will be a one-day meeting with about 50 participants in each Council.

1.1.2: Rolling out an HTS Screening Tool

HIV testing is the first step towards accessing HIV prevention and care services. Given resource constraints and the relatively low prevalence of HIV among children and other non-KVPs, an initial screening tool to identify those at risk of being HIV-infected and then testing those who screen positive could reduce the numbers that would need to undergo HIV testing and increase the yield. Such a screening tool requires sufficient sensitivity and specificity and needs to be relatively cheap to administer. Learning from other studies that have used and validated such tools as well as from the FY18 pilot, the Sauti project will roll out population-specific screening tools to increase the likelihood to test those at highest risk to be HIV infected. Data from the tool will be stored in a dedicated

database and linked to other project tools, and lessons learned from this activity will be shared with the government and the stakeholders to inform the national and global agenda. This exercise will be implemented in close coordination with USAID technical leads and other implementing partners. The Sauti project is planning to use retrospective (running analyses/modeling using data already existing in the database) and prospective approaches to conduct this exercise.

1.1.3: Testing Children

Delays in seeking treatment for children considered at risk of HIV are typically due to caregivers' economic, social and personal barriers. While free services facilitate access to healthcare for economically challenged groups in the population, community-centered interventions remain important for addressing stigma, gender and human rights themes. As long as married women are in a subordinate dependent position, they will have limited bargaining power to claim their rights to healthcare, especially in a conflict-affected relationship. In FY19, the project will continue to offer community-based, friendly and free of charge services to KVP, along with behavior change and gender norms education and serving their children, including those identified by the OVC project. More efforts will be placed on reaching biological children of index clients given that the project is expected to reach a 3% yield target. Mothers who have been missed by the PMTCT service and those who have delivered at home will be traced and re-engaged into HIV prevention services, and their children will be offered HTS.

1.1.4: Testing Men

As men's uptake of HIV testing is critical to the success of "test and treat" strategies in generalized epidemics, this population will remain a priority group for the Sauti project. Men's clinics will be scaled up, areas where men are gathering will be re-mapped, and male CBHSPs will be engaged to mobilize men to access services.

Following the observation from FY18 data reports that yield increases in older age groups, particular attention will be placed to the men over 35. The mobile team will offer the biomedical package at hotspots where the men are gathering for recreational or work related activities. Services will continue to be provided after working hours, at night and over the weekends. As an additional incentive to men to access services, screening for chronic diseases will also be offered.

In partnership with the Jhpiego-led AIDSFree project, the Sauti project will procure a mobile unit to specifically reach men at scale with a package of services including the core Sauti project biomedical services and VMMC. This mobile unit will operate in regions and districts where the two projects overlap and staff from both projects will provide integrated services (more details are available in the program management section).

1.1.5: Adolescent-Friendly Services

Specifically, for AGYW, the project will continue to offer adolescent-friendly services at safe spaces where beneficiaries gather to participate in DREAMS-related activities. The biomedical services offered to AGYW include all clinical services in the Sauti project core package, with particular attention to sexual and reproductive health, highly-effective FP methods, fertility intention and spacing children, couples counseling and sexual male partners' engagement, consequences of risky behavior, and parental and peer support.

Through the engagement of AGYW in male partners' characterization workshops, the project will reach their male partners with the HTS-VMMC prevention package, as well rapid linkage to ART and engagement into the SASA! championship program.

1.1.6: STI periodic presumptive treatment (PPT)

Building upon the high demand for STI PPT and syphilis rapid test and treatment to MSM and FSWs, the Sauti project will continue offering these services in the five high HIV prevalence regions and three MSM-friendly centers of excellence under the EJAF funds (refer to objective 4.15). Furthermore, the project will strengthen the integration of STI PPT services into index testing outside of the mobile testing modality where services are already a well consolidated package.

Activity 1.2: Test and Start and Outreach ART Services

The Sauti project will continue its commitment to identify 37,176 new HIV infected KVPs, enroll at least 95% of them into care and treatment, and provide Outreach ART services at scale.

Upon observing high retention rates among new HIV infected FSWs enrolled into the Community ART Project SOAR study (led by Population Council), the team will continue supporting the NACP in re-thinking current national guidelines, which limit the provision of Outreach ART services to stable clients only. Once endorsed by the MOHCDGEC, the Sauti project will collaborate with facility-based C&T partners to roll out ART initiation at community level.

The Sauti project will also continue its commitment towards building a strong relationship with health facility-based care and treatment implementing partners to serve the same beneficiaries and ensure the continuum of care. The Sauti project will also continue engaging in a dialogue with the C&T implementing partners, proposing the establishment of a joint implementation plan to strengthen enrollment, ART initiation, tracing clients lost to follow up, and reaching viral suppression. Within this framework, the Sauti project will support regional level monthly and district level weekly coordination meetings with C&T implementing partners. Data reconciliation will be a key agenda item to ensure that HIV infected KVPs receive all necessary HIV related services, including early initiation of ART and viral load testing, in a timely manner. More details are also provided under the program management section.

The project will also put more effort into building the capacity of HBC volunteers and CBHSPs who will provide escorted referrals of newly HIV infected KVPs to CTCs. Whenever applicable, HIV infected beneficiaries from the Sauti project will also have access to the reference CTC, where dedicated CTC focal persons will fast track and serve them at flexible hours. The Sauti project will also revise the job description for case managers to make it more focused on cascade reconciliation. More details can be found in the program management section under the Project Oversight and Quality section.

The Sauti project will roll out Outreach ART services to 38,196 stable clients already enrolled into C&T (inclusive of those initiated in FY18). Clients will be offered to transition to services located closer to their areas of residence supported by a pool of expert clients facilitating monthly PSGs, which will be less crowded and operate after working hours. Outreach ART will be integrated with the Sauti project core package of biomedical services. Each Outreach ART service delivery site will be linked to a mother CTC that will supply the ARV medications, prophylactic treatment for opportunistic infections, and the FP method mix. Sauti project zonal ART coordinators will engage members from regional and district

health management committees to participate in regular supportive supervisions. Similarly, facility based C&T partners will be closely engaged at all times.

As per the guidance received from NACP, HIV care and ART provision will continue to be offered by certified ART clinicians and nurses from both the government and Sauti project team. These services will be provided at non-mainstream community HIV prevention venues, such tents, schools, local authorities' offices, and other agreeable spaces easily accessible by beneficiaries, where confidentiality and privacy can be secured. All national clinical standards will be observed and three multi-month supply and six month medical checkups will be offered. blood samples for regular laboratory monitoring will be taken at community level and transferred to the reference laboratory. The Outreach ART services will be implemented in 12 regions, including the regions where the community ART Project SOAR study will be closing at the end of FY18.

Activity 1.3: Roll out innovative/new interventions for KPs

1.3.1: HIV Self Testing

In FY18, the Sauti project started the implementation of HIVST to KPs and their sexual partners under IRB approval. In FY19, the Sauti project will provide an additional 29,574 test kits to KPs in 28 councils. The HIVST services will continue to be integrated into the Sauti project core package of biomedical services offered at the hotspots and SBCC groups. The kits will also be distributed by the CBHSPs during hotspot-based community mobilization activities and through existing peer networks. Demand for HIVST services will be created by sending out SMS message to HIV negative KP from the Sauti project database. The beneficiaries, both MSM and FSWs, will also function as a distribution outlet to reach KPs' peers and the sexual partners.

Beneficiaries will be offered the option to test at the service delivery point or at any other venue of their preference, with or without the assistance by a Sauti project staff (assisted versus unassisted modality). The assisted modality will aim to offer technical and emotional support, as well as referral for confirmatory test and linkage to care. All the beneficiaries using HIVST will be offered the option to share the HIVST result through an SMS platform that will track confirmatory testing and linkage to care. Only 10% of all beneficiaries will be tracked through CBHSP, with the same purpose to collect testing result and linkage outcome.

Since the current phase of HIVST implementation is under IRB, in alignment with the guidance provided by the HIVST TWG, Sauti will participate in a compilation of the lessons learned in the demonstration phase, and take part in the development of policy briefers and other implementation reports. These efforts shall be coordinated with other IPs working on HIVST.

1.3.2: Pre Exposure Prophylaxis

In FY19 the Sauti project will continue to roll out PrEP services to 6,036 KPs through a community based platform in 27 councils. This target will include4,192 FSWs initiated on PrEP in 4 councils in FY18, who will continue be supported in FY19 as well.

Following scale up in FY19, the Sauti project will train additional health care providers and CBHSPs using the national training package, SOPs and tools, to enable a team of nurses and clinicians to roll out PrEP at the FSW's hotspots, as part of the Sauti project standard of care. PrEP will be integrated with other biomedical services, such as HTS-FP, TB/STI screenings, GBV assessment and alcohol/drug

screening whenever possible. In line with the national guidelines, HIV negative FSWs will be offered a baseline creatinine test, monthly HTS and delivery of medications to their area of residence. Saving and loan groups will be established with the objective to strengthen the continuation rate. PSGs will continue being supported and new groups will be established under the leadership of CSOs and facilitation by CBHSPs to support the regular uptake of the medication.

1.3.3: Reaching MSM through KP expert nurses

KP expert nurses will work in collaboration with other members of the mobile and index testing teams, as well as the regional and district authorities, to offer high quality mobile biomedical services to KPs. As shown by the pilot conducted in Dar es Salaam in FY18, this approach will intensify the identification of new HIV infected MSM. Similarly, the collaboration with a KP Expert Coordinator initiated in FY18 will continue with the intent to enhance the coordination of the MSM CBHSPs in selected councils where the project has KP targets. The KP expert coordinator will also play the role of expanding the MSM network, increasing the chance that new high risk MSM will be reached by the project.

Activity 1.4: Support quality control and assurance for HIV rapid test

The Sauti project will support the national Internal Quality Assurance (IQA) system for HTS, with a focus on QA for HIV self-testing and counseling, and quality control for HIV testing performed by health care providers in line with national standards. 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 providers will participate in the national HIV providers' certification exercise.

Activity 1.5: Integrate FP into Biomedical Services

In FY 19, Sauti will continue to increase the access to community-based FP services to over 150,000 AGYW and FSWs. Demand will be created through community radio spots and testimonials from peers at SBCC and WORTH+ groups, following a successful pilot in FY18. The team will support the development of a testimonial orientation package and roll-out the training to the CBHSPs. Furthermore, the Sauti project will continue ensuring that FP services are integrated with PrEP and Outreach ART services. The Tulonge Afya program will be engaged in this integration exercise.

To ensure quality of care among FP service users, the project will conduct refresher training to the biomedical providers on the comprehensive FP counselling, distribution of FP IEC materials, ensure providers abide with IPC standards, and support availability of the method mix at all times, through coordination and communication with the DRCHCo. An automated SMS system will be used to remind clients when to refill the FP method of their choice and to encourage beneficiaries who aren't yet on FP, accessing such methods at the Sauti project sites. Messages related to FP side effects will also be sent to FP users to strengthen continuation, and surveys will be considered to better understand the barriers to users' continuation of FP methods.

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

The Sauti project will continue providing technical assistance to MOHCDGEC, TACAIDS and other ministries to review national strategic plans, guidelines and tools and curricula. Specifically, the Sauti project will support the dissemination of the HTS guidelines and training including index testing training and the Adolescent Friendly Health Services (AFHS) training curriculum. Furthermore, the Sauti project will continue advocating and supporting MOHCDGEC on developing policies for the

provision of HTS by lay workers, as well with TACAIDS on reducing the age of consent for HIV testing (also narrated under the program management section).

Finally, the project will support RCHS in finalizing messaging about the provision of injectable 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.

As described under objective 4.16, the Sauti project will continue supporting the national agenda by participating in a national forum and providing technical guidance during participation in KP, HIV prevention, HIV care and treatment and FP TWGs.

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

Behavioral Interventions

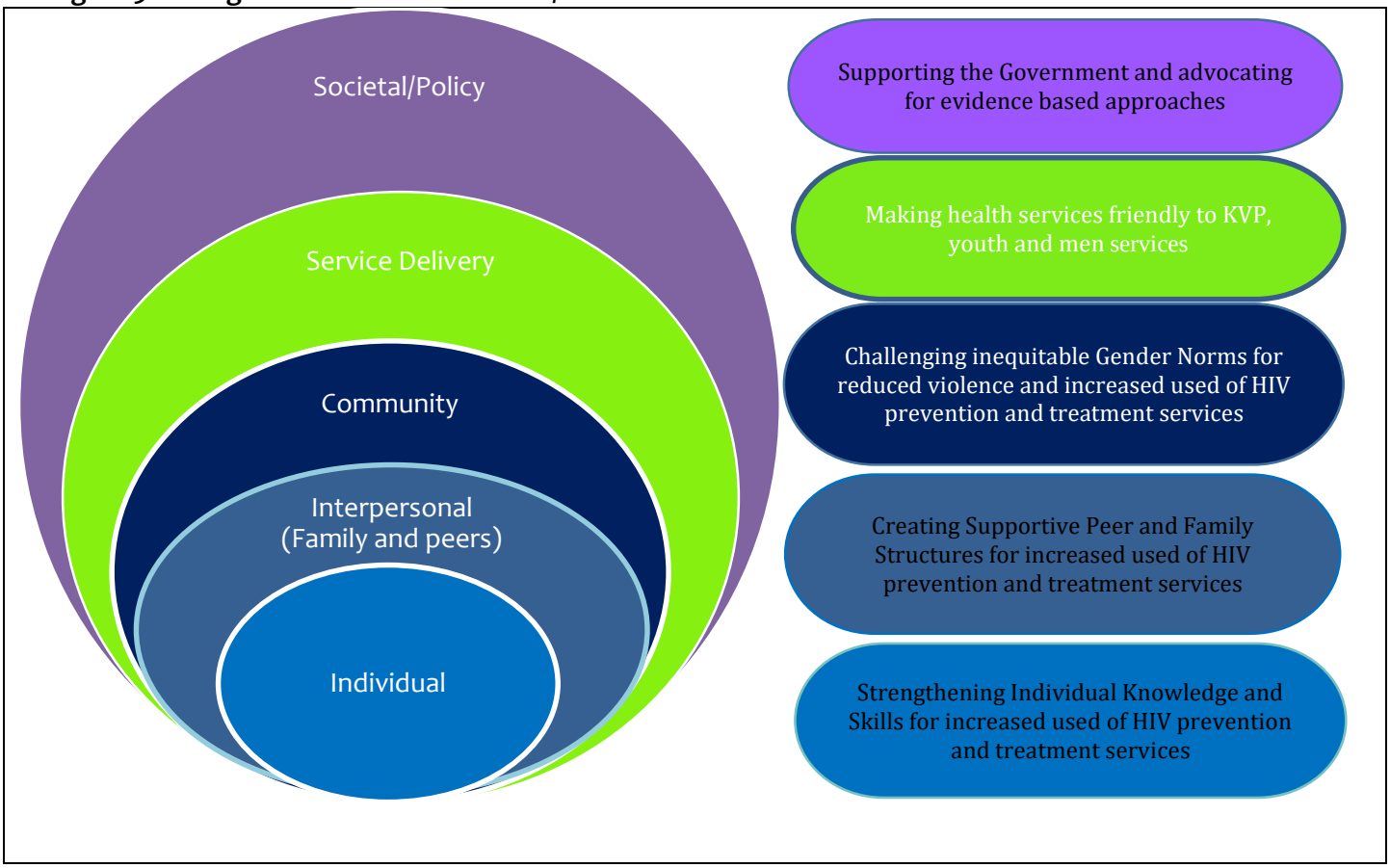
In renewing its commitment to reduce HIV transmission and increase early ART initiation, adherence and therefore viral suppression, the Sauti project aims to continue addressing social factors and behaviors that put KVPs at risk. In order to identify the causes of behaviors and the social structures that drive the epidemic in order to tackle the factors that increase risk and vulnerability, SBCC interventions continue to be an important part of the Sauti project's combination prevention package.

While continuing to rollout SBCC and gender norms services, the project will continue providing technical assistance to MOHCDGCE (through NACP and Health Promotion and Education departments) and TACAIDS, to review policy documents and SBCC materials and build LGA capacity on KVP programming. The Sauti project will also collaborate with the USAID-funded Tulonge Afya project and other partners to support the "Test and Start" campaign.

In FY19, the Sauti project will also continue to implement activities aiming at improving positive behaviors and social norms at the individual, interpersonal and community levels in order to reduce HIV transmission and acquisition as well as increase uptake of HTS, HIVST, PrEP, FP services, early ART initiation, ART adherence and viral load suppression in line with the national Test and Start campaign. These interventions will continue to be delivered through local NGOs/CSOs with close engagement of peer network. The interventions help beneficiaries et goals for themselves and understand and restructure self-justifying or contradictory thinking. The education will continue focusing on ensuring that beneficiaries are feeling differently about themselves and their behavioral risks, rather than simply receiving new information.

However, since beneficiaries' behavior is not the only factor driving the epidemic, the Sauti project uses a ***five-level social-ecological model*** **(figure 5)** to understand HIV risk and transmission and ART initiation and adherence, and the effect of prevention and treatment strategies. This model considers the complex interplay between individual, family and peers, community, service delivery and societal factors. The overlapping rings in the model illustrate how factors at one level influence factors at another level. Besides clarifying factors, the model also suggests that in order to prevent HIV, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time than any single intervention.

Figure 5: Ecological model and Sauti SBCC/Gender



Building upon the lessons learnt in the past program years, the Sauti project will continue using a mixed communication method across various behavior change models as depicted in the following bullets.

- ***Social diffusion model*:** where Health-related behavioral education integrated with economic strengthening activities is diffused through social networks and addresses broad structural factors, which shape or constrain individuals' behavior of individuals.
- ***Reasoned action model:*** The level of trust created by the peer education creates a positive response to encouragement towards positive behavior and self-efficacy offered to the beneficiaries.
- ***Information-motivation-behavioral skills model:*** Group peer education enhances beneficiaries' belief in their ability to control their motivation. As a result, they are likely to change if they feel that they will and have the behavioral skills to do so.

The Sauti project will continue operating within the ***4Ps Framework*** which includes: (1) the choices that are offered ***(Possibilities),*** (2) how choices are made ***(Process),*** (3) how choices are communicated ***(Persuasion),*** and (4) how intentions are reinforced ***(Person).*** Based on the above, the Sauti project anticipates that behavior change will fall into the following stages:

1. ***Pre-contemplation:*** lack of awareness of risk, or no intention to change risk behavior

2. ***Contemplation:*** beginning to consider behavior change without commitment to do anything immediately
3. ***Preparation:*** a definite intention to take preventive action in the near future
4. ***Action:*** modification of behavior, environment or cognitive experience to overcome the problem
5. ***Maintenance:*** the stabilization of the new behavior and avoidance of relapse.

The Sauti project will implement SBCC and gender norms interventions using the below platforms **(Table 7)** across the HIV prevention and treatment continuum.

Table 7. Platforms for SBCC and gender norms interventions

LEVELS	SBCC and Gender Interventions		
	HIV prevention (PrEP, VMMC, condom) and Testing	Linkage to early ART initiation	Adherence to treatment (PrEP and ART)
At individual level: ***Strengthening Individual Knowledge and Skills***	• Demand creation for mobile HTS • Peer-led HIV self-testing distribution • Distribution of IEC materials SBCC Individual education • Automated SMS to high risk groups and call center • Peer-led WhatsApp messaging • Condom promotion and provision	• Distribution of IEC materials by CBHSPSBCC Individual education • Automated SMS to high risk groups and call center • Peer-led WhatsApp messaging • Peer-led Individual posttest counseling • Behavioral economics	• Distribution of IEC materials by CBHSP • SBCC Individual education • Automated SMS to high risk groups and call center • Peer-led WhatsApp messaging • Dissemination of real-life stories of PLHIV on ART, through video platforms • Behavioral economics
At peer/Family level: ***Creating Supportive Peer and Family Structures***	• SBCC group education • Small group dialogues to PFSWs and OHSPM • Peer-led Tracing sexual/injecting partners for HTS • Group HIV pretest counseling • SBCC materials to improve Couple communication • SBCC materials to reduce Intimate Partner violence • Tracing and creating demand for children of KVP • Incentivized Peer Network	• Tracing and creating demand for HIV infected children of KVP • Peer-led escorted referral and tracing to lost to treatment • ART champions talks at SBCC groups and free radio talks	• Supporting Peer support groups for service uptake and adherence (PrEP & Comm. ART) • Outreach ART Peer support groups facilitated by expert patients • ART champions talks at SBCC groups and free radio talks • Behavioral economics
At service level: ***Making health services male/KVP friendly***	• Engagement of KVP and men CBHSP • Branding service providers and services • SBCC education at men workplaces (eg. fishing villages, mining communities, truck and taxi drivers' parking areas, garage etc) • Edutainment activities to reach men	• Escorted referrals to C&T services by KVP and men CBHSP • Branding service providers and services • Training ART champions to advocate for early testing and early treatment	• Branding service providers and services • PLHIV groups facilitated by expert patients • PLHIV defaulter tracing by expert patients • Behavioral economics • Training ART champions to advocate for early testing and early treatment
At Community level: ***Challenging inequitable Gender Norms***	• Mapping of KVP hotspots and men workplaces • Engagement of the community on SASA dialogues	• Mapping of KVP hotspots and men workplaces • Engagement of the community on SASA dialogues	• Mapping of KVP hotspots and men workplaces • Engagement of the community on SASA dialogues

LEVELS	SBCC and Gender Interventions		
	HIV prevention (PrEP, VMMC, condom) and Testing	Linkage to early ART initiation	Adherence to treatment (PrEP and ART)
	• Sensitization of influential people like media, police etc. • Support HIV/gender campaigns to increase awareness to increase uptake of HIV combination prevention service (Tulonge Afya)	• Sensitization of influential people like media, police etc. • Support HIV/gender campaigns to increase awareness to increase uptake of Outreach ART service (Tulonge Afya)	• Sensitization of influential people like media, police etc. • Support HIV/gender campaigns to increase awareness to increase uptake of Outreach ART service (Tulonge Afya) • Behavioral economics
At the policy level: ***Changing Organizational/institutional Practices***	• Participate in review of the national guidelines, procedures, curricula and tools for creating demand on HIV prevention for the key and vulnerable population • Engagement of High level political and GOT leaders-parliamentarians, Association of Mayors on HIV (AMICAAL) on supporting HIV prevention to KVP • Sensitize members of parliaments and other GOT officials on KVP programming through gender transformative workshops	• Participate in review of the national guidelines, procedures, curricula and tools for creating demand on ART initiation for the key and vulnerable population • Engagement of High level political and GOT leaders-parliamentarians, Association of Mayors on HIV (AMICAAL) on supporting ART to KVP • Sensitize members of parliaments and other GOT officials on KVP programming through gender transformative workshops	• Participate in review of the national guidelines, procedures, curricula and tools for creating demand on ART retention for the key and vulnerable population • Engagement of High level political and GOT leaders-parliamentarians, Association of Mayors on HIV (AMICAAL) on supporting ART retention to KVP • Sensitize members of parliaments and other GOT officials on KVP programming through gender transformative workshops • advocate for inclusion of Behavioral economics incentives into national strategies

Though the Sauti project supports a number of biomedical interventions to prevent the transmission of HIV (i.e. male and female condoms, PrEP treatment, etc.), insufficient uptake or low adherence among beneficiaries leads to continued high HIV risk. Behavioral economics (BE) principles provide a framework to better understand individual decision-making and behaviors related to HIV prevention and can inform the design of innovative interventions. This perspective is based on traditional economics and complemented by insights from psychology and behavioral studies. Further, BE aims to identify the conditions under which individuals are likely to make systematic decision-making errors or 'biases' that in turn provide entry points for interventions.

Two BE studies are being implemented via the Sauti project cash transfer platform (UNC/Final Mile and College of Williams and Mary; see details under objective 3). Using the observations from these ongoing studies, in FY19 the Sauti project will integrate BE principles into SBCC strategies. Specific behavioral economic activities will be identified in FY19, and the research will aim at identifying economic factors that can potentially influence ART initiation and retention.

Note: Under the behavioral economics study, the Sauti project will institute three insights for rethinking incentives: (1) conceptualizing incentives as nudges rather than price changes; (2) making use of non-monetary incentives, such as enhancing personal commitment and taking advantage of social norms; and (3) emphasizing that the way in which emotional incentives are communicated and delivered matters.

Activity 2.1: Continue rolling out interventions to increase awareness and uptake of HIV prevention services

The Sauti project will continue to engage CBHSPs to map hotspots, identify high-risk KVPs, offer them SBCC education and link them to the other Sauti project combination prevention package interventions including biomedical and economic strengthening services. Moreover, the Sauti project will continue to use mHealth and social media platforms as communication channels to circulate messages about behavior change, continuum of care for ART, PrEP, STI and FP services, and HIVST results tracking, and sharing educational videos.

The SBCC interventions will be enhanced by daily CBHSPs' performance-monitoring and monthly micro-planning activities to ensure services are provided at high yield hotspots. SBCC 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 (during moonlight events targeting KP and their sexual partners). All KVPs reached by the CBHSPs will also receive condoms and KVP-specific IEC material.

2.1.1. SBCC interventions to create demand for HTS and HIVST at high yield

In FY19, the Sauti project will continue to focus on creating demand for HTS for KVP through a variety of peer-led activities, such as interpersonal communication (IPC), group education, social media (including WhatsApp and SMS), and distributing IEC materials on HIV risks behaviors, the benefits of regular testing, couples testing and index testing.

In an effort to reach high risk KVP, the project will scale up the incentivized peer network (IPN) strategy piloted in FY18 (results described in the achievement section) to high yield target SNUs. CBHSPs will continue distributing IPN vouchers to high-risk peers who will be directed to access mobile testing services at hotspots, and CBHSP's incentives will be issued upon identification of new peers living with HIV. A risk mitigation strategy will be put in place to avoid unintended negative consequences, such as coercive behavior on the part of CBHSP, discouragement from testing non-incentivized peers, or an

increase in risk behavior among peers who wish to receive incentives. Therefore, as part of the larger data quality activities supported by the project, random sample of HIV infected beneficiaries will be contacted to verify their HIV status, assess for coercion, violence etc.

Furthermore, KPs will be mobilized to access HIV self-testing for themselves and their sexual partners. This testing modality will provide an opportunity to reach beneficiaries high at risk for HIV who do not actively access health facility nor community-based testing services. SBCC strategies will be reviewed to address any barriers to self-testing based on the findings from focus group discussions (FGD) conducted in FY18. Additionally, materials addressing frequently asked questions will continue to be used by the CBHSPs to increase awareness and address day-to-day misconceptions. HIVST results will be tracked through an automated SMS system in which beneficiaries will be invited to upload information related to self-testing and linkage to care and treatment services. As per the HIVST study protocol (guiding the current implementation of HIVST in Sauti SNUs), 10% of the beneficiaries who receive HIVST will be tracked through the CBHSP network.

2.1.2. SBCC Interventions to create demand for PrEP and reach high continuation rates

In FY 19, trained CBHSPs will create awareness within their communities about PrEP services, focusing on risk behaviors, FSW-related work-hazards, and the desire for intimacy with sexual partners. Condoms will complement PrEP services, but an emphasis will be placed on the fact that condom use is not a pre-requisite for accessing PrEP. As part of demand creation messages, beneficiaries will be informed of the additional benefits of receiving regular HTS and STI screenings as part of PrEP services. In an effort to avoid stigmatizing the product by linking PrEP to KP, the Sauti project will raise awareness through peer networks, using social media such as WhatsApp and sending out automated SMS to consented HIV negative KPs recorded in the project database.

To ensure that beneficiaries continue using PrEP, the Sauti project will renew its effort to support the establishment of PrEP PSGs, facilitated by trained CBHSPs. Within these groups, PrEP users will discuss HIV- and PrEP-related stories and be given the opportunity to document their own stories to enhance awareness and interest toward the product. The project will work with satisfied PrEP users to create a pool of PrEP testimonials, and build beneficiaries' capacity to present their testimonies during PSG meetings. Stories from satisfied PrEP clients will be documented and distributed through printed materials and videos, which will be used to continue creating demand.

2.1.3 SBCC Interventions to create demand for early ART initiation and reach viral load suppression

Based on findings that a lack of flexible clinic hours, long waiting times at health facilities, being turned away, poor staff attitudes, stigma towards KVP, and breaks in client confidentiality are all barriers to KVP seeking and staying in care and treatment, the Sauti project will continue supporting peer-led escorted referrals to CTCs. The project will fast-track channels where HIV infected beneficiaries can be directly linked to health facility-based providers to receive timely and friendly services.

Besides escorted referrals, the Sauti project will continue engaging those stable PLHIV who are challenged by facility-based CTC services to transition to community-based ART. In FY19, ART outreach services will be scaled up and more expert patients will be recruited and trained to support and facilitate monthly PLHIV groups and monitor ART adherence. The expert patients will be linked to the ART outreach biomedical team through a WhatsApp network for regular communication and rapid exchange of information in the event of an emergency. ART specific SBCC materials targeting KVP living with HIV will be developed as result of FGDs and distributed through peer networks.

The PLHIV groups' manual developed in FY18 will be used by the CBHSPs as a tool to influence participation and experiential learning of the beneficiaries. The topics of discussions to be conducted in the PLHIV groups will be chosen by the group members and whenever possible key speakers and experts, will be invited to deliver ad hoc sessions on specific themes.

Automated SMS (developed by NACP IEC/BCC unit) will be delivered to HIV infected beneficiaries who are not yet enrolled into care and treatment services to enhance their linkage and to those on C&T and ART who missed an appointment. In collaboration with regional and district AIDS coordinators and care and treatment implementing partners, the Sauti project will also support defaulter tracing activities through the CBHSPs' network to rapidly re-enroll those who missed clinic appointments or were lost to follow up into care and re-start them on ART.

The findings from the behavioral economics research will inform additional strategies to increase early ART initiation and reach viral suppression.

2.1.4 SBCC Interventions to reach high-risk men

Recognizing that men are less likely to undergo HIV testing yet, more likely to start ART at advanced disease stages and drop out of ART, the Sauti project will continue to offer male friendly services to both men under 35 and those 35+. Sites will be mapped and reached by trained male CBHSPs, and include venues such as work places, bars, local brews, nightclubs, truck and taxi-motorbike parking areas, brothels, guest houses, mine sites, and fishing villages. Male CBHSPs will be recruited based on their age group, with a focus on having a significant volume of CBHSPs in the 40+ age group.

Men will be incentivized to access the peer-led service, by offering it at men-gathering spots, after working hours (evening and night hours, as well over weekends) or integrated within workplaces services, and by offering other services besides HTS, such as screening for chronic diseases (e.g. hypertension).

Activity 2.2: Implement SBCC interventions for HIV sexual risk reduction

In FY19, the Sauti project will focus on implementing existing effective and efficient strategies to reach KVP at scale and through curriculum-based group and one on one education sessions. The latter will be rolled out by CBHSPs through interpersonal activities, complemented by IEC materials and SMS and WhatsApp messaging. Group education will require beneficiaries to gather in small groups 2-3 times per week for a one-month period to complete the 15-17 hours KVP-specific curriculum. The platform is a continued an opportunity to offer integrated biomedical services (HTS-FP, STI, TB, alcohol/drugs, TB) to AGYW and FSWs.

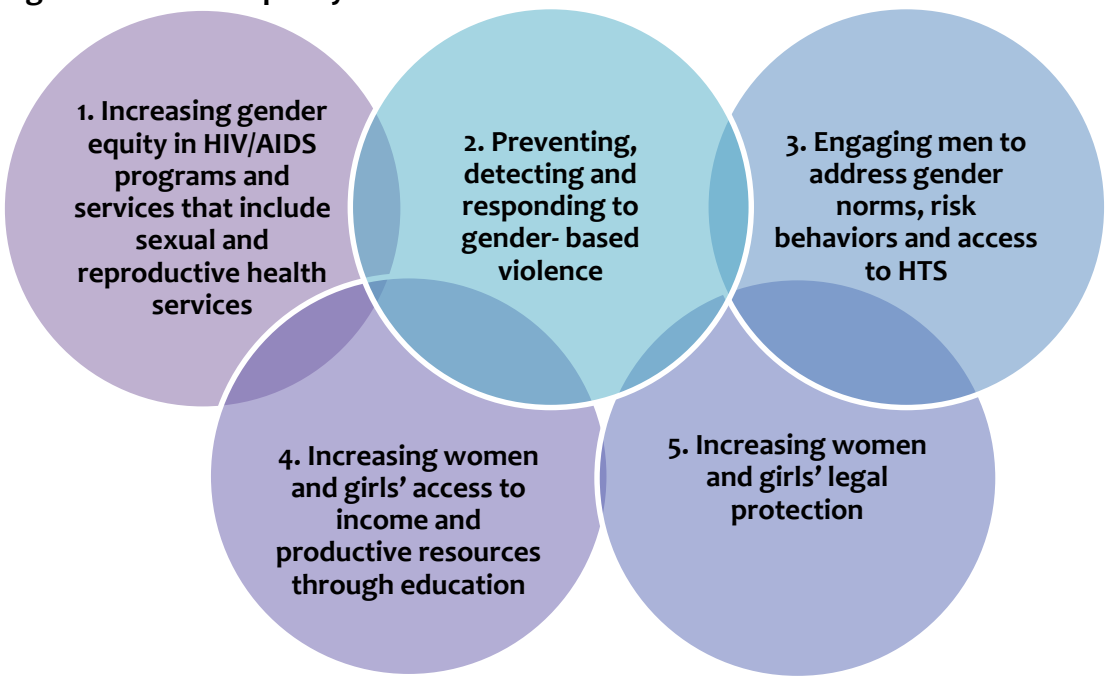
Whenever possible, audio-visual clips (including those generated by the USAID Tulonge Afya program) will be uploaded into Sauti's mHealth application to be used by the CBHSPs as part of peer education and awareness-raising activities. Furthermore, the Sauti project will continue to effectively use media communications platforms for behavior change facilitated by Tulonge Afya project. This includes but is not limited to:

- **Shujaaz comics:** The comic books cover a range of topics each month featuring FP, HIV testing, economic empowerment, GBV prevention etc.
- ***Radio shows***: Sauti project champions and staff will be invited in district and community based media platforms to promote HIV service utilization

Activity 2.3: Promote gender equality

The Sauti project will continue mainstreaming gender equity in all services supported by the project and addressing gender norms, stigma and discrimination that hinders access to health services. The project will focus on five key areas as illustrated below **(Figure 6).**

Figure 6. Gender Equality Areas



In order to achieve the five objectives, the project will continue mainstreaming gender transformative interventions in all supported communities as well as promoting and supporting gender and GBV sensitization meetings with different stakeholders including high-level police officers, security committees, local and religious leaders, community and social welfare officers and media personnel. Moreover, the project will continue engaging other community key gatekeepers using community structures (champions, community activists and drama groups) in the implementation of the SASA! Package.

In the same manner, an emphasis on gender equity and GBV related issues will continue to be highlighted in the KVP specific curriculum, job aids and IEC materials used by CBHSPs during demand creation and education activities.

To better respond and prevent GBV and enhance gender equality, the project will continue providing training and technical support to gender focal persons and other key community actors in relation to HIV/AIDS care, treatment and support services. The project will also strengthen community and beneficiary awareness on available post GBV care, FP and HTS services, as well as increase networking and referrals.

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

In FY19, the Sauti project will continue to roll out a four-day training on GBV, gender and sexuality to newly hired biomedical providers to prompt empathy for gender and sexual minorities and develop commitment for responding to their health and HIV needs.

The GOT hired service providers will receive a one-day orientation before they start working with the Sauti project to address values and personal attitudes that may hinder provision of friendly services. Furthermore, on the job mentorship will be conducted by the SBCC and biomedical teams in response to gaps identified during the Jhpiego-pioneered gender performance assessment. The gender assessment tool lists evidence-based operational standards against which service provision is scored and an improvement plan of action is developed.

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

In FY19, the Sauti project will continue offering GBV screening through CBHSPs and EWs at SBCC and WORTH+ groups respectively in all DREAMS supported districts. This service delivery model will complement and address some barriers related to the low GBV case identification when screening is conducted at mobile biomedical service sites. Each GBV screening point (mobile biomedical service sites, SBCC and WORTH+ groups) will be linked to medical, legal and social services listed in a district-level directory, to timely and effectively link post GBV survivors to the services they need. Particular focus will be placed on mapping KVP-specific service assessed by the projects where beneficiaries feel comfortable to be referred to and where the project is assessed to be safe for them as well. Escorted referrals for post GBV care will continue to be offered and medical services such as HTS and emergency contraception will continue to be available at project sites.

To better support the GBV community response initiative, the Sauti project will strengthen emergency GBV crisis response system in all Sauti project supported districts. Based on an assessment conducted in FY18 to map the availability and capacity of an emergency system, the project will strengthen the existing committee to ensure GBV services are mainstreamed in their day-to-day activities. The project will continue to identify gender focal persons from all established GBV response committees to enhance feedback and reporting.

2.3.3: Continue to implement SASA! model in DREAMS councils

The Sauti project will continue supporting SASA! interventions to challenge negative community social norms and address GBV and violence against women, AGYW and other KVPs with respect to HIV/AIDS care treatment and support services. The program will continue to use local activism, media and advocacy, communication materials and training to reach a variety of people through various participatory dialogues. SASA! phases reduce stigma and discrimination negatively impacting access to HIV services foster critical reflection on gender and power imbalances, and engage the community to influence and mobilize positive change and challenge harmful social norms.

The program will continue to track outcomes and conduct follow up assessment surveys to guide programming before moving to the next phase. Following the *Start and Awareness* phase started in FY17 and fully scaled up in FY18, the Sauti project will move to a full implementation of the *Support and Action* phases throughout FY19. In the *Support* phase, community members will discover how to support the women, men and activists directly affected by or involved in these issues. In the fourth and final phase, *Action*, community members will explore different ways to take action and use their power to prevent violence against women and girls and the transmission of HIV. As in FY18, the modified SASA! model will continue to meet the DREAMS expectation to reach men and women with at least 10 hours of HIV prevention and gender norms education through dialogues and community engagement.

Activity 2.4: Create enabling environment supportive to KP access to HIV prevention and FP services

The promotion of a rights-based approach to HIV testing and counselling services helps to normalize them in health facilities and in communities, is critical to improving people's perceptions about the benefits of HIV testing and counselling and ART, and has a direct impact on the uptake of services.

As a result, the Sauti project will support the establishment of an enabling environment including:

- Policies and procedures that enable voluntary and informed consent for all populations, including youth;
- Promotion of confidentiality and safeguards against inappropriate disclosure;
- Non-discrimination in service provision;
- facilitation to access for KVP groups;
- Availability of HIV-related prevention, care and support services;
- A supportive social, policy and legal framework in place to maximize positive outcomes and minimize potential harms to clients or patients;
- Gender transformative workshops to members of parliament, LGA, community leaders, media, and police and security committees, to sensitize and increase their understanding on KVP dynamics and impact on the HIV epidemic; and
- A monitoring and evaluation system that promotes an enabling environment

As result of the growing international evidence that policing is an important structural HIV determinant for HIV and KVP programming, the Sauti project will continue to support the mapping of the legal services and police gender desk for linkage of post GBV survivors. Additionally, the project will hold sensitization meetings for police on gender, sexuality and HIV prevention, facilitate coordination between the police and other local stakeholders, and maintain close communication with the police to support HIV services roll out.

The project will continue its collaboration with GoT in the commemoration of both national and international events, and will use such avenues to highlight challenges KVPs are facing in relation to access to HIV/AIDS care, treatment and support services. This will go hand in hand with reformation and formulation of KVP friendly services and a review of existing policies, guidelines, SOPs to addresses the KVP needs and concerns in relation to health service uptake.

Moreover, the project will continue strengthening political will and commitment to strategically scale up domestic resources to create an enabling environment to enhanced access to health services and reduced stigma and discrimination.

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

In collaboration with TACAIDS and NACP, the Sauti project will continue to conduct gender transformative workshops with LGAs, policy makers, media, security committees and other community leaders to build a pool of leaders who will contribute to creating a supportive environment for KP HIV programs. In FY19, focus will be on stigma and discrimination and efforts will go in constructing effective indicators to track changes.

The project will continue to monitor changes in the legal landscape as it relates to influencing the KVP programming environment (i.e. age of consent), and collaborate with MOHCDGEC and TACAIDS to move the public health and HIV programming agenda forward as needed.

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

The Sauti project will continue providing technical assistance to MOHCDGEC and TACAIDS promoting the SBCC and gender HIV prevention agenda for KVP. This will include: spearheading the national *Male Involvement Strategy* in the context of *''Test and Start",* assisting the government to mainstream gender into the national policies and strategies, participating to relevant TWGs and ensuring that global standards and recommendations are brought to the national forum.

The Sauti project will also work collaboratively with the USAID Tulonge Afya communication program in overlapping regions (i.e. Tabora, Dodoma, Arusha, Kilimanjaro, Singida, Mtwara, Iringa, Njombe and Shinyanga) to increase uptake of HIV treatment through activities related to the *Treatment Literacy Campaign*. A particular focus will be placed on mobilizing media and community leadership to accelerate the pace of implementation and enhance the GoT's achievement of 90-90-90 targets.

Structural Interventions

The myth that focusing only on women's economic empowerment through earning an income is the key to women reaching their full potential is no longer valid. Without political and social rights for women and ensuring women's access to quality healthcare services and the tools for income generation, economic empowerment doesn't go far in challenging gender inequality. Building upon the experience gained through the rapid and massive scale up from FY16to FY18, in FY19, the Sauti project will focus on consolidating approaches and improving the quality of the services related to economic empowerment.

The Sauti project will build on the successful WORTH+ empowerment model by sensitizing and linking project beneficiaries to different layered services. Of the 69,650 (cumulative FY 16,17,18) WORTH+ group members, 66,393 have received a combination of social economic empowerment (economic sessions in which AGYW are given financial education and introduced to financial management and freedom through savings and loans) and SBCC. 42,628 have received parenting education to empower them to be better parents. Once this foundation is built, the girls are linked to biomedical services (HIV testing, FP, screening and referral for STI and GBV) through a social asset building intervention. We have reached 31,477 beneficiaries through the latter intervention. With knowledge of their health status and needs, girls are further linked to the Community Health Insurance Fund (CHIF). So far, the project has facilitated enrollment of 8,597 beneficiaries and more are still being linked. With a sound foundation on financial education, self-confidence and awareness, and a better understanding of their health status, we layer other services to ensure the AGYWs have access to skills and funds. As of August 31 FY18, 223 girls were successfully linked to vocational training institutes through a partnership with USAID – funded Kizazi Kipya project and Plan International.

In FY19, the Sauti project will work with an additional 33,101 new AGYWs who will also receive these layered services and interventions.

WORTH+ groups are a platform to provide all of these services. These groups also act as a social support system for the girls within their community and give them recognition due to the different activities they undertake while in the program. The girls are also encouraged to save and take loans to start small businesses. As a sustainability plan, these groups are registered and linked with the LGA where they are located. The Sauti project will continue scaling up this model, enrolling new beneficiaries, and offering a low dose, high frequency training to initiate new groups. In addition, the recently revised *Worthy Manual and Youth Employability Curriculum* (PACT, 2017) will equip AGYW in

WORTH+ groups with business and entrepreneurship skills and will work on moving girls in petty businesses to small and medium enterprises through *revolving funds*. The Sauti project will continue to link eligible AGYW with Kizazi Kipya project for vocational skills training scholarships according to their interest and market analyses. Also, the Sauti project will coordinate and leverage ongoing initiatives for synergies where possible to minimize the need to take out loans from group savings for vocational training education. Nevertheless, the project will continue to link AGYW with apprenticeships at successful businesses and enterprises in their local environment.

In FY19 the Sauti project will shall focus on registering saving groups with LGAs, scaling up digitizing WORTH+ group information, strengthening linkages with the CHIF and mentoring ward EWs and leaders managing the groups on sustainability and vAGYW care. The Sauti project will also continue assessing, classifying and graduating AGYW participating in FY 16, 17 and 18 established WORTH+ groups who have received a level of economic security and can care for their basic needs. Graduation of the groups will be done in accordance with the standards as articulated in the *Economic Wellbeing Assessment* and *Site Improvement Monitoring Systems* tools. The graduation tool assesses the groups' self-sustainability and group members' positive behaviors around HIV/AIDS through four areas (group leadership and management, financial management through loans, savings and business growth, and health and risky sexual behaviors and parenting).

Activity 2.5: Establish new WORTH+ groups, continue to support those established in FY16-18, equip vAGYW with business and entrepreneurship skills, and link them with public and private sector

In addition to the 376 EWs supporting the existing 2,911 WORTH+ groups established over the past three fiscal years, in FY19, Sauti will recruit and train 219 additional empowerment workers (EWs), who will in turn establish and support 1,492 new WORTH+ groups (totaling 33,101 AGYW) in the DREAMS councils (except for Temeke which will maintain 532 existing groups with 12,815 members from FY 16,17 and 18 and not forming any new ones). These EWs will roll out low-dose high frequency sessions on the integrated curriculum of community banking, financial literacy, SBCC, gender transformative HIV prevention and FP, and better parenting curricula. This integrated curriculum includes specific sessions on developing group rules, maintaining records, leadership, savings, safe 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 attending the literacy program to enhance their literacy and numeracy skills. They will then be able to borrow from the group savings to help develop and expand their micro-enterprises. This subsequently develops two income streams – one from micro-enterprises and another in the form of dividends from loans the group makes.

Sauti will utilize the recently revised *Selling Made Simple Curriculum*, 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 provides groups with guidance on how to identify business opportunities, calculate profit, risk, and product value, identify and build a selling advantage, manage capital for growth, and monitor business health. In FY19, there will be more emphasis on small and medium enterprise development and a shift away from supporting petty businesses.

A *Parenting Education Program* will also be provided to vAGYW as part of the WORTH+ package in 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 expecting mothers. All

WORTH+ members will be encouraged to participate in parenting sessions, as the skills acquired could be relevant if they become parents, guardians or caretakers of children in the future. Learning aids will be used by trained EWs as a starting point for sharing experiences and group discussions, and will cover topics such as: positive parenting, identifying children's behavior, understanding factors that contribute to negative and positive behaviors, types of children's growth, special needs, and how to be a role model. Since children of AGYW living with HIV might be potentially exposed, EWs will use this platform to educate and sensitize HIV positive mothers and provide HTS through our integrated mobile biomedical services.

Activity 2.6: Equip vAGYW groups with business and entrepreneurship skills, and link them with the public and private sector, as well as other NGOs

Guided by the recently revised youth focused *Worthy Manual, Youth Employability and Entrepreneurship Mentorship* curricula, the Sauti project will continue to scale up efforts to equip vAGYW in WORTH+ groups with business and entrepreneurship skills and link eligible vAGYW with the Kizazi Kipya project for vocational skills training scholarships. The Sauti project will also coordinate and leverage ongoing initiatives for synergies where possible (e.g. Innovation Challenge and BRAC) to facilitate enrollment into subsidized vocational training education and link vAGYW to apprenticeships with successful businesses and enterprises in their local environment. In FY19, Sauti will support 2,188 (7% of FY19 groups) WORTH+ groups' beneficiaries ages 18-24 from 15 rural and peri-urban wards in three councils (Msalala DC, Ushetu DC and Kyela DC) to engage in farming activities and agricultural businesses to increase productivity as well as 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 matured WORTH+ groups established in FY16, FY17 and FY18, Sauti will support business models with viable markets and reliable supply chains. Models that have a potential for larger impact include supply-chains initially negotiated by the project for combined production inputs and micro-franchising. The Sauti project will link beneficiaries with the *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. Using the pilot of the *MyWORTH app* we have in Temeke, we are also opening up digital market spaces for the AGYW. We are finalizing discussions with *Digital Opportunity Trust* to conduct this training through their robust Digital Literacy curriculum.

For vAGYW ages 15-24 years, Sauti will facilitate enrollment into market driven vocational trainings in collaboration with Kizazi Kipya Project (and other partners), and apprenticeship programs with successful businesswomen/men in the districts. Other WORTH+ group members not eligible for the Kizazi Kipya Project trainings will be encouraged to borrow from group funds to finance their training. Negotiations continue with VETA to provide tailor made programs at a reduced fee to WORTH+ group members. The Sauti project will also be strengthening the mentorship component of our intervention to ensure the AGYW have a solid support system for their businesses and their personal lives.

Activity 2.7: Facilitate Empowerment Workers Monthly Meetings

In FY19, the Sauti project will continue to facilitate EWs and CSO staff meeting every month to share good practices and learn from others' experiences as the program prepares families to transition to independence. These meetings will help keep the project and local NGOs/CSOs informed of progress and any challenges participants face in the course of their work. The Sauti project will also support EWs to conduct quarterly meetings to focus the WORTH+ graduation process and plans for supporting

individuals that transition independence. The project will also facilitate and support group registration with LGAs and CHIF, and support economic empowerment innovations.

Activity 2.8: Digitalize group-level recordkeeping and avail it in a mobile format

In FY18, the Sauti project supported the rollout of the MyWORTH app and gradually trained the WORTH+ groups to transition from paper-based to e-ledgers for recording accounting transactions in all DREAMS districts to increase efficiency and reduce data entry. The e-ledgers and mobile applications will not only simplify recordkeeping but also decrease transaction time, and facilitate opportunities for e-learning and peer-to-peer knowledge sharing. Participating vAGYW are trained on using e-ledgers for their individual and group recordkeeping thus reducing human errors and providing access to technology. With MyWORTH app full group usage, savings and loan records will be available electronically for sharing with formal financial institutions as credit records, as requested by the groups. This app also enables us to have real time data, which can be used to learn more about savings and loan habits to inform future programming.

Activity 2.9: Conduct vulnerability assessment of vAGYW in existing WORTH+ group to determine eligibility to graduate from the Sauti program

In FY19, the Sauti project will move the *graduation tool* developed and piloted in FY18 forward by rolling out the survey to assess and classify 32,030 vAGYW according to the *economic strengthening pathway for moving out of living in destitution.* Using the tool, the Sauti project will assess beneficiaries' vulnerabilities and track progress based on the economic strengthening pathway model to determine if they are ready to graduate. Graduation assessments will be done at 9 and 18 months to assess the groups' strengths and eventually graduate them. Further, after being assessed, vAGYW will be provided with relevant interventions as described in the *economic strengthening pathway guidelines* to help them successfully navigate through economic stumbling blocks at every stage in the pathway model. Eventually, the girls will graduate, leaving them to stand on their own as a way to ensure sustainability of changes beyond the life cycle of the Sauti project.

Activity 2.10: 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

Adolescent and youth sexual and reproductive health is a public health priority. In addition to directly benefiting youth, increased investment in these services contributes to broader development goals. In order to ensure equitable access to services, one strategy is to ensure that the v AGYW (majority of who are in informal occupation sectors) can access a wide range of services provided at public and private health facilities. One approach that can be used to increase inclusivity and access to health care is by promoting and increasing the enrollment of beneficiaries to the Community Health Fund (CHF). With guidance from USAID, in FY19, the Sauti Project will continue to support new WORTH+ group members to enroll in CHF, except in Temeke where we don't have new targets in FY19. As part of sustainability planning, Sauti will mobilize old WORTH+ group members to self-finance CHF enrollments. Health insurance literacy orientation will also be conducted in collaboration with the CHF experts working at respective LGAs. CHF cards will help them ease financial pressure and meet medical costs for themselves and their family members, thus reducing economic shocks and enabling them to focus on their businesses/employment. The modus operandi will be developed in consultation with USAID, CSOs and LGAs. Budgets for the financial support for CHF enrollment, will come from the OVC_Serv budget code; cost share opportunities will also be explored.

Furthermore, the registration of WORTH+ with LGAs gives the groups a legal status which enables them to access loans and trainings provided by LGAs and other financial institutions. With support from Pact, in FY19, LNGOs/CSOs will assist the groups to mobilize the required resources for registration. For the groups which cannot afford to raise funds for registration fees, Pact 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; cost share opportunities will be explored with private partners.

Activity 2.11: Facilitate access to Revolving fund for AGYW in WORTH+ groups (FY 16, FY 17, FY 18 and FY 19)

Through the experience of implementing WORTH+ in FY16, FY17 and FY18, we learned that some vAGYW enrolled and participating in WORTH+ were too poor to afford contributing money (as low as US$ 0.20) for group mandatory savings, a situation which caused these potentially highly vulnerable beneficiaries either to fail to enroll or drop out of the program. As a strategy to make WORTH+ more inclusive, in FY17, Sauti established a system that allows some vAGYW to participate in WORTH+ sessions, and learn about the other components of the package, without having to save but encouraged to do so when they can. However, it was observed that this still does not increase participation and inclusion of all at risk vAGYW. In recognition of the need to increase WORTH+ inclusiveness, based on the lessons learned in Kyela DC whereby through ILO support Sauti provided "revolving funds" to vAGYW to facilitate their participation in economic empowerment activities. In FY18, Pact led the consortium to establish and manage a revolving fund mechanism for other DREAMS councils. Mechanisms and modes of operation were determined after a thorough analysis of the Kyela lessons, and also after consulting with the Shinyanga and Dar es Salaam Regional Secretariats and respective LGAs, as well as the donor. The fund is expected to be fully operational in FY19.

6.3 Objective 3: Execute a robust research and learning agenda

Sauti is implementing a robust research and learning agenda under the leadership of NACP, TACAIDS and RCHS to better inform the project towards achieving its objectives to prevent new HIV infections; identify, link and care for those infected and affected; and improve the uptake of integrated HIV combination prevention services amongst KVP groups. In the first four years of implementation, the Sauti Project (through COP funding and other partnerships funded through other mechanisms) has managed to successfully apply the findings and lessons of this robust research and learning agenda to inform and correct project implementation throughout the life of the project. These learnings have come from both the analysis of routine data (predominantly), as well as through structured research studies embedded within the Sauti platform.

In FY19, Sauti will focus its efforts on further consolidating and disseminating lessons from the completed research studies to inform programming within the Sauti Project and beyond. Research dissemination meetings in Tanzania will be conducted at regional, regional and council levels, accordingly. Sauti will emphasize the wider dissemination of key findings, lessons learned and practice and policy implications to program managers and policy makers in Africa and globally through journal publications. Concerted efforts will be undertaken to engage TACAIDS, NACP, and other key stakeholders to influence policy change. This will be done via dissemination meetings, development of policy briefs, as well as other consutative meetings with the key decision makers. The Project's Research Advisory Committee (RAC) will be consulted and engaged in this process.

Note: The RAC is *comprised of members from the government including MoHCDGEC (NACP, RCHS), TACAIDS, PO-RALG, MoH, Ministry of Information, Youth, Culture and Sports (MoIYCS), Tanzania Social Action Fund (TASAF); development partners such as USAID, CDC, UNAIDS, and UNDP; international and local academic institutions including Johns Hopkins University, MUHAS, UDSM; and KVP beneficiaries*

Activity 3.1: Finalize the Evaluation Cash Transfer Interventions Among vAGYW (CARE Study)

Under the DREAMS initiative, 11,700 vAGYW aged 15-23 years who reside in Kyela DC in Mbeya Region and Msalala DC, Ushetu DC, Shinyanga MC, and Kahama TC in Shinyanga Region receive cash disbursements of Tanzania Shillings 70,000 (US $31.5) every three months for an enrollment period of 18 months. The cash is transferred through mobile phones donated by Tigo. As part of the intervention, Sauti received an approval from OGAC in FY17 to conduct a Cash Transfer evaluation study (a cluster-randomized controlled trial). The first and second phases of data collection were successfully completed during FY18. The preliminary findings as discussed in the FY18 accomplishment section have been used for program recalibrations.

In FY19, Sauti will finalize the implementation of remaining activities i.e. specimen collection and transport; data collection, cleaning, and analysis; and dissemination of findings to the key stakeholders (e.g. TASAF, UNICEF, and National Economic Empowerment Council). In addition, Sauti will use the CARE study platform to perform a confirmatory factor analysis of the AGYW vulnerability index. Finally, Sauti will engage key vAGYW stakeholders (e.g. TASAF, Unicef, and ILO) to determine ways to use these findings to inform their program designs and rollout, as well as influence policy changes. In addition, Sauti will submit manuscripts to professional journals to share widely how interventions has influenced desired outcomes and lessons learned.

Activity 3.2: Finalize the Pilot of STI periodic presumptive treatment for female sex workers and men who have sex with men:

Since December 2015 with support from EJAF, Sauti has collaborated with NACP to provide PPT for prevention of STIs among MSM and FSWs in Dar es Salaam, Njombe, Iringa, Mbeya and Shinyanga regions. In tandem with this intervention, Sauti embedded operations research to assess whether STI PPT reduces the prevalence of laboratory-confirmed combined STIs in MSM in Dar es Salaam and FSW in Shinyanga after six months of the intervention. Additionally, this study is designed to assess the intervention's impact on reducing the prevalence of symptomatic STIs amongst male mine workers (a bridge population) in Shinyanga after six months of PPT availability amongst FSWs. In FY18, Sauti procured consumables and conducted validation of the test kits for ***Multiplex Herpes Simplex Virus – Type 2 (HSV2), Haemophilus Ducreyi (HD) and Treponema Pallidum (TP).*** In the same fiscal year, Sauti recruited study enumerators, conducted training of the research team and conducted data collection for the first round in 22 wards of Dar es Salaam and Shinyanga.

In FY19, Sauti will finalize the implementation of the second and third round of specimen collection and processing, data collection, and analysis. The Project will disseminate the study findings to inform the MOHCDGEC and key stakeholders on the feasibility and acceptability of rolling out the STI PPT among the key population in Tanzania. In addition, Sauti will submit journal manuscripts to share how these innovative interventions produced positive outcomes and lessons learned for wider audiences beyond Tanzania.

Activity 3.3: Support the Implementation of Non-COP funded Collaborative Research Studies Which Utilize Sauti Platform

As narrated above, the Project partners with other international organizations to implement cutting-edge research aimed at informing local and global KP-focused policies and guidelines. Most of these studies began in FY18; and in FY19, the Project will focus on completing all the studies, disseminating the results, and finalizing and publishing the key findings and implications in reports (as applicable). Below is a description of Sauti's FY19 research scope for all studies embedded within the project's service delivery platform.

1. **Support the Implementation and Expansion of Population Council – led Community ART Study among Female Sex Workers and HIV positive FSW's sexual partners and children in Njombe Region:** Following the request by both the Njombe RHMT and the FSWLHIV (who were part of the phase-1 rollout), the Project SOAR Community ART study received additional funding to expand the study to include HIV positive FSW's sexual partners and their biological children. Therefore, in FY19, Sauti will continue supporting Population Council to rollout phase-2 of the study in both Njombe and Mbeya regions. Specific activities include CBHSP training; monthly joint clinical assessments with CTC clinicians/nurses, orientations for lab technicians on sample collection and management; procurement of supplies for community ART nurses/clinicians and CBHSPs (i.e. back-packs, raincoats, gum boots, etc.); refresher training on the new HIV management guidelines for community ART nurses and clinicians; a data learning workshop for key stakeholders, recruitment of a Data Manager to support costing data collection and overall Community ART data management; SOP development for ART implementation; staff recruitment for SOAR study (SOAR budget); Sauti TA for SOP training and supportive supervision; and sample collection for viral load, biochemistry and hematology. Sauti and Population Council will use these findings to influence policy on Community ART initiation and care for key and vulnerable populations in Tanzania and publish journal articles to reach globally.

2. **Support the implementation of M4ID – led Next T study (innovating for easier access to HIV testing in Tanzania):** To date, the uptake of HIV testing services and care among Tanzania's most vulnerable adolescent and young adult populations remains low. To improve these outcomes, there is a need to better understand this target group's preferences, fears and motivations in engaging HTS. The "Next T Project", funded by Bill and Melinda Gates Foundation (BMGF) through M4ID (a Finland-based organization), utilizes the Sauti platform to engage vulnerable adolescent girls and boys, as well as the young men and women in Tanzania, through a human-centered design approach and collect data on their preferences to improve the update of HIV testing and linkage to care among these groups. The phase I data collection was completed in FY18. In FY19, Sauti will continue to collaborate with M4ID to finalize the prototypes based on the key findings reported (**see appendix 3**), and the developed prototypes will later be tested by Sauti. The Sauti intends to use the results from the prototype testing to update its interventions to reach more adolescents and their older male partners with HIV care and treatment services.

3. **Support the implementation of the University of North Carolina/Final Mile – led qualitative and behavioral economics study to examine the effect of cash transfer:** Incorporated within the CARE study is another complementary study implemented by the University of North Carolina and Final Mile (funded by BMGF) that explores how cash transfers that vAGYW receive as part of the DREAMS initiative affect the dynamics with sexual partners, as well as the impact on decision-making with respect to compensated and intergenerational sex. The study uses qualitative approach and behavioral economics principles. The first round of study

implementation was completed in FY18; in FY19, Sauti will support the finalization of the remaining rounds of data collection and participate in data analysis, report writing, development of policy briefs, as well as dissemination of findings, including journal articles. Similar to other studies, Sauti is expecting to use these findings for programming as well as to advocate for policy changes in Tanzania and globally.

4. **Support the College of William and Mary –led Study on incentivizing Mobile Money as a Financial Savings Instrument among Young Women in Tanzania:** In addition to the above, BMGF also funded the College of William and Mary (CWM) to implement another behavioral economics study (embedded within the Sauti/DREAMS platform) in non-CARE study sites. The goal of this study is to assess the effectiveness of an innovative digital savings product disbursed to beneficiaries in advance using Tigo-pesa mobile money platform over ordinary paying interest over time. This study commenced in FY18, where baseline data was successfully collected. In FY19, Sauti will continue supporting CWM to complete the remaining rounds of data collection, conduct data analysis, and compile reports. In the next phases, CWM will also examine if vAGYW save money via non-mobile money platforms. As it is for the other studies, Sauti will collaborate with CWM to make use of the study findings to advocate for policy changes and also disseminate findings globally.

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

The findings from the PEPFAR–led HIV/AIDS Sustainability Index Assessment (2017) indicate that Tanzania is still far from reaching its full potential to sustain the national HIV response. In realization of PEPFAR's mission of ensuring there is increasing country ownership in all dimensions ***(i.e. political responsibility and stewardship, institutional and community ownership, capabilities, and mutual accountability),*** Sauti has engaged the government (central and local), as well as local NGOs/CSOs and KVP groups/networks since its inception to lead, plan, manage, coordinate and implement KVP HIV/FP interventions at the community level.

Since FY19 is the last and longest year of the project, with an end date of 8th February, 2020, Sauti will focus the remaining time of the project to further strengthen the engagement of the Regional Secretariats & Local Governments (RS-LG) to conduct joint reviews of the transition/transfer plans developed during the startup phase in each region/council. Sauti will conduct readiness assessments for LGAs in each council to examine their capacity to lead the implementation of community-based HIV KVP interventions in accordance with the national guidelines, with engagement of PO-RALG, TACAIDS and NACP. Additionally, Sauti will engage TACAIDS and NACP to review and update the Regional HIV/AIDS Strategic Plans (RHASPs) to reflect the revised national KVP guidelines (released in April 2017) as well as other national level priorities as per the newly released 4th Health Sector HIV/AIDS Strategic Plan (2017-2022) and the 4th National Multisectoral Framework on HIV/AIDS (2018 – 2020). Sauti will also ensure the sustainability agenda is reflected in the RHASPs by integrating Sauti biomedical, SBCC and structural interventions into existing local systems. In addition, another approach to foster sustainability is to ensure that health facilities have the capacity to provide KVP friendly health services (KVPHS). In many cases, services for KVP may not be sufficiently "friendly" and perhaps the most significant barrier to health-seeking behavior among KVP is the experience of stigma, discrimination or victimization at the hands of health care providers (HCP). In addition, HCPs

may not have sufficient skill, competence or training to deal with the specific health and social needs of KVP. Concerns about stigma, privacy and confidentiality are an important barrier to care. In observance of this, with exception of Iringa and Morogoro (for which Sauti will support 20 facilities by conducting KVPFHS training and second data clerks and case managers), in FY19, Sauti will provide technical assistance to facility – based IPs (as per their request) to train facility providers on provision of KVPFHS. The costs for KVPFHS will be borne by respective facility-based IPs and/or LGAs. This initiative will be implemented under the leadership of NACP, TACAIDS and PO-RALG.

To foster sustainability, Sauti sub-grants LNGOs/CSOs to implement SBCC and economic empowerment interventions for KVP. In FY19, Sauti will continue capacity building efforts to empower LNGOs/CSOs, as well as the KVP networks/groups and communities (including KVP PLHIVs) in all program elements. Capacity building will focus on information sharing, formal training, coaching and mentoring, joint activity planning and implementation.

The current sub-agreements with LNGOs/CSOs will end in August 2019. Based on performance demonstrated in FY 16- 18 (last assessment conducted in FY18 Q3), Sauti will continue to engage the same pool of 17 CSOs in FY19 with minor adjustments in scopes to align with COP18 targets and coverage. Sauti will increase LNGO/CSO's budgets as necessary and/or extend the period of performance to October 2019 (formal request to USAID to seek for approval to be submitted). Once an approval from USAID is received, Sauti will continue to work with CSOs management to strengthen their capacity to deliver services to the target population. An illustrative list of technical support will include:

1. Personnel recruitment (for those with expanded scope) and training,
2. Financial management in line with USG regulations, country laws and generally accepted accounting principles (GAAP),
3. Quarterly financial and progress performance reviews, and
4. Cash flow management.

In this final year of collaboration with LNGOs/CSOs, Sauti will also conduct a number of close out activities including an orientation on close out processes and establishing a close out plan that engages LGAs. **Table 11** below lists all the CSOs continuing in FY19.

Table 11. Details of Coverage and Interventions Implemented by CSOs in FY19

Name of the Organization	Region	District	Intervention	Population Groups
RAFIKI	Shinyanga	Shinyanga MC, Shinyanga DC	SBCC/ Gender, Structural/ DREAMS	AGYW, FSW, MSM
SHDEPHA+	Shinyanga	Msalala DC Shinyanga DC	SBCC/ Gender, Structural/ DREAMS	AGYW, FSW, MSM
TADEPA	Shinyanga	Kahama TC	SBCC/ Gender, Structural/ DREAMS	AGYW, FSW, MSM
HUHESO	Shinyanga	Ushetu DC	SBCC/ Gender, Structural/ DREAMS	AGYW, FSW
MHNT	Mbeya	Kyla DC, Mbarali DC	SBCC/ Gender,	AGYW, FSW
HACOCA	Morogoro	Morogoro MC, Mvomero DC, Kilosa DC, Kilombero DC	SBCC/ Gender,	AGYW, FSW, MSM

Name of the Organization	Region	District	Intervention	Population Groups
TAHEA	Iringa	Iringa MC, Mufindi DC	SBCC/ Gender,	AGYW, FSW
COCODA	Njombe	Wanging'ombe DC, Njombe TC	SBCC/ Gender,	AGYW, FSW, MSM
TDFT	Tabora	Tabora MC, Uyui	SBCC/ Gender,	AGYW, FSW
WASO	Dar es Salaam	Temeke MC, Kinondoni MC	SBCC/ Gender,	AGYW, FSW, MSM
PHSRF	Dar es Salaam	Kinondoni MC	SBCC/ Gender,	AGYW, FSW, MSM
TAWREF	Kilimanjaro	Moshi MC, Moshi DC	SBCC/ Gender,	AGYW, FSW, MSM
TAWREF	Arusha	Arusha CC, Arusha DC	SBCC/ Gender,	AGYW, FSW, MSM
KIWOHEDE	Mbeya	Kyela DC	SBCC/ Gender, Structural/ DREAMS	AGYW
MUKIKUTE	Dar es Salaam	Kigamboni DC, Temeke MC	SBCC/ Gender,	AGYW, FSW, MSM
JIDA	Tabora	Kaliua DC	SBCC/ Gender,	AGYW, FSW, MSM
ASUTA	Dar es Salaam	Temeke MC	SBCC/ Gender, Structural/ DREAMS	AGWY
TACEDE	Tabora	Igunga DC	SBCC/ Gender,	AGYW, FSW

Continuous quality improvement is one of the main pillars to ensure sustainability of HIV KVP programming at all levels. In FY19, Sauti will continue working towards creating a vision of quality by setting shared goals for performance; building staff capacity by ensuring staff understand the purpose of QI and how to implement key QI approaches; building motivation to implement these QI approaches by sharing QI successes and best practices , and encouraging staff to incorporate QI within daily tasks; establishing a QI teams to manage this process at health centers; dedicating time to measure performance and stress the importance of data quality to monitor quality of care; providing time to openly discuss both successes and failures; making sure that the 'voice' of the beneficiaries is heard and acted on through surveys, exit interviews, suggestion boxes or other means; involving staff and beneficiaries in understanding data and making decisions based on it; and using available existing resources to strengthen QI activities. Examples of specific activities include:

- Roll out QI activities in all regions
- Provide KVP friendly health services at selected health facilities
- Introduce HIV infected MSM Center of Excellence (COE) in Dar es Salaam and Dodoma
- Provide TA to MOH on KVPFHS and QI

In FY18, Sauti collaborated with NACOPHA to build the capacity of the Parliamentary Committee on HIV/AIDS and Drug Abuse so as to enable them positively advocate for HIV and AIDS policy issues in the parliament. In FY19, Sauti will work closely with USAID/PEPFAR to strengthen the collaboration with this committee, and specifically advocate for them to work on the following areas:

- Lowering the age of consent for testing
- Initiation of ART at the community level
- HIV self-testing to include other hard to find at risk populations
- Lay counselor/provider HIV testing

Other specific activities under this objective are narrated below.

4.1 Conduct introductory/buy-in meetings with district authorities and other KVP stakeholders in the 3 new/additional Sauti district councils

In FY19, Sauti will expand into three new councils in existing regions, including Kondoa DC, Urambo DC, Shinyanga DC. Prior to roll out, Sauti will conduct buy-in meetings with key decision makers at the council level; and thereafter, convene introductory and stakeholders' engagement meetings with CHMTs. The purpose of these meetings is to share the Sauti 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. These fora will share project targets, their contribution to the national 90%- 90% -90% goals, as well as promote local governments' understanding the expectations for obtaining project results.

4.2 Conduct annual program updates meeting with RACs, DEDs, RHMTs and CHMTs as well as CMAC members in all Sauti implementation regions

Constant engagement of the Regional Secretariat and Local Government in reviewing progress towards program implementation is key to ensuring local ownership and sustainability of HIV KVP programming. In FY19, Sauti will hold annual stakeholders' meetings in all eleven regions (32 councils) to update key stakeholders on implementation progress challenges and opportunities. These meetings will involve RHMTs, CHMTs, Council Multisectoral AIDS Committee (CMAC) members and other CSOs working in HIV/AIDS. These meetings will also involve other non-health participants who are key decision-makers at regional and council levels such as RC, DC, DED and Council Chairpersons to ensure key challenges are adequately addressed with a clear way forward sanctioned by the relevant authorities.

4.3 Initiate the development of Memorandums of Understanding (now referred to as Joint Implementation Plans) guiding the partnerships between Sauti and LGAs in the 3 new districts

In order to officially formalize working relationships with LGAs in all Sauti regions, since the startup of the project, Sauti developed and signed Memorandum of Understandings (now renamed to Joint Implementation Plans [JIPs]) with all councils. These plans clearly outline the specific roles for Sauti and LGAs in supporting the KVP HIV/FP programming agenda. In FY19, Sauti will engage the LGA leadership of three additional councils (Kondoa DC, Urambo DC, Shinyanga DC) to jointly develop JIPs with those specific councils. The signed JIPs will be shared with the Regional Secretariat – Local Government (RS-LG) leadership. As narrated above, Sauti will hold meetings with partnering LGAs to review the terms of reference agreed between the two parties and make course corrections depending on identified gaps in meeting the expectations of the agreement.

4.4 Support Regional and District Advisory Committee (R/DACs) Meetings

Sauti has established Regional & District Advisory Committees (R/DACs) in each region which serve as dedicated regional/district bodies tasked with providing culturally accommodative guidance and advice to Sauti regional/district teams, suggesting inputs to the work plan development, collaborating with Sauti regional teams in monitoring project performance, and giving feedback on regional implementation plans. In FY19, Sauti will establish new DACs in the three additional councils, and continue to support the semiannual RAC and quarterly DAC meetings. Specifically, for the three new councils, Sauti regions will work with the DED's office to establish the committee (members of the committee include: DC, DEC, DMO, DACC, CHACC, DRCHCO, DLT, CDO, SWO, Youth Officer, Police

Gender Desk focal person, and KVP representatives, etc.). Sauti will continue to promote sustainability within the new and existing committees.

4.5 Support Regional Secretariat to update the Regional Strategic Plans to reflect the 4th National Multisectoral Framework (NMSF) as well as other key national strategies and new global recommendations for HIV Prevention

As described in an earlier section, the 4th National Multisectoral Framework (NMSF IV) (2018-2020) has recently been released. In FY19, Sauti will collaborate with TACAIDS, PO-RALG and NACP to support the regions to update their Regional HIV and AIDS Strategic Plans (RHASPs) in order to reflect NMSF IV changes and updates, as well as other national level strategies and policy recommendations, including the 4th Health Sector HIV/AIDS Strategic Plan and the revised National KVP Guidelines. Specifically, Sauti will lead and support the RHASP technical review meetings as well as the printing and dissemination of the documents once finalized.

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

Except for the three new FY19 councils, Sauti supported the development of 5 years' sustainability plans, which serve as a roadmap guiding how the government will design, plan, implement, manage and lead community – based HIV KVP interventions after the end of the project. This plan has in-built SMART indicators for measuring progress. In order to gauge the progress towards implementation of the plans, in each fiscal year the Sauti's Institutional Capacity Strengthening Team (ICST) conducts joint reviews with the LGAs and develops remedial plans as needed. The assessment reflects on the KVP activities included comprehensive council health plans (CCHPs) and budgets; the involvement of LGAs in planning, implementation, and monitoring KVP activities at the council level; the inclusion of HIV KVP issues in LGAs' implementation agendas; and LGAs' efforts to engage CSOs and the community.

For the newer councils in FY 19, Sauti will conduct Government Performance Index (GoPI) assessments to establish baseline data on technical, management, and financial management capacities. GoPI assessment findings will be used to develop capacity development roadmaps to strengthen the capacity of LGAs for them to lead and coordinate HIV KVP implementation. On quarterly basis, Sauti will hold review meetings and come up with specific recommendations on actions to be taken by both Sauti and LGAs.

Note: GoPI classifies organization's performance on a scale of 1 to 4, and looks at LGAs' effectiveness in terms of meeting expected results and standards; efficiency in service delivery and coordination; relevancy in terms of engaging their constituencies in budgeting and decision making and; how LGAs analyses challenges and learn from the challenges to improve performance; and on sustainability, specifically on financial and environmental stewardship.

Sauti will also continue collaborating with the USAID-funded Community Health Systems Strengthening (CHSSP) projects and other systems strengthening programs to coach and mentor LGAs.

4.7 Empower local NGOs/CSO, informal KVP networks/groups and communities (including KVP PLHIVs) for meaningful participation in all program elements

Since the inception of the project, Sauti has made efforts to meaningfully engage and empower LNGOs/CSOs, KVP groups/networks and communities residing in regions/councils implementing the program. In line with this goal, Sauti has scheduled several activities in FY19 as described below:

Activities targeting LNGO/CSO

The proposed list of activities below is for the 17 Sauti sub-granted LNGOs/CSOs in the 11 project-supported regions. All of the LNGOs/CSOs implement KVP-focused activities; some are KVP-led and some not; but all engage KVP peers/volunteers. In FY19, Sauti will:

- Orient LGNOs/CSOs on the FY19 scope of work and implementation plans
- Orient LGNOs/CSOs on Sauti service delivery models (including PrEP, Outreach ART, HIVST, SBCC activities and structural/ DREAM activities)
- Conduct Organizational Performance Index (OPI) assessments to measure performance improvement
- Conduct Integrated Organizational and Technical Capacity Assessments (ITOCA) and develop institutional capacity strengthening plans
- Facilitate meetings for CSO directors to share best practices, challenges and collectively strategize on way forward (the forum will also be used by the project to share updates and address concerns)
- Provide coaching and mentorship support to strengthen the LNGO/CSOs' capacity
- Conduct quarterly CSO CISPs to assess progress of activities implementation
- Train CSOs on USAID rules and regulations, with a focus on close out
- Reorient CSOs on various USG standard provisions (e.g. Anti-trafficking, Terrorism, Child protection, etc.)
- Conduct quarterly financial and program reviews
- Conduct semiannual compliance reviews
- Conduct organizational network assessment (ONA) workshops for KVPs, LGAs and CSOs (to be done at the national level)
- Conduct tailored monthly regional joint program, technical, grants and finance management TA visits
- Conduct quarterly monitoring calls
- Conduct joint quarterly supervision visit (for CSOs management team)
- Facilitate semiannual experience sharing workshop/Jukwaa for CSOs
- Support South-to-South (S2S) mentorship and twinning/pairing of LNGOs/CSOs to facilitate cross-learning. Pact will facilitate the S2S twinning mentorship. In twinning, a mentor pairs up two mentees
- Conduct monthly finance management field supportive supervision
- Conduct monthly grants management field supportive supervision
- Quarterly review of CSOs implementation plans and budget to assess progress for possible re-programing
- Conduct close out meetings with LGAs and CSOs and stock taking visits

Note:

- OPI's are conducted to measure CSO's performance change in terms of achieving the outcomes level indicators or objectives. The assessment looks at CSOs effectiveness in terms of meeting expected results and standards; efficiency in service delivery and reach; relevancy in terms of engaging their target population and embracing learning; as well as sustainability, in terms of the capacity to mobilize resources and availing from the social capital

- Both OPI and ITOCA will contribute to the development of new a comprehensive institutional strengthening plan for each CSO and from the assessments, success stories and lessons will be documented

Activities targeting informal KVP networks/groups (IKVPN/G)

Besides the support provided to the 17 registered and well-established LNGOs/CSOs since the startup of the project, Sauti has also engaged informal KVP networks/groups (IKVPN/G) for feedback to inform programming. These groups are usually formed and led by KVPs, some of which are registered by government to become official LNGOs/CSOs. In FY19, Sauti will continue to meaningfully engage these groups for support in creating demand for Sauti services and solicit for inputs that will inform technical/programmatic adjustments to increase efficiencies. Below is an illustrative list of activities to be implemented with this group:

- Conduct monthly consultative discussions with MSM, FSW and vAGYWs (central and regional level) to seek for inputs/feedback
- Task the sub-granted LNGOs/CSOs to collaborate with the IKVPN/Gs to plan and implement demand creation, community SBCC and economic empowerment activities (as applicable)
- Engage the IKVPN/Gs when conducting hotspot mapping exercises
- Recruit PLHIVs from the IKVPN/Gs to facilitate linkage and escorted referrals of KVPLHIV

Activities targeting communities living near or within geographical hotspots

This group is engaged through the distribution of IEC materials, national/international events (as described under DREAMS section), as well as one-on-one interactions with peers and healthcare providers.

4.8 Strengthen LGA capacity building and engagement in delivery of HIV KVP interventions

One of the key principles of Sauti programming is ensuring that LGAs lead and meaningfully engage with the project team in the planning and delivery of services. In FY19, Sauti will continue to further strengthen the capacity of both the existing and newly supported LGAs through on-site coaching, mentorship and support. Sauti will participate in, and contribute to the development of CCHPs for every LGA, to ensure KVP interventions are reflected in the plans and budgets. Regional teams will continue to engage with the RS-LG leadership to obtain specific schedules for CCHP development meetings, and will participate in these planning accordingly. In order to increase LGA leadership, the project will collaborate will collaborate with LGA in the following tasks

- Develop joint regional implementation plans,
- Conduct joint supportive supervision and mentorship visits
- Support R/CHMT and other relevant LGA members to attend meetings conducted at the national level which are relevant to the program and further program objectives.

4.9 Conduct Sauti's Annual Technical Advisory Group and Research & Learning Agenda Meetings

In May 2015, Sauti established a technical advisory group (TAG), whose scope is to provide guidance and advice to the Sauti project team. In tandem with the TAG, a Research and Learning Agenda (RLA) committee was also formed. The main goal of these two bodies is to ensure that Sauti's interventions and support given to the GoT are evidence-based, scientifically and technically sound, and are in alignment with KVP needs. In FY19, Sauti will convene its 5th TAG and RLA meetings. members will review Sauti's contribution to the 95-95-95 goals and the meeting shall provide opportunity to the members to review the lessons learned from both project implementation and operations research

conducted during the life of the project. Being the last year of the project, a compendium of policy recommendations for the GoT will be an output from this meeting.

4.10 Supporting the Parliamentary Committee on HIV and Drug Abuse for advocacy on HIV and AIDS policy issues in the Parliament

In FY18, Sauti in collaboration with NACOPHA and other implementing partners established a collaboration with the Parliamentary Committee on HIV and Drugs to foster sustainability as well as create an enabling environment for smooth implementation of KVP-focused HIV interventions. A series of meetings were held to orient the committee on HIV response efforts and advocate for the committee's leadership and increased engagement in positively influencing policy changes in areas including age of consent for HIV testing, lay provider/counselor HIV testing, HIV self-testing, and community ART initiation, among others. In FY19, Sauti will support two (biannual) workshops with the committee to continue and sustain the engagement initiated in the previous year. Additionally, as per request from the committee leadership, Sauti will conduct joint field visits in selected regions to further engage committee members and frame the project's advocacy strategy by allowing them to experience firsthand the various implementation and policy barriers.

4.13 Roll out QI activities in all regions

Since inception, Sauti has integrated CQI approaches into routine programming. This began with developing QI/QA tools for integrated services, training providers, conducting internal QI assessments, developing and implementing action plans to mitigate identified performance gaps, and conducting continuous monitoring exercises. In FY19, Sauti will continue institutionalizing QI initiatives at all levels in all service delivery points. Due to the Project's expanded scope and coverage, Sauti will reorient and train Sauti providers, LNGOs/CSOs, R/CHMTs, and CBHSPs on the expected minimum quality standards for service delivery; and the QA/QI SOPs and tools will be updated. During the orientation/training, participants will have an opportunity to practice their skills by conducting demo quality assurance (QA) assessments and developing QI plans.

QI visits by central, region and district QI teams will be conducted on a quarterly basis in each SNU. Staff from NACP, TACAIDS, RCHS, PO-RALG and R/CHMTs will be engaged. The assessment will cover all interventions and services related to the Sauti combination prevention model. After the visits, the teams will develop reports and QI plans; and thereafter, will share with each regional and district team. The QI plans will be stored in each regional Sauti office and the QI teams from all levels will have the responsibility to ensure that the QI plans are timely implemented and reported. Furthermore, QI teams at central, region, district levels, as well as LNGOs/CSOs including LGA teams will ensure and support the use of the SIMS tool for routine QI monitoring program activities. Sauti staff will participate to the National QI TWG forum in order to share and learn from others' best practices, challenges and opportunities.

4.14 Support national – level efforts to roll out of KVP friendly services at 20 selected health facilities

For the past four years of implementation, Sauti has been one of the main technical backstops to the KVP TWG and other technical committees. In FY19 Sauti will continue to serve and support national level KVP programming activities. Following the request from NACP during the development of this workplan, Sauti has committed to support the review of the ***key and vulnerable population friendly services National SOP, and the assessment tools and training curricula*** for health care providers and community based HIV service providers. This will be done through the national technical working group through a series of workshops.

As highlighted in the earlier section, Sauti will be available to provide TA to facility implementing partners in building the capacity of those government facilities located within or near hotspots to provide friendly services to KVPs (costs to be borne by facility IPs and/or LGAs). Similarly, under the request of NACP, despite not being Sauti's mandate, from FY18 the project has been supporting 20 government health facilities (10 in Iringa and 10 in Morogoro) to provide exemplary KVP friendly health services (KVPFHS). These facilities will serve as benchmarking facilities for the delivery of KVPFHS. As of to date all the preparatory processes have been done (i.e. staff orientation, baseline KVP friendly health services assessments, etc.). In FY19, Sauti will use the ***revised curricula*** to train biomedical providers and the CBHSP from the 20 selected government health facilities, with the aim to startup the provision of KVP friendly services. A case manager will be seconded to these health facilities and will support monitoring of the standards, linkage to community based services and coordination of the clinical and community based teams. The CBHSP will work in coordination with the other CBHSP supporting the Sauti services at community level and they will provide HIV prevention education to the key and vulnerable population accessing the health facilities.

A Sauti KVPF Coordinator will provide technical oversight for the KVPF services; will also provide guidance, monitoring and technical assistance on KVPF services to the R/CHMTs and to the sub awarded LNGOs/CSOs; quarterly assessments using the national tools will be jointly conducted by the Sauti and government team. Sauti will support the monitoring and evaluation system by seconding data clerks and ensuring that the data from the national tools are properly managed and reported.

4.15 Establish and Support Facility-Based Centers of Excellence (COEs) dedicated to providing comprehensive services to MSM Living with HIV in Dar es Salaam and Dodoma

In addition to the support to the 20 facilities described above, in FY18, Sauti (through Elton John AIDS Foundation/PEPFAR Public Private Partnership funding) initiated the process of establishing three centers of excellence (COEs) dedicated for provision of MSM-friendly services (in addition to serving other KVPs who will visit the facilities). These COEs, two of which are located in Dar es Salaam (Magomeni and Mbagala, in Kinondoni and Temeke MC, respectively) and Dodoma, will be different from the Morogoro and Iringa facilities in terms of the scope, comprehensiveness of the package and other amenities.

The integrated services for the MSM community at the COEs will include risk assessment, HTS, C&T/ART, STI screening and PPT, TB screening, prophylaxis such as INH and CPT, mental health services, GBV screening and linkage to medical/social/legal aides, condom promotion and provision, and VMMC. Services will be provided at the CTC and dedicated avenues will be identified to fast track the MSM community when accessing the services. Mental health services will be nested over the HIV prevention, C&T services and they will be offered by a mental health specialist, who will offer monthly clinics to the MSM community; a mental health screening tool already in use in Tanzania for the key population at the Muhimbili national hospital will be employed (specialists from Muhimbili and Dodoma University Teaching Hospitals will be engaged). Additionally, a resource corner will be established within the facility to ensure the MSM community can have access to HIV prevention and other educational material. As well, provision of vouchers for nutritional support, a lottery-based financial incentives, and the registration of the MSM beneficiaries to the national medical health insurance will be explored during the one implementation. In each of the COEs, baseline introductory meeting will the local government authorities will be conducted to describe the activities which would aim to increase HTS access and ART initiation and retention among the MSM community.

On quarterly basis, MSM consultation will be rolled out for the following purposes: (1) receive feedback from the MSM community on preferred venues for HTS and C&T services; (2) discuss barriers and enablers for ART initiation and retention; (3) receive feedback on COE quality of the service; (4) identify platforms to reach non-sex worker MSM ages 40+; (5) discuss any opportunity or challenges from the MSM community in relation to HIV prevention, C&T. In coordination with the regional and council health management teams (R/CHMT), ARVs, isoniazid and cotrimoxazole prophylaxis will be secured through the national supply chain system. Such medications will be made available at the COE for the MSM community as per national guidelines. STI PPT will be procured from the already existing EJAF grant.

Furthermore, the MSM expert nurses seconded to the COEs, along with some members from the local government authorities and Sauti team will be supported to participate an MSM friendly training in Mombasa, Kenya (LVCT) and- if approved by EJAF- in SA (Anova). MSM CBHSP will collaboratively work with the Sauti community-based HIV prevention team and the COE team to ensure linkage of the MSM community to the COE; they will particularly support ART initiation, adherence counselling and facilitation of peer support groups. Service satisfaction surveys will be offered to the MSM community by the MSM CBHSP and to the biomedical and administration providers at the COE by the MSM expert nurse. These surveys will be conducted at baseline and thereafter on quarterly basis. Information from the survey will be entered into an electronic database by the onsite data clerk analyzed through the Sauti Senior Research Manager and used for programming and further improvement of the quality of the services at the COE.

Note: This activity is supported by EJAF (cost-share)

4.16 Provide Technical Assistance to MOHCDGEC (NACP & RCHS), TACAIDS, and PO-RALG

Being one of the main technical partners to the GoT in the KVP HIV programming agenda, Sauti has a responsibility to provide technical and financial (where needed) support to NACP, RCHS, TACAIDS, and PO-RALT on various issues related to strategy development/reviews, national – level planning processes, digesting new evidence, documenting results, and the overall coordination, just to mention few. During the workplan development phase, Sauti consulted all these key GoT's entities to assess TA needs required in the next fiscal year. Based on the submitted requests and other anticipated support, in FY19, Sauti has committed to continuing supporting the national level activities. These include:

- Guideline, policy and SOPs development and revisions
- Support TWG meetings
- Support field visits (supervision, assessments, etc.)
- Support stakeholder feedback meetings
- Support data review meetings
- Support study tours/benchmarking visits (local and international)
- Support consultants to review documents, copyedit and translate
- Support printing and distribution of various national KVP documents
- Support the engagement of media and police
- Support joint planning meetings

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

For the past four years, the project has invested intensely in establishing monitoring, evaluation and learning systems as a way to generate sound evidence for key programmatic 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 FY19 planning for this project.

In FY19, Sauti aims to fully transition to m-health for data collection, as a clinical algorithm for providers, and as storage for clean individual level data. Through the first half of FY18, Sauti used D-Tree for mobile data collection. As of the end of FY18, Sauti transitioned to a new platform for mobile data collection through Commcare and is moving towards collection of Sauti's main clinical card and other registers all through Commcare; all variables collected will include those from the national M&E system. Sauti will link the DREAMS Auxiliary M&E System (DAMES) to Commcare, so that layering of AGYW services' reach can be analyzed and visualized. All technical staff and providers will be trained to use Commcare and the M&E team will work closely with them to create tables, visuals and analyses needed to assess progress to targets and quality of care.

M&E tools have been adapted to capture information for the new initiatives and service modalities such as PrEP, Outreach ART, viral load, and HIV self-testing. SOPs for new program areas have been drafted and shared with technical teams to ensure standardized data collection across regions. PrEP and HIVST tools were informed by other Jhpiego country programs working on these program areas. Sauti will support high-quality M&E such as data capture, reporting systems and use of information by KVP-friendly facilities through training and mentorship.

Activity 5.1: Conduct GIS mapping of the new councils, update the current maps with new hotspot data, and map reach and saturation

Building on established GIS mapping systems, the focus in FY19 will be on updating GIS coordinates in the new three councils (i.e. Shinyanga DC, Urambo DC and Kondoa DC) – and updating new hotspots in old councils - to facilitate route planning by the regional teams. Basic GIS data will be linked with routine data and with size estimates results to map reach and saturation.

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

A complete transition to mobile data collection for routine service data will be fully implemented in FY19. Alongside this, monitoring of digital health systems' performance through user feedback and expert engagement 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:

- Finalize programming tools in Commcare and developing dashboards to facilitate analysis of routinely collected data
- Continue to generate IDs for all clients enrolled to CTC, their date of birth and sex and upload into macro database platform which has been developed by UCC under NACP leadership
- Monitor ART and viral load outcomes of clients, as well supporting the C&T IPs to trace those who are lost to follow up. Furthermore, for client not included in the CTC2 database

Sauti will provide relevant information on these client's ID with C&T IPs.

- Regional team quarterly meetings with C&T IP to discuss enrolment progress and treatment outcomes as a way to inform needed improvement strategies.
- Facilitating the use of the SMS for reminders to clients for follow up visits, tracking linkage to CTC, demand creation, PrEP, HIVST, FP, Outreach ART and assessing service utilization and for cash transfer program spot checks.
- Finalizing/Updating the Development of system for automated link to DAMES database from the Sauti databases, and release the link on quarterly basis
- An application programming interphase (API) will be built to integrate Sauti and DAMES data for an ongoing DREAMS evaluation.
- Orientation on the use of Shujaa cards, data recording and documentation in DREAMS SNU will be conducted as well as the baseline SASA! Survey for Shinyanga DC, data entry and analysis of the survey. A refresher training to orient all staff on the Sauti tools will be conducted in quarter1 and 3 of FY19.

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

FY18 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 observed at both the LNGOS/CSOs and Sauti regional team's levels. With the scale up of new interventions in FY19, the complete move to Commcare, and the need for data quality improvements, the focus will continue to be directed towards enhancing the capacity of LNGOs/CSOs and Sauti regional teams.

Specifically, Sauti will:

- Complete data use training for the regional teams who did not have it in FY18, as well as the newly hired staff
- Conduct quarterly data review meetings in all the 11 regions involving Sauti staff and C&T IP
- Conduct quarterly internal Data Quality Assurance (DQA) activities to examine accuracy of data on key project indicators. Sauti will employ the use of mystery/ dummy clients to check for data quality at different levels.
- Provide supportive supervision and mentorship to regional MER project teams and LNGOs/CSOs on cascade tracking in particular and continuous improvement in data quality and use.
- Orient the LNGO/CSO staff on M&E tools and SOPs.

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

In FY19, Sauti will build upon the FY16-17-18 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. In addition to this, Sauti will also handover a National KVP database recording system, which is developed by Sauti for National use to NACP. A dissemination meeting will be held with government officials to share the progress of the project up to FY19 quarter3. Sauti will also ensure reporting to NACP, RCHS and TB programs using national registers and reports.

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

In FY19, Sauti will conduct a reflection session on the vAGYW index to facilitate the use of results. The workshop will discuss the analysis design, the types of vulnerabilities, and how the project helped to address them over time. Given that Sauti has a rich dataset, under this outcome there will be a focus on developing abstracts to be presented at international conferences and journal manuscripts to be published. Furthermore, the program will also document the best practices and lessons learn from the WORTH+ interventions, PrEP and HIVST interventions and DREAMS overall through focus group discussions, key informant interviews and observations.

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

The Sauti project was named in 2015 by USAID as a community implementing partner for the DREAMS Initiative, which aims to reduce new HIV infections amongst vAGYW ages 15-24 by 40% over two years (field implementation started in March 2016). 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 in selected hotspots and communities in seven priority DREAMS councils: Temeke Municipal Council (only to maintain support to past beneficiaries), Kyela District Council, Shinyanga Municipal Council, Kahama Town Council, Msalala District Council, and Ushetu District Council, with Shinyanga District Council added in FY19.

In FY17 and FY18, the Sauti project identified safe spaces to be used by vAGYW beneficiaries, introduced arts and crafts competitions and skills building via Shujaa Clubs, and identified 10 AGYW in each district as ambassadors and advocates for their peers. The focus of all activities was vAGYW-led implementation and proved to be an empowering mechanism to meaningfully engage beneficiaries and attain visibility and support from surrounding community members, especially community leaders. Anecdotally, skills learned through Shujaa Clubs and capital gained from cash transfer program proved to be powerful complements to the WORTH+ economic empowerment package. Once concluded, the NIMR-led cluster randomized trial to evaluate the effect of cash transfers will provide both quantitative and qualitative measures of effect of the interventions. All the aforementioned activities will be continued in FY19. Due to the crosscutting nature of the intervention package, the other key activities under DREAMS have been detailed under the Biomedical, Behavioral and Structural sections (objective 1 & 2) above. This section will focus on FY19 additional activities in the aforementioned councils and their expected deliverables.

Note: Cross-cutting DREAMS activities described earlier include: Hotspot identification and route plan development, providers' training, biomedical service provision and specifically provision of FP-HTS integrated services, training of new EWs and CBHSPs, SBCC group education, incorporation of vAGYW mapping tools and particularly the male partner characterization tool in SBCC group education, gender norms interventions using SASA!, training and supporting new and existing WORTH+ groups, roll out of revolving funds as an additional feature of the WORTH+ groups, and Shujaa Club skills building.

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

Taking into account social factors and behaviors that put vAGYW at risk for HIV, in FY19, the Sauti project will strategically display and wear (as appropriate) DREAMS Shujaa materials around service provision sites, safe spaces, during community events, and at high level meetings on AGYW. Similar to

the methodology used in last fiscal year, a distribution plan by ward will be developed in alignment with targets to be reach and display materials in locations where vAGYW or the secondary audience (parents, community leaders, male partners, and healthcare providers) congregate.

The theory of change guiding this is based on *Bandura's Social Learning Theory* which states that people learn through observing others' behavior, attitudes, and outcomes of those behaviors through continuous reciprocal interaction between cognitive, behavioral, and environmental influences. The materials, which were developed in FY17 and piloted across all implementation sites, use positive role models that will serve as a reminder that all vAGYW have the right to friendly services and the power to take action. Furthermore, materials with positive messages targeting the secondary audience will complement the projects' efforts to change negative norms in the community.

Activity D.2: Support Civic and Technological Inclusion of vAGYW through Establishment of Safe Spaces for vAGYW

This is a continuation of FY17 efforts to establish safe spaces within the vAGYW walkable community. Per Population Council guidelines (adopted for Sauti DREAMS programming), in a world where the majority of public spaces are inhabited by men, programs focusing on adolescent girls have to identify and establish girl-only spaces where girls can meet socially and receive information on health and economic empowerment as well as biomedical services. In FY17 and FY18, vAGYW identified local government offices, libraries, community halls, schools, youth centers, and even their own houses as safe spaces. The activity has continually been well received by vAGYW, praised by LGAs and supported by caregivers. As the project continues to empower vAGYW 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 shall be recognized at the district-level through provision of appreciation certificates to the owners.

In FY19, 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 support two secure safe spaces with electricity that are accessible to vAGYW to house computers donated via a partnership with UConnect. These computers are loaded with offline age-appropriate SBCC content for vAGYW. LGAs at ward and village levels will also be able to go and see the computer safe spaces to support and understand what electronic content is available to vAGYW in their area.

Activity D.3: Support vAGYW to voice their concerns at multilevel fora and support central government authorities to create awareness and advocate change around vAGYW concerns

In FY19, the Sauti project will work with district level officials and other IPs to identify 20 additional vAGYW DREAMS ambassadors in each council. Working closely with CHACs, DACCs, Social Welfare Officers, Community Development Officers, and the District Youth Officers, these ambassadors will be supported to coordinate activities with other vAGYW in each ward of implementation. These activities, depending on preference of the vAGYW, could range from debates, product exhibitions, panel discussions, fashion shows using vAGYW made materials, etc. The project will also continue supporting vAGYW to meaningfully participate in district, regional, national and international events targeting vAGYW such as: International Day of the Girl Child (11 Oct), International Youth Day (Aug 12), International Day of Zero Tolerance to Female Genital Mutilation (Feb 6), International Women's Day (March 8), International Day of Families (May 15), World Day Against Child Labor (June 12), World Day against Trafficking in Persons (July 30), NaneNane Day (Aug 8), African Industrialization Day (Dec 11 for TZ), World AIDS Day (Dec 1). The Ambassadors will be linked to events as part of the planning

committee. These activities aim to increase confidence and visibility of vAGYW abilities and their contribution to civic engagement, while also building their leadership and communication skills.

Activity D.4: 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 are supported 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 vAGYW and her family and community, and how to support those who may experience challenges related to the program (e.g. losing phones and simcards).

As all vAGYW enrolled in the cash transfer program were provided with phones, the project will continue to use short messages to get feedback from vAGYW and identify those who may need physical follow up. 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.

As it is the final year of cash transfer implementation, the Sauti project plans to hold a close out meeting in each district and document feedback from vAGYW beneficiaries and their influencers to improve the intervention as well as inform similar future programs. Key stakeholders, such as Tanzania Social Action Fund (TASAF) representatives, will be invited to these meetings

7. PROJECT MANAGEMENT, OVERSIGHT, AND PARTNERSHIPS

Project Management

Since its inception, Sauti project has continued to experience an expansion and growth of project's scope, geographic coverage, and targets on a yearly basis. These changes have in turn resulted in an increased level of resources required for smooth management of the project. In order to accommodate these changes, the Sauti project consortia led by Jhpiego has constantly invested in building robust project management systems to ensure not only timely delivery of quality interventions to KVPs, but most importantly that resources are utilized efficiently. Examples of previously developed/adopted sytems include: ***Jhpiego's digital registration (JDR)*** and ***bank-linked electronic payment system***; ***digital/mobile health applications*** for data collection and clinical decision making; ***Geographical information Systems (GIS)*** mapping for mapping and targetting hotspots; CSO and project ***performance data dashboards***; ***sub-grantees' invoice tracking system***; individual provider/peer peformance managemen system; ***Skype for Business*** for teleconferencing with the field teams; use of ***WhatsApp*** for tracking the progress of activities and technical support; ***Jhpiego Enterprise Management System (JEMS)*** for managing operations; ***Intellitrack***for monitoring warehouse and/or srores inventory; ***Docusign*** for handling online signatures; as we as **Jprocure** for initiation and management of all procurements.

In FY19, the Sauti project will continue to scale up the use of these various sytesms and tools to ensure management efficiencies and increase work productivity. Additionally, in the coming fiscal year, the

Sauti project will rollout the use of the "***Jhpiego-pioneered Project Tracking Tool (JPPT)",*** which is web-based platform designed for the porpose of streamlining and strengthening the close monitoring the project's scope, resources and schedule. This system is linked to other Jhpiego operations systems (e.g. transport booking, hotel reservations, proeucrement, etc.)

Project Oversight and Quality

Under the leadership and guidance of USAID, since the inception of the project, Sauti has strived to ensure technical and program quality in all areas and levels of implementation. In FY 19, Sauti leadership will continue to use the various established platforms and approaches that have worked for the past four years to consult and receive technical and program guidance from USAID and all other stakeholders. Additionally, due to the lessons learned in the FY18, in this fiscal year the Sauti project will add other layers of program oversight and strengthen some of the existing strategies so as to further improve quality programming. The below table lists both the current approaches, as well as the newly introduced and strengthened methodologies for technical and program oversight.

Table 12. Program Management Methodologies

Level of Implementation	Oversight Methodologies/Approaches	
	Existing/Current	**New/Strengthened**
Central/National	• Annual Technical Advisory Group (TAG) and Research and Learning Advisory Group (RLAG) Meetings • USAID-led Joint Program and Planning Meetings (JPPM) • Quarterly Consortium Partners Meetings • Monthly Program, Financial and Grants Monitoring Review Meetings • Quartely Project, Technical, and Financial Review Meetings	• Quarterly Facility-Community Partner Coordination Meetings • Joint meetings with facility-based implementing to review progress towards 95-95-95 in each SNU (disaggregated by age and sex)
Field/Regional	• Monthly CSO Project Performance Review Meetings • Monthly CSO Financial Review Meetings • Key and Vulnerable Population and PLHIV Consultative Meetings • Use of mystery clients for examining the quality of services and data quality • Regional/District Advisory Committee and Stakeholders Meetings	• Joint planning and review of collaborative activities with facility-based partners • Monthly Facility-Community Partner Coordination & Data Sharing Meetings • Weekly Cascade Data Verification and Reconciliation Meetings with Facility Partners in each region/SNU • Joint Data Quality Assessment Visits with facility-based partners

Throughout the year, the Sauti project will engage closely with the USAID technical and project leads, other USG interagency teams, central government (NACP, RCHS, TACAIDS, and PO-RALG), local government structures, and LNGOs/CSOs to monitor the implementation of project activities in accordance with the international and national guidelines, as well as other recommended best practices. Furthermore, the 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. Finally, the project will consult with USAID's technical teams throughout the year and coordinate field visits to engage with USAID in the implementation process.

Personnel

In FY19, Sauti's geographical coverage will be reducing from 51 to 32 SNUs (19 councils dropped). Despite this scope reduction, the targets (new and carryovers) will remain at pretty much the same level as the previous fiscal year. For the project to be able to deliver quality services and contribute meaningfully to the 95-95-95 cascade, several staffing readjustments are required starting from 1st – 15th October 2018. These will include:

- Relocation of 93 biomedical providers (to be distributed in accordance with the HTS_POS target size)
- Reclassification of job descriptions for case managers and data clerks to enable them provide better support to data reconciliation of linked HIV positive clients and tracking of the treatment cascade facility level
- Secondment of case managers (title and scope to be revised) and data clerks in 20 KVP friendly health facilities (10 in Iringa and 10 in Njombe)
- Hiring of additional biomedical providers for PrEP and Outreach ART services

Otherwise as reported a priori, due to the reduction in level of effort of the current Technical Director (Dr. Caterina Casalini) to 70%, the project is still recruiting for a qualified person to take her role. In the meantime, Dr. Casalini continues to support the team remotely with frequent field visits. Although her level of technical oversight is sufficient, being key personnel, it is required of the project to recruit a new Technical Director. In FY19, Sauti will ensure that this position is filled.

Besides Tanzania-based staff, in FY19, as it has been for the previous program years, a select team of technical advisors (based in headquarters) will be engaged to provide technical and programmatic support to the in-country, both remotely and face-to-face. This is to ensure all implemented interventions and activities are consistent with the project goals and meet organizational program and technical quality standards. The details of level of efforts of each STTA member are included in the budget narrative (sent as a separate document accompanying the workplan narrative).

Regional Office Space & Management

To minimize administrative costs and at the same time provide adequate regional-level oversight, since start-up, the Sauti project has embarked on a ***decentralized project management model,*** which gives the responsibility of field-level project management and administration to the zonal offices. With support from the central team (headquartered in Dar es Salaam), the zonal teams (led by the Regional/Zonal Program Managers) ensure that the overall project workplan is translated and made regional and council specific. Depending on the size, terrain, and project scope in specific regions, the project establishes satellite offices which are either housed within LGA-owned spaces or at other project-hired spaces. The latter are usually cost-shared with other Jhpiego-led or consortia partner-led projects. Besides hosting staff, they also are used for storage of materials and commodities used for service delivery. In FY18, the project had seven zonal offices (Iringa, Njombe, Mbeya, Dar es Salaam, Shinyanga, Tabora, and Kilimanjaro) and two satellite offices (Morogoro and Kahama) supporting 14 regions and 51 councils. Due to the expanded scope and targets in Dodoma, in FY19, the Sauti project intends to add one satellite office in Dodoma MC. This small office will be a hub for provision of support to Dodoma MC, Kongwa DC and Kondoa MC. Discussions with Pact-Kizazi Kipya Project on potential office space sharing are ongoing. The seven zonal and three satellite offices will continue to serve the 12 regions and 32 councils which are remaining in FY19.

Procurement

In accordance with all the targets and project's scope for FY19, using historical data and other key

programmatic assumptions, the project has forecasted all the materials and supplies needed and developed a procurement plan. In FY18 Q4, Sauti field teams shared various needs with the LGAs to post the Zonal MSD offices on the needs for HIV rapid test kits, FP commodities, and condoms. Using recently finalized prequalified vendors, the project anticipates to receive timely procurements. Besides the aforementioned biomedical supplies, in FY19, Sauti is procuring a **"4x4 self-propelled mobile clinic"** which will be used to provide PrEP and VMMC services, as well as other combination prevention and treatment services to KVP in Njombe, Iringa, Morogoro, and Tabora. This initiative is expected to increase VMMC and comprehensive HIV prevention services coverage for KVP beneficiaries. A waiver has been obtained by the USAID Contracts Office and order placed in FY18.

Sub-awards to local NGOs and CSOs

To foster country ownership and sustainability, since FY16, Sauti has engaged KVP –focused LNGOs/CSOs for demand creation and delivery of some of the combination prevention interventions. In FY19, Sauti will continue to use to use sub recipients and KVP networks in delivering services. In line with the performance assessment conducted in FY 18, Sauti will continue to use 17 existing CSOs across 11 Sauti Regions to support SBCC/Gender interventions, implement WORTH+/DREAMS and actively participate in demand creation of biomedical services (HTS, Outreach ART, HIVST, PrEP and FP). As highlighted in Objective 4, Sauti will submit the request for approval to extend the period of performance of all the 17 LNGOs/CSOs to October 2019, and increase budgets to some LNGOs/CSOs as a result of time extension and geographical coverage. This process will be done in line with the USG Rules and Regulations and Jhpiego sub award management policies. The total budget for CSOs for this fiscal year is estimated to be USD 5,741,079

Furthermore, in FY 19, Sauti will commence the close out process for all the sub recipients. This will involve proper orientation of the sub-grantees on the close out procedures and working with CSOs to engage LGAs in the process. This will also include developing close out plans and performing final financial reconciliation of the project expenditures.

Strategic Collaborations

From its inception, the Sauti project has forged several partnerships with both international and local entities, a number of which are still continuing till to date. These collaborations have benefited not only the KVPs reached by the project, but also the GOT's policies and strategies. A number of them, for instance the Bill and Melinda Gates Foundation (BMGF), funded implementation science research: University of North Carolina/Final Mile [Behavioral Economics and Qualitative Study for AGYWs receiving cash transfers], M4ID [Human Centered Design Research on HIV case finding and linkage of AGYW and adolescent boys and young men], and College of William and Mary [Behavioral Economics study amongst AGYW receiving cash transfers to examine whether incentivization influences saving behavior]. The Population Council–led "FSW Community ART", "FSW LHIV's safe conception choices", and PrEP formative research for AGYWs, have and will continue to inform KVP HIV programming strategies and approaches. In FY 19, the Sauti project will continue to strengthen the existing partnerships and solicit for some new ones. Those already earmarked include:

- Partnering with Uber and Taxify to use their platform to create demand for HIV testing and treatment services for men
- Collaborating with the workers' unions to map out and provide services to workplaces located within and near hotspots
- Collaborating with UNAIDS and develop a platform for AGYWs to market and sell their products

- Collaborating with Association of Private Hospitals in Tanzania (APHTA) to map out private health facilities located within and near hotspots and partner with them in the provision of HIV testing and linkage services; this initiative is informed by the fact that (especially in urban settings), more than 60% of citizens seek for health care from private hospitals majority of which do not provide HIV services

8. IMPLEMENTATION MATRIX

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
OBJECTIVE 1: Implement a package of core and expanded biomedical HIV prevention interventions, with enhanced linkages to care and treatment, and support services													
1.1 Provide integrated biomedical services through differentiated service delivery models													
1.1.1	Scale Up Index Testing At Fidelity In All Sites	X	X	X	X	X	X	X	X	X	X	X	X
1.1.2	Rollout an HTS Screening Tool	X	X	X	X	X	X	X	X	X	X	X	X
1.1.3	Intensify Testing Children	X	X	X	X	X	X	X	X	X	X	X	X
1.1.4	Conduct Targeted Testing of Men	X	X	X	X	X	X	X	X	X	X	X	X
1.1.5	Provide Adolescent-Friendly Services	X	X	X	X	X	X	X	X	X	X	X	X
1.1.6	STI periodic presumptive treatment (PPT) and provide Syphilis Testing and Treatment to KPs in five EJAF-supported regions as well as the centers of excellence (EJAF funded)*	X	X	X	X	X	X	X	X	X	X	X	X
1.1.7	Conduct in-service training (group-based and on-the-job) for biomedical providers to standardize their skill to provide the core and expanded package of biomedical interventions at fidelity*	X	X	X	X	X	X	X	X	X	X	X	X
1.1.8	Conduct escorted referrals for HIV+ KVPs, FP (Permanent and IUD) and post GBV survivors*	X	X	X	X	X	X	X	X	X	X	X	X
1.1.9	Track the ART cascade on quarterly basis at CTC	X	X	X	X	X	X	X	X	X	X	X	X
1.2: Test and Start and Outreach ART													
1.2.1	Roll out Outreach ART services	X	X	X	X	X	X	X	X	X	X	X	X
1.2.2	Reach ART PSG Groups with FP method mix	X	X	X	X	X	X	X	X	X	X	X	X

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1.2.3	Conduct lab test for biochemistry and hematology and VL	X	X	X	X	X	X	X	X	X	X	X	X
1.2.4	Track the ART cascade on quarterly basis at CTC	X	X	X	X	X	X	X	X	X	X	X	X
1.3. Roll out innovative/new interventions for KPs													
1.3.1	Continue to Scale Up HIV Self Testing for KPs in accordance with the currently approve IRB	X	X	X	X	X	X	X	X	X	X	X	X
1.3.2	Continue to Scale Up Pre Exposure Prophylaxis for KPs in accordance with the currently approve IRB	X	X	X	X	X	X	X	X	X	X	X	X
1.3.3	Reaching MSM through KP expert nurses (EJAF funded)	X	X	X	X	X	X	X	X	X	X	X	X
1.4: Support quality control and assurance for HIV rapid test													
1.4.1	Engage Sauti biomedical providers in the national providers certification exercise	X	X	X	X	X	X	X	X	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	X	X	X	X	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	X	X	X	X	X	X	X	X
1.5: Integrate FP into Biomedical Services													
1.5.1	Provide FP Counseling And Method Mix Services to vAGYW and FSW	X	X	X	X	X	X	X	X	X	X	X	X
1.5.2	Roll out Targeted FP Campaigns In Collaboration with R/DRCHCOs.	X	X	X	X	X	X	X	X	X	X	X	X
1.5.3	Train GoT providers on comprehensive FP methods mix	X											
1.5.4	FP Post training follow-up of 138 governments providers and certification		X	X									
1.5.5	Develop FP testimonial orientation package	X											

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1.5.6	One day orientation of regional SBCC PO on how to orient the CBHSP how to use their FP testimonials for demand creation	X											
1.5.7	One day orientation of CBHSP on how to use their FP testimonials for demand creation	X											
1.5.8	Roll out CBHSP FP testimonials in SBCC GE and IGE		X	X	X	X	X	X	X	X	X	X	X
1.5.9	Review and strengthen the SBCC FP curriculum	X											
1.5.10	Printing of sexual reproductive health module		X										
1.5.11	Train Sauti biomedical providers on the 12 day National recommended standard for youth friendly SRH services	X											
1.5.12	Roll out youth friendly Mobile SRH services			X	X	X	X	X	X	X	X	X	X
1.5.13	To conduct 5 days refresher FP training to 156 Sauti biomedical providers		X	X	X								
1.5.14	Financial support to the RCHS on FP outreach guidelines review and distribution cost of 4000 copies	X											
1.5.15	Printing and Distribution of FP Job aid to Sauti and Governments Biomedical providers		X										
1.6: Provide technical assistance to MOHCDGEC (NACP & RCHS) and TACAIDS, and support them in the provision of preventive and clinical services to KVP													
1.6.1	Support KVP, Outreach ART, HIVST, HTS, and PrEP TWG meetings	X	X	X	X	X	X	X	X	X	X	X	X
1.6.2	Support PMTCT, FP, ART, GBV, and HIV-FP integration TWG	X	X	X	X	X	X	X	X	X	X	X	X
OBJECTIVE 2: Reduce individual risk behaviors and strengthen support for positive social norms and structures at the community level													

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2.1: Continue rolling out interventions to increase awareness and uptake of HIV prevention services													
2.1.1	SBCC interventions to create demand for HTS and HIVST at high yield	X	X	X	X	X	X	X	X	X	X	X	X
2.1.2	SBCC Interventions to create demand for PrEP and reach high continuation rates	X	X	X	X	X	X	X	X	X	X	X	X
2.1.3	SBCC Interventions to create demand for early ART initiation and reach viral load suppression	X	X	X	X	X	X	X	X	X	X	X	X
2.1.4	SBCC Interventions to reach high-risk men	X	X	X	X	X	X	X	X	X	X	X	X
2.2: Implement SBCC interventions for HIV sexual risk reduction													
2.2.1	Conduct Group Education to KP and AGYW by Peer CBHS providers (using FY17 curriculum)	X	X	X	X	X	X	X	X	X	X	X	X
2.2.2	Roll out AGYW Social Asset Mapping tools as part of SBCC group education activities	X	X	X	X	X	X	X	X	X	X	X	X
2.2.3	Roll out AGYW vulnerability index by peer CBHS providers during community mobilization activities and at AGYW group education	X	X	X	X	X	X	X	X	X	X	X	X
2.2.4	Conduct individual education to FSW and MSM and AGYW through peer CBHS providers	X	X	X	X	X	X	X	X	X	X	X	X
2.2.5	Distribute condoms to KVPs during mobilization for service activities, SBCC Edu and PSG	X	X	X	X	X	X	X	X	X	X	X	X
2.2.6	Provide Tom's shoes as group education graduation gift to AGYW (incentivization to help with retention)	X	X	X	X	X	X	X	X	X	X	X	X
2.2.7	Roll out SMS for risk reduction to selected risk KVP who accessed project service	X	X	X	X	X	X	X	X	X	X	X	X
2.2.8	Printing and distribution of KVP specific print and electronic material	X	X	X	X	X	X	X	X	X	X	X	X

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2.3: Promote gender equality													
2.3.1	Increase gender equity in HIV programs and services, including reproductive health	X	X	X	X	X	X	X	X	X	X	X	X
2.3.2	Prevent, detect and respond to gender-based violence	X	X	X	X	X	X	X	X	X	X	X	X
2.3.3	Continue to implement SASA! model in DREAMS councils	X	X	X	X	X	X	X	X	X	X	X	X
2.3.4	Conduct annual Gender, Sexuality, and GBV training to New reg Sauti staff and CSOs by Champions ToT	X	X	X	X	X	X	X	X	X	X	X	X
2.3.5	Monitor progress of the biomed sites towards gender standards by using a standardized tool	X	X	X	X	X	X	X	X	X	X	X	X
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 an enabling environment for HIV services among KP	X	X	X	X	X	X	X	X	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	X	X	X	X	X	X	X	X	X	X	X	X
2.4.3	Update the ward level GBV directory and ensure it is available at all Sauti sites	X	X	X	X	X	X	X	X	X	X	X	X
2.5: Establish new WORTH+ groups, continue to support those established in FY16-18, equip vAGYW with business and entrepreneurship skills, and link them with public and private sector													
2.5.1	Hold a 1-day sensitization meeting for LGA in 14 new wards in Shinyanga DC and 27 SNU for PrEP targets	X											

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2.5.2	Hire 219 new EW and support total 595 EW to supervise WORTH+ groups	X	X	X	X	X	X	X	X	X	X	X	X
2.5.3	Conduct 6 days TOT to 219 new EW on Management Committee and LVT	X	X	X									
2.5.4	Conduct 5 days TOT to 219 EW on positive parenting (combined with employability as parenting is only 3 days)	X	X	X									
2.5.5	Conduct 3 day training on management committee to 5,968WORTH+ group leaders from 1492 new groups (4 leaders per group)				X	X	X						
2.5.6	Conduct 2 day literacy volunteer training to 2984 from 1492 new groups (2 volunteers x group)				X	X	X	X	X				
2.5.7	Conduct a 5 day training for 447 EW (FY18 and FY19) on SBCC curriculum	X	X	X									
2.5.8	Conduct 3 days TOT 219 EWs on Youth entrepreneurship, mentorship and employability-WORTHy curriculum			X	X	X							
2.5.9	Establish 1,492 new WORTH+ groups (based on 25 participants for AGYW and 20 participants per group for FSW)	X	X	X	X	X	X	X	X				
2.5.10	Roll out the revised WORTH+ curriculum	X	X	X	X	X	X	X	X	X	X	X	X
2.5.11	Support 265 EW to conduct, every 2 and 3 weeks visits to 505,825, and 1,283 WORTH+ groups from FY 16, FY17 and FY18 respectively, to support village banking sessions	X	X	X	X	X	X	X	X	X	X	X	X
2.5.12	Support 313 EW to conduct weekly visits to 1,492 WORTH+ groups to support village banking sessions	X	X	X	X	X	X	X	X	X	X	X	X

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2.5.13	Conduct one day monthly district level meetings with 595 EW (25 EW managing FY16 groups, 55 EW managing FY17 groups, 170 EW managing FY18 groups and 313 managing FY19 groups)	X	X	X	X	X	X	X	X	X	X	X	X
2.5.14	ToT to 60 EW on age-appropriate agricultural economic strengthening intervention	X	X	X									
2.5.15	Roll out training on age-appropriate agricultural economic strengthening				X	X	X	X	X	X	X	X	X
2.5.16	Continue support AGYW that are unable to contribute mandatory savings through CTP	X	X	X	X	X	X	X	X	X	X	X	X
2.6: Equip vAGYW groups with business and entrepreneurship skills, and link them with the public and private sector, as well as other NGOs													
2.6.1	ToT to 60 EW on age-appropriate agricultural economic strengthening intervention	X	X	X									
2.6.2	Roll out training on age-appropriate agricultural economic strengthening				X	X	X	X	X	X	X	X	X
2.6.3	Facilitate the enrollment of AGYW ages 15-24 into market driven vocational training at Vocational Educational and Training Authority (VETA) through Kizazi Kipya				X	X	X	X	X	X	X	X	X
2.6.4	Facilitate the enrollment of newly recruited FY19 AGYW ages 15-24 into apprenticeship programs with successful businessmen in the districts				X	X	X	X	X	X	X	X	X
2.6.5	Continue support AGYW that are unable to contribute mandatory savings through CTP	X	X	X	X	X	X	X	X	X	X	X	X
2.7: Facilitate Empowerment Workers Monthly Meetings		X	X	X	X	X	X	X	X	X	X	X	X

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2.8: Digitalize group-level recordkeeping and avail it in a mobile format													
2.8.1	Continue supporting the FY18 use of digitalized group-level recordkeeping for 1,600 AGYW ages 15-24	X	X	X	X	X	X	X	X	X	X	X	X
2.8.2	Scale up digitalize group-level recordkeeping for FY19 new AGYW ages 15-24	X	X	X	X	X	X	X	X	X	X	X	X
2.9: Conduct vulnerability assessment of vAGYW in existing WORTH+ group to determine eligibility to graduate from the Sauti program		X	X	X	X	X	X	X	X	X	X	X	X
2.10: 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 *[pending to reprogramming opportunities if there are savings as rollout continues]*		X	X	X	X	X	X	X	X	X	X	X	X
2.11: Facilitate access to Revolving fund for AGYW in WORTH+ groups (FY 16, FY 17, FY 18 and FY 19) *[pending to reprogramming opportunities if there are savings as rollout continues]*		X	X	X	X	X	X	X	X	X	X	X	X
OBJECTIVE 3: Execute a robust research and learning agenda													
3.1: Finalize the Evaluation Cash Transfer Interventions Among vAGYW (CARE Study), Report Writing and Dissemination		X	X	X	X	X	X	X	X	X	X	X	X
3.2: Finalize the Pilot of STI periodic presumptive treatment for female sex workers and men who have sex with men, Report Writing and Dissemination		X	X	X	X	X	X	X	X	X	X	X	X
3.3: Support the Implementation of Non-COP funded Collaborative Research Studies Which Utilize Sauti Platform (including report writing and dissemination)													

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
3.3.1	Support the Implementation and Expansion of Population Council – led Community ART Study among Female Sex Workers and HIV positive FSW's sexual partners and children in Njombe Region	X	X	X	X	X	X	X	X	X	X	X	X
3.3.2	Support the implementation of M4ID – led Next T study (innovating for easier access to HIV testing in Tanzania):	X	X	X	X	X	X	X	X	X	X	X	X
3.3.3	Support the implementation of the University of North Carolina/Final Mile – led qualitative and behavioral economics study to examine the effect of cash transfer	X	X	X	X	X	X	X	X	X	X	X	X
3.3.4	Support the College of William and Mary –led Study on incentivizing Mobile Money as a Financial Savings Instrument among Young Women in Tanzania	X	X	X	X	X	X	X	X	X	X	X	X
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/buy-in meetings with district authorities and other KVP stakeholders in the 3 new/additional Sauti district councils													
4.1.1	Conduct buy in meetings with District Executive Directors (DEDs), and CHMTs in 3 new districts	X											
4.1.2	Hold one-day district-level buy-in meetings and consultative workshops with district KVP stakeholders in the 3 new districts	X											
4.2 Conduct annual program updates meeting with RACs, DEDs, RHMTs and CHMTs as well as CMAC members in all Sauti implementation regions											X	X	

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
4.3 Initiate the development of Memorandums of Understanding (now referred to as Joint Implementation Plans) guiding the partnerships between Sauti and LGAs in the 3 new districts													
4.3.1	Conduct consultative meetings with the – 3 new district/municipal leaders to develop Joint Implementation Plans (integrated with other visits to LGAs)	X	X	X	X								
4.3.2	Print MOUs and disseminate to districts/ municipalities				X	X							
4.4 Support Regional and District Advisory Committee (R/DACs) Meetings		X	X	X	X	X	X	X	X	X	X	X	X
4.5 Support Regional Secretariat to update the Regional Strategic Plans to reflect the 4th National Multisectoral Framework (NMSF) as well as other key national strategies and new global recommendations for HIV Prevention		X	X	X	X	X	X	X	X	X	X	X	X
4.6 Operationalize the Five-Year Sustainability Plan/Transfer Plan to guide the transferring of responsibility and ownership of HIV Prevention/FP Interventions to LGAs, CSOs, and KVPs (plan to include exit strategy from both LGA and CSO engagement)													
4.6.1	Conduct regional assessment of Sauti sustainability plan		X										
4.6.2	Conduct a one-day sustainability planning meetings with the 3 new districts		X										
4.6.3	Conduct monthly sustainability operational plan monitoring at district/municipal level			X	X	X	X	X	X	X	X	X	X

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
4.6.4	Collaborate with other IPs on the implementation of the Sauti sustainability plan	X	X	X	X	X	X	X	X	X	X	X	X
4.7 Empower local NGOs/CSO, informal KVP networks/groups and communities (including KVP PLHIVs) for meaningful participation in all program elements													
4.7.1	Conduct planning meeting for LNGOs/CSOs (orientation of FY19 service delivery models, SOW and budget)	X	X										
4.7.2	Facilitate meeting for CSO directors to share best practices, challenges, and strategize on way forward.						X						
4.7.3	Coach and mentor regional level organizational development teams in capacity development to support capacity strengthening of CSOs	X	X	X	X	X	X	X	X	X	X	X	X
4.7.4	Conduct Organizational Performance Index to measure change in performance improvement for 17 CSOs		X	X	X								
4.7.5	Tailored technical assistance and program management support in response to CSO support requirements	X	X	X	X	X	X	X	X	X	X	X	X
4.7.6	Review quarterly CSO CISPs to assess progress of activities implementation			X			X			X			X
4.7.7	Train new CSO staff on USAID rules and regulations	X	X										
4.7.8	Ongoing coaching and mentoring to CSOs on financial management and grant management	X											
4.7.9	Conduct quarterly financial and program reviews			X			X			X			X
4.7.10	Conduct semiannual compliance reviews												
4.7.11	Review FY 18 financial audit findings to develop and implement corrective measures	X											

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
4.7.12	Conduct Organization Network Analysis (ONA) workshop for KVPs, LGAs and CSOs (to be done at national level)					X	X						
4.7.13	Conduct tailored monthly regional joint program, technical, grants and finance management TA visits to all CSOs	X	X	X	X	X	X	X	X	X	X	X	X
4.7.14	Conduct quarterly monitoring calls with all CSOs			X			X			X			X
4.7.15	Conduct joint quarterly supervision visit (for CSOs management team)			X			X			X			X
4.7.16	Facilitate semiannual experience sharing workshop/Jukwaa for CSOs						X				X		
4.7.17	Support CSOs to establish South to South (S2S) mentorship approach to capacity development	X	X	X	X	X	X	X	X	X	X	X	X
4.7.18	Monthly Finance Management Field Supportive supervision	X	X	X	X	X	X	X	X	X	X	X	X
4.7.19	Monthly Grants Management Field Supportive supervision	X	X	X	X	X	X	X	X	X	X	X	X
4.7.20	Conduct Close out meetings with LGAs and CSOs and stock taking visits				X	X	X	X	X	X	X	X	X
4.7.21	Quarterly review of CSOs Implementation plans and budget to assess progress for possible re-programing			X			X			X			X
4.7.22	Orientation on documentation and Success stories	X	X	X									
4.8 Strengthen LGA capacity building and engagement in delivery of HIV KVP interventions													
4.8.1	Participate and contribute in the development of Comprehensive Council HIV and AIDS Plan (CCHPs) in each of the LGAs collaborating with Sauti			X	X								

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
4.8.2	Collaborate with LGAs representatives in developing joint regional implementation plans budget		X										
4.8.3	Engage R/CHMTs in conducting joint supportive supervision and mentorship visits to CBHTC+ teams, DICs and CSOs	X	X	X	X	X	X	X	X	X	X	X	X
4.8.4	Support R/CHMTs to attend national and regional level meetings linked to program deliverables (as applicable)	X	X	X	X	X	X	X	X	X	X	X	X
4.9 Conduct Sauti's Annual Technical Advisory Group and Research & Learning Agenda Meetings											X		
4.10 Supporting the Parliamentary Committee on HIV and Drug Abuse for advocacy on HIV and AIDS policy issues in the Parliament													
4.10.1	Support 1 day biannual Parliamentary Committee meeting						X						X
4.10.2	Support Committee members to conduct annual field supportive supervision in Sauti Sites to learn about Sauti work and contribution to government efforts on HIV response										X		
4.11 Roll out QI activities in all regions													
4.11.1	Orient Sauti team, CSO, RHMT and CHMT on the revised QA/QI SOP and tools	X	X	X	X	X	X	X	X	X	X	X	X
4.11.2	Quarterly SS visits by MOH (NACP, TACAIDS, RCHS) from central level to regions, districts	X	X	X	X	X	X	X	X	X	X	X	X
4.11.3	QI visit reports and QI plans developed and stored in each reg office (Sauti and CSO)	X	X	X	X	X	X	X	X	X	X	X	X
4.11.4	Support the use of SIMS tool for Q routine program monitoring by Sauti, CSO and Gv teams	X	X	X	X	X	X	X	X	X	X	X	X

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
4.11.5	Join PEPFAR led SIMS visits	X	X	X	X	X	X	X	X	X	X	X	X
4.11.6	Participate to the quarterly national QI TWG	X	X	X	X	X	X	X	X	X	X	X	X
4.12 Support national – level efforts to roll out of KVP friendly services at 20 selected health facilities													
4.12.1	Refresher Training GOT and non-GOT providers from 20 health facilities on the NACP KVPFS curriculum						X	X	X				
4.12.2	Allowance to 20 GOT providers in 20 health facilities	X	X	X	X	X	X	X	X	X	X	X	X
4.12.3	support 100 peer educators to support KVPFS x 3 times x week	X	X	X	X	X	X	X	X	X	X	X	X
4.12.4	Refresher Training to 100 peer educators from 20 health facilities						X	X	X				
4.12.5	Roll out mentoring activities at the selected 20 health facilities	X	X	X	X	X	X	X	X	X	X	X	X
4.12.6	Support 20 data clerk for data management and report	X	X	X	X	X	X	X	X	X	X	X	X
4.12.7	Support 20 case managers for KVPFS at GoT Health Facilities	X	X	X	X	X	X	X	X	X	X	X	X
4.12.7	Quarterly Assessment to 20 health facilities by NACP	X	X	X	X	X	X	X	X	X	X	X	X
4.12.8	Quarterly Assessment to 20 health facilities by NACP	X	X	X	X	X	X	X	X	X	X	X	X
4.13 Establish and Support Facility-Based Centers of Excellence (COEs) dedicated to providing comprehensive services to MSM Living with HIV in Dar es Salaam and Dodoma (EJAF funded)		X	X	X	X	X	X	X	X	X	X	X	X
4.14 Provide Technical Assistance to MOHCDGEC (NACP & RCHS), TACAIDS, and PO-RALG		X	X	X	X	X	X	X	X	X	X	X	X
OBJECTIVE 5: Improved comprehensive HIV prevention for KVP through the application of M&E and learning													

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
5.1: Conduct GIS mapping of the new councils, update the current maps with new hotspot data, and map reach and saturation		**X**	**X**	**X**									
5.2: Implement and strengthen service data management and referral-tracking systems to inform KVP cascades progress													
5.2.1	Roll out of CommCare to use for all m-health data collection needs.	**X**											
5.2.2	Enhance electronic data collection and ready availability of data to facilitate detailed analysis	**X**	**X**	**X**									
5.2.3	Facilitate use of the SMS platform for routine monitoring	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
5.2.4	Print tools for backing up the electronic data management system	**X**						**X**					
5.2.5	Facilitate data entry for information collected through paper based systems.	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
5.2.6	Track KP cascade with CT partners: through facilitate quarterly review meetings and the sharing of CTC ID numbers for clients enrolled to CTC to get the outcomes of their linkage (started ART, current ART status, Lost to follow up that Sauti can support tracing for, and viral load data)	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
5.2.7	Prepare monthly, quarterly reports, annual reports and MER work plans	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
5.2.8	Orient staff on all Sauti tools	**X**			**X**			**X**					
5.2.9	Conduct orientation on the use of Shujaa cards, data recording and documentation in DREAMS SNU	**X**	**X**	**X**									
5.2.10	Support the functionality of Sauti data inputs into DAMES			**X**			**X**			**X**			**X**

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
5.2.11	Conduct baseline SASA! Survey for Shinyanga DC	X											
5.2.12	Hire survey staff for SASA! Support/Action endline survey (Champions)												X
5.2.13	Data entry and analysis of the survey on SUPPORT/ACTION												X
5.3: Build capacity of Sauti regional teams and LNGOs/CSO on data quality and data utilization													
5.3.1	Conduct quarterly regional data review meetings			X			X			X			X
5.3.2	Conduct internal DQA			X			X			X			X
5.3.3	Conduct supportive supervision			X			X			X			X
5.3.4	Building staff capacity on Data Analysis, Use and Data Management including that of CSO staff												
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	Support NACP on orienting the health workers on new KVP tool in the regions	X	X										
5.4.2	Coordinate and manage data learning workshops to discuss progress in strengthening the national M&E system for KVP and other program tools	X			X			X			X		
5.4.3	Participate in national TWG related to M&E			X			X			X			X
5.4.4	Support MOH M&E meetings to facilitate discussion around national M&E systems				X						X		
5.4.5	Project dissemination meeting											X	
5.5: Support the learning agenda through detailed analysis and use of routine information													
DREAMS (Determined Resilient Empowered AIDS-free Mentored Safe) Initiative													

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
D.1: Increase vAGYW uptake of SRH services by reducing stigma and positively branding service delivery points		X	X	X					X	X	X		
D.2: Support Civic and Technological Inclusion of vAGYW through Establishment of Safe Spaces for vAGYW													
D.2.1	Hold a biannual recognition ceremony for owners of safe spaces and vAGYW Ambassadors	X	X	X	X	X	X	X	X	X	X	X	X
D.2.2	Weekly computer lab sessions at Computer Safe Spaces (Shuga episodes, education on use of computers, exploring education content in the computers etc.) by a knowledgeable CSO staff	X	X	X	X	X	X	X	X	X	X	X	X
D.2.3	A 1-day computer session with ward and village-level LGA to increase buy in for vAGYW use and access to computer safe spaces ad advocacy to parents, guardians and spouses	X	X	X	X	X	X	X	X	X	X	X	X
D.3: Support vAGYW to voice their concerns at multilevel fora and support central government authorities to create awareness and advocate change around vAGYW concerns													
D.3.1	Organize ward-level symposia to allow vAGYW Ambassadors to lead and voice their concerns, opinions, and solutions	X	X	X	X	X	X	X	X	X	X	X	X
D.3.2	Hold bi-annual experience sharing Shujaa Jukwaas for vAGYW who have overcome difficult odds on the trajectory towards achieving their DREAMS	X	X	X	X	X	X	X	X	X	X	X	X
D.3.3	Support vAGYW to actively participate in district-level events to allow them to voice their concerns, opinions, and solutions	X	X	X	X	X	X	X	X	X	X	X	X
D.3.4	Support vAGYW Ambassadors to attend national and international level events as representatives and empowered advocates of others	X	X	X	X	X	X	X	X	X	X	X	X
D.3.5	Hold district-level vAGYW Ambassadors quarterly meetings			X			X			X			X
D.3.6	DREAMS District Coordination meeting			X			X			X			X

Activity Number	Activity Description	Timelines											
		2018			2019								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
D.4: Support vAGYW Enrolled in Cash Transfer Program in Select DREAMS Initiative Wards of Shinyanga and Mbeya													
D.4.1	Conduct 1 day meeting in each ward where the cash transfer program will take place	X	X	X	X	X	X	X	X	X	X		
D.4.2	Disburse cash/subsidies to vAGYW	X	X	X	X	X	X	X	X	X	X		
D.4.3	Conduct quarterly monitoring of the program through the adverse event form and troubleshoot per the SOP	X	X	X	X	X	X		X				
D.4.4	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	X	X		X				
D.4.5	Develop a photo story booklet on CTP process and testimonials from vAGYW beneficiaries								X	X	X	X	X
D.4.6	Hold district CTP close out meetings for LGAs and other relevant stakeholders												X

9. PERFORMANCE INDICATORS

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
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. Objective 1: Implement a package of core and expanded biomedical HIV prevention interventions, with enhanced linkages to care, treatment, and support services.											
1. Number of individuals who received HIV testing and counseling (HTC) 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. Stratified by HIV status, sex, age, service delivery point. To report under DSD	Health screening and service form	Ongoing with service delivery. Reported quarterly	2,445	670,467 (657,301 COP & 13,166 DREAMS)	541,682 (522,847 COP & 18,835 DREAMS)	1,141,054	501,295	TBD	
2. Number of individuals tested and counseled who were found to be HIV positive (HTS_TST_POS)	PEPFAR 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	Not provided	49,859	37,450	36,560	37,176	TBD	

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
3. Number and % of KVPs that are successfully referred for Care and Treatment services	Project indicator	**Numerator:** Number of clients tested HIV+ for the first time at the CBHTC+ and DIC sites, who are linked with care and treatment services, confirmed by CTC ID number. Disaggregated by KVP (FSW, MSM, AGYW)	Peer navigator referral outcome and tracking register/sheet	Ongoing with service delivery. Reported quarterly	233	39,880	29,960	31,076	31,600	TBD	85% of HIV positive target
		Denominator: Total number of clients who are tested HIV+			291	49,850	37,450	36,560	37,176	TBD	Denominator is based on the HIV positive target (indicator 2)
4. 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 registers	Ongoing, analyzed monthly	N/A	N/A	N/A	60%	70%	70%	
5. Yield of the partners from the partner notification intervention	Project indicator	HIV positivity rate among partners of index clients by relationship status (current versus past, long term versus casual)	HSST, Partner notification registers	Ongoing with service delivery, analyzed monthly	N/A	N/A	N/A	40%	10%	TBD%	FY19 target is based on FY18 project report

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
6. Number of HIVST kits distributed to key population beneficiaries, their peers, and their sexual partners (HTS_SELF)	PEPFAR indicator	Direct distribution consists of those Sauti clients who intend to self-test themselves	HSST PE registers	Ongoing with service delivery, analyzed monthly	N/A	N/A	N/A	47,261	29,574	TBD	
7. Percentage of self-testers reporting their results who are positive	Project Indicator	Numerator: Number of self-testers who test HIV+ with self-test and report results – 20 as of 13th September. **Denominator**: Total number of self-testers who test and report results – 1081 as of 13th September	HSST (Onsite), DHIS (SMS)	Ongoing with service delivery, analyzed monthly	N/A	N/A	N/A	N/A	2%	TBD	
8. Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population	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. Disaggregated by FSW, MSM/TG, disaggregation	Peer educator register	Ongoing with service delivery. Reported quarterly	435 (206 MSM and 229 FSW)	35,897 (5,706 MSM and 30,191 FSW)	45,761 (5,653 MSM and 40,108 FSW)	56,709 (6,565 MSM and 50,144 FSW)	73,787 (8,792 MSM and 64,995 FSW)	TBD	

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
		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, National KP size estimates	One time enumeration during the grant cycle	TBD	TBD	TBD	TBD	81964 (73,294 FSW and 8,400 MSM)	TBD	From the mapping and enumeration studies conducted NIMR in FY 18
9. Number of AGYW who completed a standardized HIV prevention program, including the specified minimum component.	PEPFAR indicator	**Numerator:** Number of AGYW 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 BCC group education.	Peer educator register WORTH+ register	Ongoing with service delivery. Reported quarterly	485	58,039 (38,838 COP & 19,201 DREAMS)	72,122 (51,960 COP & 20,162 DREAMS)	112,806 (70,102 COP & 42,704 DREAMS)	146, 105 (114,851 COP & 31,254 DREAMS)	TBD	-
		Denominator: Total number of estimated AGYW in the catchment population Disaggregated by age and sex (10-14, 15-19, 20-24, 25-49, 50+)	THMIS 2012, Household Survey	One time enumeration during the grant cycle	TBD	TBD	TBD	TBD	TBD	TBD	vAGYW estimates are not available

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
10. Number of individuals trained in FP/reproductive health with USG funds	USAID Indicator	Numerator: Number Sauti providers (medical and non-medical) trained in FP/ 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	140	TBD	TBD	150	TBD	To depend on the findings of the skills analysis exercise (to be done after hiring new mobile and index testing providers)
11. Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year	USAID Indicator	Numerator: Number Sauti PEs, CBHS providers, HBC providers, and EWs providing FP information and referrals during the year	Program/ CSO registers	Annually	NA	TBD	1093 (179 EWs & 914 PEs)	1,906 (i.e. 203 EWs & 1,703 PEs)	2,961 (i.e. 595 EWs and 2,366 CBHSP)	TBD	

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
12. Number of KVPs using a modern FP method	USAID Indicator	Numerator: Number of KVPs reached through CBHTC+ and HBTC+ who are using a modern FP 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	NA	NA	39,740	41,770	143,194 (91,644 FSW, 51,550 AGYW)	TBD	Targets refer to FSW and AGYW only

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
13. Percent of current PLHIV clients who received FP services from FPINT_SITE service delivery points	USAID Indicator	**Numerator:** Number of KVP living with HIV who receive FP services at Sauti service delivery platforms **Denominator:** Total KVP living with HIV who receive FP 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	Ongoing as part of service delivery, reported quarterly	NA	NA	NA	3.2%	8.5%	TBD	For FY19 it is calculated from number of FSW & AGYW tested positive for Q1 to Q3 (FY18) as numerator and denominator is FP target for FY 19

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
4. Number of clients received Long Acting and Reversible Contraceptives/Permanent (LARC/PM) disaggregated by method – USAID FP	USAID indicator	**Numerator:** Number of clients received Long Acting and Reversible /Permanent (LARC/PM) at CBHTC+ where Sauti services are being provided. Sauti provides LARC (implant and IUD), women opting for permanent methods are referred to health facilities. Disaggregated by FP method, Type of target group and Age (15-19, 20-24, 25+)	Health screening and service form	Ongoing with service delivery. Reported quarterly	NA	NA	13,116	13,829	47,257(FSW – 30,148 AGYW – 17,109)	TBD	The target refers to implants, IUD and permanent methods to FSW and AGYW

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
15. Couple-years of protection (CYP) generated from LARC/PM disaggregated by method– USAID FP	USAID indicator	Couple of years of protection (CYP) generated from using Implants, IUCD, disaggregated by method. Calculated using a multiplier factor with the number of clients receiving LARC	Health screening and service form	Annually	NA	NA	50,143 (Pills 400.67 Injectable 4,399.50 Implants 38,143.35 Condoms 25.13 Copper-T 380-A IUD 2,143.60 Perm. Method 5,031.30)	48,707 (Pills 436.27 Injectable 4,565.75 Jadelle 11,122.60 Condom 26.12 Implanon NXT 24,645.00 Copper-T 380-A IUD 2,382.80 Perm. Method 4,891.80)	143,194 (Pills 22,483, Injectable 62,692, Implants 43,741 Condoms 10,761, IUD/ Perm. 3516)	TBD	
16. Number of individuals who have been newly enrolled on (oral) antiretroviral pre-exposure prophylaxis to prevent HIV infection (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	N/A	N/A	N/A	4,192	1,847	TBD	In FY19, this target applies to FSW only across 27 districts in 11 regions

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
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 (peer educators, Empowerment workers, 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	48 PE	497 (249 PEs & 54 CSO's program officers for demand creation & 194 WORTH EWs and CSO leads)	1,193 (179 EWs and 914 PEs)	1,906 (203 EWs and 1,703 PEs)	2,961 (595 EWs and 2,366 CBHSP)	TBD	Based on needs. If an individual receives a refresher training during the life of the project, they may be recounted

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
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/age/ward/ training type	Training forms and TrainSMART database	At the end of each training. Reported quarterly	308 include repeats	440 HCWs	TBD	322	813 (Comm ART 127, FP 138, HIVST 156, HTS index 156, Refresher FP 156, AFHS 80)	TBD	Based on specific clinical training needs and accounting for new health care workers in the expansion districts
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 and DICs receiving FP training in either short-term methods or long-term methods or both, based on their assessed need.	Training forms and TrainSMART database	At the end of each training. Reported quarterly	43	140 (depends on the competencies of new staff)	TBD	80	150	TBD	Based on specific FP training needs.

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
20. Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (OVC_SERV)	PEPFAR indicator	**Numerator:** Number of active beneficiaries (children and caregivers) served with economic strengthening support, parenting education, social asset building or nutritional assessment, education or support. Active refers to last three months or the reporting period for quarterly reports. Disaggregate by Age/Sex: <1 Male, <1 Female, 1-4 Male, 1-4 Female, 5-9 Male, 5-9 Female, 10-14 Male, 10-14 Female, 15-17 Male, 15-17 Female, 18+ Male, 18+ Female	WORTH+ register	Ongoing with service delivery. Reported quarterly	NA	33,129 11,161 AGYW with DREAMS funding	21,968 11,769 AGYW with DREAMS funding	32,026	31,254	TBD	For DREAMS these includes unique individuals reached with either parenting education, social asset building and combination of socio economic intervention for 15-17,18-19 y.o. girls and 20-24 y.o. women
21. Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary FP services- FPINT_SITE	PEPFAR indicator	**Numerator:** Number of service delivery points (wards and DICs) supported by PEPFAR that are directly providing integrated voluntary FP services (CBHCT+ and DICs) **Denominator:** All service delivery points (wards and DICs)	Activity reports/ Health screening and service form.	Ongoing with service delivery. Reported quarterly	NA	100% (283 wards 24 DICs)	100% (283 wards 24 resource centers)	100% (679 wards)	100% (553 wards)	TBD	This target applies to wards where biomedical services are provided.

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
22. Number of KPs who received STI counseling and syndromic screening services	EJAF KPI indicator	Number of FSW and MSM who received STI counseling and syndromic screening services	Health screening and service form	Ongoing, reported Semi-Annual	NA	19,504	25,356	29,257 (15,717 MSM and 13,539 FSW)	29,257 (15,717 MSM and 13,539 FSW)	NA	This target calculated by using 75% of estimated 80% of MSM & FSW to be reached in three (3) years in five (5) regions
23. Number of KPs who started and continued an STI periodic presumptive prophylaxis.	EJAF KPI indicator	Number of FSW and MSM who started an STI periodic presumptive prophylaxis, Disaggregated by type of treatment and type of population	Health screening and service form	Ongoing, reported Semi-Annual	NA	15,603 (8,383 MSM and 7,221 FSW)	20,285 (10,897 MSM and 9,387 FSW)	23,405 (12,574 MSM and 10,831 FSW)	23,405 (12,574 MSM and 10,831 FSW)	NA	This target calculated by using 75% of estimated 80% of MSM & FSW to be reached in three (3) years in five (5) regions
SO2. Reduce individual risk behaviors and strengthen support for positive social norms and structures at community level											
24. Number of KPs enrolled in peer support groups	EJAF KPI indicator	Number of FSW and MSM enrolled in peer support groups	Peer register for the support groups	Ongoing, reported Semi-Annual	NA	9,362 (5,030 MSM and 4,332 FSW)	12,171 (6,538 MSM and 5,632 FSW)	14,043 (7,544 MSM and 6,499 FSW)	40,821 (i.e. 6,420 MSM and 34,400 FSW)	NA	Estimated from 60% of KP receiving STI PPT in five (5) regions

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
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	NA	NA	11,769	16,017	0	TBD	
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	NA	122,475 (110,955 COP & 11,520 DREAMS)	17,281 DREAMS	16,421	42,704 (Males 29,893 Females 12,811)	TBD	In DREAMS districts only (Kyela, Temeke DC, Kahama TC, Msalala DC, Ushetu DC, Shinyanga MC) Shinyanga DC
SO3. Execute a robust research and learning agenda											

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
27. Proportion of females who report increased self-efficacy at the conclusion of USG-supported training/programming (USAID Gender indicator)	USAID indicator	**Numerator**: The number of women (FSW and AGYW) whose scores have improved between pre and post-test, after participating in Sauti BCC and WORTH+ activities **Denominator:** Total number of women who participated in the relevant Sauti BCC, WORTH+ interventions **Disaggregate:** age 10-29, 30 +	Pre and Post-test surveys	Semi-Annual	0	50%	75%	75%	80%	TBD	
28. Number of new clients enrolled to Outreach ART	Program Indicator	Number of new KVP clients living with HIV enrolled in Outreach ART services, disaggregated by age and client category	CBHTC+	Ongoing, reported monthly and quarterly	N/A	N/A	N/A	14,996	33,458	TBD	
29. HIV+ MSM enrolled into C&T	EJAF Indicator	Number of MSM who tested HIV+ and enrolled in care and treatment	HSST/KVP /CTC2 cards	Semi-Annual	N/A	N/A	N/A	N/A	544	TBD	At 3 MSM friendly center of excellence

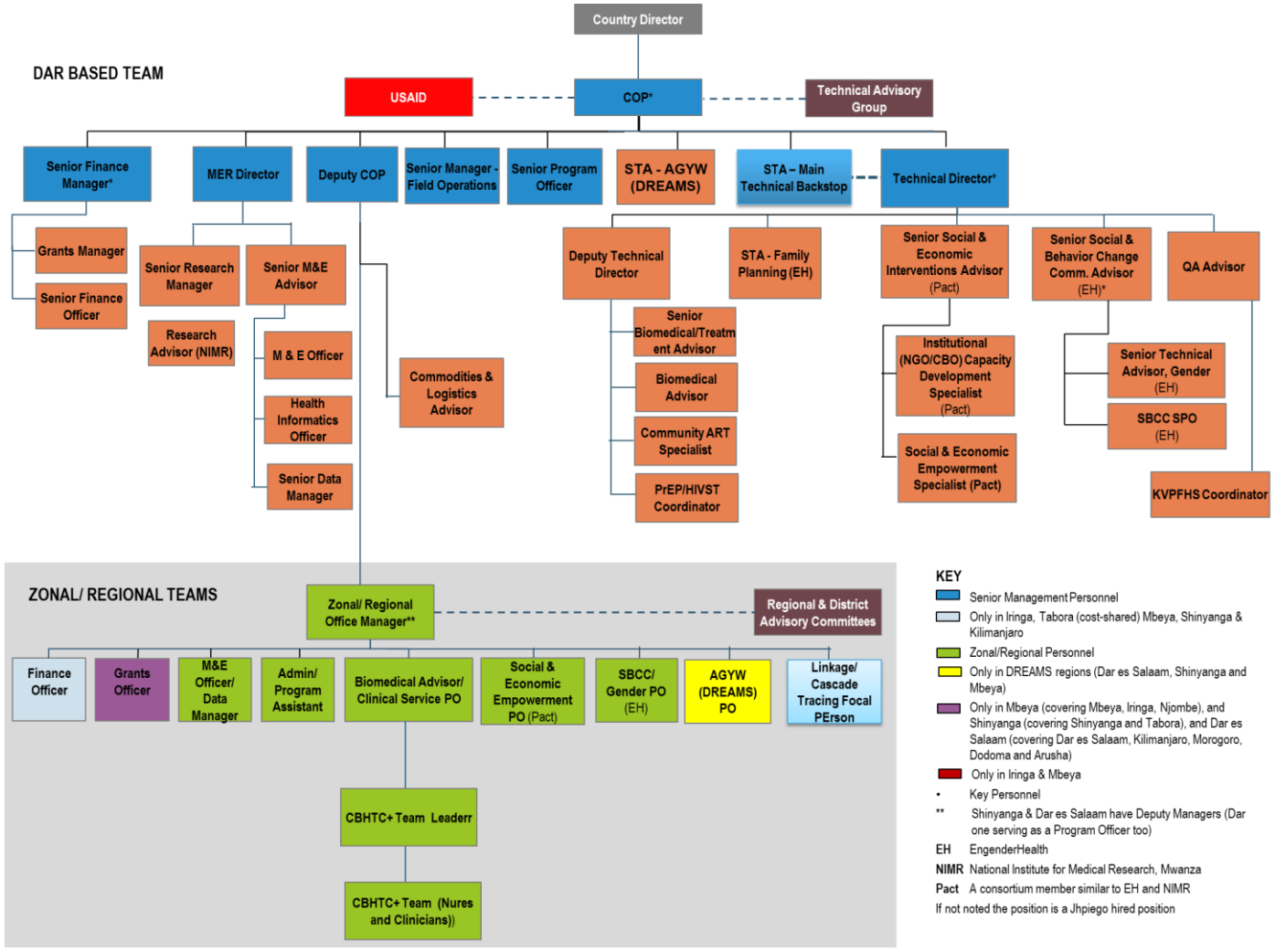
ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
30. HIV+ MSM retained on C&T	EJAF Indicator	Number of MSM who tested HIV+ and enrolled in C&T	KVP FORMS/ ART register	Semi-Annual	N/A	N/A	N/A	N/A	388	TBD	Targets are based on program reports on HTS, testing positive, enrollment and 50% rate of lost to follow up (LTFU) among those previously enrolled. At 3 MSM friendly center of excellence
31. MSM started STI PPT	EJAF Indicator	Number of MSM who started STI Periodic Presumptive Treatment ; disaggregated by new and follow up	KVP/HSST	Semi-Annual	N/A	N/A	N/A	N/A	7,269	TBD	Assumption is 95% MSM who received HTS will start medication. At 3 MSM friendly center of excellence

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
32. MSM started receiving mental health service (screening, care and treatment in accordance with the national guidelines, and/or referral to mental health clinics)	EJAF Indicator	Number of MSM started receiving mental health service (screening, care and treatment in accordance with the national guidelines, and/or referral to mental health clinics)	Mental health tool	KVP/HSST /mental health checklist	N/A	N/A	N/A	N/A	4,438	TBD	At 3 MSM friendly center of excellence
Objective 4: Increasing the sustainability of comprehensive HIV prevention services by strengthening engagement and ownership of host government, CSO, and communities											
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**											
33. 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	1	1	1	1	1	To develop jointly with the GoT and other partners, revised annually
34. Number of articles published in peer-reviewed journals by Sauti program	Project indicator	Number of articles published in peer-reviewed journals by Sauti program	Articles published	Annually	0	1	3	3	26	TBD	

ILLUSTRATIVE INDICATOR	STANDARD INDICATOR SOURCE	DEFINITION/ CALCULATION AND DISAGGREGATION	DATA SOURCE	FREQUENCY OF DATA COLLECTION	TARGETS						TARGET SETTING COMMENT
					FY2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
35. 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	0	TBD	TBD	100	541	TBD	

10. APPENDIX

10.1 Appendix 1: Sauti Organogram



10.2 Appendix 2: Sauti Budget Breakdowns (US $)

i. USG funding by project year for FY19

PROGRAM AREA	FY19					
	COP18 HIV	COP18 FP	SPECIAL INITIATIVES/CARRYOVER$			TOTAL
			OGAC-EJAF PPP	DREAMS	FP	
HIV						
KP_PREV (HVAB)*	14,428,136					**14,428,136**
PP_PREV (AB)*						
HTXS & HTS#	15,033,662					**15,033,662**
OVC_SERV	1,054,487					**1,054,487**
DREAMS	-			1,311,255		**1,311,255**
FAMILY PLANNING		500,000			500,000	**1,000,000**
HIV/STI EXPANDED PACKAGE (KP)			813,161			**813,161**
TOTAL	**30,516,285**	**500,000**	**813,161**	**1,311,255**	**500,000**	**33,640,701**

*A portion of prevention funding (KP_Prev and PP_Prev) is also used to support HIV testing services in SBCC and WORTH+ groups, including testing children of KPs

This budget code also includes funding for HTS (index and mobile)

$ This includes carryover funding from FY15, FY16 and FY17)

ii. *Budget Summary by Line Item per Quarter FY19*

Line Item	Quarter 1	Quarter 2	Quarter 3	Quarter 4	PY5 Budget Total
Personnel	$1,230,990	$1,285,232	$1,371,466	$1,347,901	$5,235,589
Fringe Benefits	$400,506	$417,933	$445,915	$438,288	$1,702,643
Travel	$1,865,160	$1,769,479	$1,508,972	$1,312,413	$6,456,023
Equipment	$0	$0	$0	$0	$0
Materials and Supplies	$207,383	$218,363	$199,433	$192,963	$818,142
Contractual	$2,492,332	$2,430,264	$2,433,042	$2,429,542	$9,785,179
Other Direct Costs	$1,645,440	$1,659,689	$1,254,196	$999,402	$5,558,726
Indirect Costs	$1,108,299	$1,106,020	$986,753	$883,325	$4,084,398
TOTAL COSTS	$8,950,110	$8,886,980	$8,199,776	$7,603,834	$33,640,701

iii. Sauti Life of Project (LOP) Budget

Line Item	Life of Project - To End of PY4	Year 5 Budget	Oct 1,2019 - Feb 8, 2020	TOTAL
Personnel	12,974,091	5,235,589	1,846,377	20,056,057
Fringe	4,363,715	1,702,643	599,498	6,665,856
Travel	14,422,909	6,456,023	2,220,632	23,099,564
Equipment	3,572,852	0	0	3,572,852
Materials & Supplies	1,101,446	818,142	1,846,377	3,765,965
Contractual	20,836,644	9,785,179	0	30,621,823
ODC's	10,244,243	5,558,726	1,647,969	17,450,938
Indirect	10,528,546	4,084,398	1,387,345	16,000,289
TOTAL	**78,044,446**	**33,640,701**	**9,548,198**	**121,233,345**

iv. Sauti Cost Share for FY19

A total of **$4,903,995** of cost share for the Sauti project was reported through Sept 30, 2018. This is 73% of the cost share requirement of the total project obligation. Documentation for an additional approximately $1,000,000 of cost share will be finalized and reported in Q1 of FY19.

Sources of cost share documented in FY18 include: TOMS shoes donations, Government of Tanzania (PO-RALG and MOHCDGEC) providers' time donated to CBHTC activities, and activities conducted under the EJAF and M4ID awards contributing to Sauti project objectives.

Cost share opportunities for FY19 include:

- Provider time contributing to CBHTC activities to approximately USD $750,000
- Empowerment worker time contributing to SBCC activities to approximately USD $3,000,000
- TOMS shoes donation for AGYW reached with biomedical, behavioral and structural interventions USD $967,000

- Others as identified, including possible donations of phones and SMS messages by service provider TIGO and bicycle donations for community volunteer transport, up to USD $250,000

10.3 Appendix 3: Key Research Findings/Observations and Programmatic Implications Sauti Budget

MAJOR/ KEY OBSERVATIONS	PROGRAMMATIC IMPLICATIONS	SAUTI FY19 PLANS
Researchers: Sauti NIMR Team **Study Name: Qualitative study to inform HIV intervention delivery among MSM** **Start and expected completion dates: February 2017-- September 2018** **Population of interest: MSM**		
• MSM are linked through complex social and sexual networks. These networks are accessed through both virtual sites (i.e. Facebook, WhatsApp and text messaging) and physical sites (i.e. gay parties, bars). • MSM exhibited high risk sexual behavior and low HIV risk perceptions. For example, while concurrency and unprotected sex was common, participants felt that the risk for HIV infection in male-to-male sex was low. MSM perceived being at a high risk if they had sexual contact with women because of belief that HIV virus resides only in the vaginal fluids. • Acceptability of PrEP and HIV self-testing was high. • Strong preference for PrEP to be delivered through trained peers and MSM friendly health-care facilities.	• Explore and document social and sexual networks and utilize them to reach and deliver HIV preventive care and treatment services • Explore options to reach non-venue based MSM • Intensify behavioral change communication (BCC) interventions among MSM to address myths and misconceptions towards HIV risk. • Explore readiness of the peers and facilities in delivering HIVST and PrEP	• Continued provision of peer-led SBCC individual education to MSM • Conduct consultations with MSM communities on feasibility and modalities to reach non-venue based MSM
Researchers: Sauti NIMR Team **Study name: Qualitative Research to Inform Sauti on Strategies to Deliver Intervention Packages among FSWs in Tanzania** **Start and expected completion dates: February 2017 -- June 2018** **Population of interest: FSW**		
• Poverty and social inequality overrides risk and sexual behavior knowledge. e.g. It is common for FSWs to have unprotected sex with high paying clients. • Sex work takes place in diverse environments and contexts i.e. FSWs solicit clients from different settings - recreational facilities, streets, homes, brothels or through personal mobile telephones. • There is high acceptability of HIV self-testing and PrEP. However, FSWs expressed concerns about continued stigma from health care providers and community members. In addition, FSW were skeptical about potential social harm /adverse events.	• Need to provide structural interventions that address poverty and income inequality (in addition to the biomedical & behavioral Interventions). • Delivery of program interventions should be informed by the local contexts (instead of developing blanket strategies when dealing with FSWs). We recommend for employment of multiple strategies for delivery of interventions.	• Roll out of WORTH+ economic empowerment platform to FSW as part of PrEP services promotion • Strengthen CBHPS counseling skills to address concerns on PrEP and HIVST social harm /adverse events • Close collaboration with Tulonge Afya to ensure IEC

MAJOR/ KEY OBSERVATIONS	PROGRAMMATIC IMPLICATIONS	SAUTI FY19 PLANS
	• Address concerns about the perceived quality of services and fear/rumors related to side effect/social harm and adverse events of the interventions. • Develop and implement interventions that specifically address HIV stigma which impede uptake of the services.	materials are context specific and address myths and stigma
Researchers: Sauti NIMR Team **Title: Geographical and Virtual Mapping of Key Populations in Tanzania** **Start and completion dates: November 2015—September 2018** **Population of interest: MSM, FSW**		

• The estimated FSW population in all the regions mapped was 144,519-- 11,309 in Temeke district, 51,726 in Iringa region, 14,738 in Mbeya region, 21,716 in Njombe region and 45,032 in Shinyanga region.
  • The number of FSWs reported in the mapping survey was higher compared to the number of FSWs reported in previous surveys and Sauti service uptake figures.
• The estimated MSM population ('reachable/visible' and 'unreachable/invisible') in all the regions mapped was 23,771-- 7,628 in Temeke district, 6,313 in Iringa region, 3,046 in Mbeya region, 419 in Njombe region and 6,313 in Shinyanga region.
  • 'Reachable' MSM are MSM who are more visible and who gather in publicly accessible venues. Also, the mapping study collected data on MSM who are invisible/hidden i.e. do not visit publicly accessible venues for partner solicitation.
• A total of 5,181 men aged 18+ years had online profiles across the virtual sites used for soliciting sex with other men.
  • This number decreased to 1,158 after accounting for users with multiple accounts.
  • This figure was reduced further to account for potential double-counting of MSM who frequent both physical venues and virtual
	• The Sauti uses a more restrictive FSW definition based on sex work earnings ≥50% of income to that used in the study, as it was not possible to apply the programmatic definition in the research context. The project should continue diligently monitoring both FSW as well as high-risk AGYW and OHSF to understand the epidemic.
	• Social networks should be used to reach invisible MSM who are not necessarily found in venues and engage them in health care. Internet-based interventions should be used to expand access for effective behavioral interventions.
	• Develop, evaluate and implement interactive mobile applications that can be used for HIV prevention interventions, such as promoting HIV self-testing, PrEP and ART use among key and vulnerable populations
		• Continued monitoring and evaluation of Sauti KP HIV intervention programs and saturation
		• Continue assessing risk behavior beyond population definitions and categories so as to offer necessary services and referral
		• Advocate for and scale up innovative approaches such as HIVST, PrEP and Community ART
		• Pilot SMS to reach MSM through digital peer referrals, promoting HIV self-testing, PrEP and ART outreach services

MAJOR/ KEY OBSERVATIONS	PROGRAMMATIC IMPLICATIONS	SAUTI FY19 PLANS
hook-up sites; the final size estimate was 94 MSM who use only virtual sites for soliciting sexual partners.	who use the internet to solicit sexual clients but don't visit venues.	• Disseminate key findings, inform national agenda, develop manuscript
Researchers: Final Mile **Study name: Improve effectiveness of cash transfers using behavioral economics and human-centered design** **Start and expected completion dates: Jan 2017 – Sep 2018** **Population of interest: AGYW**		
• Cash is a critical enabler but insufficient as a standalone intervention • Self-agency is an important component of sustainable empowerment that is currently lacking in AGYW's vision. Hence, AGYW's vision of desired future states needs to be reframed to include self-agency • Social support and skill training may not be necessary conditions but they are important enabling conditions for self-reliance. Moreover, social support and skill training may help establish courage and confidence among AGYW initially, which can subsequently lead to development of self-agency	• Develop a Mentorship module that can be integrated within a Cash Transfer, WORTH+ and SBCC Interventions and includes the following components: o Emotional Efficacy: Change the risk / reward trade-off amongst AGYW by increasing the perception of rewards associated with self-reliance, and build resilience and ability to sustain it despite set backs o Social Efficacy: Help build constructive social relationships (mentors, peers, role models) that motivate AGYW in the path of self-reliance. Also, help identify negative relationships that inhibit this path. o Economic Efficacy: Help establish a personalized financial road map and business plan that would result in building a resilient stream of financial resources.	• Pilot a mentorship model with a subset of WORTH+ group members involving pairing them with successful business owners • disseminate key findings, inform national agenda, develop manuscript
Researchers: Sauti NIMR Team **Study name: Cash Transfer to Adolescent Girls and Young Women (AGYW) to Reduce Sexual Risk Behavior - an Impact Evaluation (CARE Study)**		

MAJOR/ KEY OBSERVATIONS	PROGRAMMATIC IMPLICATIONS	SAUTI FY19 PLANS
Start and expected completion date: 30th Oct 2017 – 01st November 2019 **Population of interest: AGYW**		
• Proportion of vAGYW reporting transactional and sex work[2] in the last six months were 30.5% and 17.0% respectively. Self-reported transactional sex among AGYW was generally high and slightly more prevalent in young ages (36% in ages 15-17 versus 29% in ages 18-23). • The overall prevalence of HIV was 3.6%. The prevalence was 5.3% among those who reported transactional sex, 4.1% among those reporting sex work, and 4.8% among those reporting both transactional and sex work in the last six months. • The proportion of vAGYW with depressive and anxiety symptoms in the last two weeks were 35.6% and 30.7% respectively. • The overall prevalence of HSV-2 was 32.0%. Restricting to those who reported sex in the last six months (n=2,255), the overall prevalence was 36.9%. The prevalence was 39.1% among those reporting transactional sex and 36.4% for those reporting sex work.	• Risky sexual behavior starts at young age. There is a need to ensure that HIV prevention interventions include key and vulnerable population under 18 years of age. • Since Sauti classifies female reporting transactional sex other hotspots population (OHSP) whereas in this study the HIV risk was significantly higher among female reporting transactional sex than those reporting sex work, there is a need to provide the same HIV prevention intervention package to all OHSP and female sex workers • Initiation of mental health screening and referral among AGYW.	• Continue offering a comprehensive package of interventions to AGYW 15-24yrs in DREAMS Districts, including SBCC education, biomedical services and economic empowerment • Identify sections of the SBCC curriculum that would need to be reviewed based on their risk behavior rather than their population category • Disseminate key findings, inform national agenda, develop manuscript
Researchers: M4ID **Study name: Next T** **Start and expected completion dates: January 2018 - March 2019** **Population of interest: AGYW, ABYM**		
• Young people see contracting HIV as inevitable. As a result, testing feels pointless and a step closer to death. • First test is the hardest, given the fear of stigma attached to HIV and the consequences of testing. • For most people HIV still equates with death. Adolescents believe that their life and dreams will end if they test positive.	• Making clearer, more relatable and engaging communications for adolescents on HIV • Engaging with PLHIVs to show people how normal the life of an HIV+ person can be	• Collaborate closely with *Tulonge Afya* to ensure insights from the first phase of Next T research is incorporated in IEC materials developed for

[2] Sex work was defined as prior negotiation of payment in exchange for sexual intercourse. Transactional sex was defined as sexual relationship with a man in anticipation of receiving money, gifts or favor.

MAJOR/ KEY OBSERVATIONS	PROGRAMMATIC IMPLICATIONS	SAUTI FY19 PLANS
• Adolescents feel that they would have to face both the test and life with HIV on their own. There is a vast, unmet need for emotional support. • AGYW fear abandonment, financial distress, and violence on testing positive or after disclosing to their partners • When it comes to HIV-related information or status disclosure, a young person's circle of trust is small, and mothers are at the heart of it. • The contradiction between social norms and the realities of life for young people makes risk avoidance and care-seeking complex - especially for young girls and women who sometimes engage in transactional sex as a means of livelihood. • Being an adolescent means already feeling vulnerable, but fear of exposure during testing and seeking care is dramatically magnified. • Confidentiality comes up repeatedly as the strongest need and biggest gap in testing services. • Young people prefer testing in groups or other measures that can provide them with plausible deniability. • There are positive outliers who associate testing with a sense of responsibility towards partner, family or nation, and try convincing people by telling that they themselves have tested or even sharing their status.	• Providing emotional support to adolescents throughout the care-seeking journey including disclosure should they be diagnosed positive • Improving confidentiality of services so adolescents feel more comfortable in up taking testing • Reframing the meaning of testing to be a popular, rather than an embarrassing or stigmatized act • Get people talking about HIV - spark meaningful and accurate conversations on the disease <u>Note:</u> The research is moving to co-creation phase and thus does not have below are broad directions that will be explored and NOT concrete programmatic implications yet.	AGYW and ABYM across the cascade • Include engagement of CBHSPs and EWs on their role in providing emotional support and ensuring Sauti's group-based interventions offers a safe space for ALHIV • disseminate key findings, inform national agenda, develop manuscript
Researchers: Sauti NIMR Team **Study name: Periodic Presumptive Treatment of STI (PPT Study)** **Start and expected completion date: March 2018 – June 2019** **Population of interest: MSM, FSW**		
• Syphilis prevalence: 1.15% • NG prevalence: 1.2% <u>Note:</u> The baseline data collection is on-going.	• As this study aims to assess changes on population-based STI prevalence following the roll out of STI PPT to SW	• disseminate key findings, inform national agenda, develop manuscript; further actions need to be refined as soon study is completed

10.4 Appendix 4: Abstracts submitted and accepted to conferences and published manuscripts

Abstract/Manuscript Title	Conference	Outcome of submission
Abstract		
STI and sexual violence screening is relevant for key populations in Tanzania	"FIGO 2018 RIO DE JANEIRO, BRAZIL; October 14-19, 2018	Accepted as Poster exhibition
Diagnose One, Link One1 (D1L1): strategy increases new HIV diagnoses and improves testing yield among key and vulnerable populations in Tanzania	AIDS 2018 Conference AMSTERDAM, NETHERLANDS	Accepted as Poster exhibition
Reaching the uncircumcised through community HIV testing services (HTS): Are mobile men creating regional circumcision prevalence discrepancies?	AIDS 2018 Conference AMSTERDAM, NETHERLANDS	Accepted as Poster exhibition
Factors associated with transactional sex among adolescent girls and young women accessing community-based combination prevention services in Tanzania	AIDS 2018 Conference AMSTERDAM, NETHERLANDS	Accepted as Poster exhibition
What are the FP and safer conception needs of HIV-positive female sex workers in Dar es Salaam?	2018 ICFP KIGALI, RWANDA	Accepted as Oral Presentation
Reaching Female Sex Workers with integrated FP, HIV testing and STI screening in Tanzania: results from a comprehensive community-based program	2018 ICFP KIGALI, RWANDA	Accepted as Poster exhibition
Contraceptive Need and Method Choice Among HIV-positive Female Sex Workers in Tanzania	2018 ICFP KIGALI, RWANDA	Accepted as Poster exhibition
Manuscript		
Participants' accrual and delivery of HIV prevention interventions among men who have sex with men in sub-Saharan Africa: a systematic review	BMC Public Health	Article Published
Determinants of Access to HIV Testing and Counseling Services among Female Sex Workers in sub-Saharan Africa: A Systematic Review.	BMC Public Health (PUBH-D-18-00665)	To be published

REVISED ENVIRONMENTAL MONITORING AND MITIGATION PLAN

10.5 Appendix 5: Revised Environmental Monitoring and Mitigation Plan

EMMR Part 1 of 3: Environmental Verification Form

USAID/Tanzania, HIV/AIDS Program, Award Name: USAID/ Sauti Program

Name of Prime Implementing Organization: Jhpiego

Name of Sub-Awardee Organization (if this EMP is for a sub): ___N/A__

Date of Previous EMMP for this organization: September 25, 2017

Geographic location of USAID-funded activities: Arusha, Dar es Salaam, Dodoma, Kilimanjaro, Iringa, Mbeya, Morogoro, Mtwara, Njombe, Shinyanga, and Tabora regions

Date of Screening: September 25, 2018

Funding Period for this award: FY 15 - FY 20

Current FY Resource Levels: USD 35,300,027 (including new FY19 funding & carryover from FY18)

This report prepared by:

Name: Albert Komba **Date:** September 25, 2018

Key Elements of Program/Activities Implemented

Activity Group	Group Description	Yes	No
1.	• Education, technical assistance, or training programs • Analyses, studies, academic or research workshops and meetings; • Document and information transfers; • Nutrition, health care, or FP services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, and waste water treatment).	X	
2	Support permaculture gardening		X
3	Construction and renovation of facilities		X
4	Distribution of Long lasting Insecticide Treated Nets (LLITNs)		X
5	Activities involving Health care, treatment and testing of blood	X	
6	Other activities that are not covered by the above categories **(i.e. Procurement, storage, management and disposal of public health commodities)**	X	

EMMP Part 2 of 3: Mitigation Plan

Category of Activity from Section 5 of IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the IEE)	Description of Mitigation Measures for these activities as required in Section 5 of IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training, etc.	No environmental impacts anticipated as a result of these activities During trainings (i.e. demonstrations/trainings on provider initiated HTC, HIV self-testing, Pre-Exposure Prophylaxis, FP methods [DMPA/Implants]) for newly recruited Sauti Program staff and health care providers in selected health facilities within/near hotspots [involved in community health service delivery and/or for capacity building], there may be small amounts of only non-infectious/non-hazardous waste generated.	Sauti will ensure that all program education and training materials include environmental management aspects. These will include MOHCDGEC's recommended guidance on safe health care waste management (i.e. minimization, segregation, collection, storage, transport, treatment and final disposal), infection prevention and control (including safe handling of sharps, post-exposure prophylaxis, and other standard precautionary measures), and injection safety; in line with WHO standards. Below is a detailed list of issues to be addressed during these activities: • Infection Prevention and Control, Injection Safety • Proper healthcare waste management (i.e. minimizing waste generation, segregation using color coded bins & liners, good waste collection practices, proper personal protective equipment use, waste storage and safe disposal)	The monitoring will be led by the following program leads • Technical Director • Project Director, • Quality Assurance Advisor, and • Regional Program Managers (for each specific region) ***(Note: MOHCDGEC HCWM program coordinators and R/CHMT focal persons for waste management (i.e. HCWM Officers) will also be engaged in this routine exercise)***	1. Number of providers who have received on-the-job and in-service trainings, mentorship, coaching, supportive supervisions and technical assistance visits on IPC (whose content include "environmental impact", "infection prevention and control", "injection safety", "waste management", and "post-exposure prophylaxis", including first aid procedures	• Training • Supportive supervision Review of materials and modules used in training • QA/QI Assessments	Quarterly supervisions and assessment and Semi-annual reviews

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	(Note: Any trainings/demonstrations using on clients will be conducted in clinical settings (i.e. health facilities and mobile outreaches), and therefore for specific mitigation measures refer to category 4 below	• Managing traffic flow and activity pattern to reduce risk of occupational exposure of blood and other body fluids (directly from clients or through contaminated instruments and environment) • Proper first aid procedures and use of post-exposure prophylaxis following accidental exposures to blood and body fluids. This will also include implementation of referral and linkage systems for accessing PEP at government facilities		following accidental exposure to blood and body fluids, as well as other wastes) ***Note:*** ***1. The Technical Director will ensure that medical waste management and disposal topics, SOPs and policy recommendations are included in project trainings, quality improvement activities, and supportive supervision visits, as appropriate*** ***2. Also to be included as a means to mitigate environmental impact will be discussions on ensuring proper handling, transport and storage of test kits, reagents, and medical***		

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				supplies in alignment with manufactures' recommendations		
2. Support permaculture gardening	N/A	N/A	N/A	N/A	N/A	N/A
3. Construction and renovation of facilities	N/A	N/A	N/A	N/A	N/A	N/A
4. Distribution of Long lasting Insecticide Treated Nets (LLITNs)	N/A	N/A	N/A	N/A	N/A	N/A
5. Activities involving Health care, treatment and testing of blood materials	Sauti's core and expanded biomedical services i.e. provider initiated HTS, HIV self-testing, Pre-Exposure Prophylaxis, Outreach ART, FP, STI testing & treatment, will involve the handling of blood and other body fluids, used bandages, syringes, scalpels, and other medical wastes (e.g. used rapid test kits and reagents/diluent)	The MOHCDGEC has several key documents to guide all stakeholders on proper infection prevention and control and healthcare waste management. These guidelines include - Healthcare Waste Management (HCWM) Monitoring Plan (2006), - Healthcare Waste Management Policy Guideline (2006), - Healthcare Waste Management Standards and Procedures (2006), - National Infection Prevention and Control Standards (2012), and - National Healthcare Waste Management Catalogue (2014)] - Healthcare Waste Management	The monitoring will be led by the following program leads • Technical Director • Senior Biomedical/Treatment Advisor • Regional Program Managers • Regional Biomedical Advisor/ Clinical Service Program	1. Number of providers who have received on-the-job and in-service trainings, mentorship, coaching on IPC 2. Number of QA/QI assessments on IPC 3. Number of supportive supervisions on IPC	• Training • Supportive supervision visits • QA/QI Assessments • SIMS visits	Quarterly visits and assessments Semi-annual trainings

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	It is therefore key that proper waste handling and management practices *(i.e. segregation, collection, storage, transport and final treatment/disposal)* are standardized in all service delivery points *(i.e. mobile outreach in the communities and homes, those health facilities within/near hotspots which will be collaborating with Sauti Program*).	SOPs for Waste Handlers (unpublished) - National Infection Prevention and Control Guidelines (2006) - National Infection Prevention and Control Pocket Guide (2009) - National Infection Prevention and Control Standards for Hospitals (2012) - National Infection Prevention and Control Standards for Health Centers and Dispensaries (2013) In order to mitigated the above narrated risks, Sauti Program will use the guidance from the above documents to orient all providers engaged in providing community-based services on all IPC and HCWM practices. Furthermore, these documents will be disseminated to all service delivery sites. As explained in Activity 1 above, technical updates and orientation on waste management (i.e. minimization, segregation, collection, storage, transport, treatment and final disposal) will be provided to all providers. Furthermore, site-appropriate (mobile outreach 'or' health facility within/near hotspots) mitigation measures will be	Officers • Regional Biomedical Team Leaders ***(Note: MOHCDGEC HCWM program coordinators and R/CHMT focal persons for waste management (i.e. HCWM Officers) will also be engaged in this routine exercise as per project's needs***	4. Number of SIMS visits ***Note: QA checklists developed by Sauti encompasses all the key elements discussed under column 3***		

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		implemented at all service delivery points in order to minimize environmental impact posed by the various types of infectious/hazardous wastes generated (e.g. used rapid testing kits, used cotton/antiseptic swabs, sharps used for collecting blood specimen, blood collection kits for HTS, and pharmaceutical supplies). ***Note:*** 1) Waste generated at mobile outreach and homes will be collected and safely transported to the nearby health facility with functioning treatment and final waste disposal infrastructures (i.e. incinerator and/or sharp pits) 2) As needed, facilities (within/near hotspots) which will be serving KVPs will be provided TA (in collaboration with the MOHCDGEC- HCWM program coordinators) to strengthen their waste final treatment and disposal 3) For clients who will be issued HIV self-testing kits, they will be educated on the need to dispose the same safely at home in latrines (following the MOHCDEC's home-based care guidelines as well as the HIV self-testing SOPs developed under the leadership of NACP)) Since HCWM equipment is key to safe				

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		handling of waste, Sauti Program will do the following: **a) <u>In Mobile Outreach Sites</u>** - Procure waste segregation receptacles (i.e. color-coded bins and bin liners) and safety boxes - Procure leak-proof and puncture resistant containers ready for transport of waste from outreach settings to designated health facilities within the vicinity of the outreaches **b) <u>In Health Facilities serving KVP near/within hotspots</u>** - Assess the availability of key waste management supplies/equipment and infrastructure - Advocate with R/CHMTs for inclusion of waste management supplies/equipment and infrastructure into CCHPs and procurement of the same - In case there are severe shortages, procure short-term supplies of waste segregation receptacles, and PPEs for waste handlers.				
5. Other activities that are not	Through various Sauti Program service	In order to mitigate risks associated with these activities, Sauti Program will do the	The monitoring will be led by the	• Number of key staff trained in logistics of	• Supportive supervision	Quarterly visits,

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covered by the above categories **(i.e. procurement, storage, management and disposal of public health commodities)**	delivery platforms, KP will be provided with STI periodic presumptive treatment and syphilis treatment; stable PLHIV will receive community-based ART refills; FSW will receive Pre-Exposure Prophylaxis; AGYW, FSW and OHSP female will receive modern FP methods and medications for other conditions as they may become available. This aspect of service may be associated with the following potential environmental impacts • Expired commodities harm if used by humans • Expired commodities can contaminate the soil, harm vegetation, and	following: • Collaborate with regional/district pharmacist to strengthen the capacity of facility pharmacists/drug dispensers and the capacity of outreach staffs on proper commodity management to minimize expiries or wastage. • Collaborate with the regional/district laboratory technologist and facility-based staff to implement a system for identifying expired reagents, remove them from shelves/drug stores, place them in well labeled boxes, and dispose them (forward them to incineration / disposal points) as per national guidelines •	following program leads • Technical Director • Senior Biomedical/Treatment Advisor and Biomedical Advisor • Regional Program Managers • Regional Biomedical Advisor/ Clinical Service Program Officers • Regional Biomedical Team Leaders	pharmaceutical products and LMIS (as per need). • Quantity of expired drugs removed and taken to disposal / incineration points for disposal.	visits • QA/QI Assessments • SIMS visits • Warehouse /Stores commodity reports	assessments and commodities reports commodities reports

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	pollute water • Expired laboratory reagents may lead to erroneous results if used • Unsafe disposal of consumables such as condoms and gloves can contaminate soil, harm vegetation, and pollute water. They may also spread infections to humans.					

EMMR Part 3 of 3: Reporting Form (EMMP)

List each Mitigation Measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status of Mitigative Measures	List any outstanding issues relating to required conditions	Remarks
Education, Training, TA: On-the-job and in-service CMEs on Infection Prevention and Control & Injection Safety (IPC/IS)	In FY18 (as of the time of submission of this report), all Sauti staff were mentored on infection prevention and control (IPC) and injection safety, during staff induction/orientation session and through on the job trainings. All the 400+ providers engaged in service delivery and 1200+ peer educators received orientation on IPC/IS	-	Sauti has integrated IPC in its QI/QA Assessment Tools, as well as the ongoing coaching and mentorship program for all providers (including government-seconded nurses
Education, Training, TA: Proper health care waste management (i.e., minimizing waste generation, segregation using color-coded bins and liners, good waste collection practices, proper personal protective equipment use, waste storage and safe disposal)	Similar to the above, in FY18, all Sauti staff received on the job refresher training on medical waste management and they are all having personal protective equipment	-	Medical waste management is an integral part of all the on-the-job trainings, supportive supervisions, as well as the ongoing mentorship and coaching
Education, Training, TA: Traffic flow and activity pattern to reduce risk of occupational exposure of blood and other body fluids (directly from clients or through contaminated instruments and environment)	Traffic flow and activity pattern at service delivery point is key to ensuring proper infection prevention and control practices are abided to. In FY18, as part of the ongoing on-the-job capacity building initiative, all Sauti staff were oriented/trained on the importance of managing activity patterns and client flow to minimize the risk of contaminating the working environment and exposure to blood and body fluids	-	This is part and parcel of the ongoing mentorship and coaching
Education, Training, TA: Use of occupational post-exposure prophylaxis following accidental exposures, and implementation of systems for monitoring availability of PEP and	In FY18, the IPC orientation/ mentoring mentioned above also covered standard precautionary measures, first aid procedures following accidental exposure to blood-borne pathogens, as well as	-	This is an integral part of the capacity building package (on-the-job mentorship and coaching)

List each Mitigation Measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status of Mitigative Measures	List any outstanding issues relating to required conditions	Remarks
compliance to National PEP guidelines	referrals and linkages to post-exposure prophylaxis (PEP) treatment sites at government facilities		
Activities involving health care, treatment and testing of blood materials: Waste generated at mobile outreach collected and safely transported to the nearby health facility with functioning treatment and final waste disposal infrastructures (i.e., incinerator and/or sharp pits	Sauti has established memorandum of understandings (MOU) with all local government authorities (LGAs) – an agreement which outlines various roles of government health facilities located near or within hotspots (including treatment and disposal of medical waste generated by Sauti community biomedical providers). In the FY18, Sauti has continued to use the government facilities to dispose waste generated in the community, and all the necessary standards have been met.	All LGAs have now signed the MOUs and are accepting medical waste brought to the facilities	Waste management is an integral part of LGAs' commitments in supporting community KVP HIV combination prevention activities During the FY18 QA/QI assessments as well as the SIMS visit, Sauti met all the set standards well. Continuous improvement activities are in progress to ensure compliance with standards
Activities involving health care, treatment and testing of blood materials (Mobile Outreaches): Procure waste segregation receptacles (i.e., color- coded bins and bin liners) and safety boxes	Sauti is using safety boxes, bins and bin liners for the segregation and collection of waste generated at community service delivery points. Supportive supervision reports show that mobile teams are using the waste containers as per standards	-	Biomedical advisors/Clinical Service Program Officers, Team leaders and supervisors continue to enforce providers' compliance to the national healthcare waste management guidelines
Activities involving health care, treatment and testing of blood materials (Mobile Outreaches): Procure PPEs for waste handlers	Similarly, Sauti has procured gloves and other recommended PPE for field staff to do while handling waste Supervision by R/CHMT and central Sauti teams (including SIMS assessments) have shown compliance with the national	-	Ongoing coaching, mentorship, and supervision will continue to be enforced in order to ensure compliance to the national IPC guidelines

List each Mitigation Measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status of Mitigative Measures	List any outstanding issues relating to required conditions	Remarks
	standards for managing blood and body fluids (i.e. safe precautionary measures and proper waste disposal)		
Activities involving health care, treatment and testing of blood materials (Mobile Outreaches): Procure leak-proof and puncture resistant containers ready for transport of waste from outreach settings to designated health facilities within the vicinity of the outreaches	For the kind of waste generated currently, MOHCDGCE's recommended safety boxes and bin liners suffice the use	-	Ongoing coaching, mentorship, and supervision is done to ensure compliance to the national IPC guidelines
Other activities that are not covered by the above categories *(i.e., procurement, storage, management and disposal of public health commodities:* Collaborate with regional/district pharmacists to strengthen the capacity of facility pharmacists/drug dispensers in proper commodity management systems to minimize expiries or wastage	Sauti is currently providing STI periodic presumptive treatment (PPT), Syphilis treatment, PrEP, ART and FP at the community level. All the handling of the medication and disposal is following national guidelines. Verification of expiry dates for any medications is central managed using an ICT platform (intellicheck). On the other hand, PrEP and ART medication are managed by the regional/district pharmacists using the national systems.	Ongoing mentorship and coaching continues	Regional/Council Health Management Teams are involved in supervision of any service where medications are provided (in alignment with the guidelines)
Other activities that are not covered by the above categories *(i.e., procurement, storage, management and disposal of public health commodities:* In collaboration with the regional/district laboratory technologists support *Sauti* teams and facility-based staff to implement a system for identifying expired drugs and their removal drugs from drug stores for disposal	Sauti follows national guidelines in handling public health commodities and disposal of the same. As explained above, for medications that are stored in Jhpiego/Sauti warehouses, the intellicheck system is enabling identification of expiry dates for the medications. Since the inceptions, all the medications have been procured while	-	At the field level the government Lab Technicians performs regular IQC for HIV rapid test, as part of field supportive supervision.

List each Mitigation Measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status of Mitigative Measures	List any outstanding issues relating to required conditions	Remarks
	taking into account the expiry dates; so far the project has never faced a situation of expiry medications		
Other activities that are not covered by the above categories (i.e., procurement, storage, management and disposal of public health commodities: Implement a system for safe disposal of consumables in accordance with HCWM guidelines and SOPs	----------do----------	-	----------do----------

Certification

I certify the completeness and the accuracy of the mitigation and monitoring plan described above for which I am responsible and its compliance with the SO3 IEE:

Signature:  **Date:** September 26, 2018

Name: Albert Komba

Project Name: USAID/Sauti Program

Organization: Jhpiego

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USAID/Tanzania Clearance of EMMR:

Mission Environmental Officer:
Name: _____ Signature: _____ Date: _____

Agreement Officer:
Name: Ayana Angulo Signature: _____ Date: _____

Agreement Officer Representative:
Name: Erick Mlanga Signature: _____ Date: _____

Jhpiego