Tanzania

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

Program Description:

The United Republic of Tanzania (URT) faces many economic and social development challenges, including those posed by a generalized AIDS epidemic and other communicable diseases. Critical impediments to strengthening health outcomes in Tanzania include the inadequacy of trained human resources, inadequate infrastructure, and overburdened logistics systems and supply chains. For example, nearly Redacted of health workers positions remain vacant across all cadres.

According to the 2007-08 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), adult HIV prevalence in the country is estimated at 5.8% (6.8% of adult women and 4.6% of adult men) and an estimated 1.4 million Tanzanians are living with HIV and AIDS, of which approximately 10% are children. The social, economic, and environmental impact of the AIDS epidemic is sorely felt. An estimated 140,000 Tanzanians die each year, resulting in disruption of family structures and an increase in the estimated 1.1 million HIV orphans and vulnerable children (OVC) in Tanzania. About 80% of HIV transmission in Tanzania occurs through heterosexual contact, approximately 18% through mother-to-child transmission, and 1.8% through medical transmission or traditional practices. There continues to be a significant difference in the prevalence among urban (10.9%) and rural (5.3%) areas of the country.

While analysis of the 2007-08 THMIS suggests slight decreases in HIV risk behaviors, high rates of multiple concurrent partnerships (MCP), transactional, commercial, and cross-generational sex continue, and condom use during high-risk sex remains low. Finally, while approximately 66.8% of men aged 15-49 are circumcised; rates of male circumcision vary considerably between regions, from about 24% to close to 100%.

Partnership Framework:

Overall, the Framework aims to reduce new HIV infections and morbidity and mortality due to HIV and AIDS, as well as to improve the quality of life for those affected by HIV and AIDS. These outcomes are anticipated through delivery of high-quality services and evidence-based interventions as well as improvements in structures, systems, and leadership capacity. The Framework emphasizes capacity building at all levels, with the expectation that at the end of five years, the URT should be better equipped to manage a sustainable response to the HIV and AIDS epidemic, with concomitant benefits to the broader health and social service system.

The goals address these areas:

1. **Service Maintenance and Scale up**: As a result of their investments in care, treatment, and support services, the two Governments expect to reduce morbidity and mortality due to HIV and AIDS and improve the quality of life for PLHIV and those affected by HIV and AIDS. Care, treatment, and support services include: strengthening vulnerable families and households, provision of direct services for OVC, community and home-based care, and facility-based care (ART, PMTCT, and TB/HIV). Supporting quality improvements is an integral part of this goal.

2. **Prevention**: The U.S. Government plans to support the URT to reduce new HIV infections in the country. The Partnership Framework describes a three-pronged approach to increase the efficacy of prevention programming; bring to scale prioritized prevention interventions;

and enhance the enabling environment though sustained leadership, policy change, and attention to structural factors affecting HIV transmission.

3. **Leadership, Management, Accountability, and Governance**: Partnership Framework investments are intended to provide well-coordinated, effective, transparent, accountable, and sustainable leadership and management for the HIV and AIDS response. The two governments plan to build the capacity of state and non-state actors at national and local levels for these oversight functions. Progress in this goal area is necessary for the success of all other Partnership Framework goals.

4. **Sustainable and Secure Drug and Commodity Supply:** The U.S. Government plans to support the URT to strengthen a functional, prioritized, transparent, and timely logistics and supplies procurement system, including planned preventive maintenance of essential equipment.

5. **Human Resources:** With U.S. government assistance, the URT intends to ensure the human resources capacity necessary for the achievement of quality health and social welfare service at all levels. Expected inputs to achieve this goal include training of new personnel, improved retention, and improved management of existing and future personnel.

6. **Evidence-based and Strategic Decision Making:** The two Governments plan to improve the use of relevant and comprehensive evidence, provided in a timely manner, in HIV-related planning and decision making. Key approaches include improving management and coordination of relevant data systems, increasing national capacity to implement surveys and studies, improving incidence measures, and adopting best practices.

Prevention:

The United Republic of Tanzania's (URT) stated top HIV and AIDS priority is to reduce the number of new HIV infections. USG prevention efforts will be further guided by the National Prevention Strategy and priorities identified through the Partnership Framework Implementation Plan (PFIP) development process. The prevention portfolio focuses on behavioral and biomedical approaches and structural interventions, where appropriate.

Sexual prevention implementing partners work closely together to implement coordinated programs with consistent messages on drivers such as male circumcision, cross-generational and transactional sex, alcohol, condom use, and gender norms. This close coordination allows prevention information to be delivered through reinforcing behavior change channels. Behavior change campaigns, such as the *Fataki* campaign, have been hugely popular in-country, have strong URT support and ownership, and are changing harmful social norms. Efforts are also well underway to address the linkages between alcohol and HIV.

Implementing partners that target most at risk populations (MARPS) have linked with local organizations working with sex workers and injecting drug users (IDU) services are underway in both Zanzibar and Dar es Salaam. Linkages have been established with men who have sex with men (MSM) networks to start capacity building around Dar es Salaam and for a potential MSM-friendly service/clinic on Zanzibar. MARPS outreach activities have evolved to include: HIV/AIDS counseling and testing (HCT) and referral for HIV care and treatment services; sexually transmitted infections (STI) screening and treatment; and establishment of recovery groups and "safe houses" for detoxification. Under the Partnership Framework, the USG and URT have agreed to support the establishment of three medication assisted treatment (MAT) pilot sites. Finally, the Ministry of Health and Social Welfare (MOHSW) is preparing to develop national guidelines for positive prevention (PP) that will include recommendations on how to best integrate PP activities into care and treatment services.

Services for male circumcision (MC) are increasing and health care workers trained in September

2009 have already performed 379 male circumcision procedures. PEPFAR Tanzania will support MC service expansion in Iringa, Mbeya, and Shinyanga. In three other regions (Kagera, Tabora, and Rukwa), PEPFAR support will focus on regional hospitals where a large numbers of MC procedures are likely to be performed. In addition, some support will be directed to Dar es Salaam which has high MC rates.

To increase efficiency while still expanding HIV counseling and testing services, the United States Government (USG) portfolio will rely on strategic and targeted expansion of provider initiated testing and counseling (PITC) and mobile HIV/AIDS counseling and testing (HCT) services. The USG will support expansion of HCT services in high prevalence regions of Tanzania and will target higher-risk populations. Expansion will be coordinated with future Millennium Challenge Compact infrastructure investments and will also capitalize on potential public private partnerships. Emphasis will be placed on strengthening risk-reduction counseling as well as screening for and addressing risks for gender-based violence (GBV). This will include providing or referring GBV victims for care and to safe shelters for women, support groups in the community, and legal services where these exist.

USG support to MOHSW resulted in an increase in blood collected from 5,000 units in 2005 to 119,000 in 2009. All donated blood is tested for HIV, hepatitis B and C, and syphilis. In 2010, USG will continue to support technical assistance, training, quality systems implementation, infrastructure improvement, and policy and guideline development.

As of September 2009, over one million pregnant women (65% of all pregnant women) had been tested with direct PEPFAR support, and more than 40,000 (54%) of those identified as HIV-infected received a prevention of mother-to-child transmission (PMTCT) intervention (APR Report 2009). Current PEPFAR PMTCT implementing partners and the MOHSW will engage other USG-funded partners who carry out reproductive health-related work in family planning (FP), maternal health, child survival, and malaria, and work with them to scale-up those services in close coordination to avoid duplication and increase efficiency. The main focus for PEPFAR Tanzania in fiscal year (FY) 2010 will be on increasing the coverage and quality of PMTCT interventions. An emphasis will be placed on providing these as part of a package of comprehensive services during a woman's initial ANC visit. The USG will also work with the MOHSW to review guidelines and adopt the new WHO recommended ARV regimens in the peripartum period.

Care:

Since 2004, the number of PEPFAR-supported care and treatment clinics has grown from 15 in 2004 to 605 in 2009 which has greatly expanding individual access to facility-based palliative care services. During FY 2009 alone, the USG directly supported 473,533 people living with HIV/AIDS (PLWHA) with care and support services. In addition, some services related to cervical cancer are available in Tanzania; specifically, women screened at the Ocean Road Cancer Institute in Dar es Salaam are offered HIV testing and referred for HIV care and treatment as appropriate.

A review of home-based care (HBC) guidelines is in the final stages of completion. The new guidelines will refine the basic care package and address the provision of palliative care and pain management through the care and support program. Interventions to reduce the risk of HIV transmission are incorporated into all levels of programming, and where appropriate and feasible, PLWHA will also benefit from programs focused on economic strengthening. In FY 2010, USG will expand the Food by Prescription (FBP) program. The nutritional support program FANTA II will continue to provide TA to the Tanzania Food and Nutritional Centre (TFNC). Peace Corps Volunteers also support nutritional programs by providing nutrition education as well as support for permaculture gardening.

With FY 2010 funding, implementing partners will maintain and improve the quality of existing pediatric HIV care services. This will be achieved through supportive supervision visits, in-service training including on site mentorship, infrastructure development, and supplies of essential commodities including drugs.

The Tanzanian National Costed Plan of Action outlines specific needs of Most Vulnerable Children (MVC) by geographic area, and identifies resource gaps for meeting these needs. Considerable progress has been made in the scale-up of direct supportive services by reaching 370,954 OVC (September 09 APR). In FY 2010, USG will emphasize the gathering of evidence on the use of OVC service standards to improve OVC programming and child wellbeing and strengthen the OVC household to ensure sustainable support. The role of OVC activities is an opportunity for the identification of HIV+ pediatric patients along with other clinical care services, e.g. PMTCT programs are being enhanced. A critical focus in FY 2010 will be the building of financial and management capacity of NGOs and local government authorities to strengthen the sustainability of program implementation at the community level.

PEPFAR tuberculosis (TB) and HIV funding in Tanzania complements efforts of other donors and the URT. These activities include the development, updating, printing and dissemination of TB/HIV guidelines, trainings and joint supportive supervision trips, and meetings between heath care providers from TB and HIV care clinics and TB/HIV committees to allow for, and encourage, the exchange of information and best practices. By the end of 2010, TB/HIV collaborative services within TB clinics will be provided in all 132 districts of Tanzania Mainland and Zanzibar.

Treatment:

As of September 2009, the USG directly supported 197,412 people on ARVs in Tanzania. Rapid national scale-up of HIV services benefitted from a regionalization strategy initiated by the Ministry of Health and Social Welfare (MOHSW) in FY 2006. This approach has yielded broad geographic coverage, de-duplicated efforts, and maximized efficiency of implementing partners. USG treatment partners have now taken on the responsibility for the implementation of a variety of clinical services including provider initiated testing, PMTCT, early infant diagnosis, pediatric care and treatment, regular screening for TB at HIV treatment clinics, and prevention with positives. Because of this coordinated support, USG expects to see continued improvements in referrals and linkages between services, and an increase in the provision of more efficacious ART regimens to HIV-infected pregnant women.

ART eligibility is defined as either: WHO stage 3 and CD4 <350; WHO stage 4; or, CD4 < 200, and first line regimens include AZT, 3TC and EFV. The USG is working with the MOHSW to conduct a feasibility appraisal in the context of the new WHO guidelines. Findings will inform URT consideration of changing treatment guidelines Tanzania. An ART costing study has been undertaken in Tanzania, and data validation meetings have been held. Preliminary results indicate that the proposed funding for FY 2010 will be sufficient to meet immediate care and treatment targets.

During FY 2009, 90,000 patients were newly initiated on ARVs. Out of all patients that were initiated with PEPFAR Tanzania support, 67% are still on ARVs. A study to look at ART outcomes is underway in Tanzania and the results should become available during FY 2010. Results will be used to continuously improve program quality.

During the past few years significant progress has been made in developing capacity to provide HIV services for children. One key step has been the development of a national Pediatric HIV Technical Working Group at the Tanzania National AIDS Control Program (NACP). This group comprises pediatricians and other technical members from treatment partners, NACP, UN organizations and the Tanzanian Pediatric Association. Approximately 11% of patients on ART in Tanzania are children; the goal for USG Tanzania is to increase this proportion to 15%, with 4% of all patients on treatment being infants <1 year.

Other Costs:

USG activities in systems strengthening will support responsible transition of USG programs to the URT and to local partners. Taking into account the overall weakness of the health system, this will take considerable time and concerted effort from several USG partners. The USG has targeted key elements of the health system: procurement and supply chain; management capacity of national, regional, and district health teams; human resources for health; lab services; and strategic information. FY 2010 proposed activities aim to strengthen the health system in Tanzania by providing training and support to build the capacity of the health care workforce, improve surveillance, evaluation and data collection systems, and enhance the research environment. In addition, key activities will provide training and education on utilization of strategic information for guiding program design, planning and improvement, and methods to prioritize in a resource constrained environment.

With other donors, the USG is committed to addressing serious URT system vulnerabilities identified in recent Basket Fund audits and the Global Fund's Office of the Inspector General Audit report, particularly related to procurement, and programmatic and financial reporting. At the national level, the USG will initiate a new institutional capacity building activity to strengthen financial systems, program implementation, and monitoring of key government entities. The focus of a second new activity will be on a systematic approach to programmatic and fiscal accountability, working with district health management teams to identify all available funding; plan and implement their priorities; monitor programs; and ensure auditable records. During FY 2010, there will be increased attention to better understanding the HIV and AIDS financing gap in Tanzania.

The Tanzania Field Epidemiologist and Laboratory Training Program will continue training field epidemiologists and public health field laboratory managers to serve as leaders in surveillance and the public health response to priority communicable diseases. The USG will also continue training M&E staff. Increased support will also be provided to Muhimbili University of Health and Allied Sciences for the eight advanced degree programs they offer for health workers to become managers or specialists in their field. With USG support, MOHSW developed a five year national laboratory strategic plan to guide the laboratory infrastructure and capacity building activities.

Conflicting opinions among high-level URT officials on task shifting will require that the USG advocate vigorously in FY 2010 for a more open perspective on task shifting. During FY 2010, a review will assess whether existing programs appropriately prepare professional health managers and administrators to effectively manage health service delivery and resources, and to achieve task shifting goals.

Other Donors, Global Fund Activities, Coordination Mechanisms

The United States is the largest bilateral donor for HIV/AIDS in Tanzania. In addition to the Global Fund, other major donors include: the World Bank, Royal Netherlands Embassy, Canadian Cooperation Office and Japan International Cooperation Agency. From Rounds One to Nine, the total amount of Global Fund awards for both the mainland and Zanzibar is over $1 billion, with approximately $613 million targeted to HIV and AIDS.

The primary coordinating bodies for HIV/AIDS are the Tanzania Commission on AIDS on the Tanzania mainland and the Zanzibar AIDS Commission on the island of Zanzibar. In addition to working with NACP, the USG meets regularly with key officials of individual Ministries to ensure that USG assistance supports the URT goals within each program area.

Internally, Ambassador Lenhardt is responsible for the overall leadership of the PEPFAR/Tanzania program. He is supported by the Deputy Chief of Mission (DCM), the PEPFAR Country Coordinator (PCC) and four Agency Heads. Chaired by the Chief of Mission (COM) or DCM, the Interagency HIV Coordinating Committee (IHCC) meets bi-weekly to provide overall program direction and strategy. The PCC also chairs a weekly Management and Operations (M&O) meeting to address program implementation and interagency coordination and collaboration. The M&O team is comprised of one senior management advisor from each agency and each of the four Strategic Unit leads.

Program Contact: Emergency Plan Coordinator, Tracy Carson
Time Frame: FY 2009 – FY 2010

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among						

adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
APHFTA - PPP		Association of Private Health Facilities of Tanzania, Bienmoyo Foundation, PharmAccess International, New Partner	252,902	260,000	The Association of Private Health Facilities of Tanzania (APHFTA) represents more than 400 private, primarily for-profit, health facilities in the country. Since 2005 APHFTA has participated in the HIV and AIDS response as a sub-recipient of Global Fund for HIV/AIDS, TB and Malaria and has trained nearly 275 health care providers from 40 private health facilities in HIV and AIDS care and treatment, VCT, PMTCT and HBC for people living with HIV/AIDS. In collaboration with Wharton Business School, local consulting and training expertise, and PharmAccess International,

					APHFTA will establish (a) a business training program that will enable medical practitioners to establish sustainable private practices, (b) an upgraded IT network connecting its membership, and (c) a revolving loan fund that will be used primarily to upgrade laboratory facilities and train staff. This is a nationwide program that has far-reaching impact. First, it will improve AIDS care and treatment services provided by private physicians through upgraded laboratory facilities and training of staff. Second, IT upgrades and installation of modems will result in improved medical reporting to APHFTA and, in turn, APHFTA's ability to provide

					critical medical information and support to its members. Third, the organization will be able to play a more influential leadership role in the health care system as its members improve their capacity to provide quality healthcare that is customer oriented.
BIPAI-PPP		Baylor University, College of Medicine, Bristol-Myers Squibb Foundation, New Partner, The Abbott Fund	3,200,000	5,000,000	This activity is in Year 3 of 5 to develop two Pediatric Centers of Excellence to catalyze access to HIV/AIDS care and treatment for children. In addition, the program aims to develop a network of services around the Centers so that children are easily identified in communities and lower level health facilities, and providers' skills are strengthened to identify children who are HIV positive.

					Activities will include: (a) construction of facilities in Mbeya and Mwanza; (b) pediatric care capacity-building at the district level; (c) scale-up of pediatric-focused clinical mentoring that includes NACS; (d) TB prevention and management and (e) linkage of pediatric ART with support to OVC. The main tracking indicators are: (1) Number of infants and children newly and currently enrolled in ART, (2) Number of infants and children receiving clinical care, and (3) Number of HCW mentored on pediatric HIV management.
BizWomen - PPP		TBD	250,000	250,000	The goal of this activity is to mobilize businesswomen and women managers in the private sector in the fight against

					HIV/AIDS. It is anticipated that the Federation of Associations of Women Entrepreneurs in Tanzania (FAWETA), which is the largest and oldest women entrepreneurs' association in Tanzania with 3,500 members, is expected to be the partner in this activity. The BizAIDS program, developed and widely tested in sub-Saharan Africa by the U.S.-based International Senior Executive Corps (ISEC), integrates prevention and counseling/testing promotion with small business development. The objectives are (a) to enable FAWETA to deliver the BizAIDS program as one of its services to women-owned small and medium-sized

					enterprises (SMEs) and to women managers in the private sector who have interest in beginning their own businesses, (b) to train master trainers and to test and modify the program so that it will be a FAWETA revenue earning service for the organization by the end of one year, and (c) to increase awareness about how HIV impacts on the efficiency of SMEs and on the economic viability of the surrounding communities upon which SMEs rely to sustain their business.
CIDR - PPP		Biolands Ltd., Elton John AIDS Foundation, New Partner	250,000	350,000	The Centre for International Development and Research (CIDR) is a French NGO that successfully established an insurance program in Mbozi District, where the attendance rate at

					medical facilities by members of the Community Health Insurance Fund (CHIF) is five times higher than the uninsured. PEPFAR funding is being used to leverage funds from Biolands Ltd, one of the major coco traders that supplies Kyela production to markets in Europe. The Elton John AIDS Foundation is funding the HIV re-insurance component. This activity is in Year 2 of 4 to (a) establish a community-managed health insurance program for coco producing families in Kyela District; (b) enroll at least one-half of the district's 200,000 population; (c) ensure quality health care for CHIF members; and (d) educate government counterparts on how to implement

					genuine community-based health financing programs. There are no COP indicators for this activity, although there are other indicators against which CIDR must report.
CME - PPP		Tanzania Chamber of Minerals and Industry, New Partner	100,000	100,000	The Tanzania Chamber of Minerals and Energy (CME) represents private small, medium and large domestic and international mining companies. This activity is in Year 1 of 3 and provides prevention, care and treatment services to a MARP community that receives very little healthcare, let alone HIV and AIDS support. The objectives are (a) to enable the district health system to deliver HIV/AIDS, TB, sexual and reproductive health, and malaria services to artisanal

					and small-scale miners and (b) to complement efforts to better integrate into the formal district economy artisanal miners and small-scale miners. The Tanzania Chamber of Minerals and Energy will report on the following indicators: (1) Number of general population reached with individual and small group interventions; (2) Number of PLHIV reached with individual and small group interventions; (3) Number of PLHIV receiving treatment; and (4) Number of pregnant women who were tested for HIV and who know their results.
EID - PPP			700,000	1,000,000	The objective of this activity is to develop fast, affordable, reliable and sustainable Early Infant Diagnosis

					(EID) transport and reporting systems. The Tanzania Communications Regulatory Authority will be asked to consider developing a unique identifier for EID recipient laboratories. Special envelopes will be developed so they can be readily identified by the public in the event that they are misplaced. This will be combined with awareness raising broadcast and print media publicity. It is anticipated that this activity will be able to tap into the financial resources and expertise of international couriers such as the UK-based, TNT, which already is providing support to OVC in Tanzania through the World Food Program.The real challenge is transporting the EID specimen from the

					rural facility to the district level where most courier services end. A partnership will be explored with a number of local bus owner associations in the country and with the Tanzania Bus Owners Association (TABOA), which represents these associations at the national level. Very localized, informal daladala associations will also be invited to participate.
GAME - PPP			150,000	150,000	The objectives of this planned activity are to (a) provide training and onsite coaching of bio-medical technicians in the use of lab equipment, (b) develop job aids that will help reinforce what trainees have learned, (c) establish maintenance protocols that will be

					institutionalized, and (d) identify needed repair parts and consumables that might be sourced from the U.S. The anticipated primary implementing partner of this PPP will be Global Assistance in Medical Equipment (GAME). With offices in Atlanta GA near the CDC international headquarters, GAME is a voluntary coalition of global medical device experts who began their work in Kosovo in October 2005. . In Tanzania GAME enjoys a working relationship with the Department of Continuing Education and Professional Development at Muhumbili University of Health and Allied Sciences and with Orbis International and its partner, the Dar-es-

					Salaam Institute of Technology (DIT). While the provision seed financial assistance is an important contribution of PEPFAR, the more important aspect of PEPFAR is facilitating the renewal and strengthening of these linkages, including those already formed in the February 2009 with the Ministry of Health and Social Work. In this way PEPFAR lays the foundation for its exit.
Gen Mills/JHFC - PPP		General Mills, New Partner	150,000	150,000	In September 2009, General Mills entered into agreement with OGAC and USAID to transfer technical and business expertise to 15 sub-Saharan countries; Tanzania is the first country to participate in the initiative. This partnership may

					lead to long-term partnerships between General Mills and local millers. The objectives of this activity are to (a) meet the nutritional needs of PLWA, (b) develop prescription food processing capacity in Tanzania, and (c) improve the economic well-being of individuals in the production and distribution value chain. This activity is in Year 2 of 2 to (a) identify and develop the capacity of a local miller to produce fortified food for people on ARVs; (b) Procure an extrusion cooker and essential spare parts; (c) Install and field test the extrusion cooker; and (d) disseminate the methodology and programs to build capacity and improve and propagate fortified

					food production in Tanzania and sub-Saharan Africa. There are no COP indicators for this activity.
Kilicafe - PPP		TBD	Redacted	Redacted	The Kilicafe OVC Scholarship Fund will pay the educational expenses of an anticipated 100 OVC to attend public secondary schools. The objectives of this activity are (a) to provide an opportunity for OVCs, who are performing well in primary school, to attend secondary school and (b) to involve coffee cooperative members in HIV/AIDS mitigation. OVCs living in the coffee growing areas of Arusha, Kilimanjaro, Manyara, Mbeya and Mbinga will be beneficiaries of this activity. This is because the Kilicafe

					OVC Scholarship Fund is being established by the Association of Kilimanjaro Specialty Coffee Growers (AKSCG), which is a registered association comprised of 35 farmer groups in the Kilimanjaro, Arusha and Manyara area, 109 groups in the Mbinga area and 2 groups in the Mbeya area. Kilicafe is both the brand name of their premium coffee and the name of the company that exports AKSCG's coffee to roaster companies abroad.
Madaktari-PPP		New Partner			This activity is in Year 1 of 2 at Mbeya Referral Hospital. It (a) provides on-the-job training of healthcare personnel in HIV/AIDS prevention, care and treatment; (b) strengthens healthcare systems,

					e.g. financial management, patient record keeping, and customer service; and (c) provides specialized expertise, e.g. renal diagnoses, cardiologic care. There are no COP indicators for this activity, although there are other indicators against which Madaktari Africa must report progress.
mHealth		New Partner			The mHealth Tanzania Partnership is a Health System Strengthening activity that implements 'mhealth' solutions on a national scale. CDC and MOHSW are working together to create a long term partnership structure that provides MOHSW with the capacity to enter into and maintain long term partnerships with

					private sector partners and to coordinate inputs of other funding partners and organizations to improve the long term sustainability of the m-health system strengthening investments. In Year 3, this activity currently covers three main initiatives: (a) Integrated Disease Surveillance and Response to improve reporting, tracking and response to notifiable diseases, diseases targeted for eradication of notifiable health events; (b) Mama Messaging to educate pregnant women in ANC, PMTCT, malaria, birth planning, nutrition, and prevention for HIV/AIDS positive women and (c) Blood Donor Communication and

					Outreach that entails SMS messages sent from NBTS to improve donor retention.
SolarAid - PPP		SolarAid, New Partner	200,000	200,000	In collaboration with the University of Arizona, SolarAid is supporting the electrification of rural facilities in Mbeya region through this activity. In Year 3 of 4, this activity (a) provides solar power to rural health facilities (especially maternity wards, labs, and theatres) and to staff housing, which contributes to staff retention, and (b) creates income-earning activities for groups supporting PLWH and microenterprises for youth who sell solar portable lights to their communities. There are no COP indicators for this activity, although there are other indicators against which SolarAid must

					report progress.
TBD		TBD			Given the MOHSW's budget constraints, it is critical to integrate HIV and AIDS activities into other business or economic development activities that eventually are able to continue the activities without external funding. Potential partnerships for these TBD funds include: (1) The New Forests Company, to provide healthcare for its workers and the communities surrounding their forests; (2) Olam Tanzania, which operates a cashew processing factory in Mtwara with nearly 4,500 workers, 98% of whom are rural women, to start a HIV and general health workplace program; (3) the

					Association of Tanzania Employers, ILO, and National Microenterprise Bank, to support the BizAIDS program for youth and people working in the informal sector; and (4) Roche Diagnostics, to strengthen diagnostic laboratories and develop a comprehensive diagnostic referral network in Tanzania. Each of these potential PPPs, and others yet to be identified, will require a different set of indicators to track progress.
Touch-PPP		Touch Foundation, Bristol-Myers Squibb Foundation, McKinsey & Company, New Partner, The Abbott Fund	1,000,000	2,000,000	The Touch Foundation partners with McKinsey & Company and the Weill Cornell Medical School to address HR issues in the health sector. They are supporting the training of more

					than 800 students in eight health cadres at Weill Bugando University College of Health Sciences (BUCHS) in Mwanza. Through a twinning program visiting professors provide instruction in US-based teaching methods, diagnosis, and patient care. This activity is in Year 4 of 6 and (a) increases student enrollment in 12 cadres of health workers at BUCHS through partial support of student and faculty costs; (b) expands trainee practicum experiences to regional and district hospitals; (c) promotes the effective deployment of graduates through career offices; (d) coordinates development of health management training; and (e)

					strengthens ICT infrastructure and other infrastructure improvements to increase training capacity. The Touch Foundation reports on the Number of new HCWs who graduated from pre-service training.
Tourism - PPP		TBD	Redacted	Redacted	The objectives of this nationwide activity are to (a) establish HIV/AIDS prevention programs that target tourists, tourism employees, and communities surrounding tourist destinations and (b) mobilize funds from tourists to support work place and community-based HIV/AIDS prevention, care and mitigation activities. There are three partners envisaged for implementing this activity. First is the Tourism Confederation of Tanzania (TCT), which is the

					umbrella organization representing private businesses involved in the travel and tourism industry in Tanzania. The other two partners are expected to be the Center for Responsible Travel (CREST) and LifeAction Ltd. CREST, an international NGO that was founded in 2003 at Stanford University, conducts research on and is involved in projects that use tourism and international travel as a tool for promoting socio-economic empowerment, poverty reduction and biodiversity conservation. LifeAction is a Tanzanian registered company that has extensive experience in South Africa in workplace and community-based programs.

					LifeAction, specializes in forging public-private partnerships as an operating business principle.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
2010 Tanzania Mainland ANC Sentinel Surveillance	AIDS/HIV Case Surveillance	Pregnant Women	Implementation
2010 Zanzibar ANC Sentinel Surveillance	AIDS/HIV Case Surveillance	Pregnant Women	Data Review
Biological and Behavioral Surveillance (Dar Es Salaam)	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Data Review
Biological and Behavioral Surveillance (Unguja and Pemba - Zanzibar)	Behavioral Surveillance among MARPS	Injecting Drug Users	Development
Biological and Behavioral Surveillance (Unguja and Pemba - Zanzibar) 2	Population-based Behavioral Surveys	Men who have Sex with Men	Development
Biological and Behavioral Surveillance (Unguja and Pemba)	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Development
Comparison of ANC/PMTCT (Zanzibar)	Evaluation	General Population	Publishing
HIV Drug Resistance Monitoring	HIV Drug Resistance	General Population	Development
HIV Resistance Early Warning	HIV Drug Resistance	General Population	Implementation
Mortality Data Surveillance	HIV-mortality surveillance	General Population	Implementation
Tanzania Demographic and Health Survey Population-based Behavioral Surveys	Population-based Behavioral Surveys	General Population	Data Review

Tanzania HIV/AIDS Malaria Indicator Survey (2011-12) THMIS	Population-based Behavioral Surveys	General Population	Implementation

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			32,708,065		**32,708,065**
HHS/CDC	10,181,999	3,683,000	82,190,982		**96,055,981**
HHS/HRSA	7,849,864		33,016,840		**40,866,704**
HHS/NIH			650,000		**650,000**
HHS/OGHA			268,880		**268,880**
PC			991,800		**991,800**
State			494,120		**494,120**
State/AF			150,000		**150,000**
State/OGAC			770,000		**770,000**
USAID			182,613,723		**182,613,723**
Total	**18,031,863**	**3,683,000**	**333,854,410**	**0**	**355,569,273**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	DOD	HHS/CDC	HHS/HRSA	HHS/NIH	PC	State/OGAC	USAID	AllOther	
CIRC	770,000	445,000					1,451,078		**2,666,078**
HBHC	4,644,013	9,207,174	4,522,480		75,600		17,348,935		**35,798,202**
HKID	1,500,000	1,561,079	700,000		46,400		25,019,615		**28,827,094**
HLAB	520,879	6,282,276	1,198,799				667,046		**8,669,000**
HMBL		5,277,104					200,000		**5,477,104**
HMIN		2,252,714	150,000				332,669		**2,735,383**
HTXD							23,886,322		**23,886,322**
HTXS	11,525,000	26,135,262	18,812,398			570,000	24,841,301		**81,883,961**
HVAB	1,538,780	1,705,000	30,000		25,000		11,888,713		**15,187,493**

HVCT	1,590,010	5,300,000	800,000				7,852,000		**15,542,010**
HVMS	2,243,034	10,130,796			792,300		7,214,426	763,000	**21,143,556**
HVOP	1,266,349	945,000	20,000		52,500		13,532,658		**15,816,507**
HVSI	425,000	5,014,000					2,220,000		**7,659,000**
HVTB	820,000	3,325,150	900,000				2,810,000		**7,855,150**
IDUP		1,900,000	150,000	150,000					**2,200,000**
MTCT	3,835,000	8,471,805	6,140,600			200,000	21,328,574		**39,975,979**
OHSS		4,783,000	4,627,441	500,000			17,140,386	150,000	**27,200,827**
PDCS	286,000	504,124	542,997				796,000		**2,129,121**
PDTX	1,744,000	2,816,497	2,271,989				4,084,000		**10,916,486**
	32,708,065	**96,055,981**	**40,866,704**	**650,000**	**991,800**	**770,000**	**182,613,723**	**913,000**	**355,569,273**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	35,798,202	
HTXS	81,883,961	
Total Technical Area Planned Funding:	**117,682,163**	**0**

Summary:
Tanzania has an estimated 1.3 million adults living with HIV/AIDS. USG remains a key donor for HIV services in Tanzania and continues to support the efforts and expand the capacity of the Government of Tanzania (GOT) to meet national targets. In conjunction with other international donors and partners, USG provides services to the majority of patients in care and treatment programs. Other key sources of program support come from multilateral mechanisms such as the Global Fund for HIV/AIDS, TB and Malaria (GFATM) and bilateral donors, especially The German Agency for Development (GTZ), DfID, Canadian CIDA, DANIDA, and the Norwegian and Japanese governments. The Clinton Foundation (CHAI) supports the Antiretroviral Therapy (ART) program in one of the 21 regions on Tanzania mainland, while all other regions have a prime USG implementing partner (IP). The majority of ARV drugs are procured by the GOT with GFATM funds.
USG programs are aligned with the National Multi-Sectoral Strategic Framework (NMSF) and the Health Sector Strategic Plan and coordinated closely. Tanzania has been invited to develop a Partnership Framework (PF) for the coming five years, and both governments have agreed on six PF goals, namely: Service maintenance and scale-up; Prevention; Leadership and management; Sustainable drug and commodity supply; Human resources; and Evidence-based strategic decision making.

The technical area of Adult Care and Treatment is most directly related to goal one; however, all other goals are also addressed. Quality treatment for HIV disease early on has a preventive component and, together with an increased focus on prevention with positives, supports the prevention goal. Partners are working with district and regional health management teams to plan, implement and monitor programs and build leadership capacity. Tanzania's plan for transition places a strong emphasis on decentralized coordination mechanisms. Redacted. Together with the M&E team, the program group will embark on a joint exercise to validate data and improve reporting systems in line with PEPFAR TZ's emphasis on data accuracy and quality reporting.
Since 2004, the number of PEPFAR-supported care and treatment clinics has grown from 15 to 605 in 2009. During FY09 alone, USG directly supported 473,533 people living with HIV/AIDS (PLWHA) with care and support (C&S) services including 427,731 PLWHA who received care in facilities, 136,221 PLWHA who received services through Home-Based Care (HBC) programs, and a growing proportion of persons who received both. As of September 2009, USG directly supported 197,412 people on ARVs in Tanzania.
One of the reasons for the rapid national scale-up of HIV services stems from a regionalization strategy initiated by the Ministry of Health and Social Welfare (MOH) through the National AIDS Control Program (NACP) in FY06. USG treatment partners have now taken on the responsibility for the implementation of a variety of clinical services including provider initiated testing, PMTCT, early infant diagnosis, pediatric

care and treatment, regular screening for TB at HIV treatment clinics, and prevention with positives. Because of this coordinated support, USG expects to see continued improvements in referrals and linkages between services as well as an increase in the provision of more efficacious ART regimens to HIV-infected pregnant women.

At the national level, treatment is coordinated by a Treatment Subcommittee of the National Care and Treatment Task Force. A Care and Support Subcommittee of the same task force oversees care activities nationally. USG holds monthly partner coordination meetings that are joined by GOT to discuss progress and strategies and share results and best practices.
National ART guidelines were updated in 2008 and ART eligibility is defined as WHO stage 3 and CD4 <350, or WHO stage 4, or CD4 < 200. First line regimens include AZT, 3TC and EFV (see ARV drug TAN). During FY09, 90,000 patients were newly initiated on ARVs.
Out of all patients ever initiated with PEPFAR support in Tanzania, 67% are still on ARVs. However, this proxy does not reflect retention as it does not account for the duration of patients on ARV. A study to look at ART outcomes is underway and will be used to improve program quality.
A review of HBC guidelines is in the final stages. The new guidelines will refine the basic care package and address provision of palliative care and pain management to PLWHA through the care and support program. The new guidelines will also highlight provision of care to children affected with HIV/AIDS and integration of Positive Prevention (PP) interventions.
In addition to ART, the package of care and support services that USG supports includes: support for retention in care/treatment and adherence, provision of cotrimoxazole, management of opportunistic infections (OIs), support for nutritional assessment and supplementation, and prevention of OIs. Interventions to reduce the risk of HIV transmission are incorporated into all levels of programming, and PLWHA will also benefit from programs focused on economic strengthening.

National guidelines recommend cotrimoxazole for persons with stage II, III or IV disease or CD4 cell count below 350. These guidelines are well accepted; however, coverage among persons in care is inconsistent because of inadequate supplies. USG TZ is allocating over USD 5 million from PF09 resources to purchase cotrimoxazole. USG is coordinating with GFATM and GOT to ensure sufficient and sustainable supply of cotrimoxazole in the country.

In FY 2009 USG supported a food by prescription (FBP) pilot in eight treatment sites in addition to supporting the roll-out of facility-based nutritional assessments of PLWHA to identify those eligible for therapeutic supplementary feeding support. In FY 2010 USG will expand the FBP program to more sites, particularly those with high case loads. Community-based care and support partners will continue to provide nutritional education, assessments, nutritional counseling and referrals to health facilities with FBP, as well as linking clients to other programs for food supplementation.

Peace Corps Volunteers also support nutritional programs by providing nutrition education and supporting permaculture gardening. In FY 2010 USG will evaluate the permaculture program to document its impact in terms of improving household livelihoods.
Most programs include some training about basic hygiene and drinking water safety. In FY 2010 USG will continue to procure commodities to improve drinking water safety, providing products for point of use chlorination to 100,000 beneficiaries.
PEPFAR supports provision of long lasting insecticide treated bed nets through linkage with the GFATM round 8.
USG supports some services related to cervical cancer in Tanzania. Women screened at the Ocean Road Cancer Institute in Dar es Salaam are offered HIV testing and referral for HIV care and treatment as appropriate.
USG is working closely with the MOH, care and treatment stakeholders, and IPs to integrate and harmonize PP interventions. PEPFAR TZ and its partners are actively participating in a MOH chaired PP Working Group (WG) as well as in an internal USG PP WG. Partners are currently piloting tools and

materials for training health care providers on behavioral counseling, partner and family testing, and management of STIs, and TOTs are expected to begin in 2010. PEPFAR TZ will also work to develop PP M&E tools and incorporate PEPFAR II PP indicators into partners' routine monitoring schemes. Centrally procured condoms are provided through social marketing outlets.

USG will engage a new partner to implement economic strengthening targeting vulnerable households. This partner will provide technical assistance to other community-based IPs in integrating economic strengthening into their programs.

In FY 2010 USG will continue to improve the linkages in care and support services, particularly enhancing the roles of community care providers in TB screening and referrals, pain management, screening for opportunistic infections and assisting stable patients by collecting refills of essential drugs. An activity to develop and supply informational brochures and job aids to assist HBC providers will be expanded.

USG /Tanzania has established a more efficient and higher quality central procurement system for home-based care (HBC) kits through supply chain management systems (SCMS). These kits contain both basic medication and other supplies to be used by HBC volunteers in the provision of services at the home.

With the planned level funding in FY 2010, the primary areas of focus will be:
1) Maintaining persons on ART and accommodating passive growth
While the PEPFAR TZ goal remains to support the GOT in its effort to achieve universal access to treatment, it is the clear understanding of all stakeholders that this cannot be achieved through PEPFAR support alone. The overriding principle for the HIV care and treatment group is to maintain existing patients on treatment and absorb additional eligible patients identified through 'feeder' systems (i.e. PMTCT, TB/HIV, PITC).

For FY10, PEPFAR TZ is planning to maintain the enrolment rate for new patients at the FY09 level in order to absorb an estimated 90,400 new patients in need for treatment identified from the various feeder systems:
a. 16,000 - PMTCT (approx. 1M women tested for HIV during pregnancy, ANC prevalence of 8.2% = 80,000 identified as HIV+, 20% of those in need for ARV)
b. 12,400 - TB/HIV (62,000 case notifications, assuming 50% HIV+, 40% of those in need for treatment)
c. 10,000 - early infant diagnosis (about 110,000 infants HIV-exposed, 50% tested, 17.4% probability of HIV infection with a combination of PMTCT interventions)
d. 22,000 - PITC (3 per facility per month)
e. 30,000 - 'walk-ins' (one per facility per week)
An ART costing study has been undertaken in Tanzania and data validation meetings have been held recently. A final report is being drafted and will be made available to all stakeholders in the near future. Final results will be used to inform future program planning. USG TZ is engaged in close discussions with MOH and other stakeholders to understand costs of scale up and define priorities.
Newly released WHO treatment guidelines recommend an earlier start for treatment and, if implemented, would substantially increase the number of treatment eligible individuals. USG staff are currently working with MOH to conduct a feasibility appraisal to better understand the implications the change in guidelines would have. Findings will inform any consideration of changing treatment guidelines in Tanzania.
To optimize the numbers of patients that can be supported in an environment of level funding, USG will work closely with MOH to identify priority interventions and maximize efficiencies. This could include prioritization of specific patient groups for ARV and reduction in frequency of clinical visits for stable patients on ARV. In addition, in FY10 there will be an effort to increase efficiency through centralized procurement of laboratory reagents. To date, partners have been responsible for procuring the majority of their lab commodities. The long term vision is to build the capacity of the national system so that partners can rely on a strong national commodity and supply system.

ARVs are being procured by GOT with support from GFATM. Delays of funding for these drugs as well as discontinuation of GFATM support would severely impact PEPFAR supported programs. PEPFAR TZ recognizes this vulnerability and will continue to focus on close coordination with GFATM and GOT. Funds will be used to provide TA to TACAIDS to improve adherence to Global Fund grants requirements and procedures, and accelerate the implementation of planned activities as well as the development and submission of accurate and timely financial and audit reports.
2) Health Systems Strengthening and local partner capacity building
FY 2010 PF funds will be methodically applied to strengthen health systems in Tanzania. Specific areas of focus include pre-service training for a number of cadres and facility infrastructure improvement. Transition plans for Tanzania are based on decentralization of services and building program management capacity at district and regional levels. Partners will continue working directly with local authorities on planning, supervision and reporting. A transition plan for PEPFAR Tanzania has been drafted and is currently under review at HHS and OGAC. Aligned with the Partnership Framework (PF) the core principles for transition are: uninterrupted & high-quality services; increased local ownership through government & local organization partnerships; active engagement with GOT to coordinate and lead transition planning with USG and to work with implementing partners; recognition that transition is multi-faceted and requires a variety of different approaches for different partners, program areas and geographic locales; and partner flexibility & adaptability to change current roles.
3) Improving the quality of services at existing supported sites as well as the quality of reported data and data monitoring
M&E systems at facilities are weak and the need to harmonize reporting and improve
data quality has been identified as a priority for GOT and PEPFAR (see SI TAN). Current plans include chart reviews of patients reported to be on ARV.
A paper-based national HBC recording and reporting system (RRS) has been developed and field tested. In FY2010 USG will support the roll-out of this system to all IPs. A computerized RRS is also under development with USG support. In FY2010 USG/TZ will provide technical assistance to all IPs in their management of sub-grantee agreements with support from USAID Washington (Health Systems 20/20). This will improve sub-partners' and/or local government authorities' financial management systems as a part of organizational capacity building and data quality improvement.

Finally, detailed assessments of current programs will inform future programming.
An assessment of longitudinal treatment outcomes is underway to evaluate retention on ART and clinical outcomes. The USG team and the MOH are discussing plans for ongoing program assessment, including the possible repetition of the clinical outcomes assessment and/or the implementation of the WHO protocol for monitoring resistance and treatment outcomes among ART patients.
PEPFAR Tanzania attributes a total of 14.75 FTE's to Adult Care and Treatment.

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	23,886,322	
Total Technical Area Planned Funding:	**23,886,322**	**0**

Summary:
National Context
HIV/AIDS treatment and care services continue to expand in Tanzania. As of APR 2009, there were 700 Care and Treatment Centers (CTCs); 605 of which are directly supported by PEPFAR, actively providing ART services to an estimated 197,412 ART clients. The Government of Tanzania is ambitiously aiming to launch five hundred new CTC sites in 2010 to help the GOT reach their goal of having 1200

active sites that provide ART services to 440,000 people. The USG team is advocating a more strategic approach to roll out based on overall system capability. In 2010 the USG team plans to continue supporting the 605 directly supported sites projected to serve 252,000 patients. The USG will provide indirect support through TA to the remaining CTC's.

The USG team remains concerned that Tanzania relies on USG to fund alternative first line and second line HIV/AIDs drug procurements and to provide emergency stocks. Tanzania anticipated signing their Global Fund Round 8 award in June of 2009. However the signing was delayed until November 2009 and was only accomplished through the addition of several condition precedents. Global Fund has projected the delay will result in a $30 million funding gap in the second year of the grant. The delay in signing may also result in a gap in Tanzania's current funding envelope. Total GF Round 8 phase one funding is 118,744,452. Of this amount 93,991,287 (79%) is budgeted for drug and commodity procurement.

Contributions to the National Commodities Procurement System Strengthening

PEPFAR's work through Partnership for Supply Chain Management Services (SCMS) is focused on bringing quality drugs into Tanzania while strengthening the GOT's ability to manage these drugs. During 2010 SCMS will continue to provide wide ranging assistance that strengthens the GOT's systems at the national and regional levels, and also strengthening the capacity of treatment sites to order and manage stock.

The USG provides technical assistance through SCMS to the National AIDS Control Program (NACP) and MOHSW Diagnostic Unit in conducting and updating forecasts of national requirements for ARV drugs, Test Kits, Opportunistic Drugs and Laboratory reagents from which procurement plans are developed. This is done in collaboration with the Medical Stores Department (MSD), the NACP and other donors. To increase the availability of high quality pharmaceuticals USG works closely with TFDA to register new products as appropriate.

GOT approved second line and alternative first line treatment regiments lack drugs that are both FDA and TFDA approved. As a result USG procurement of generic ARVs in 2009 was 11% of the total national ARV procurement. Now that there are generic TDF based products tentatively approved by FDA and registered with TFDA it is expected that the USG's generic procurements will increase significantly.

The following are key system strengthening activities undertaken during 2009:
1). Strengthen the Ministry of Health and Social Welfare (MOHSW) Procurement Management Unit (PMU) by conducting an assessment with recommendations, and providing supportive technical assistance through procurement experts contracted by SCMS. 2). Support site level use of the logistics management system for ART drugs and test kits management. 3). Support the GOT with technical assistance in conducting quantifications and forecasts for all major HIV/AIDS related commodities, including laboratory supplies. 4). Provide technical consultants to assist the Medical Stores Department (MSD) to evaluate the current business units' administrative operations requirements. Evaluate and select an Enterprise Resource Program (ERP) and assist in the design and implementation of the system at all 9 MSD zonal warehouse center. 5). Improve warehouse function through redesigned floor lay out, installing new racking and packing lines and assisting warehouse managers with improving standard operating procedures. 6). Support the strengthening of warehouse storage capacity and commodities management through selected use of prefabricated storage products. 7). Provide management support in the monitoring and management of commodity supplies through Supply Chain Management Advisors (SCMA) placed at all MSD zonal warehouses. 8). Training of new care and treatment site staff on stock management, reordering and reporting procedures. 9). Support and contribute to the coordination of donor commodity procurements in Tanzania.

Management of the Supply Chain and Procurement Cycle during 2010

Product Selection
The main sources of funding for ARV drug procurement are the Government of Tanzania (GOT) through funds from the Global Fund (GFATM), Clinton Foundation HIV/AIDS Initiative (CHAI) and USG. Based upon the Memorandum of Understanding between the United States Government (USG) and GOT signed in March, 2005, GOT will procure first line ARV drugs for adult programs. USG will procure ARVs for 1st line alternatives, second line adult and pediatric regimens. The USG team procures ARVs through a single partner which buys Food and Drug Administration (US FDA) approved or tentatively approved ARVs that are registered in Tanzania and are selected based on the national standard treatment guidelines. The USG is currently negotiating our level of continued direct procurement support through the Partnership Framework (PF). The long term goal of the PF is for the USG to transition all responsibility for procurement activities including funding to GOT. USG would continue to provide technical assistance around logistics and commodities management including planning, budgetary and formulary reviews.

Tanzania treatment guidelines call for the following regimens to be used: Adult Regimens - First line: 1. AZT + 3TC + NVP OR EFV
2. d4T + 3TC + NVP OR EFV 3. TDF + FTC + EFV OR NVP 4. TDF + 3TC + EFV OR NVP Pediatric regimens - First line: 1. AZT + 3TC + NVP or EFV 2. d4T + 3TC + NVP or EFV 3. ABC + 3TC + EFV or NVP Adult Regimens- Second line: ABC + ddI+ LPV/r or ATV/r 2. TDF + 3TC or FTC + LPV/r or ATV/r Pediatric Regimens - Second line: ABC + ddI + LPV/r

Forecasting-In January 2009, GOT with assistance from SCMS conducted a national quantification of ARVs. The current number of people on treatment was estimated at 190,226. Growth was projected over 5 years and was based on the assumption of a linear trend to arrive at the 2013 GOT patient target of 440,000. The 2010 quantification projects 92% of those on treatment will be adults. It is estimated that 98% of the adults will be on a first line ARV treatment regiment. The quantification is currently being updated to provide new projections based on the World Health Organization just announced changes in treatment guidelines, which recommends moving treatment eligibility from CD4 cells levels of 250 to CD4 levels of 350. GOT and USG are beginning a review to determine the impact of this change.

Procurement - Redacted. The quantification completed in January 2009 projects this will cover 100% of adult and pediatric second line drug needs and 100% of first line alternative drugs. This assumes the forecasted trend does not change. However the World Health Organization announced changes in recommended treatment guidelines for changing treatment eligibility from CD4 cells levels of 250 to CD4 levels of 350 which will likely impact the current procurement plan projections.

Security - The USG, through SCMS, secures ARVs and other commodities through customs clearance up to the point where the commodities are consigned to the Medical Stores Department. USAID requires SCMS to monitor and audit the security and freight companies' compliance with the standard operating procedures for security, determine the state of communication lines between the freight and security companies and the recipient of ARV drugs, record any dysfunctional occurrences and take appropriate action, and provide on-the job-training as needed. Upon transfer of ARVs and commodities ownership to GOT, MSD becomes responsible for security during storage and shipment within the national distribution system. MSD performs their own set of security audits and reviews on products within their distribution system.

Freight Forwarding - SCMS is responsible for clearing all its procured ARV drugs through customs and the Tanzania Revenue Authority. SCMS is also responsible for arranging for the physical transport of the products from the port of entry to MSD's central warehouse. MSD is responsible for overland movement of most of the GOT's ARV drugs through its fleet or contracted vendors.

In-country Warehousing and distribution - All USG procured ARV drugs are stored at MSD central or zonal warehouses before being shipped to regional and district hospitals. Currently, the MSD fills approved orders from nine zonal delivery points and distributes drugs directly to ART sites and to the district and regional hospitals which in some instances serve as a transit point for ARV deliveries to Health Centers. The MSD is committed to decentralize functions to zonal warehouses. MSD zonal warehouses are beginning to receive direct shipments from suppliers thereby reducing the storage and packing capacity needed at the central warehouse while improving delivery time of product to treatment sites. In addition, the new system whose development was supported by the USG, will allow the MSD to simultaneously distribute ARVs with other essential medicines, which will further maximize MSD's distribution resources and capacity.

Inventory Management - The GOT ambitious goal of scaling up to an additional 500 sites in 2010 will require NACP, MSD and SCMS to provide significant training and logistics support to these new sites. MSD is required to provide deliveries to support all Care and Treatment Centers (CTCs) which constitutes significant logistical challenges. In many areas of Tanzania the complexities introduced by the lack of synchronization of reporting and delivery times, and the introduction of ARV drug refilling services in health centers and dispensaries, requires continued focus on improving and strengthening MSD's system-wide capacity. To strengthen the MSD system, the USG under the leadership of NACP, has supported the redesign of the logistics system used to manage ARV drugs across all programs (ART, PMTCT, and Post Exposure Prophylactic(PEP)). The procedures for managing and tracking consumption, ordering and re-supply of ARV drugs are now more clearly defined. All CTCs are now required to order on a quarterly basis through the new ordering system which maintains the appropriate maximum-minimum stock level. This system has built in buffer stock levels, accommodates delivery timelines that include ordering time, district approval, processing and delivery by MSD, and unforeseen delays.

SCMS is currently working with NACP and other partners, including treatment partners, CHAI to monitor and strengthen the new system to all ART enrolling and follow up sites. As part of this process USG is also supporting the use of tools for collecting and reporting logistics data for management decision making.

Capacity Building - The USG works very closely with NACP and MSD at the central level, in managing the ARV supply chain. The USG works primarily through SCMS to provide technical leadership and capacity building in logistics management functions, including forecasting, procurement planning, and inventory management. SCMS will continue to work with MSD to build national and regional human capacity in warehousing and inventory management through direct technical assistance, coordination of expert international consultants and sponsorship of MSD staff participation in training sessions on warehouse and logistics management. Increased storage capacity including cold chain, inventory management infrastructure and physical distribution capacity will be strengthened through the installation of packing lines, increased fleet capabilities, use of pre fabricated storage technologies and other efficiency and labor saving technologies that maybe appropriate.

SCMS will continue to support the roll out of the new ordering system in new sites and will provide on the job training and coaching to existing sites as needed. SCMS will continuously monitor the performance of the system at the zonal level through Supply Chain Monitoring Advisors (SCMA) who are positioned in all nine MSD zonal stores. The SCMA's will work with MSD Zonal Stores Managers to ensure timely resupply of ART sites with ARV drugs and will provide the sites with support in managing ARV drugs, on-site training and coaching of zonal MSD staff.

PEPFAR Tanzania attributes approximately 3 full time equivalent staff members to the ARV drugs program areas

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	2,666,078	
HMBL	5,477,104	
HMIN	2,735,383	
IDUP	2,200,000	
Total Technical Area Planned Funding:	**13,078,565**	**0**

Summary:
Male Circumcision (MC) 3,747

Randomized control trials conducted in Africa demonstrated 60% lower incidence of HIV infection in circumcised men. Population based observational studies conducted in Tanzania also reported MC being associated with reduced risk of HIV infection (Barongo et al, 2007). The Government of Tanzania (GOT) has included MC as core strategy in the National HIV & AIDS Multisectoral Strategic Framework 2008–2012 and the National Prevention Strategy. According to the 2007-08 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), 66.8% of men aged 15-49 are circumcised. However, rates of MC vary considerably between regions, from about 24% to close to 100%.

In 2008, a National MC Working Group (WG), chaired by the Ministry of Health and Social Welfare (MOHSW), was established with support from the World Health Organization (WHO), the USG and its partners. Two studies have been conducted in 2009 to inform MC service roll-out. The National Institute for Medical Research (NIMR), conducted an assessment in three districts with high rates of traditionally performed MC (between around 75-99%) exploring service delivery issues associated with facility-based and traditional MC services. NIMR also conducted a 'MC Situation Analysis', investigating context, extent and patterns of MC practices in three regions (Kagera, Mara and Mbeya).

In 2009, USG selected one partner, to play a lead role in providing TA and support to the GOT, WHO, MOHSW, and other USG partners. This partner provided support for guideline and materials adaptation, training through Training of Trainers (TOT), and development of the first set of MC M&E tools for Tanzania. Another USG partner with communications expertise has produced MC communication materials to assist with provision of up-to-date information and promotion of MC services. Four USG partners have been involved in the set-up of MC demonstration sites located in four regions: Iringa, Mbeya, Kagera and Dar es Salaam. The first training of 17 health care workers (HCWs) took place in September 2009, who since then have performed 379 MC procedures.

With limited funding increases in FY 2010, the USG Tanzania team carefully analyzed data to inform strategic support for MC expansion, while acknowledging that additional funding from other sources such as WHO and Global Fund will be needed for national MC scale up. The team decided to support further MC service expansion in Iringa and Mbeya, as well as include MC support for a new region, Shinyanga Three other regions will focus support on regional hospitals where a large numbers of MC procedures are likely to be performed: one existing site (Kagera), and two new sites: Tabora and Rukwa. Funding for Dar es Salaam has been reduced in light of high MC rates, but support is maintained at lower level to ensure availability of MC services for the military.

In FY 2010, 180 HCWs will be trained in provision of MC; a target of 8,900 men has been set for USG MC Support in FY 2010 Redacted. Support for the communications partner has been increased for further MC BCC material development/production to include demand creation, partner education, and “MC Service literacy”.

The lead TA partner will support the development of a MC operational guidelines and key programmatic tools, including integration of new PEPFAR II MC Indicators into M&E tools and systems. The USG will collaborate with the National MC WG and WHO on the development of a strategic framework for MC in Tanzania. Emphasis will be put on sustainability of MC services within the public health care sector but involvement of private sector and faith-based partners will also be explored.

Blood Safety 3,241

Preventing HIV transmission through the supply of safe blood is a key element of the US President’s Emergency Plan for AIDS Relief‘s (PEPFAR) and GOT HIV/AIDS policy and strategies. Tanzania needs 350,000 to 500,000 units of blood annually.

USG support to MOHSW resulted in an increase in blood collected from 5,000 units in 2005 to 119,000 in 2009, and an increase of voluntary non-remunerated blood donors (VNRBD) from 20% to 80%, with more than 25% being repeat donors in the same time period. HIV prevalence in donated blood went from 7% in 2005 to 3% in 2009. All donated blood is tested for HIV, hepatitis B and C, and syphilis. In 2009, 43% of donors were tested, counseled and received results. The targets for blood collection for 2010 and 2011 are 180,000 units and 250,000 units respectively with more than 50% of donors counseled and given test results. All USG partners will renew their focus on increasing government capacity, and decreasing the need for external TA over the next 5 years.

In 2010, USG will continue to support technical assistance, training, quality systems implementation, infrastructure improvement, policy and guideline development. The USG will continue supporting the National Blood Transfusion Service (NBTS)’ computerization for easy vein to vein information tracking and recall of VNRBD. This activity is linked to Phones for Health Short Messaging System (SMS) to inform donors to collect their post test results, and will facilitate repeat donation and collection and processing of NBTS data.

USG will support blood donor mobilization to improve and increase the recruitment of safe donors. A new mechanism will support IEC material development and expansion of blood donor clubs. Mass media will be strengthened to increase community awareness through free and subsidized announcements. Private sector linkages and partnerships will be encouraged to promote sustainability, and alliances with prevention partners will be strengthened for referral of HIV-negative clients as VNRBD. Collaboration with programs such as the President’s Malaria’s Initiative (PMI) will also be strengthened.

In FY2010, component processing will be enhanced, coupled with use of pediatric packs and training of hospital practitioners on rational use of blood/blood products to minimize unnecessary transfusion and wastage and maximize utilization of components. Equipping hard to reach blood banks to provide cold chain, transportation, storage and procurement of buffer test kit stock will continue in collaboration with other partners such as WHO, Global Fund, and the Abbot Fund.

The GOT is integrating the NBTS into its national planning processes, establishing the NBTS as an executive agency with independent financial status and greater autonomy. MOHSW will also continue expanding collaborations with local and global partners in support of NBTS.

For sustainability, NBTS will orient district and regional management teams on blood safety and encourage fiscal investment in NBTS. USG will continue to support MOHSW NBTS systems strengthening efforts, management and organizational capacity development to enable the MOHSW to better plan, manage, and provide leadership for adequate and safe blood provision.

Injection Safety (IS) 3,906

WHO estimates 5% of new HIV infections globally are attributed to unsafe injections. The 2007 Tanzania Service Provision Assessment (TSPA) found that only 5% of health facilities had basic requirements for infection prevention and control (IPC) such as water, soap, gloves, disposal boxes for sharps, etc. in place. Only a third of the facilities had disposal boxes for sharps, and only 4% provided access to Post-Exposure Prophylaxis (PEP). Unsafe injections occur in 47% of cases, with around 1-9 needle stick injuries per year per health worker. There are also high rates of inadequate disposal procedures (89%).

USG supports the GOT to implement the WHO and safe injection global network (SIGN)-recommended 3-step strategy. Since 2004, USG supported IPC – IS through direct support to the MOHSW; one partner as the main MOHSW technical assistance (TA) provider for policy, guideline and training material development, in-service training, and supply procurement; one partner for implementation of an integrated IPC-IS model in Reproductive Health services. For the past two years another partner has provided the MOHSW with TA in procurement forecasting. Coordination is ensured by an MOHSW lead IPC-IS Working Group, in which USG and partners participate in planning, implementation, monitoring and evaluation of National IPC-IS efforts. This group conducted an IPC-IS program review in early 2009 that informed current implementation and plans for 2010.

Accomplishments to-date include the development of IPC-IS policy, guidelines, training and Behavior Change Communications (BCC) materials, incorporating waste management, and promoting reduced demand/administration of unnecessary injections. In-service trainings have covered 63.5% (139/219) of public tertiary/secondary facilities and training of 74.8% (15,794/21,110) of health workers nationwide. Implementation of an integrated IPC-IS model within Reproductive Health (RH) services has provided a model of integration of IPC-IS into a clinical service area. Support for IPC-IS procurements included strong advocacy resulting in reuse prevention syringes and safety boxes being included in the national essential drug list.

A key challenge for IPC-IS support in Tanzania has been the ending of track 1 funding. USG Tanzania has re-allocated some of its in-country funds to this program, has looked for program efficiencies and ways to gradually increase government ownership and has assisted the GOT to start raising support from other sources including the Global Fund. Other challenges have included slow implementation of PEP guidelines; lack of adequate infrastructure for waste management; and integration of IPC-IS into all clinical services.

A new mechanism will continue to support TA for the MOHSW. All partners will renew their focus on increasing government capacity, and decreasing the need for external TA over the next 5 years. High level advocacy will be needed for other donor initiatives and health sector support to provide complementary funding. An existing mechanism to support MOHSW pre-service training will be utilized to integrate IPC-IS in curricula of pre-service training institutions. Capacity strengthening of referral hospitals and zonal training centers in the application of standard safety precautions will contribute to long-term sustainability. An existing communication partner will support media campaigns to reduce the demand for unnecessary injections. Clinical service partners will be engaged in supporting implementation of universal precautions, PEP and adequate waste disposal.

Finally, MOHSW, USG and partners will develop a performance evaluation tool, to enable national, regional, district and health facility authorities to improve monitoring of quality and safety of health and HIV services, and better data analysis and use for prevention of infectious disease transmission in Tanzania.

Injection Drug Use (IDU) 3,328

Drug use in Tanzania has evolved over the past decade with increasingly risky practices, in regards to HIV transmission: Users begin at an earlier age; methods of use have transitioned from smoking to injecting, (heroin most common injection drug); increased sharing of needles and syringes and unsafe practices such as flashblood (sharing of syringe with blood mixed with drug) and vipoint (sharing of a heroin dose utilizing one needle and syringe). Data indicate that some IDUs engage in high-risk sexual practices including commercial sex to fund the purchase of drugs. The observed overlaps between different Most-at-Risk Populations (MARPs); IDUs, Sex Workers (SW) and Men having Sex with Men (MSM) compounds individual risks to HIV infection.

Preliminary findings from an IDU study conducted in Dar es Salaam in 2009, indicates HIV prevalence among IDU of about 42%, compared to 5.8% in the general population. MARPs studies conducted on Unguja Island in 2007/08, revealed an HIV prevalence of about 16% among IDUs compared to 0.6% in the general population. MARPs and IDU program linkages are overseen by national MARPs working groups both for Tanzania mainland and on Zanzibar. UN agencies and other key partners, also support IDU and MSM programs.

In Dar es Salaam, IDU activities are supported through two government and one parastatal agency, and have focused on: (a) establishing a strategic framework and policy/guidelines for management of IDU in primary health care settings, IDU outreach and Medication Assisted Therapy (MAT); (b) strengthening facility-based services in one university facility including linkages with a PEPFAR supported care & treatment site; and (c) initiating mobile outreach and “storefront” services around hot spots. Linkages with a National MSM network are developed to address substance use and risk behaviors among these overlapping groups and build capacity among MSM network members.

On Zanzibar, service implementation is supported through two government partners, two international NGOs and three Zanzibari Community-Based Organizations (CBOs). Trainings initiated in early 2009, have resulted in about 200 health care workers being trained on various aspects of drug use and HIV services, including training of supervisors for HCT outreach services and HIV Care and Treatment providers. Over 75 trained MARPs peer educators and outreach workers have reached over 23,000 community members in the past nine months, including around 14,000 MARPs (IDUs, SW and MSM). Outreach activities have evolved from basic peer education, condom promotion and distribution, to included HCT and referral for HIV care and treatment services, STI screening and treatment, and establishment of recovery groups and “safe houses” for detoxification.

In 2010, PEPFAR support will consolidate IDU services on Zanzibar and establish comprehensive and outreach services in Dar es Salaam. The partnership framework will support the establishment of three MAT pilot sites, two in Dar es Salaam and one on Zanzibar.

MARPS and IDU M&E tools are being improved to monitor risk reduction, and HIV/AIDS and other service utilization. MARPs surveillance efforts will include capacity building for mapping and size estimates, and IDU studies to be conducted in select urban settings on Tanzania mainland and Pemba.

PEPFAR Tanzania attributes a total of 2 and ½ full time equivalent staff members to the Biomedical Program Areas; One FTE in HBML, one FTE in IFUP and half of one FTE in HMIN.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	15,542,010	
Total Technical Area Planned Funding:	**15,542,010**	**0**

Summary:
HIV counseling and testing (HCT) is an important component of comprehensive HIV prevention and care and treatment. The Government of Tanzania (GOT) recognizes the importance of HCT services and provides strong national leadership that encourages all to learn their HIV status. In July 2007, President Kikwete launched Tanzania's first national HIV testing campaign resulting in more than 4.2 million Tanzanians being tested and receiving their results. Through this campaign 194,149 HIV-infected persons were identified and referred for care and treatment. The testing campaign was a historic step forward in Tanzania's efforts to increase the number of individuals that know their HIV status and the USG, with direct funding support and partner participation, played a critical role in the campaign's success.

Data from the 2008 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) found that among 15-49 year olds, 37% of women and 27% of men have ever been tested for HIV and received the results; double the proportion of the 2004 survey. Part of this increase is due to advances in HIV testing methodologies that have made learning one's HIV status easier. In 2007, GOT adopted a testing algorithm using HIV rapid tests and finger-prick blood collection that have been rolled out nationwide. USG support for HCT services has substantially bolstered testing efforts. From a total of 134 USG supported HCT sites and 242,340 persons counseled and tested for HIV in fiscal year (FY) 2005, the number of USG supported HCT sites has increased to 1,772 and persons counseled and tested for HIV to 2,318,290 in FY 2009. This reflects a significant increase in access and highlights great strides made in HCT service expansion.

In view of modest increases in funding for HCT through the Partnership Framework, further service expansion in this area will be achieved through greater efficiencies in planning and implementation. In particular, the USG portfolio will rely on strategic/targeted expansion of provider initiated testing and counseling and mobile HCT services. Building on successes from past years, and as outlined in the 2009 USG prevention coordination platform (submitted with COP09) and the new National Prevention Strategy, the USG will support expansion of HCT services in high prevalence regions of Tanzania and will further target higher-risk populations, including MARPS. Specific areas of focus include expansion of services in select geographic "hot spots" and in high prevalence and high-density locations such as along transport corridors and border crossings. Expansion will also capitalize on potential public private partnerships.

The expansion of PITC remains a high priority for both the GOT and USG. A stakeholder meeting was facilitated by the MOHSW National AIDS Control Program (NACP) HCT unit in April 2009, and brought together all HCT as well as Care & Treatment partners in an effort to map out and plan future PITC service expansion. This meeting also outlined GOT HCT priorities and outlined a gradual transition of oversight and support for PITC to clinical service and care & treatment partners over a 3-year time period. To increase MOHSW involvement and guarantee future sustainability, regional and district health management teams as well as facility-based MOHSW staff have increasingly been involved in planning and supervision of PITC service expansion and training for PITC providers.

While one USG supported HCT partner in Tanzania continues to support a large number 56 VCT Centers throughout the entire country, providing client-initiated counseling and testing (CICT) as well as mobile HCT services, many of the other USG HCT partners provide a combination of PITC service support

and/or mobile HCT services for geographical areas where higher risk populations can be reached, targeted to the needs of individual regions and districts.

Home-based counseling and testing (HBCT) was introduced as a new HCT modality in selected geographical areas in 2008. USG funded two partners to initiate HBCT as a component of existing home-based care activities, both of these located in high HIV prevalence regions, piloting two testing modalities: home-to-home testing, and testing of partners and families of index patients. Preliminary results and lessons learned have been presented to the MOHSW/NACP program, and will be further disseminated at forthcoming HCT stakeholder meetings. While in the current funding environment, it is unlikely that this modality will be expanded to large geographical areas, targeted use within very high prevalence settings will be explored.

On request of the MOHSW/NACP, the USG HCT staff developed a concept paper to help advocate for introduction of non-medical, trained lay counselors to facilitate better management of client loads, to provide the bulk of pre-test and post-test counseling, to be involved in HIV testing using rapid tests, and to create opportunities for greater PLWHA involvement in HIV/AIDS services in general, and HCT in particular. This task shifting will not only reduce the burden on medical professionals but also allow for greater expansion of mobile and HBCT services.

Increased collaboration between HCT and blood transfusion services has started during FY 2009, and will continue to support introduction of blood donor notification to ensure referral of HIV-infected blood donors to HIV care and treatment services as well as to encourage low risk VCT clients to donate blood in an effort to contribute to increased recruitment of low-risk and repeat blood donors.

Efforts will be maintained to further improve accurate, timely, and complete HCT data collection as well as analysis and use of data to inform program planning, implementation and expansion. In FY 2009, an HCT M&E Working Group has been formed, chaired by the MOHSW/NACP Strategic Information (SI) Unit, with participation of GOT, USG, HCT partners and SI experts. The group has revised the existing HCT register and tools to simplify and improve data collection and compilation with special attention to capturing HCT data from all key modalities (facility-based PITC and CICT, mobile and HBCT), referral from/to other services, in particular HIV care and treatment. Piloting of the revised tools will occur in early FY 2010 and roll-out take place after finalization during the course of the year.

Progress has been made in 2009 to start addressing the need for well coordinated and standardized quality assurance (QA) for HCT. Previously there were no national QA guidelines for HCT available in Tanzania, and while some individual HCT stakeholders attempted to set up systems for sites they directly supported, no standardized QA system was in place. In 2009, USG and one of its implementing HCT partners have started to provide technical assistance to the MOHSW NACP drafting a National QA Roadmap for HCT that is currently undergoing final MOHSW review. WHO and USG generic guidelines and tools have been utilized to inform this effort. The development of the QA Roadmap has also provided an opportunity for MOHSW and USG laboratory and HCT sections to work closely together and coordinate QA for HIV testing. HCT QA will remain a key focus area for the coming years and USG HCT partners will play a key role in training and roll-out of the national HCT QA efforts.

In addition, two HCT studies are expected to start implementation in Tanzania shortly: One study, a multi-country study involving Tanzania as one of four countries participating, will help to determine the most effective and efficient model for delivering HCT as part of standard of care in Out-Patient Departments. A second smaller in-country study looks at tracking HIV-infected patients referred from PITC services to care and treatment using personal digital assistants. Both study protocols have been submitted for review and clearance. The results will be used to tailor PITC services in country and guide future programmatic decisions. The USG team is also exploring the potential importance and effectiveness of HCT as one of the services or components of different prevention combination models.

In FY 2010, USG will address several important issues that will ultimately improve the quality of CT services. Selected USG partners have started to address the association between alcohol consumption and sexual risk using a brief alcohol assessment and motivational interviewing implemented in counseling sessions. In addition, emphasis will be placed on strengthening risk-reduction counseling to both individuals who test positive and individuals who test negative for HIV, as well as screening for and addressing risks for gender-based violence (GBV) in conjunction with HCT. This will include providing or referring GBV victims for care and to safe shelters for women, support groups in the community, and legal services where these exist.

USG HCT partners as part of the larger group of clinical service and/or community care partners will participate in the introduction and roll-out of Positive Prevention (PP) for HIV-infected clients or patients. HCT partners will gradually introduce and strive to integrate all six elements of PEPFAR's PP package. USG staff and partners have become members of the newly established MOHSW National PP working group, and two partners are funded by PEPFAR to provide technical assistance, materials and trainings for HCT stakeholders and partners from other program areas.

The PEPFAR central level Couples HCT (CHCT) initiative supported GOT and USG HCT staff attending a regional conference and learning opportunity in early 2009. In November 2009, a visit of CHCT experts from Rwanda, Zambia and USG HQs facilitated a situation analysis of current CHCT implementation in Tanzania, and will inform the development of CHCT strategies to improve CHCT services in Tanzania.

One USG supported radio communication partner will provide assistance with mobilization and HCT service promotion. This partner will continue to focus on "testing literacy" as well as addressing stigma and discrimination as barriers to testing uptake. Promotion of testing for adult men will be a critical element for linkages with male circumcision activities and increasing male HCT up-take. Additionally, couples counseling and disclosure of HIV serostatus will be prominently addressed. At the community level all service delivery partners have included mobilization as a key strategy with one partner focusing on the engagement of both Christian and Islamic faith-based leaders and communities.

Despite significant accomplishments and progress, many opportunities for strengthening CT services in Tanzania remain. The USG and its partners will play an important role in finding solutions to the remaining challenges facing the CT system. Essential support will continue to ensure commodities (test kits, biosafety and lab supplies) needed for HIV testing are available continuously and in adequate quantities. MOHSW has made significant improvement in planning and forecasting for HIV testing supplies. However, shortages have occurred in some regions during the course of FY 2009. 2009 APR data shows actual testing was 42% above projected targets which was not factored into the national quantification. The USG team is pro-actively investigating causes and contributing factors to these shortages, and assisting the MOHSW in identifying potential solutions and measures to reduce and prevent such shortages in the future. HIV test kit procurements are to a large extent supported through Global Fund and JICA, while USG support focuses on technical assistance to the MOHSW for planning and forecasting as well as small emergency procurements.

Another opportunity for strengthening national CT services is to join Prevention of Mother-to Child (PMTCT) program efforts to prioritize and address the challenges associated with early infant diagnosis (EID) and pediatric HCT. Currently there are no guidelines or policies for testing and counseling children in Tanzania. USG plans to work with GOT through the establishment of a pediatric HCT working group. The group will be chaired by the MOHSW and will assist in drafting a policy for EID and pediatric HCT with support from key USG HCT, PMTCT and clinical partners.

Another program linkage recently re-vitalized is the linkage between HIV-TB services and HCT. While HCT has successfully been introduced at a large number of TB service sites, many HCT sites do not

currently implement systematic and quality TB screening for HIV-infected individuals. A revised tool with improved TB screening questions that could be used in HCT settings is currently being tested in the field, and once finalized will be integrated into HCT training and services.

Finally, developing strategies to promote continued sustainability for HCT is an area that remains challenging. Over the past year, efforts have included closer linkages with Global Fund as well as greater linkages and eventually transition of in particular PITC into care and treatment support. In FY 2010, one new activity is proposed to introduce HCT in pre-service training curricula and support. Approaches to achieve the goal of sustainability will include working with Regional and District Medical Officers to advocate for increased financial support in regional and district plans for CT, and pursuing opportunities for expanded public/private partnerships.

USG activities will be implemented through partnerships with 25 prime partners. Both governmental and non-governmental entities will be supported, engaging FBOs, CBOs and the private sector. This will include partners working at the national level to improve logistics for test kit procurement, improving HCT QA and M&E, increasing uptake through HCT promotion, and introducing HCT in pre-service training curricula and at zonal training institutes. In addition, 22 partners will work at points of service to provide facility based PITC and CICT, mobile and HBCT service support. The PEPFAR HCT Inter-agency Technical Team is working with all partners to ensure close collaboration and harmonization of activities to avoid duplication and overlap of services delivered. This will be strengthened in the coming year through regular HCT PEPFAR partner meetings that will focus on issues including geographic coverage and key technical challenges in HCT in Tanzania. These will inform and compliment the partner coordination meetings led by the MOHSW/NACP. Lastly, the target of persons counseled and tested for HIV, through USG supported services will be 1,646,899

PEPFAR Tanzania attributes approximately 71/2 full time employees to the Counseling and Testing Program areas

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	27,200,827	
Total Technical Area Planned Funding:	**27,200,827**	**0**

Summary:
Context and Background
The Government of Tanzania (GOT) and the US Government/Tanzania (USG/T) priorities for systems strengthening align with the World Health Organization Health System Building Blocks, and form the USG/T's overarching approach to health systems strengthening. Two key PF objectives address HIV/AIDS prevention and service delivery. The remaining four PF objectives are critical systems strengthening priorities identified to support these programs. They include: Leadership, Management, and Accountability; Human Resources; Commodities and Logistics; and Strategic Information. The USG/T and GOT have also prioritized developing public-private partnerships (PPPs) to leverage other financial contributions to support health services.

USG/T activities in systems strengthening will support responsible transition of USG/T programs to the GOT and to local partners. Taking into account the overall weakness of the health system, this will take considerable time and concerted effort from several USG/T partners. The USG/T has targeted key elements of the health system: procurement and supply chain; management capacity of national,

regional, and district health teams; human resources for health, lab services, and strategic information (the latter three covered under separate technical area narratives).

The GOT has made significant commitments toward the successful implementation of the agreed-upon PF interventions, recognizing these systems issues represent formidable barriers to sustainability. The USG/T is aware that both the GOT and USG/T commitments are highly interdependent. Consequently, the USG/T and the GOT will together monitor closely the critical milestones on both sides of commitments to ensure achievement of the mutual goals. The USG may provide additional technical support to the GOT to minimize delays in their commitments. The USG/T will also intensify efforts to strengthen GOT institutions and civil society through organizational development and capacity building. In addition, a sine qua non for transition is transparent and efficient procurement systems and internal controls to prevent waste, fraud, and abuse.

Without an adequate and reliable commodity logistics system for programs, PF priorities cannot be accomplished. Recent Global Fund and World Bank audits have documented significant challenges in the supply chain, particularly inadequate staffing and skills, cumbersome processes/procedures, stressed infrastructure capacity resulting from significantly increased volume from the HIV/AIDS response. The USG/T is working closely with the Ministry of Health and Social Welfare (MOHSW), the National AIDS Control Programme (NACP), and the Medical Stores Department (MSD) to address these challenges and better manage the supply chain. The USG supports technical leadership and capacity building in logistics management, including forecasting, procurement planning, and inventory management. Investments are focused on building national and regional human capacity in warehousing and inventory management, and installing new infrastructure and labor saving technologies for improved distribution capacity.

The USG/T will also strive for an enabling policy environment to achieve the PF goals. Major policy issues include stigma and discrimination, gender-based violence, the effective implementation of the existing HIV/AIDS law, the reduction of the national domestic funding gap, and task shifting.

Steps to address the systems landscape described above were initiated during the first five years of PEPFAR. However, the broadening of USG systems strengthening guidelines has opened the opportunity for a more comprehensive approach that will also have significant spillover effect to maternal/child health, family planning, and malaria programs.

The role the USG/T plays in donor coordination has helped to identify areas for better program linkages, with several opportunities for leveraged programs. The USG chairs the HIV/AIDS Development Partners Group (DPG), and is an active participant in the Health DPG, the Global Fund country coordinating mechanism, and the Basket Donor Committee. A critical opportunity to leverage funds is the newly approved Global Fund (GF) Round 9 award for health systems strengthening. Activities in this new GF award include health information systems; commodities and logistics; pre-service training; leadership and management capacity building (particularly human resources management); recruitment and retention interventions; and strengthening professional boards and associations. All of these activities have been planned in harmony with the USG/T and complement the programs presently underway. Specifically, many of the activities will be undertaken through the GF support will help to ensure broader and accelerated scale up of critical programs.

Accomplishments since last COP

The USG/T enhanced technical capacity building and organizational development in FY 2009, providing greater support in leadership and management to the MOHSW, NACP, MSD, Zanzibar AIDS Control Programme (ZACP), and 10 large Civil Society Organizations (CSOs). As a step toward transition to local organizations, two of these strengthened CSOs are taking the lead role in a large new USG/T Human Resources for Health activity.

The USG/T increased emphasis on improved accountability. Expansion of the Public Expenditure Tracking System (PETS) helped to build grass-roots knowledge about services the GOT is supposed to deliver and public expectations for the quality and comprehensiveness of those services. Also, a new activity was developed to enhance fiscal and programmatic accountability at the district level. At the MOHSW, technical assistance is underway to revamp the procurement unit so that it is more efficient,

transparent, and compliant with the Procurement Act of 2004.

The USG/T expanded assistance for drug and commodity logistics to lower levels in the system to improve access and reliability. During FY 2009, Supply Chain Monitoring Advisors were positioned in all nine MSD zonal stores, where they continuously monitor performance of the public procurement system at the zonal level, and provide training and coaching in supply management at treatment sites.

To foster a strengthened policy environment and create high-level awareness of pivotal issues, the USG/T helped to create a Policy Advisory Committee of senior officials. This committee includes the former Minister of Finance, the Chairperson of the Tanzanian Parliamentarian AIDS Committee, other Members of Parliament, and a TACAIDS Commissioner. The committee has endorsed the USG/T approach on policy issues; i.e. to focus advocacy and capacity building on four groups of opinion leaders: 1) Parliamentarians; 2) the media; 3) religious leaders; and 4) groups of People Living with HIV and AIDS (PLHAs). In FY 2009, USG/T programs built the capacity of these groups to shape and influence public opinion and policy on HIV/AIDS in Tanzania. Because in Tanzania there has been limited involvement of PLHAs in the policy arena, particular attention has been paid to the leadership and advocacy skills of NACOPHA, a prominent PLHA network. Parliamentarians have also begun involving communities in policies related to HIV/AIDS through a new competitive small grants program.

The USG/T extended its efforts to reduce stigma and discrimination by working with the MOHSW to accelerate the development of regulations under the AIDS Law. Also, a group of 26 religious, media, and PLHA organizations worked together to develop a strategy to reduce stigma and discrimination. The strategy has been presented to a larger body of the opinion leaders mentioned above, seeking collaboration for strategy implementation. In addition, the USG/T recently embedded advisor in the Commission on Human Rights and Good Governance to improve the reporting of statistics on HIV-related discrimination cases, and prosecution of illegal HIV-related discrimination under the HIV/AIDS law. PPPs helped to facilitate new institutional arrangements for health service delivery. For example, technical assistance was provided in FY 2009 to the Association of Private Health Facilities of Tanzania, a major advocate of for-profit healthcare with more than 400 members and a national network structured around six zonal offices.

Goals and strategies for the coming year
To prepare for the FY 2010 COP, the USG/T organized workshops for all PEPFAR Interagency Technical Teams to identify specific aspects of HIV/AIDS and health program implementation dependent on the health system, critical leverage points, and potential investments. Led by two members of the OGAC HSS Technical Working Group, teams identified activities with high potential for broader system strengthening spillover.

Under the PF goal of Leadership, Management, and Accountability, a critical strategy for FY 2010 will be to build a foundation of responsible stewardship and accountability, and to strengthen management structures in the health system. Considerable focus will be placed on the application of several years of leadership and management training/mentoring provided at the national level (TACAIDS, MOHSW, NACP, ZACP) toward PF implementation. Greater emphasis will now be placed on strengthening leadership and management of CSOs, both large and small, to nourish the potential for transition of HIV/AIDS programs. Local government authorities will also be provided support to strengthen management skills.

With other donors, the USG/T is committed to addressing serious GOT system vulnerabilities identified in recent Basket Fund audits and the Global Fund's Office of the Inspector General Audit report; particularly related to procurement, and programmatic and financial reporting. Inadequacies in delivery of standard patient services also highlight the need for greater public accountability. Interventions to improve accountability are part of the PF commitments and will take a three-pronged approach: at the national,

district, and community levels.

At the national level, the USG/T will initiate a new institutional capacity building activity to strengthen financial systems, program implementation, and monitoring at the MOHSW, the National Institute of Medical Research, and other key government entities. The activity will improve the ability of these entities to manage high-impact, sustainable programs, so they are ready for the transition of ownership and accountability to the GOT. This is an essential ingredient to accelerate implementation of PEPFAR, Global Fund, and other priority programs, especially in terms of fiscal accountability, audit requirements, and public finance regulations.

Under Tanzania's policy of decentralization by devolution, the districts implement the HIV response and are critical to PEPFAR II elements of local ownership, accountability, and transparency. The focus of a second new activity will be on systematic approach to programmatic and fiscal accountability, working with district health management teams to identify all available funding (GOT funds, donor Health Basket Funds, Global Fund monies, and other donor support); plan and implement their priorities; monitor programs; and ensure auditable records. It will also ensure that local government authorities marshal all available facilities—public, private, and faith-based—to address the health needs of their constituencies. The program will be implemented with the Prime Minister's Office for Regional Government and Local Administration to ensure the expansion of policies and regulations for national scale up. This activity will complement the efforts provided by USG/T partners who support HIV/AIDS service provision and provide district strengthening to ensure the effective implementation of their programs.
To increase public accountability, PETS will be scaled up to 10 additional districts. This will build the critical "watchdog" function of local CBOs. This oversight will be key as PEPFAR transitions to greater use of host country financial, service delivery, and procurement mechanisms.
The pace of the USG/T work with influential bodies (parliamentarians, media, religious leaders, and groups of PLHAs) will increase, particularly to expand the involvement of their constituencies in the HIV/AIDS response. A comprehensive communications plan will be developed by influential bodies; guidelines for the greater involvement of PLHA will be developed for local government authorities; and guidelines and an action plan for gender-based violence will be developed for health facilities, with a database to record cases of gender-based violence in two pilot districts. Dissemination of education and communication materials on the HIV/AIDS law and regulations will reach key constituent groups (e.g., health care workers, public officials, and general public) to highlight medical prevention standards, confidentiality, criminal penalties for discrimination, and other features of the law. Media engagement will be enhanced through an extensive training program for journalists on HIV/AIDS issues, including field research and writing skills. Additional funding has been requested for FY 2010 to strengthen CSOs for national level policy advocacy, evaluations, and monitoring to provide greater and more meaningful engagement.
During FY 2010, there will be increased attention to closing the HIV/AIDS finance gap through continued work with Parliament's HIV/AIDS Committee and the new Policy Advisory Committee, including development of policy briefs and meetings with key finance officials. The USG will also work the MOHSW in the analysis of National Health Accounts to focus attention on the sources and uses of health funds.
To leverage funding from private sources, additional PPPs will be created. PPPs will also increase health financing through two pilot health insurance schemes. Other new PPPs will promote private, for-profit medical practice and strengthen the capacity of two private business associations to establish comprehensive workplace programs in large and small enterprises.

PEPFAR Tanzania attributes approximately 6 ½ full time staff to the Health Systems Strengthening Technical Area.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	8,669,000	
Total Technical Area Planned Funding:	**8,669,000**	**0**

Summary:
The United States Government (USG) provides direct financial and technical assistance support to the Tanzania mainland and Zanzibar Ministries of Health and Social Welfare (MOHSW) who's Diagnostic Services Sections are responsible for all laboratories in Tanzania. The laboratory services network consists of a tiered system of one National Health Laboratory, Quality Assurance and Training Centre (NHLQATC); six referral hospital laboratories (including a referral military hospital); 23 regional laboratories; and 133 district laboratories. Some larger health centers maintain laboratory facilities while dispensaries, supported by the nearest district laboratory, perform simple diagnostic procedures that do not require the presence of laboratory technicians. The mainland and Zanzibar MOHSW Diagnostic Sections work in collaboration with the National AIDS Control Program (NACP) and the Zanzibar AIDS Control Program (ZACP), respectively, to oversee HIV laboratory services at the national and referral level. The Ministries of Regional and Local Government (RALG) of Tanzanian mainland and Zanzibar administer laboratory operations at the regional, district, and health center levels.
Since the initiation of PEPFAR in 2004, USG and Government of Tanzania (GOT) effectively collaborated to address significant structural, institutional, human, and administrative limitations of the Tanzanian National Health Laboratory (NHL) network. This partnership facilitated rapid development of sustainable institutional strategies for laboratory strengthening for HIV diagnosis, disease staging, and therapeutic monitoring.
The USG technical assistance and financial support works to assist the MOHSW's NHL system and its network of facilities meet service provision, develop and implement policies and guidelines. The USG provided input into the development of the NHL Operational Plan in Support of HIV/AIDS care and treatment, the National Laboratory Standard Guidelines, the National Laboratory Quality Assurance Framework, and the HIV Early Infant Diagnosis Guidelines. USG support complies with the terms of these policies, plans and guidelines.
With USG support, MOHSW developed a five year national laboratory strategic plan to guide the laboratory infrastructure and capacity building activities. The MOHSW developed and completed this plan in consultation with the National Tuberculosis and Leprosy Program and the Malaria Control Program which works closely with the USG Presidential Malaria Initiative Program. The five year strategic plan has incorporated laboratory activities for strengthening identification and quality assurance of opportunistic infections, malaria and tuberculosis. This strategic plan coincides with the transition from PEPFAR I to PEPFAR II representing a shift from an emergency response to the Tanzanian HIV/AIDS crisis to a more universalized approach of strengthening the Tanzanian health system according to the GOT's vision. The development and inauguration of the NHLQATC, the primary national institution for training and quality assurance for the Tanzanian laboratory network, the development and implementation of a 5 year National Health Laboratory Services Strategic Plan, the focus of the C&T IPs to work with the council, district and regional health management teams in strengthening laboratory systems are examples of these strategies.
The USG provides technical assistance by means of US-based laboratory partners including the American Society for Clinical Pathology (ASCP), which provides assistance with training, the Clinical Laboratory Standards Institute (CLSI) that provides assistance with the implementation of laboratory quality systems, the Association of Public Health Laboratories (APHL) that offers management training and implementation of Laboratory Information Systems (LIS), the American International Health Alliance (AIHA) that provides mentoring opportunities between US-based and Tanzanian institutions and professionals, and the American Society for Microbiology (ASM) works to assist in the identification and quality assurance of opportunistic infections. The USG also provides direct funding to the African Medical

research Foundation (AMREF) to support training activities for the MOHSW and Columbia University, which assists with implementation of the Early HIV Infant Diagnosis (EID) program.
The Care and Treatment implementing partners (C&T IPs) provide additional technical assistance and fiscal support in the regions to which they are assigned. These partners are Catholic Relief Services, Columbia University (ICAP), Elizabeth Glazer Paediatric Foundation (EGPAF), Harvard University, Family Health International, The Walter Reed Project and Pharmaccess.
The USG liaises with all the laboratory stakeholders through a regular laboratory development partners meeting chaired by the MOHSW, as well as the Laboratory Working Group which serves as a forum for discussion of laboratory issues. USG activities complement those of other development partners such as the World Health Organization (WHO), AXIOS, the Abbot Foundation, the Japanese International Cooperation Agency (JICA), Clinton Foundation, the Global Fund, and the German Development Cooperation (GTZ). These partners provide technical and financial assistance to MOHSW. The World Bank, Global Fund, and several bilateral donors contribute to the Sector Wide Approach (SWAP) Basket Fund. In FY2008, the USG and MOHSW, worked with other implementing partners including JICA and GTZ, to strengthen the capacity of zonal workshops to provide first and second line maintenance of laboratory equipment and train 15 laboratory biomedical technicians resulting in a 75% reduction in equipment downtime. Abbot Fund in partnership with MOHSW and USG undertook to modernize 23 regional laboratories on Tanzania mainland. In FY 2010, the USG and GOT entered a Partnership Framework (PF) which has six strategic objectives. The USG strategies and priorities will support the MOHSW five year strategic plan and the six PF goals. The USG laboratory program seeks to realize these goals in the FY 2010 priority activity areas: capacity building for the MOHSW Diagnostics Section, human resource development to address HRH scarcity, quality assurance implementation, improvement of laboratory logistics and commodities management, provision of equipment maintenance, improvement of infrastructure, scale-up of EID .
As a systems strengthening priority, the USG will conduct institutional capacity building for the MOHSW in order to enable the Diagnostics section to better plan, manage, account, and provide leadership for the National Health Laboratory Services. This activity corresponds to the Partnership Framework goal on Leadership, Management, Accountability, and Governance to provide well-coordinated, effective, transparent, accountable, and sustainable leadership and management for the HIV & AIDS response.
HRH is a challenge for the Tanzanian MOHSW. There is a substantial shortage in trained, highly skilled, and expert Laboratorians in the Tanzania health care system. According to Health Sector Strategic Plan III (April 2009), the health sector operates with only 32.1% of the needed workforce. This HRH crisis is the product of few training colleges for these cadres, low college intake and rapidly advancing and changing technologies. Improving the numbers and skill levels of laboratory technicians as well as defining staff recognition, motivation and retention mechanisms based on quality performance will be a key activity in FY 2010 to be achieved in collaboration with the HRH program. In FY 2010, the USG will support in-service training and continuing medical education to laboratorians through the NHLQATC; international laboratory partners will assist in the facilitation of these trainings. USG will also support 50 students in certificate, diploma, BSC, and other specialized trainings. In collaboration with the MOHSW, USG will conduct an assessment and identify schools in need and support for infrastructure improvement as well as supplies, which will result in greater intake capacity as well as improved learning conditions. In FY 2010, the USG Laboratory Support Program will also support the Dar es Salaam Institute of Technology's newly established training program for Biomedical Engineers.
Between 2008 and 2009, the MOHSW, with USG support, expanded ART services to an additional 500 sites leading to a total of 700 sites from the current 200 sites. This expansion places an even greater demand on the already overstretched national health laboratory system (NHLS). As part of meeting this challenge and building sustainable systems, PEPFAR II laboratory strategy focuses on expanding the role of those Care and Treatment Implementing Partners (C&T IPs) instrumental in ensuring service delivery at the laboratories supporting Care and Treatment Clinics. The C&T IPs will now place greater focus on service quality utilizing mentorship strategies. This strategy works as a continuation of the FY 2009 activities where the USG Laboratory Support Program continued the rolling out of the local mentorship program in regional Laboratories. The Impact of this was a significant improvement in the

quality of services in the laboratories. Care and Treatment partners have been working in conjunction with CLSI by supporting zonal laboratories' movement towards accreditation using the ISO 15189 international standard resulting in marked improvement in the quality indicators from a low range of 30% in 2007 to 70% accomplishment in 2009. The MOHSW estimates that a minimum of two laboratories will attain international accreditation by the end of 2010.

Quality Assurance is the most important component of laboratory services. It ensures guidelines, standard operation procedures, and safety policies are followed. In order to ensure quality services are provided in all laboratories in Tanzania, the MOHSW, with support from the USG has identified the mentorship program as a key intervention. The mentorship program will be rolled out across all levels of laboratories. In FY 2010 the USG is planning on supporting mentorship for the Zonal, referral, and district level laboratories. This program will foster in-country laboratory experts and promote the transfer of skills into the service delivery facility while using the 12 Quality System Elements identified by the MOHSW.

The USG is currently working with MOHSW to improve the national logistics and procurement systems for the appropriate ordering and distribution of required laboratory commodities, supplies, and equipment. The Program will support the design, development, and rollout of a facility-based system for stock management. It will support this system in association with the Supply Chain Management System (SCMS). The Program also supports the current project to change the MSD's Orion procurement management system noted as seriously flawed by the Global Fund's FY2009 audit. These systems will work in conjunction with the USG project to centralize emergency reagent procurement by the C&T IPs as an interim measure while strengthening the national system.

USG through SCMS will provide technical assistance to the MSD and the MOHSW Diagnostic Unit to negotiate for service contracts when purchasing laboratory equipment. The acquisition and maintenance of these contracts represent a primary focus of the program given the extensive down time created by malfunctioning equipment. The Program is also negotiating PPPs designed to assist in equipment maintenance as well as stocking and staffing the seven zonal equipment workshops under the purview of the MOHSW. This activity is in line with PEPFAR's Partnership Framework goal for sustainable and secure drug and commodity supply thereby to strengthen procurement and supply management systems of HIV & AIDS-related commodities.

Early Infant Diagnosis (EID) has proven to be an effective method of early detection, prevention, and treatment of HIV infected infants. While supporting the MOHSW in the roll out and service availably of EID, the USG puts emphasis on the sustainability of this program in FY 2010. Dry Blood Spot (DBS) Transportation system has proven a challenge in previous years due to lack of data management, communication, poor coordination and infrastructure. With the establishment of national guidelines by the MOHSW for DBS transportation turnaround time, the USG, through its partners, will work closely with the local government's Council Health Management Teams (CHMTs) and Regional Health Management Teams (RHMTs) to identify a sustainable and cost effective DBS Transportation system. By assisting the prevention of new HIV infections, this activity supports PEPFAR's Partnership Framework Goal in Prevention to reduce new HIV infections in the United Republic of Tanzania.

The USG will also support the infrastructure facility improvement of laboratories. It will do so in order to provide safe and sufficient laboratory space according to MOHSW national laboratory standard guidelines. This activity ensures quality laboratory service delivery and therefore is in line with PEPFAR's Partnership Framework goal on Service Maintenance and Scale Up to reduce morbidity and mortality due to HIV & AIDS and improve the quality of life for PLHIV and those affected by HIV & AIDS.

In FY 2010 the USG, will continue to support and provide technical assistance for surveillance activities as well as Public Health Evaluations (PHEs) in order to assist the MOHSW to make informed, evidence based decisions. The USG will continue to advocate the further development of the paper-based laboratory information system (LIS) and support roll out of the Electronic LIS in the referral hospital laboratories while emphasizing increased capacity development for its maintenance. These activities fall under the Partnership Framework goal on Evidence-based and Strategic Decision Making to improve use of relevant and comprehensive evidence provided in a timely manner in HIV-related planning and decision making.

The USG laboratory support program is itself developing over time. In the last year, the team took on two

additional staff some of whom worked with government institutions such as the MOHSW. The team provides technical assistance to MOHSW institutions and national laboratory partners with the goal of developing the capacities of the MOHSW and related indigenous institutions to strengthen the national laboratory system. The outcome of this support will be assist MOHSW achieve its vision of reliable and sustainable quality laboratory services that are effective, accessible and affordable to all, and its mission of ensuring that laboratory service providers deliver quality laboratory services for the achievement of better health for all.
PEPFAR Tanzania attributes approximately 7 ¾ FTE's staff to the laboratory infrastructure technical areas.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	21,143,485	
Total Technical Area Planned Funding:	**21,143,485**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	28,827,094	
Total Technical Area Planned Funding:	**28,827,094**	**0**

Summary:
The national HIV prevalence rate in Tanzania is 5.8% among adults between the ages of 15-49. About 1.5 million people are infected with HIV, of that, 10% are children (below 18 years old). National data indicates that approximately two million children (~10%) in Tanzania are classified as Orphans and/or Vulnerable Children. About 40% of orphan hood is due to AIDS, and many children are vulnerable due to a chronically ill parent who is unable to provide proper care. Forty percent of all children under the age of 18 are living in households at or below the national poverty level.

The Tanzanian National Costed Plan of Action (NCPA) outlines specific needs of Most Vulnerable Children (MVC) by geographic area, and identifies resource gaps for meeting these needs. USG and other donors are working together to fill these gaps in a way that facilitates a durable, long-term response. Prime Minister's Office of Regional and Local Government Authorities (PMORALG) has disseminated and rolled out the MVC NCPA in 10 regions. A social welfare policy which is critical in ensuring welfare officers take responsibility in managing the NCPA has been drafted and the Ministry of Health and Social Welfare (MOHSW) has approved and printed the national guidelines for improving quality of care, support and protection for MVC. In addition, about 20 district officials have been trained on the national OVC data management system (DMS) for tracking service providers and OVC beneficiaries.

Through USG-supported programs, over 100 community service organizations have been reached and 13,000 community volunteers have been trained and attained skills to identify and prioritize the needs of

OVC. Considerable progress has been made in the scale-up of direct supportive services by reaching 370,954 OVC (September 09 APR). The identification process of OVC has been scaled up to 84 councils. The number of facilitators for training of trainers' in the national OVC identification process has been increased from 20 to 40 to meet the increased demands. USG-supported services covered 83 of the 135 district councils with Global Fund and UNICEF supporting separate geographic areas with similar approaches. Advocacy for the early childhood services for those OVC under five years has been executed by UNICEF in collaboration with GOT in 7 district councils.

The strong government and civil society partnership is exemplified by the very active and effective Implementing Partners' Group (IPG) which is convened by the government and facilitates a systemic response to meeting the needs of OVC. IPG membership has grown from 53 to approximately 100 organizations, including stakeholders from FBOs, local and international NGOs, and donors. Throughout 2009, the IPG model has been replicated by USG implementing partners in 3 regions land 20 district councils, with a plan to expand to 10 more regions and 50 districts.

In FY 2010, USG will continue to strengthen the GOT DSW leadership and management through supporting implementation of the developed new management succession plans; secondment of technical staff and capacity building trainings. UNICEF will complement this work focusing on capacity building of financial and management skills at the regional and district council level. These efforts are in response to the UNICEF funded General Capacity Assessment report of the DSW released in March 2010.
To increase ownership and sustainability of the government response, USG continues its partnership with Tanzania Commission of Aids (TACAIDS) and the PMORALG. The USG works with TACAIDS to ensure implementation and reporting of OVC support component of the impact mitigation goal of the National Multi-sectoral Strategic Framework (NMSF) for HIV/AIDS. In 2009, USG provided technical support on the inclusion of the MVC NCPA in the TACAIDS provided HIV/AIDS budget guidelines to the local government councils. USG works with PMORALG to provide both technical and financial support. Specific support will focus on execution of frequent joint field monitoring visits of local government staff and OVC implementing partners, integration of OVC support into council's budget plans and utilization of DMS generated information. The capacity of this office to manage programs and influence policy will be maximized to improve coordination and communication with other government sector ministries at local levels.

In order to ensure broad participation and to better reflect host country's priorities in the development of the PEPFAR II OVC strategic support, several consultative workshops were organized by the USG in 2009. Participants included USG implementing partners, GOT, beneficiaries and other OVC donor organizations. These meetings focused on reviewing achievements in the area of OVC systems, services and coverage over the past five years and in depth discussions of remaining challenges. The output of these meetings was to identify and agree on the key areas requiring support and existing gaps of the ongoing OVC interventions that will guide the GOT, USG and their implementing partners funding over the next five years. The proposed strategy looks to develop sustainable systems and programs and focuses on supporting a family centred model of care; strengthening linkages between OVC, PMTCT, care, treatment and prevention services within communities; addressing the social workers challenges; mitigating economic vulnerabilities of OVC and their families; and continuing to develop capacity at national, regional, district and community levels to manage, monitor and implement these programs

In response to human resource (HR) challenges, a new cadre of paraprofessional social workers (PSW) was established and piloted to fill the HR gap at the community level. The GOT has recently approved the new Welfare Assistant cadre, which will be deployed at the ward level to ensure decentralization of social welfare services and provision of quality care at the local level. Over 500 have been trained as PSW and in-services training provided to 32 social welfare officers. The number of social welfare officers has been

steadily increasing. Through PMORALG all councils are now directed to deploy social welfare officers with about half of the local councils accomplishing this by June 2009. In 2009, GOT has allocated an additional $140,000 to support the DSW planned activities including staff development; while In FY 2010, the USG will continue to support HR development through in service training of social welfare officers in both Zanzibar and the mainland and continued funding for the training and supervision of PSW trainers at the council level. The plan is underway for Global Fund, through the Rolling Continuous Channel (RCC) proposal, to scale up the training of PSW in their program geographical areas.

In FY 2010, USG will emphasize the gathering of evidence on the use of OVC service standards to improve OVC programming and child wellbeing. In FY 2009, the USG supported national level efforts through the development of quality standards. A critical component of the portfolio was to improve the quality and comprehensiveness of services, versus geographical expansion. In FY 2010, focus will shift from development and dissemination to the utilization of the guidelines for quality standards and documentation to measure impact of services following these standards on the wellbeing of OVC. The national monitoring framework has been developed through USG support and is in use to track progress in using service standards, especially related to partner performance improvements and changes in child wellbeing. This monitoring framework complements the national DMS.

The role of the OVC activities as an opportunity for the identification of HIV+ pediatric patients along with other clinical care services PMTCT programs is being enhanced. In order to fill existing gaps and ensure comprehensive support and referral of HIV+ children in communities, USG will work with Baylor to initiate the “community pediatric care program”. Under this program, Baylor will work with community-based Most Vulnerable Children’s Committees (MVCCs) and other community groups by providing basic training on identification of HIV+ children, addressing their special needs as well as providing critical follow up and referral to facilities for clinical services. Clinical care providers will serve as an entry point for identifying children affected by HIV. For example, testing and counseling services for adults with children will refer children in families living with HIV to MVC programs in the community. This two-way referral process will strengthen the continuum of care available to families affected by HIV/AIDS.

FY 2010, USG will build upon activities linking clinical care and community care services to include expanded emphasis on standardizing the provision of coordinated care. During a 2009 exchange visit with Ethiopia, OVC stakeholders learned about implementing a standard for coordination of care. Having such a standard in Tanzania will incorporate activities focused on building a cadre of Para social workers and expanding the number of supervising social workers. Continued exchanges with Ethiopia, which is also training Para social workers, will facilitate implementation of promising practices in achieving coordination of care.

USG will continue to collaborate with UNICEF to support the implementation of parliament approved Children’s Act in November 2009. This Act ensures protection and legal aid to OVC and caregivers at all levels. Collaboration with UNICEF and Global Fund will continue to sustain implementation of the DMS and use of the data to improve programming and inform policy. Internal, USG will work with the prevention program to ensure linkage of OVC to prevention services such as youth friendly reproductive health services, age specific life skill trainings and counseling and testing services.

MVCCs prioritize needs, coordinate and track services, and maintain data in the GOT DMS. The DMS is fully accessible both at the national and district level. Use of the national OVC DMS has now been rolled out to 72 of the 133 local government councils. Reports generated can be used for decision-making and organizations have already begun using this data for programming and planning purposes.. In 2010, USG will work with GOT to support the triangulation of available OVC data in order to update OVC data and ensure proper projection for future planning.
Additional funding in FY2009 from OGAC of $ 650,000 was received to support pre- and postnatal

nutrition for children under five. Nutritional support will be offered by using the food by prescription (FBP) model which is integrated into PMTCT programming and other activities for women living with HIV. The FBP package includes nutrition assessment/screening, education and counseling and food support to clinically malnourished OVC, maternal orphans <12 months and HIV-exposed children. In addition, the USG will continue to emphasize household economic strengthening to ensure food security, purchase of bulk food for OVC as well as supporting nutrition education services.

Household economic strengthening will be critical. USG Tanzania will continue to work with the Economic Growth, Agriculture, and Trade (EGAT) Bureau and local USAID office to implement the developed operational framework for strengthening economic capacity of households caring for OVC. Economic strengthening will be extended to other OVC supporting safety nets such as MVCCs and the extended families. The technical assistance on economic strengthening will be provided to other OVC implementers and will include an assessment of the impact of these activities.

USG will encourage partners to work with the private sector to improve their economic strengthening activities and ensure these activities are market-driven. Partnerships such as these will also be used as opportunities to develop skills in small business development, financial management and resource mobilization. In FY 2010, public private partnerships (PPP) that address economic vulnerabilities of OVC and secondary education needs are being funded. A partnership with Coca Cola will look to identify 20 motivated OVC/MVC and set them up with manual distribution centers. Managers from local Coca Cola distribution centers will serve as one-on-one mentors to these youth, providing coaching and on the job training.. Another PPP will be with the Kili Coffee Cooperative which will sell specially packaged coffee to the US and match funding from the profits to send OVC in their community to secondary school.

USG PEPFAR will collaborate with the USAID education program to support a specific OVC secondary and vocational training education scholarship focusing on OVC and child headed households. In collaboration with the Ministry of Education and Vocational Training specific track mechanism will be established. Vocational training graduates will be awarded capital to initiate businesses. The implementer (TBD) will link with other OVC partners to ensure coordination in identifying the OVC qualified scholarship and support at the family level

Efforts have also been undertaken to raise the visibility of OVC issues and reduce stigma and discrimination through the media and other avenues such as the establishment and management of the DSW website (ustawi.gov.tz). The USG will continue to provide technical assistance in this area and will support John Hopkins (through STRADCOM) to work with media to create awareness of OVC issues and promote resource mobilization.

A critical focus in FY2010 will be the building of financial and management capacity of NGOs and local government authorities. This effort will be guided by the findings of the Health Systems 20/20 study of the financial and management capabilities of several USG prime and sub partners. The main objective is to improve the capacity of USG implementing partners to effectively build, manage and monitor financial system capacity of their sub-partners. In FY 2010, local government capacity-building activities through AIDSTAR will be implemented in the five regions at the council level using specific performance measures. As with NGOs, the main focus will be on the financial and management capacity building of local NGOs at the district level. This aspect of the USG portfolio is one of the most crucial as it provides a sustainable platform at all levels of government and community for delivery of quality services, data collection and analysis for measuring and improving programs and advocacy for OVC policy and resources.

PEPFAR Tanzania attributes approximately 6 ¾ full time equivalent staff members to the OVC technical area.

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	2,129,121	
PDTX	10,916,486	
Total Technical Area Planned Funding:	**13,045,607**	**0**

Summary:
There are approximately 140,000 children living with HIV in Tanzania; however, by the end of 2009 only 22,599 (16%) had ever received ART. Because there is only limited surveillance data specific to children available in Tanzania, estimates of the pediatric burden have been based on modeling, and targets have been developed in relation to the numbers of adults receiving services. The Government of Tanzania (GOT) is committed to pediatric HIV care and treatment and set the target that 20% of all patients on ARV should be children. According to the PEPFAR Annual Progress Report 2009, children represented 11% of those currently on ARV treatment and approximately the same proportion of those in care. The goal for USG Tanzania is to increase this proportion to 15%, with 4% of all patients on treatment being infants <1 year. This approach aims to maintain current children on treatment while focusing on increasing enrollment of infants into ART programs in order to achieve the 15% target.

Tanzania's 5-year strategy for the implementation of care and treatment services for HIV-infected and exposed children focused primarily on procurement of appropriate formulations (both through PEPFAR support and support from GOT), development of pediatric care and treatment guidelines, and the development of key capacities such as diagnosis of HIV in children and identification of HIV-exposed children at various entry points. General services (IMCI, EPI) for children in Tanzania are well run, though there has been limited progress in implementing services for HIV-exposed and infected children. Guidelines for care and treatment of children with HIV have been developed, and pediatric formulations of key drugs (ARVs, Cotrimoxazole) are available. These guidelines also allow for the assessment of children for their nutritional status and guide nutritional interventions.

Tanzania has been invited to develop a Partnership Framework (PF) for the coming five years, which defines the roles and responsibilities of the USG and GOT. Although the implementation plan is still being developed, both governments have agreed on six partnership framework goals, namely: service maintenance and scale-up; prevention; leadership and management; sustainable drug and commodity supply; human resources; and evidence-based strategic decision making.

The Pediatric Care and Treatment technical area narrative is most directly related to the PF goals of service maintenance and scale-up and human resources; however, all of the other goals are also addressed in program planning and implementation. Partners are working through a district approach to plan, implement and monitor programs jointly with district and regional health management teams and help build leadership capacity at regional and local levels. Capacity building will also be conducted at the level of the Ministry of Health, and particular attention will be paid to finalizing and implementing policies and guidelines related to pediatric HIV. USG activities in FY 10 will focus on improving the quality of services being provided to children infected with HIV, with a specific focus on providing training and resources to health care providers to improve and harmonize the implementation of pediatric care and treatment interventions. Results from a demonstration project will provide evidence for strategic decision making around how to improve the uptake of pediatric care and treatment services.

During the past few years significant progress has been made in developing capacity to provide HIV

services for children. One key step has been the development of a national Pediatric HIV Technical Working Group at the Tanzania National AIDS Control Program (NACP). This group comprises pediatricians and other technical members from treatment partners, NACP, UN organizations and the Tanzanian Pediatric Association. The working group's objective is to move the pediatric agenda forward, with a specific focus on infant identification, testing and Provider-initiated Testing and Counseling (PITC), as well as age-specific care and support for HIV-infected children. In addition, a USG internal Interagency Technical Team for pediatric HIV services has been established in order to better coordinate these services and provide technical support to HIV care and treatment implementing partners. Unfortunately, the secretariat of the national TWG has changed twice over the past three years, and since the transfer of the pediatric focal person out of NACP a replacement has not yet been identified. Therefore, national leadership and ownership of pediatric programs remains a challenge. In addition, pediatric programs are currently being hosted in various departments within the Ministry of Health – PMTCT in Reproductive and Child Health, EID in the Diagnostics Unit, and ARV treatment within NACP. Coordination of these various stakeholders needs strong leadership and dedication. Within USG TZ the need for Redacted has been identified and the hiring process has started.

Another important development has been the establishment of the HIV Early Infant Diagnosis (HEID) program. This program was piloted in Bugando Medical Centre and then rolled-out to the other three Referral hospitals in the country. These referral hospitals are located in four zones of the country and are the only centers with the capacity to carry out DNA PCR on dry blood spots (DBS). As a result, it is critical that a system be developed to enable all health facilities in the catchment area of each of these laboratories to send their DBS specimens to the laboratories and receive results in a timely manner. Currently, over 320 health facilities are providing HEID services and as of March 2009, 8793 children were tested. From November 2006 to March 2009, 1967 (22.4%) of these children tested positive. National EID guidelines were developed and a center for training laboratory technicians in PCR was formed.

Transportation of specimens presents a significant challenge, particularly the 'last mile' between districts and facilities. Initiatives to identify for-profit organizations for regular transport of specimens are underway. PEPFAR Tanzania is also looking into options for public-private partnerships where PEPFAR would 'buy a seat' from local bus companies to transport specimens and results back to facilities. Initiatives may vary by district as a 'one size fits all approach' may not be possible in Tanzania. Another challenge is tracking children once HIV test results are available at site level and starting them on treatment if necessary. Reasons for this loss to follow-up are multifaceted and partners are working to identify best practices that can then be shared with other providers to improve retention. Mom to Mom support programs, established and scaled up mainly by PMTCT partners, will help with follow-up of HIV-exposed infants and assist with linking them to care and treatment.

In order to overcome some of these challenges, PEPFAR TZ initiated a demonstration project in 2008 in which HIV-exposed infants are being identified at routine immunization visits and linked to care and treatment when found to be HIV-infected. A midterm evaluation of the project is underway and results will be available mid-2010. We expect answers on several key questions: whether the introduction of HIV-services affects the uptake of immunization visits, whether these immunization visits provide an opportunity for pediatric HIV care and treatment services and whether information collected at these routine visits can be used for monitoring of HIV-transmission.

Another critical barrier to scale up has been the absence of guidelines for testing infants and children, although this has been addressed to some degree. In April 2008, Tanzania released guidelines for HIV testing and counseling in clinical settings. These guidelines promote HIV testing as part of the standard of care for all persons attending health care facilities and support the testing of children when the HCW has determined that testing is in the best interest of the child. The guidelines require verbal consent for testing of children from parents or recognized legal guardians and they suggest that a PCR test should be

done for all HIV-exposed infants at 4-6 weeks, or the first maternal-child health visit.

There is an urgent need to address remaining policy issues (for example, testing of children with no designated guardian), develop practices and guidelines for disclosure to children, and develop training materials, job aids, and approaches to implementation. Efforts are being made by NACP with technical support from USG to review the PITC training curriculum and guidelines to include more pediatric specific elements. PITC training and implementation is currently being scaled-up by all implementing partners with USG support. While GOT is taking the lead on policy /guidelines review, USG partners (namely BIPAI and EGPAF) are providing technical support to implementing partners in order to improve health workers' skills and confidence in counseling and managing children with HIV. BIPAI is addressing this through in-service training for care providers as well as onsite mentorship in two of the five zones, with potential to expand. EGPAF conducts short basic training courses in Pediatric HIV, utilizing pediatricians or National TOT to conduct the courses. These courses are being is implemented in four zones of Tanzania in collaboration with the respective referral hospitals and the Implementing Partners in the regions.

The package of services recommended for children includes: clinical assessment, baseline CD4 and viral load testing (where available), cotrimoxazole for exposed infants, antiretroviral treatment for all HIV-infected infants < 1, and all children with stage II, III, or IV disease. The national guidelines recommend identification of a designated care provider, and provision of services to the mother/families of infected children, including ART. The recommended first-line regimens are AZT/3TC/NVP for young children and AZT/3TC/EFV for children over three. Children with documented HIV infection and clinical disease or immunologic damage are prioritized for treatment. Presumptive ART is recommended for children with known HIV-exposure and advanced clinical disease, even if it has not been possible to confirm HIV infection.

Some tools to assist with pediatric services (for example, a dosing wheel developed by the Clinton Foundation and a dosing chart developed by Baylor University and other partners) have been distributed and are available in the field. Based on site visits to partners, providers report providing cotrimoxazole to HIV-exposed and infected children, but actual rates of uptake are unknown because documentation requires strengthening of the M&E system and no formal assessment has been conducted.

With FY 2010 funding, implementing partners will maintain and improve the quality of existing pediatric HIV services. This will be achieved through supportive supervision visits, in-service training including on site mentorship, infrastructure development, and supplies of essential commodities including drugs. With the additional Partnership Framework (PF) funds, specific partners will be tasked with discreet elements of pediatric care and treatment to provide technical assistance to the MOHSW and to assist partners with implementation of harmonized practices (this has worked well with other service elements). Activities will be well-coordinated, and relevant technical groups will be consulted to avoid duplication.

The additional PF funds will also be used to improve diagnosis and management of children co-infected with TB. This will be achieved through establishing a Center of Excellence for HIV-infected children co-infected with TB. The center will also assist in evaluating TB screening approaches in children such as Mantoux test, chest x-ray, sputum smears, effusions, sputum induction and gastric aspirates. In addition, this initiative will assist with including necessary pediatric specific guidance for TB/HIV co-infection into the existing national guidelines.

The specific designation of funding for pediatric care and treatment activities in FY 2010 has helped to frame the need for and increase attention to pediatric services. Pediatric services will be discussed during national partner meetings and treatment partners will have specific targets to provide care and treatment to children. In addition, home-based care providers will be expected to have specific strategies to increase the number of children under their care. A special effort is being placed on getting HIV-

exposed infants referred for diagnosis and treatment if found to be HIV-infected. This is coordinated well with the PMTCT program, where the main focus will be to increase the proportion of mother-child pairs that receive an intervention for the prevention of HIV transmission. Transmission rates will be documented by EID programs.

Efforts to improve infrastructure will specifically address pediatric needs; for example, newly constructed care and treatment facilities will include pediatric rooms, with careful attention to infection control and appropriate furnishings.

PEPFAR Tanzania attributes approximately 2 ½ full time equivalent staff members to the Pediatric Care and Treatment Program Area. All 2 ½ FTE's are funded within the Pediatric Treatment program area.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	39,975,979	
Total Technical Area Planned Funding:	**39,975,979**	**0**

Summary:
Women in Tanzania make up 56% of the HIV infected population with a sero-prevalence rate of 6.8% (THMIS 2007-08). Women of all age groups, including adolescent girls, are more likely to be HIV+ than their male counterparts, and women 15-49 account for 60% of new infections (HSHSP 2008-2012). With more than 1.7 million births and 8.2% HIV prevalence at antenatal clinics (ANC), approximately 123,800 HIV-positive women deliver HIV-exposed infants annually in Tanzania (HSSP 2008-2012). Assuming a 35% transmission rate without intervention, an estimated 43,300 children will become infected with HIV each year.

Nationwide, 98% of pregnant women will make at least one ANC visit (Road Map 2008), turning the first, and sometimes only, antenatal visit into a critical opportunity to introduce a range of ANC and PMTCT interventions and services. It also represents an important chance to integrate pregnant women into the health care system and encourage facility-based delivery.

The PMTCT program began in 2000 as a pilot program in five facilities and, as of April 2009, has been rolled out to 3,024 facilities (65% of all facilities in Tanzania) (PMTCT Unit, MOH 2009). As of September 2009, over one million women (65% of all pregnant women) had been tested with direct PEPFAR support, and more than 40,000 of those identified as HIV-infected received a PMTCT intervention (APR Report 2009).

In the early years of the PMTCT program, results indicated a low uptake of PMTCT services. The marked improvement in counseling and testing coverage seen during the past two years is thought to be attributable to several recent PMTCT-related initiatives, including the regionalization of PMTCT partners. In 2007, the National AIDS Control Program (NACP) assumed the role of policy formulation, coordination and supervision, and gave responsibility for the implementation of PMTCT programs primarily to PEPFAR treatment partners. These partners assisted the MOHSW to roll out PMTCT using a district approach, working closely with district councils to plan, implement and manage PMTCT programs. This resulted in a considerable increase in the provision of PMTCT services, particularly at lower level facilities. Having the same partner provide PMTCT and care and treatment services creates an opportunity to improve linkages between the two programs and ensure increased coverage of PMTCT interventions.

Other initiatives include the scale-up of opt out counseling and testing, as well as demand creation via mother support groups, radio and other media. However, the rollout and uptake of ARV prophylaxis, and specifically the roll out of more efficacious regimens (MECR), has been slow. The vast majority of women who receive a prophylactic intervention are given single dose Nevirapine (APR 2009). Only 588 facilities out of over 3,000 facilities offering PMTCT services currently provide MECR (MOHSW PMTCT Report, September 2009).

In an effort to improve uptake of care and treatment services for mother-child pairs and follow-up of HIV-exposed infants, the HIV Early Infant Diagnosis (EID) program was piloted in October 2006. The pilot took place in the Lake Zone, with Bugando Medical Centre serving as the primary laboratory. Redacted The program has expanded to engage three additional zonal laboratories covering the entire country. Because these zonal laboratories are the only centers with the capacity to perform HIV DNA PCR on dried blood spots (DBS), a system was developed to enable all health facilities to send their specimens to the closest zonal laboratory and receive results in a timely manner.

Currently over 528 facilities are providing EID services throughout Tanzania. Between January and September 2009 some 9386 children were tested, 1470 (15.6%) of whom tested positive (MOHSW EID Report September 2009). However, it is estimated that only 15-20% of these children received ARVs. The EID program faces a number of obstacles, and testing of children is not being conducted in an effective way, prohibiting the use of resulting data for monitoring HIV transmission. One of the program's challenges has been the transportation of specimens and results, with relatively long turn-around times for results. In FY10 PEPFAR TZ will focus on improving logistics for DBS transportation through various innovative approaches including engaging the private sector in the transportation of specimens from zonal laboratories to district hospitals. Indicator definition and the ability of the EID program to measure its impact also pose significant challenges. In FY 10 a strong emphasis will be placed on improving M&E systems as well as data quality for EID.

In FY 08 USG Tanzania initiated a demonstration project of Mother-to-Mother support groups, utilizing former PMTCT patients to provide psychosocial and community-based support to their newly diagnosed peers. This program provides support beyond the health care system and improves acceptance and usage of PMTCT prophylaxis and treatment. The ministry has adopted the findings and recommendations from this demonstration project and is now finalizing national guidelines in order to roll out the program nationally.

Strategy

The United States Government (USG) supports the national PMTCT goal as articulated in the Health Sector HIV Strategy (2008-2012), "to reduce the transmission of HIV from mothers to their children and ensure entry into care and treatment for mother and babies, and increase the percentage of HIV+ pregnant women who receive ARVs from 34% in 2007 to 80% in 2012".

Current PEPFAR PMTCT implementing partners (IP) together with the MOHSW will engage other USG-funded partners who carry out reproductive health-related work to address the wellbeing of women, girls and their families, thereby complementing President Obama's Global Health Initiatives and working towards the national PMTCT goal. The focus will be to complement interventions in family planning (FP), Maternal Health, Child Survival, and Malaria, and work with IP to scale-up these services in a coordinated and harmonized way, avoiding duplication and increasing efficiency. Through joint planning meetings and technical assistance, PMTCT IP will also engage all other PEPFAR technical teams to maximize the impact of the cooperative effort.

As part of a broader implementation strategy, the Government of Tanzania and USG are in advanced negotiations to finalize the "Five-Year Partnership Framework Implementation Plan in Support of the Tanzanian National Response to HIV and AIDS, 2009-2013". Working from an MCH platform, funding

through the PF will be used to expand and improve existing MCH programs along the continuum of care. By providing support to MCH services along the continuum of care, PEPFAR TZ will improve the quality of services as well as the uptake of PMTCT and other critical MCH services. A specific focus will be placed on improving the quality of facility-based deliveries.

The Tanzania Partnership Framework focuses on six goals:
(1) service maintenance and scale-up;
(2) prevention;
(3) leadership, management, accountability and governance;
(4) sustainable and secure drug and commodity supply;
(5) human resources;
(6) evidence-based and strategic decision making.

PMTCT activities are mainly reflected in goal one but are tied to all goals. As part of a prevention strategy, PMTCT activities directly support the second goal and USG's efforts to reduce new HIV infections. A strong emphasis will be placed on improving data quality and the utilization of data for evidence-based program planning, in support of goal six.

Half of PF funding will be used to address bottlenecks related to underlying health systems issues, particularly those affecting women and girls' health, as laid out in the PMTCT Strategy Document. Clinical Services will work closely with other technical areas as needed. Priorities include:
(1) Strengthening the linkages and referrals of HIV+ women and children to care and treatment services through the use of inter-facility and inter-program collaboration, community support groups, psychosocial support groups, peer educators, etc.
(2) Improving infrastructure through construction and renovation with a focus on labor and delivery wards and MCH clinics
(3) Improving the procurement of MCH-related equipment, drugs and commodities
(4) Strengthening M&E systems to track and document the impact of the PMTCT program
(5) Strengthening the integration of PMTCT services into RCHS
(6) Building the capacity of health care worker training institutions, and improving retention rates of health care workers, in support of PF goal five
(7) Strengthening and expanding interventions to improve maternal and child survival

FY10 Base funds as well as the remaining half of the PF additional funds will go directly to service delivery. Services will be scaled up strategically and funding will be directed towards underserved regions. Funding for implementing partners (IP) will be distributed according to past performance and will be used to address gaps in counseling and testing as well as the provision of prophylaxis and treatment. Using census information as well as annual progress reports, regions were classified into one of the following three groups:
• High coverage of counseling and testing / high coverage of prophylaxis
• High coverage of counseling and testing / low coverage of prophylaxis
• Low coverage of counseling and testing / low coverage of prophylaxis

Funding levels and technical guidance will be linked to regional classifications and will address the specific needs of each region to ensure an equitable distribution of quality PMTCT services across the country. More experienced PMTCT IP will provide TA to those partners with less experience and those facing significant challenges. In direct support of PF goal three, a specific focus will be placed on building the capacity of local partners through this collaborative approach and exchange of best practices.

In FY10 PEPFAR Tanzania will focus on increasing the coverage and quality of PMTCT interventions. Strategies include opt-out counseling and testing, same day results, point-of-service staging and MECR, or HAART if eligible. An emphasis will be placed on providing these as part of a package of

comprehensive services during a woman's initial ANC visit. USG will also work with MOHSW to review guidelines and adopt the new WHO recommended ARV regimens in the peripartum period.

In addition to supporting these facility-based services, PEFPAR TZ will improve the range and quality of services available to HIV+ pregnant women and girls outside of the facility. IP will work to improve their understanding of the social and cultural factors that impact women's acceptance and uptake of MCH and PMTCT services, and to increase service utilization through the use of community-based peer support groups. PEPFAR TZ will also work to improve linkages between OVCs and community-based care and treatment services. As a result of improved quality of MCH services and increased linkages to community-based services, PEPFAR TZ expects higher utilization and acceptance of PMTCT services.

In the effort to address more effective program coordination, the MOH recently moved PMTCT out of the National AIDS Control Program (NACP) and into RCH, and the integration of PMTCT services with reproductive and child health (RCH) is ongoing. PEPFAR TZ will support the government to improve the quality of RCH services by tracking and documenting best practices, which can be shared among partners at monthly Treatment Partner meetings.

Efforts to build the capacity of local staff will continue, through both pre-service and in-service training, and will ensure that staff are providing prevention and clinical services that women, children and their families need in a way that is appropriate for them. Also, because IP are utilizing a district approach to implement PMTCT programs, they work hand-in-hand with local government and healthcare counterparts and will build leadership as well as programmatic capacity as they collaborate to plan, implement and monitor programs

In FY08 PEPFAR TZ, in collaboration with the Global Immunization Division of CDC, initiated a demonstration project to assess the feasibility of integrating HIV diagnostic and care and treatment services into routine immunization visits as a way to improve the follow-up of mother-child pairs. A midterm evaluation of this project is currently under way. This project could potentially be used to routinely monitor HIV transmission rates, with the six demonstration sites serving as 'sentinel sites' where all HIV-exposed children will be tested for HIV and referred for care and treatment services. The PMTCT interventions received by these children will be recorded and linked to their HIV-infection status. Analyses of these data would provide invaluable information regarding changes in the efficacy of PMTCT programs over time. Integration of HIV services into a routine RCH program would increase women's ability to utilize these services by allowing them to circumvent challenges they might encounter in trying to make extra visits to the facility. Service integration would also strengthen existing systems rather than introduce a new vertical program for monitoring PMTCT quality.

PEPFAR TZ is placing increasing emphasis on using an evidence-based approach for programmatic decision-making. Data quality assessments will be carried out on a routine basis at the site level to ensure that PMTCT program data are of good quality. Regions where data quality issues are discovered will be prioritized for follow-up to determine and resolve challenges with data collection. A basic program evaluation is being planned to identify potential duplications in the reporting of PMTCT counseling and testing as well as prophylactic coverage, thereby giving PEPFAR TZ a more accurate picture of PMTCT. These two examples are part of an ongoing effort by PEPFAR TZ to improve overall data quality.

In addition to this document, please refer to the PMTCT Strategy document that has been submitted for the additional PF funding for a more comprehensive presentation of PEPFAR TZ's PMTCT plans for FY 10.

PEPFAR Tanzania attributes approximately 5.2 FTE's to the PMTCT Technical Area

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	15,187,493	
HVOP	15,816,507	
Total Technical Area Planned Funding:	**31,004,000**	**0**

Summary:
Context and Background
PEPFAR Tanzania's COP 2010 sexual prevention portfolio represents a strengthened and continued focus on quality state-of-the-art programming, in line with Tanzania's epidemiological profile. As noted in last year's COP, the PEPFAR/Tanzania Prevention Strategic Results Unit (SRU) has developed a USG Coordination Platform for HIV prevention. This Platform ensures a strong coordinated USG approach and provides a roadmap to the SRU and partners. The Platform's top priority summarizes the vision for sexual prevention: "To implement a technically sound, programmatically effective portfolio to achieve long-term behavior change and significant reductions in new infections." Living into the spirit of PEPFAR inter-agency collaboration, members of the USG Sexual Prevention Interagency Technical Team (SP/ITT) meet regularly and closely coordinate strategies and activities.

The Government of Tanzania (GOT)'s stated top prevention priority is to reduce the number of new HIV infections. This is reflected as a goal under the Partnership Framework (PF), which describes three objectives: 1) increase access to prioritized and evidence-based HIV prevention interventions; 2) increase efficacy of prevention programming through appropriate alignment of resources and prioritized interventions; and 3) develop an enabling environment for effective and sustainable prevention programming. USG prevention efforts will be further guided by priorities identified through the Partnership Framework Implementation Plan (PFIP) development process and the forthcoming National Prevention Strategy (see below).

USG prevention efforts are guided by the 2007-2008 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), which shows a national prevalence of 5.7% (6.6% for women; 4.6% for men). HIV prevention knowledge shows seven in ten women (68.6%) and three in four men (76.5%) know that condoms can reduce the risk of contracting HIV; and eight in ten women (81.8%) and nine in ten men (86.6%) know that risk is reduced by having sex with only one uninfected partner who has no other partners. THMIS results indicate that prevalence rates range widely, with highest prevalence regions including Iringa (15.7%), Dar (9.3%), Mbeya (9.2%), Mara (7.7%), and Shinyanga (7.4%). Urban prevalence is almost double that of rural areas. Prevalence peaks in women 30-34 and men 35-39 years old. Sexual debut occurs relatively early (by age 15, 11.1% of young women and 9.7% of young men have had sexual intercourse) and many young adults are sexually active by 18 years old (58.4% female, 43.1% male).

While THMIS analysis suggests slight decreases in HIV risk behaviors, high rates of multiple concurrent partnerships (MCP), transactional, commercial, and cross-generational sex continue and condom use during high-risk sex remains low. For 15-49 year olds who report having sex in the past 12 months, 3.4% of women and 24.9% of men had sex with two or more partners in the past 12 months. Among adults who reported sexual intercourse in the past 12 months, 20.6% of women and 40.6% of men reported higher-risk sex (defined as with a non-marital, non-cohabitating partner) and of those, 42.8% of women and 53.3% of men used a condom the last time they had sex. Among divorced, widowed and separated individuals who had sex in the previous 12 months, 8.6% of women and 37% of men had two or more partners. Paying for sex is most frequent among men age 20-24 (13.3%) and men who are divorced, separated, or widowed (22.5%). Male Circumcision rates vary widely from 20% to close to 100% (See

Biomedical TAN).

Tanzania has a range of private sector and socially-marketed condoms. USG condom promotion efforts complement that of other donors, and are targeted to high-risk venues and populations. USG also procures condoms for prevention with positives programming and ensures that condoms are promoted in USG-supported facilities. Public sector condoms face a myriad of constraints related to procurement and distribution systems. USG recently commissioned Supply Chain Management Systems (SCMS) to undertake a review of these challenges and in the coming months will collaborate with other donors and the GOT to begin addressing these.

The USG has worked very closely with the GOT in the development of the National Prevention Strategy. Through this process, the USG and TACAIDS have formed a close working relationship. In addition to participation on the GOT Prevention Technical Working Committee (P-TWC) through which the USG provided in-depth comments on drafts, the USG funded a technical expert to assist the Consultant Team with Strategy development. While this work has been often performed “behind the scenes”, it has proved invaluable to the development of a quality Strategy that prioritizes key drivers. TACAIDS will launch the Strategy in the coming months.

In addition to the P-TWC, the USG participates actively in a MARPS technical working group. The USG coordinates and strives for the most appropriate and effective balance for general population and MARPS activities. This is done through careful analysis of data and risk behaviors in collaboration with the GOT, UN and other donors, as well as coordination with other donors’ portfolios to ensure synergies. Zanzibar faces a concentrated epidemic, requiring a different emphasis. Recognizing the overlaps between high-risk groups and risk behaviors, USG IDU programs are coordinated by the SP/ITT.

Accomplishments since last COP
Key USG program achievements include a strong, comprehensive portfolio that addresses key drivers of the epidemic. Sexual prevention partners work closely together to implement coordinated programs with consistent messages on issues such as MCP, cross-generational and transactional sex, alcohol, condom use, and gender norms, delivered through reinforcing behavior change channels. Behavior change campaigns such as the Fataki campaign have been hugely popular in-country, have strong GOT buy-in and ownership, and are changing harmful social norms. Efforts are well underway to address the linkages between alcohol and HIV, with a wide range of partners (communications, community mobilization, Helpline and CT) integrating alcohol messaging into activities. Mass media, community mobilization and inter-personal communication efforts are closely coordinated and aligned. Through community resource kits, mass media messages have been translated into community and inter-personal communication activities to ensure greater reach and translate awareness into behavior change.

Traditional MARPS partners are initiating core packages of services. Partners have linked with local organizations working with sex workers, and IDU services are underway in Zanzibar and Dar. Linkages have been established with MSM networks to start capacity building around Dar and for a potential MSM-friendly service/clinic on Zanzibar. USG created an internal Positive Prevention (PP) working group, with support from two USG-funded facility and community-based partners, to coordinate and scale up PP efforts among a wide range of implementing partners. USG also successfully created momentum for the establishment of a National MOHSW-led PP working group.

Another key achievement is the excellent collaboration amongst partners funded by different USG agencies, and between international and local partners. Through USG efforts, NGO and GOT partners and agencies began working closer together on a wide range of activities. USG and partners work closely together to ensure that mechanisms are harmonized and programs complement each other. USG is working with an increased number of Tanzanian partners, with significant investments in capacity building and quality improvement for both prime partners and sub-grantees. USG has also worked with partners to

improve their routine program-level M&E, and in some instances to introduce outcome evaluation elements. Studies are underway to provide more in-depth information about program reach and effectiveness, including a condom distribution PHE and a centrally-funded study to assess MCP programming.

A significant challenge is that the USG is the only major donor in sexual prevention, and Tanzania's proposal for Global Fund Round 9 was not accepted. Within Tanzania, large human resource gaps exist in BCC/prevention skills. Local partners lack managerial and technical capacity. It also remains a challenge to integrate primary prevention into care and treatment settings, and there is insufficient attention to the involvement of people living with HIV throughout the portfolio. USG will address these issues and continue to ensure that partners strengthen their focus on drivers of the epidemic and integrate more complex messaging into programs. Recognizing that linkages with reproductive health and family planning programs remain under-developed, and given high-level commitment for integration, USG will strengthen these ties, including through joint planning and program analysis with the Health Team.

Goals and strategies in the coming year
The sexual prevention portfolio focuses on behavioral approaches, with strong linkages to the biomedical portfolio, and structural interventions where appropriate. Specific technical approaches continue to be utilized for different populations and to address different risk behaviors:
- Risk behaviors: multiple concurrent partnerships (MCP); transactional and commercial sex; low and inconsistent condom use; early sexual debut and cross-generational sex; gender inequity and gender-based violence (GBV); and sexual risk taking associated with alcohol and drug use.
- Target populations/high-risk groups: adults engaged in MCP; mobile men with money (e.g., truckers, fishermen, agricultural workers); discordant couples; uncircumcised men; HIV-infected individuals; sex workers and their clients; IDUs; MSM; bar maids; those engaged in transactional sex; young men in urban slum areas; high-risk youth; uniformed services; prisons; and STI patients.
- Geographic areas/hot-spot venues: high prevalence areas with dense populations and/or concentrations of high-risk industries (e.g. mines, agricultural estates); transportation corridors; trading towns; and areas of high concentration of sex workers and IDUs.

USG will continue to build on its achievements during the past year (see above section). Partners' focus on MCP will be strengthened to include an explicit emphasis on the risks of sexual networks. USG will expand efforts to address gender and social norms. Partners will work with community leaders, men, and the education sector to transform norms that promote predatory sexual behavior. Programs with adult men will promote norms emphasizing male responsibility in order to reduce concurrent partners and discourage cross-generational sex and alcohol abuse; programs will also address the needs of young women. USG partners will continue to meet regularly to address GBV holistically through prevention activities via community and inter-personal communication events, advocacy with lawmakers, and linkages with medical, social and legal services (see Gender TAN). Partners will continue to address alcohol through a variety of means including behavior change campaigns which integrate alcohol and sexual risk-taking messages, BMI initiatives, and work with bar maids. Hotline activities will be strengthened to better respond to the needs of specific target groups and risk behaviors. The five Track 1 ABY partners transition out in June 2010; USG will work with other youth prevention partners to meet needs and gaps. Services and programs will be rolled out for MARPS and high-risk groups, including sex workers, IDUs, MSM, fishermen, truckers, and uniformed service personnel. Revised MARPS M&E tools will be piloted and improved to monitor risk reduction and service utilization (see Biomedical TAN).

PP programs will work with HIV-infected individuals, sero-discordant and concordant couples, and PLWHA support groups on risk reduction, condom use, disclosure, prevention-of-mother-to-child transmission, family planning, early care-seeking behaviors, and adherence issues. Sexual prevention partners will continue to strengthen linkages with community- and facility-based partners. In addition, MC services will be targeted to areas with high HIV prevalence, low circumcision rates and regions with large

numbers of uncircumcised men (see Biomedical TAN).

USG will continue to work closely with TACAIDS, including in the launch of the Strategy. The USG also works with the NACP, particularly its IEC sub-unit, which has begun development of a National HIV/AIDS Communication Strategy. Efforts will focus on building capacity of this unit, and refocusing its efforts away from implementation toward a coordination and quality assurance role. Collaboration with the GOT will be further guided by the PFIP process and outcomes. In addition, the portfolio may change as the PF process continues and commitments are set.

Efforts are underway to improve collaboration with SI and strengthen M&E. USG is strengthening combination prevention in certain targeted geographic areas and is exploring evaluation potential and possibilities. Activities will also increase program targeting and efficiency through evaluation and assessments. Efforts will be undertaken to collect and analyze data to better inform the portfolio's balance and allocation of resources. USG is also involved in data triangulation efforts to improve interpretation and use of existing data.

USG will continue to advocate for a multisectoral response with other ministries taking on prevention as core business and for ensuring that human resources for health efforts includes a focus on building GOT/local partner capacity related to prevention/BCC skills. Gender issues will be meaningfully integrated, including addressing gender norms, GBV prevention, and linkages with education and livelihood activities (see Gender TAN). The USG continues to strengthen wrap-around programming. Partnerships have been formed with 5 NRM/EG partners to enable these partners to integrate HIV prevention activities into high risk groups in the agricultural and natural resource management sectors. Work also continues with the Education sector to assess the situation of HIV prevention curriculum in schools and ways in which PEPFAR can best contribute to education and HIV/AIDS efforts. Linkages will continue to be strengthened with CT, OVC, and care partners. For example, a prevention partner recently conducted an HIV prevention assessment of the OVC portfolio and partners, and will undertake work to strengthen the HIV prevention components of that portfolio.

PEPFAR Tanzania attributes approximately 10 1/3 full time equivalent staff to the Sexual Prevention Technical Area. Almost 5 FTE's are attributed to AB prevention and approximately 5 ½ are attributed to OP Prevention.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	7,659,000	
Total Technical Area Planned Funding:	**7,659,000**	**0**

Summary:
Strategic Information: TAN COP 2010

Strategic Information: Budget Code: HVSI: Program Area Code: 17: Technical Area Narrative:

SI OVERVIEW
Ensuring quality data for decision-making will facilitate the long-term viability of the HIV and AIDS response. The Governments of the United States of America (USG) and United Republic of Tanzania (URT) through the Partnership Framework strive to achieve an integrated, durable response to the HIV and AIDS crisis in Tanzania over a five-year period.

The Framework is consistent with Tanzania's National Multi-sectoral Strategic Framework on HIV/AIDS (NMSF 2008-2012) and the Health Sector Strategic Plan III (2009-2015), and is intended to align the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with Tanzania's national priorities.

Under the sixth goal of the partnership framework (Evidence-based and Strategic Decision-making goal), USG will strengthen URT capacity in the following areas:
• Enhance and coordinate multi-Sectoral M&E systems to ensure quality vertical and horizontal flow and use of data through the HIV & AIDS, Health, and Social Service sectors
• Increase national capacity to develop and implement key national and sub-national population surveys, studies, and evaluation activities
• Improve measures of HIV incidence
• Adopt best practices in evidence-based and strategic decision-making

The activities listed will contribute to overall strengthening of national AIDS response in Tanzania under the principle of the Three Ones and also strengthen the health system in Tanzania by providing training and support to build the capacity of the health care workforce, improve surveillance, evaluation and data collection systems and enhance the research environment. Further to provide training and education on utilization of strategic information for guiding program design, planning and improvement, and for targeting resources to areas of greatest need.
The USG's SI strategy aligns well and is guided by the National Multi-Strategic Framework (NMSF) for M&E; i.e supporting human and infrastructural capacity strengthening to conduct SI activities at the national and sub-national levels including: harmonization of indicators and data systems; collection, analysis and timely reporting of quality data; and promotion of data use for planning and implementation of HIV/AIDS interventions, and to inform policy makers. Strengthened systems with quality data and sufficient human capacity are the cornerstones of improved health interventions and ultimately a reduction in HIV-related morbidity and mortality.

Achievements in FY 2009 included: conducting HIV surveillance activities that provided information for intervention and resource planning; strengthening national health information systems (HIS) in selected program areas and identifying approaches to improve the broader system; improving quality of national and PEPFAR data and reporting; building a network of M&E professionals from the GoT and implementing partner organizations; enhancing the analysis of PEPFAR data to estimate coverage of services; evaluating ART services and their related costs through both PHE and basic program evaluation; and triangulating data from multiple sources to answer key questions about the epidemic and inform future implementation.

Challenges anticipated for FY 2010 include: training of new USG and partners SI staff; integration, quality, utilization and feasibility of reporting systems across GoT and PEPFAR Tanzania; supporting a culture of data utilization and enhanced data quality in URT and PEPFAR Tanzania; and enhancing SI infrastructure in URT. The USG SI programme described below has been designed to respond to these challenges.

The Strategic Information plan is designed to provide the sector with empirical evidence through enhanced Monitoring and Evaluation and Surveillance, enhanced national Health Information Management Systems (HMIS) and implementation of key Public Health Evaluations (PHEs). All of these evidence collection methods contribute to the availability of empirical evidence and are focused on the quality and utilization of data.

SURVEILLANCE/M&E
USG SI Team will provide technical assistance for strengthening M&E and surveillance activities. The

team will collaborate with NACP to develop an M&E framework/plan and provide technical assistance to HIV surveillance activities which include ANC surveillance, MARPs, HIV drug resistance threshold survey and HIV drug resistance monitoring activities. With the vision of one M&E system, USG SI Team will collaborate with GoT (TACAIDS, ZAC, MoHSW), UNAIDS and WHO to support national M&E systems. The surveys/surveillance will investigate the HIV/STI prevalence, behavior, population size estimates and potential prevention methods for Most At Risk Populations (MARPS). NACP and ZACP will conduct 2009/2010 ANC surveillance. NACP will also conduct sexual and behavioral survey and HIV drug resistance threshold survey. SI team will work with NACP and ZACP for the purpose of validating the PMTCT program and ANC sentinel surveillance data which will eventually provide guidance on whether to use PMTCT data for HIV surveillance or not.

USG SI Team will provide technical assistance and build capacity within NBS, MOHSW and Office of The Chief Government Statistician (OCGS) to implement the Tanzania Demographic and Health Survey (TDHS). The findings from the TDHS will be disseminated for general public use and are expected to provide detailed information on family planning, HIV/AIDS knowledge, Attitudes, Behavior and Malaria. USG SI team will provide TA to implement a study to estimate the proportion of deaths due to HIV/AIDS among persons age 18-59 years. This TA will only be possible through coordination and oversight of SAVVY activities. The aim of the study is to understand the impact of HIV on mortality. This is the information that can be obtained through demographic surveillance system sites in the country.

HEALTH INFORMATION SYSTEM

USG SI Team will support the creation and implementation of a national Health Management Information System (HMIS) vision that integrates HIV/AIDS into routine health care systems. USG has taken steps to engage with GoT and is now formally part of the working group advancing the national HMIS. USG will support the consolidation of aggregate data collection systems in line with the national DHIS plan and bring together evidence from aggregate systems and transactional systems through a data warehousing model to enhance the accessibility and use of information. Data warehouse support will include training, infrastructure, short and long term technical assistance and dissemination of information to facility, district and regional levels. The current MOHSW plan aims to improve data flow to and from the district and the USG SI programme will work to compliment this vision by leveraging Phones for Health (P4H) Public Private Partnerships to reach the last mile and bridge the data flow gap between the facility and the district. USG SI will continue to support the implementation and expansion of an Integrated Disease Surveillance Response (IDSR) system and ensure the IDSR compliments other reporting mechanisms. The team will work with GoT counterparts to establish a 'Master Facility List' with Geographic Information Systems (GIS) capacity for all information system applications. In addition to improving data flow, the HMIS programme will enhance overall reporting utility, analysis of data and provision of feedback to centers and partners using aggregate data. USG SI Team will oversee the implementation of PEPFAR Records and Organization Management Information System (PROMIS) to fulfill its requirement of reporting data to OGAC for SAPR and APR in line with NGI guidance. Moreover, PROMIS will provide URT counterparts with access to USG data to inform planning and decision making processes.

Evaluation (PHE & BPE):

PEPFAR funds multiple public health evaluations (PHE): operational research using robust methods to provide generalizable knowledge to address key research gaps. These will be in close collaboration with URT and aim to be aligned with the National HIV Research Strategy, to be defined in early 2010. The PEPFAR PHE lead and an Evaluation Officer in collaboration with the SI team will provide analytical expertise to ITTs in building capacity, planning and implementing PHEs with partners and GoT. In addition, the SI team will coordinate and provide technical expertise for basic program evaluations to support program improvement and enhance evidence-based decision-making. Launched recently, the basic program evaluation (BPE) activity narrative describes the process for selecting and prioritizing

BPEs.
Support will also be provided to strengthen the capacity of NIMR and local research partners in research administration, in particular streamlining IRB systems, as well as support to automation of data processing capabilities. Additional approaches to strengthening the research environment and research capacity will be realized in collaboration with the PHE TA partner including training, quality assurance of research implementation and enhancement of research and policy networking.

DATA QUALITY
USG SI team will ensure that the deployment of M&E systems and training fits with national visions for data flow and work towards the longer-term goal of being able to use GOT reporting systems for PEPFAR reporting.

USG SI Team will continue to undertake Data Quality Assessments (DQA) aiming at improving data and the capacity of the implementing partners and GoT counterparts. DQA will be done through investigating both the USG/Partner reporting data flow as well as the GoT/NACP/Region/District data flow with specific partners assigned clearly for the public sector and civil society sectors.

DATA USE
All USG SI activities are ultimately aimed at improving the use of empirical evidence in decision making and planning processes. All M&E, Surveillance, HMIS and PHE activities will ensure that data is disseminated and presented to maximize application and use of data.

USG SI Team will provide technical assistance to TACAIDS/MOHSW on supporting data synthesis activity aimed at identifying the drivers of the HIV epidemic and the impact of prevention responses. Data synthesis will include both national and regional data triangulation exercises. USG SI Team will also provide technical support for the development of an M&E plan for NACP and ZACP. After the rapid scale up of ART program, there is a need to undertake program implementation and scenario modeling for prevention areas. The aim is to determine the synergies between the two interventions in reducing HIV infection and assist GoT engage in evidence-based dialogue and planning.

Building on investments in HIV-specific systems, the USG SI Team will ensure that its data warehousing activity works closely with GoT to establish a strong unit within the MOHSW that can help bring multiple data sources together and create meaningful feedback products for the sector as a whole. Information sources include internal and external data sources (from an MOHSW perspective, aggregate data systems and operational data systems from all vertical programs, and link with other GOT entities like President's Office-Public Service Management (POPSM) Prime Minister's Office, Regional Administration and Local Government, (PMO-RALG), and National Bureau of Statistics (NBS).

SYSTEMS STRENGTHENING:
To support a sustainable SI cadre in Tanzania, USG SI Team is collaborating with national institutions and the USG health system strengthening team on establishing an M&E training program for district health and other civil society workers to address some of the challenges facing districts on M&E issues. This will provide access to a certificate and a masters program that develops a solid understanding of M&E and how it can be used to improve planning, budgeting and policy formulation processes. USG will also ensure that data analysis and the use of data to improve service delivery is included in existing pre-service and/or in-Service programs.

STRATEGIC INFORMATION TEAM: Under the Staffing for Results structure, the USG SI team includes an SI Liaison in the coordinator's office, a technical lead for SI who also serves as the Program Strengthening Strategic Unit and principal representative to URT on SI matters, an HIS advisor, database administrator, two surveillance/survey officers, and five M&E staff. In addition, the USG is supported by a PHE coordinator and an Evaluation Officer who coordinate and implement program evaluation and public

health evaluation projects. SI technical assistance (TA) is provided through the in-country team, and through implementing partners, and USG agencies headquarters.

The role of the USG SI team is to build the capacity of GoT and local partners and support USG data needs through the following activities: provide TA in the implementation of activities funded under SI; support program-area specific HIS and M&E; provide resources and TA for ongoing survey and surveillance activities, including implementation of drug resistance surveillance among ART patients, and Respondent-Driven Sampling (RDS) and Behavioral Surveillance Survey (BSS) activities for most at risk populations. The USG SI team members serve as diplomats for national GoT system harmonization efforts, strong SI capacity in the civil society sector, intra-government data-sharing and use, and advocates for improved national capacity and human resources for SI and evaluation in Tanzania. In addition, the role of the USG SI team is to: participate and provide SI expertise to each of the Inter-agency Technical Teams (ITTs); provide oversight for internal USG activities related to indicators, target setting, reporting, partner performance, and management of the COP process; and support the development and implementation of appropriate evaluation activities.
PEPFAR Tanzania attributes approximately 19 ½ full time equivalent staff to the SI Technical Area.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	7,855,150	
Total Technical Area Planned Funding:	**7,855,150**	**0**

Summary:
The Tanzania Health Sector HIV/AIDS Strategic Plan II (2008-2012) identifies Tuberculosis (TB) as the leading cause of morbidity and mortality among people living with HIV/AIDS (PLHIV). The plan has prioritized the implementation of interventions, such as TB screening for all PLHIV and HIV testing and counseling for all TB patients, which will reduce the burden of TB/HIV co-infection.

The USG TB/HIV program is aligned with the Health Sector Strategic Plan as well as the Partnership Framework (PF), which defines the roles and responsibilities of the USG and GOT for the coming five years. This Framework has six goals, namely: service maintenance and scale-up; prevention; leadership and management; sustainable drug and commodity supply; human resources; and evidence-based strategic decision making.

The TB/HIV technical area narrative is most directly related to the PF goals of service maintenance and scale-up, leadership and management, and human resources; however, all of the other goals are also addressed in program planning and implementation. USG TB/HIV programs focus on supporting national efforts to strengthen collaborative TB/HIV activities in Tanzania. These efforts include: strengthening mechanisms for collaboration between TB and HIV programs, improving coordination of donors and TB/HIV implementing partners, and improving the quality of implemented TB/HIV services. To ensure sustainability, partners are working through a district approach to plan, implement and monitor programs jointly with district and regional health management teams and help build leadership capacity at regional and local levels. In FY10 the program will address human resources and help to build capacity at the national level (National AIDS Control Program) by supporting employment of one technical officer to better coordinate HIV/TB program.

According to the Ministry of Health and Social Welfare (MOHSW), the incidence of TB cases has increased, due in part to the expanding HIV epidemic, with 61,603 and 65,665 TB cases reported in 2001

and 2005 respectively. However, since 2006, the incidence has declined slightly and stabilized. In 2007, a total of 62,092 TB patients were notified. Among the notified cases 31,305 (50.4%) were tested and counseled for HIV in TB clinical settings and 14,669 (46.9%) were found to be TB/HIV co-infected. Of those patients found to be co-infected, 72% received cotrimoxazol and 32% were started on Antiretroviral Therapy (ART) (National TB and Leprosy Programme [NTLP] annual report 2007).

In TB clinics, all TB patients are offered provider initiated HIV testing and counseling (PITC), and those found to be HIV-positive are referred to care and treatment clinics (CTC) for care, treatment and support. According to an NTLP report, from January to March 2008 1,914 (84%) of 2,284 registered TB patients across eight regions supported by Global Fund were counseled, tested and received their HIV test results. According to PEPFAR 2009 semi-annual progress reports (SAPR), 21,336 (90%) of 23,648 registered TB patients across 14 regions supported by USG were counseled, tested for HIV and received their test results. During the same reporting period over 1,600 health care workers were trained in the management of TB/HIV co-infection, including PITC for TB patients.

In care and treatment clinics, treatment partners are supporting TB screening of HIV-positive patients. Those patients confirmed to have active TB are referred to TB clinics for treatment. Due to TB infection control, TB services are not being offered at CTCs as the majority of HIV-positive patients attending CTC are at high risk of acquiring TB. According to the USG 2009 Annual Report, a total of 17,759 out of an estimated 25,200 (70%) HIV-positive patients enrolled in HIV care and treatment clinics received treatment for TB in sites directly supported by USG.

During FY 2009, with support from USG and other bi-lateral donors, guidelines and training materials for the implementation of the Three I's were developed by MOHSW in collaboration with ITECH and ICAP. These materials are currently being finalized for printing, dissemination and use by all ART partners nationwide. Health care workers will be trained on the use of these guidelines and related tools.

In August 2009, with technical assistance from USG and in collaboration with the National AIDS Control Program (NACP), NTLP and other implementing partners, an evaluation of the provision of ART in TB clinics was conducted. The data are currently being analyzed and preliminary results will be out by January 2010. Results and recommendations that emerge from this evaluation will be shared with stakeholders in a timely manner.

In October 2008, supportive supervision carried out at TB/HIV implementing sites uncovered critical limitations of the existing data collection tool (CTC2), which were leading to significant under-reporting of TB treatment among CTC patients. Findings from a rapid assessment of these limitations suggest that partner data reflect only 56% of the true number of HIV/AIDS patients on TB treatment at care and treatment clinics. This information was communicated to MOHSW (NACP & NTLP) and implementing partners. As a result, MOHSW through NACP in collaboration with partners convened a one week workshop to discuss PEPFAR II indicators and review the current Patient Monitoring System. During this meeting a need to revise the current monitoring tools was highlighted, and a small technical working group was tasked with modifying the tools and sharing them widely for comments. TB/HIV indicators will also be incorporated into the modified tools.

Other challenges to TB/HIV programs include slow implementation of TB infection control, poor feedback between TB clinics and CTCs, and weak referrals and follow-up of patients. Recording and reporting of TB screening needs to be improved, and the provision of Isoniazid Preventive Therapy (IPT) have yet to be implemented in care and treatment clinics. The MOHSW is in the process of piloting IPT, and will use information from that pilot to plan for a larger scale-up.

Approximately 46% of the nation's population consists of children younger than 15 years of age. However, pediatric TB contributes only 9.4% of all known TB cases in Tanzania. It is believed that TB is

one of the major causes of death among children living with HIV, and a greater number of children die from TB annually than is being documented. To address the challenges of the pediatric TB burden and the difficulties of diagnosing TB in children, the MOHSW, through NTLP, NACP and partners, established a TB/HIV technical working group. The working group has been tasked with reviewing and updating guidelines for TB/HIV as well as TB M&E tools to reflect pediatric TB needs.

USG will continue supporting NACP and NTLP to strengthen mechanisms for collaboration between the two programs, and to improve coordination of donors and TB/HIV implementing partners. This focus on collaboration and coordination will ensure that activities are harmonized across program areas and that duplication is avoided. These efforts are in direct support of PF goal three. NACP will be supported to take the lead on:
1) Piloting IPT in a select number of care and treatment clinics to inform scale–up,
2) Implementation of the Three I's,
3) Conducting supportive supervision, and
4) Training health care providers working at CTCs on TB/HIV co-management, recording and reporting, and patient follow-up and referrals between CTCs, laboratories and TB clinics.

Major areas of focus in FY 2010 will be to: improve and further develop mechanisms for collaboration between the TB and HIV/AIDS programs; improve coordination of TB/HIV implementing partners and donors, including Global Fund; improve the quality of TB/HIV services being provided; improve systems for recording and reporting key data; and strengthen patient follow-up and referrals between CTCs, laboratories and TB clinics. Improvements in the quality of services provided as well as improved follow-up and referrals directly support the first PF goal, while attention to data and its role in decision-making support PF goal six.

FY 2010 funds will be used to:
1) Strengthen mechanisms for improved collaboration and coordination of TB/HIV activities, thus avoiding duplication of efforts,
2) Maintain existing services in 87 districts in 15 USG supported regions, and scale-up PITC in TB clinical settings in 14 districts within Kilimanjaro (6) and Mbeya (8),
3) Finalize, print and distribute guidelines for implementation of Three I's,
4) Implement the Three I's in HIV care and congregate settings,
5) Develop TB/HIV guidelines for pediatrics,
6) Strengthen the capacity of health care providers in both the public and private health sector to manage TB/HIV co-infected patients,
7) Conduct regular supportive supervision in support of the PF human resources goal,
8) Evaluate the provision of IPT,
9) Revise data collection tools to capture needed TB/HIV information for next generation indicators (NGI).

An evaluation will be conducted of the TB recording and reporting system and the results will be used for program improvement, with a specific focus on improving patient care and data quality. In addition, NACP and NTLP, in collaboration with USG and non-USG TB/HIV implementing partners, plan to assess and improve the ICF system before piloting IPT at accredited HIV care and treatment clinics.

FY 2010 funds will continue to support 12 ART partners working in direct service delivery in care and treatment settings and PMTCT clinics. These funds will also support two USG partners working directly in TB clinics within 87 districts. TB/HIV implementing partners (ART and TB) will be well coordinated, and will receive guidance and technical support from MOHSW, through NACP and NTLP, to ensure quality of services.

Support from the Child Survival Fund, which will be received through USAID and TBCAP for laboratory strenthening, will continue to increase TB case-finding and improve TB diagnosis with the use of new

diagnostic technologies such as Microbacterium Indicator Growth Tube (MIGT) and LED microscopes. The Fund will also support laboratory quality assurance and TB surveillance systems including screening for MDR-TB. The Fund will engage members of the private sector who screen PLWHA attending HIV clinics for TB using sputum smear microscopy, implement TB infection control in health care settings, and offer HIV counseling and testing for TB patients.

PEPFAR HIV/TB funding in Tanzania complements similar efforts of other donors working with the MOHSW in the implementation of HIV/TB collaborative activities such as the Germany Leprosy Relief Agency, and Global Fund. These activities include the development, updating, printing and dissemination of TB/HIV guidelines, trainings and joint supportive supervision trips, and meetings between heath care providers from TB and HIV care clinics and HIV/TB committees to allow for and encourage the exchange of information and best practices. All USG and non-USG partners will work in collaboration with NACP and NTLP to improve:
1) TB screening of PLWHA attending care and treatment services, TB infection control at care and treatment and congregate settings,
2) Referrals, linkages and patient follow-up,
3) Recording and reporting systems,
4) Program monitoring and evaluation efforts to ensure quality of collaborative TB/HIV services in Tanzania.

By the end of 2010, TB/HIV collaborative services within TB clinics will be provided in all 132 districts of Tanzania Mainland and Zanzibar. USG partners will cover 101 (76%) districts of the Mainland and all districts in Zanzibar and ensure that at least 90% of all notified TB cases in these districts have HIV test results recorded in the TB registers. The Global Fund to Fight AIDS, TB and Malaria (GFATM) will support 31 (24%) districts, provide counseling and testing services, and ensure that at least 90% of all notified TB cases have HIV test results recorded in the TB registers. GFATM will also continue to support the MOHSW on procurement of drugs, HIV test kits and other supplies and commodities.

In FY 2010, USG ART partners are expected to screen at least 80% of active HIV/ADS patients attending CTCs for TB signs and symptoms using the National TB screening tool. Of those screened, 10% are expected to develop TB and to therefore be started on TB treatment. In collaboration with MOHSW, ART partners will also continue training health care providers on TB/HIV collaborative services including the Three I's.

All patients who test HIV-positive in TB clinics will receive cotrimoxazole through the TB clinic, and will be referred for HIV care. All TB patients will be provided with information and messages on HIV prevention, as well as condoms and condom demonstrations. The program will also encourage TB and TB/HIV co-infected patients to refer their sexual partners for HIV testing and counseling and be exposed to prevention with positives.

PEPFAR Tanzania attributes approximately 2 ¾ full time equivalent staff to the TB Technical Area.

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7231	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,400,000
7232	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
7234	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	40,036,322
7235	ICF Macro	Private Contractor	U.S. Agency for International Development	GHCS (State)	425,000
7238	Measure Evaluation	NGO	U.S. Agency for International Development	GHCS (State)	1,400,000
7239	Mbeya Referral Hospital	Host Country Government Agency	U.S. Department of Defense	GHCS (State)	5,065,879
7241	PharmAccess	Private Contractor	U.S. Department of Defense	GHCS (State)	5,111,200
7242	Central Contraceptive Procurement	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,000,000
7243	Deloitte Consulting Limited	Private Contractor	U.S. Agency for International Development	GHCS (State)	16,267,046

7244	Mbeya HIV Network Tanzania	NGO	U.S. Department of Defense	GHCS (State)	2,936,123
7245	Resource Oriented Development Initiatives	NGO	U.S. Department of Defense	GHCS (State)	1,271,450
7246	SONGONET-HIV Ruvuma	NGO	U.S. Department of Defense	GHCS (State)	1,186,629
7249	Mennonite Economic Development Associates	NGO	U.S. Agency for International Development		
7254	Mbeya Regional Medical Office	Host Country Government Agency	U.S. Department of Defense	GHCS (State)	5,625,000
7256	Rukwa Regional Medical Office	Host Country Government Agency	U.S. Department of Defense	GHCS (State)	3,400,000
7257	Ruvuma Regional Medical Office	Host Country Government Agency	U.S. Department of Defense	GHCS (State)	3,070,000
7287	SolarAid	NGO	U.S. Agency for International Development	GHCS (State)	200,000
7385	Deloitte Consulting Limited	Private Contractor	U.S. Agency for International Development	GHCS (State)	255,000
7504	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
7629	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9453	JHPIEGO	NGO	U.S. Agency for International	GHCS (State)	2,516,990

			Development		
9454	John Snow, Inc.	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9455	Ministry of Health and Social Welfare, Tanzania	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	815,680
9595	National Institute for Medical Research	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,099,750
9596	Management Sciences for Health	NGO	U.S. Agency for International Development		
9597	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State)	5,666,259
9599	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	5,667,441
9600	TBD	TBD	U.S. Agency for		Redacted

			International Development		
9614	American International Health Alliance	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	2,550,000
9615	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	2,050,000
9616	IntraHealth International, Inc	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,690,000
9618	Touch Foundation	NGO	U.S. Agency for International Development	GHCS (State)	1,000,000
9619	Tulane University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	200,000
9624	National AIDS Control Program Tanzania	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,964,432

9627	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
9628	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,527,000
9630	Ifakara Research Center	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	425,000
9631	University Computing Center Ltd	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	255,000
9634	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,000
9637	African Medical	NGO	U.S. Department	GHCS (State)	463,158

	and Research Foundation, South Africa		of Health and Human Services/Centers for Disease Control and Prevention		
9638	Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	11,795,000
9639	Bugando Medical Centre	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,034,000
9641	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	700,000
9642	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,080,222
9643	Clinical and Laboratory	NGO	U.S. Department of Health and	GHCS (State)	700,000

	Standards Institute		Human Services/Centers for Disease Control and Prevention		
9644	The American Society for Microbiology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	50,000
9645	Kikundi Huduma Majumbani	NGO	U.S. Department of Defense	GHCS (State)	1,273,750
9652	PharmAccess	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,595,088
9653	Johns Hopkins University	University	U.S. Agency for International Development	GHCS (State)	2,530,000
9655	University of Rhode Island	University	U.S. Agency for International Development	GHCS (State)	200,000
9658	African Wildlife Foundation	NGO	U.S. Agency for International Development	GHCS (State)	200,000
9660	Pact, Inc.	NGO	U.S. Agency for International Development	GHCS (State)	4,500,000
9665	Pathfinder International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,800,000

9666	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Health Resources and Services Administration	Central GHCS (State)	1,063,792
9671	Pastoral Activities & Services for People with AIDS	FBO	U.S. Agency for International Development	GHCS (State)	3,878,347
9672	Selian Lutheran Hospital, Tanzania	FBO	U.S. Agency for International Development	GHCS (State)	1,901,289
9673	Balm in Gilead	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	725,000
9678	TBD	TBD	U.S. Agency for International Development		Redacted
9679	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9681	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
9683	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human	GHCS (State)	8,076,798

			Services/Centers for Disease Control and Prevention		
9684	Harvard University School of Public Health	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	7,400,600
9685	Program for Appropriate Technology in Health	NGO	U.S. Agency for International Development	GHCS (State)	2,000,000
9691	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Agency for International Development	GHCS (State)	6,287,965
9694	African Medical and Research Foundation, South Africa	NGO	U.S. Agency for International Development	GHCS (State)	2,959,000
9695	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,050,000
9702	Engender Health	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,050,000
9706	US National Institutes of Health	Other USG Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHCS (State)	450,000
9711	American Red Cross	NGO	U.S. Agency for International		

			Development		
9713	Adventist Development & Relief Agency	NGO	U.S. Agency for International Development		
9714	International Youth Foundation	NGO	U.S. Agency for International Development		
9715	World Vision International	FBO	U.S. Agency for International Development		
9728	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	16,148,799
9739	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Central GHCS (State)	5,006,215
9740	Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Central GHCS (State)	4,400,000
9741	Harvard University School of Public Health	University	U.S. Department of Health and Human Services/Health Resources and	Central GHCS (State)	6,786,072

			Services Administration		
9793	Mildmay International	NGO	U.S. Agency for International Development	GHCS (State)	789,940
9795	African Palliative Care Association	NGO	U.S. Agency for International Development	GHCS (State)	100,000
9798	Axios Partnerships in Tanzania	NGO	U.S. Agency for International Development	GHCS (State)	350,000
9799	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9801	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10006	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	3,773,286
10007	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	6,001,125
10008	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	699,999
10010	US National Institutes of Health	Other USG Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHCS (State)	200,000
10044	Muhimbili University College of Health	Host Country Government Agency	U.S. Department of Health and Human	GHCS (State)	650,000

	Sciences		Services/Centers for Disease Control and Prevention		
10062	TBD	TBD	U.S. Agency for International Development		Redacted
10063	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10067	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10070	Baylor College of Medicine International Pediatric AIDS Initiative/Tanzania	University	U.S. Agency for International Development	GHCS (State)	3,200,000
10073	TBD	TBD	U.S. Agency for International Development		Redacted
10087	Tanzania Marketing and Communications Project	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	750,000
10088	Drug Control Commission	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	400,000
10090	Columbia	University	U.S. Department	GHCS (State)	400,000

	University		of Health and Human Services/Centers for Disease Control and Prevention		
10092	Tanzania Youth Alliance	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	850,000
10095	Engender Health	Private Contractor	U.S. Agency for International Development	GHCS (State)	3,360,000
10119	Deloitte Consulting Limited	Private Contractor	U.S. Agency for International Development	GHCS (State)	10,188,647
10123	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10130	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
10131	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted

10351	JHPIEGO	NGO	U.S. Agency for International Development	GHCS (State)	2,640,000
10628	Academy for Educational Development	NGO	U.S. Agency for International Development		
10807	The Futures Group International	NGO	U.S. Agency for International Development	GHCS (State)	2,775,000
10808	TBD	TBD	U.S. Agency for International Development		Redacted
10809	African Field Epidemiology Network	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,035,000
10811	Francois Xavier Bagnoud Center	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	831,523
10970	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	150,000
10973	Jane Goodall Institute	NGO	U.S. Agency for International Development	GHCS (State)	200,000
10987	CAMFED	NGO	U.S. Agency for International Development		
10988	Foundation for	NGO	U.S. Agency for		

	Hospices in Sub-Saharan Africa		International Development		
10989	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	800,000
11528	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	199,500
11776	TBD	TBD	U.S. Department of State/Office of the Global AIDS Coordinator	Redacted	Redacted
12192	JHPIEGO	NGO	U.S. Agency for International Development	GHCS (State)	1,301,078
12193	Africare	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,698,742
12194	Northrup Grumman	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	850,000
12195	Research Triangle Institute, South Africa	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	250,000
12196	UNICEF	Multi-lateral	U.S. Department	GHCS (State)	944,000

		Agency	of Health and Human Services/Centers for Disease Control and Prevention		
12197	Fintrac Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	430,000
12198	Health Systems 20/20	Implementing Agency	U.S. Agency for International Development	GHCS (State)	250,000
12199	TEC	FBO	U.S. Agency for International Development	GHCS (State)	200,000
12200	UNAIDS	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	123,151
12201	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12202	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12203	NASTAD	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	300,000
12204	CDC Foundation	NGO	U.S. Department	GHCS (State)	1,173,099

			of Health and Human Services/Centers for Disease Control and Prevention		
12205	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12206	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12207	Manila Consulting - GHC	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	60,000
12208	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12209	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12210	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
12211	TBD	TBD	U.S. Department	Redacted	Redacted

			of Health and Human Services/Centers for Disease Control and Prevention		
12212	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12213	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12214	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12215	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12216	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12217	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12218	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12219	TBD	TBD	U.S. Agency for	Redacted	Redacted

			International Development		
12220	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
12221	Ministry of Health and Social Welfare, Tanzania	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,150,000
12222	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12223	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12224	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12225	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12226	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
12227	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12228	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12229	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12230	TBD	TBD	U.S. Agency for	Redacted	Redacted

			International Development		
12231	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12232	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
12233	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12234	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12235	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12236	HIF	Implementing Agency	U.S. Agency for International Development	GHCS (State)	400,000
12237	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12238	TBD	TBD	U.S. Department of Health and	Redacted	Redacted

			Human Services/Centers for Disease Control and Prevention		
12239	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12240	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12241	Muhimbili University College of Health Sciences	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	950,000
12242	Association of Schools of Public Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	660,000
12243	Christian Blind Mission	NGO	U.S. Department of Health and Human		

			Services/Health Resources and Services Administration		
12244	World Conference of Religions for Peace	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration		
12245	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	775,000
12246	Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,367,047
12247	Harvard University School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,573,546
12248	TBD	TBD	U.S. Department of Health and Human Services/Centers	Redacted	Redacted

			for Disease Control and Prevention		
12249	Ministry of Health and Social Welfare, Tanzania	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,250,000
12250	TBD	TBD	U.S. Department of Health and Human Services/Health Resources and Services Administration	Redacted	Redacted
12251	TBD	TBD	U.S. Department of Health and Human Services/Health Resources and Services Administration	Redacted	Redacted
12252	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12253	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease	Redacted	Redacted

			Control and Prevention		

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7231	**Mechanism Name: Wajibika**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,400,000	
Funding Source	**Funding Amount**
GHCS (State)	1,400,000

Sub Partner Name(s)

Family Health International	Prime Minister's Office for Regional Administration and Local Government	TEC

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7231**

Mechanism Name:	Wajibika		
Prime Partner Name:	Abt Associates		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	700,000	
Narrative:			
Establish a program for improved governance through strengthened programmatic and fiscal accountabililty in 5 districts, expanding to 25 over three years; ensure that PMORALG and the MOHSW support decentralized management, effective optimization of resources from various sources, performance-based financing, and the critical need for stronger management and financial controls; and develop a plan with PMORALG to expand interventions to other districts to ensure that priority programs (i.e., HIV/AIDS, PMTCT, MCH, OVC) are implemented in an integrated and accountable way. Specific districts TBD.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	700,000	
Narrative:			
Establish a program for improved governance through strengthened programmatic and fiscal accountabililty in 5 districts; ensure that PMORALG and the MOHSW support decentralized management, effective optimization of resources from various sources, performance-based financing, and the critical need for stronger management controls; and develop a plan with PMORALG to expand interventions to other districts to ensure that priority programs (i.e., HIV/AIDS, PMTCT, MCH, OVC) are implemented in an integrated and accountable way. Specific districts TBD.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7232	**Mechanism Name: ICB**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives:

This activity is aimed at providing support to eleven local institutions, which are HHS partners currently including the Ministry of Health and Social Welfare, National Health Laboratory Services, National Health Laboratory Quality Assurance Training Center (NHLQATC) , National Blood Transfusion Services, and other community-based organizations (CBOs) or faith-based organizations (FBOs) that are funded by HHS, in order to develop their leadership, organizational, and financial management capacity to provide a sustainable response to the HIV epidemic and other health issues. In FY2010 this partner will provide support to the first six organizations. It is envisioned that these HHS-funded local institutions will establish financial management and reporting systems that follow recognized accounting standards and would satisfy an external audit as defined by USG standards as well as be able to forecast budget needs and strategic planning. Furthermore, supported partners will have a standardized asset and property management systems. The activity will also support strengthening of policies and standard operating procedures to increase effectiveness of management and internal control procedures, and where necessary partners will streamline processes and reduce potential burdens created by multiple funding sources.

Proposed activities for this funding include: assessing the organizational infrastructure, internal controls and program sustainability needs of partner organizations; and provision of techncial asisstance (TA) to address the needs and gaps identified of assigned partners. This will be achieved through provision of institutional capacity building (ICB) services including training and technical assistance for the local partners on topics related to organizational infrastructure and program sustainability. Examples of the TA which may be provided include: leadership development (executive coaching and team building); organizational infrastructure (financial, assets and information management); planning (strategic planning eg for procuring of laboratory commodities, policy development, SOP development and budgeting); workforce recruitment and retention strategies; quality assurance (monitoring and evaluation, internal controls, audits); and adoption of information technology (procurement of systems, system integration, local administration of networks, staff training)..

Contributions to Health Systems Strengthening

Since the onset of the PEPFAR program, public sector institutions in Tanzania have increasingly become an integral part in HIV/AIDS programming, either by provision of direct prevention, care, and treatment services or by formulating policies and providing technical direction. However, the effectiveness of these organizations is often compromised because of the variability of their institutional capacity, which in turn affects the quality and outreach of their programs and services. Because Tanzania's success in the fight against HIV/AIDS depends heavily on these institutions, the USG is committed to strengthening the capacity of these organizations to mount the strongest possible response to the epidemic.

Cross Cutting:
This activity builds the capacity of the local institutions to respond to the need for effective HIV/AIDS prevention, care and treatment services. Work done through this activity will enhance the delivery of HIV/AIDS services across Tanzania and will also assist with the transition from USG partners to local Tanzanian partners.
Cost Efficiency:
Expected outcomes of the activity include substantially higher managerial and institutional performance and accountability of USG public sector partners to PEPFAR, as well as greater local program ownership and sustainability. Harmonization of all ICB activity supported under this agreement with other donor efforts is another important aspect to this activity; thus along these lines, the assigned partners will be capacitated with skills to be able to secure at least one new funding source to supplement or supplant current USG funded activity from a source outside USG, thus complementing USG efforts.
Geographic:
This is a nationwide activity.
Link to Partnership Framework (PF):
The principal focus of PEPFAR's Five-Year Partnership Framework is building the long-term sustainability of the national HIV/AIDS responses. This activity contributes to goal three of the PF" leadership, management, accountability and governance by providing well-coordinated, effective, transparent, accountable and sustainable leadership and management for the HIV/AIDS response. The strategy will be to work with these local partners to ensure creative, result-driven approaches to be implemented that will enable these local partners to develop effective, accountable, and sustainable programs by administering resources efficiently, and ensure good stewardship of PEPFAR funds.
M&E:
Program progress will be monitored through quarterly, semi annual reports and supervision visit to partners provided with ICB. Periodic assessment of partners will be done to define partner achivement in relation to initial gap analysis and other set paramiters.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7232**		
Mechanism Name:	**ICB**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
Build the institutional capacity of local partners to support high-impact, sustainable programs to support the transition of ownership to the GOT. This will be accomplished by providing financial assistance through a cooperative agreement to an institution(s) with expertise in working with the public and private sector to stengthen the leadership, governance and management of local partners, including the MOHSW that are directly or indirectly funded by HHS. Specific institutions TBD. Two more additional institutions will be supported to accelerate development in their leadership, organizational and financial management capacity in order to provide a sustainable response to the HIV epidemic and other health issues. Expected outcomes of the activity include substantially higher managerial and institutional performance and accountability of the partners to PEPFAR, as well as greater local program ownership and sustainability. Harmonization of all ICB activity supported under this agreement with other donor efforts is another important aspect to this activity; thus along these lines, the assigned partners will be capacitated with skills to be able to secure at least one new funding source to supplement or supplant current USG funded activity from a source outside USG, thus complementing USG efforts.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted
Narrative:			
ICB for blood safety program are funded under PF funds to strenghern NBTS organization, management and financial management capacity.			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted
Narrative:			
strengthen laboratory leadership, governance, accountability and organizational management capacities; through Mentorship of laboratory personnel ,Capacity building of the National health Laboratory Services (NHLS) and National Health Laboratory Quality Assurance Training Center (NHLQATC) to attain leadership in public health laboratory services and to establish NHLQATC as a premier institution in HIV/AIDS laboratory activities, and Technical assistance to strengthen systems for forecasting and procuring laboratory commodities.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7234	**Mechanism Name: SCMS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 40,036,322	
Funding Source	**Funding Amount**
GHCS (State)	40,036,322

Sub Partner Name(s)

(No data provided.)

Overview Narrative

SCMS Implementing Mechanism Narrative

Goals and Objectives

Tanzania's public health distribution system has historically been under-resourced – it often does not have a full supply of important commodities, the system requires significant infrastructure improvements, and an increase of resources to access modern supply chain technologies. From the beginning, PEPFAR

intentionally chose to strengthen the existing national government system and not create a parallel system for public health commodity supply and distribution.

PEPFAR currently funds the Supply Chain Management System (SCMS) contract to strengthen the public distribution system. PEPFAR also procures ARVs, test kits, and other medicines which are delivered to the public system where they are comingled with all other products and delivered to HIV/AIDS care and treatment sites.

Prevention, treatment and care programs have grown rapidly since the beginning of PEPFAR, the volume of commodities passing through the system for these programs have increased ten fold from a decade ago. Therefore, it is imperative that PEPFAR continue to strengthen the GOT's ability to manage the increased volumes through assistance from SCMS; with the ultimate aim of having the GOT procure and manage a high quality supply of products for HIV/AIDS patients without assistance. While providing this assistance, SCMS will procure and deliver the following items to the public distribution system: ARV drugs, opportunistic infections drugs, fortified foods, and medical equipment. The technical assistance that SCMS will offer the GOT and laboratory partners deserves special mention, because while it is similar to other technical assistance efforts around ARV, OI drugs, fortified foods and medical equipment it will focus on a supply system that has largely been separate from other HIV/AIDS commodities. SCMS will procure HIV/AIDS test kits, CD4 reagents and related lab commodities

SCMS will also procure items on behalf of PEPFAR implementing partners which may not be distributed through the GOT's public system, including: lab commodities, water purification tablets, home based care kits, vehicles, fortified foods, storage, storage space modules, and other items as requested by implementing partners. It is worth noting that for the first time, SCMS has been tasked with procuring large quantities of lab commodities for each of the treatment partners. SCMS will continue to assist partners in forecasting and quantifying their laboratory commodity needs.

Contributions to Health Systems Strengthening

PEPFAR's work through SCMS is focused on bringing quality drugs into Tanzania while strengthening the GOT's ability to manage these drugs. SCMS will continue to provide wide ranging assistance that strengthens the GOT's systems at the national and regional levels, and also strengthening the capacity of treatment sites to order and manage stock. The following is a brief outline of SCMS's key systems strengthening activities: Strengthen the MOH's Procurement Management Unit (PMU), which issues most tenders for non-pharmaceutical commodities by conducting an assessment, recommendations, and supportive technical assistance through procurement experts that are hired by SCMS; Support site level use of the logistics management system for Art's and test kits; Support the GOT as it conducts quantifications and forecasts for all major HIV/AIDS related commodities, including laboratory supplies; Improve warehouse function by putting in place upgrades for information systems (including a new ERP system), installing new racking and packing lines and assisting warehouse managers with improving standard operating procedures; Support the strengthening of warehouse storage capacity and commodities management through selected use of prefabricated storage products; Provide support

through SCMS-hired Supply Chain Management Advisors at regional warehouses to provide management support and to provide an early warning system in the event of stock outs; Training of new care and treatment sites on stock management and reordering or reporting procedures; Support and contribute to efforts that coordinate commodity procurement in Tanzania across the major donors; Develop a lab logistics system with the MOHSW Diagnostic National AIDS Control Program and conduct a training program for implementing partners and site-level staff that will use the system.

Becoming More Cost Efficient

Due to the benefits of bulk procurement, SCMS will begin to save PEFPAR resources on laboratory commodities, which it will be procuring for the first time in 2010. Savings will also be made on shipping the goods in country in bulk, whenever possible.

Coverage and Target Populations

SCMS beneficiaries include: the Ministry of Health and Social Welfare (MOHSW) and its relevant departments and pharmacists, stock-keepers and other staff at care and treatment sites. Medical Stores Department (MSD) the National Public Health Supply system operator.

Links with Partnership Framework

SCMS will also receive Partnership Framework resources in 2009 and 2010, and the activities funded through the Partnership Framework will be closely related to the work described above.

M&E Plans

SCMS work is monitored through quarterly reports outlining key achievements within the supply chain system. Beginning in 2010 SCMS will track reported stock outs of ARV drugs through the SCMA's and providing a monthly report to the USG team.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7234**		
Mechanism Name:	**SCMS**		
Prime Partner Name:	**Partnership for Supply Chain Management**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	3,000,000	

Narrative:

These funds will be spent through SCMS for procurement and distribution of the HBC kits. This will be a centralized procurement and all service providing partners will obtain these kits in country. These resources will supplement the annual USG cotrimoxazole investment in Tanzania, to ensure un-interrupted supply by emergency procurement when there are stock outs of the commodity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	5,200,000	

Narrative:

Support PEPFAR ART programs in Tanzania .This will be accomplished through the procurement of high quality HIV/AIDS related commodities . SD Bio-line will be procured for the use as screening tests, and Determine tests as confirmatory tests , ARV prophylaxis for HIV infected pregnant women and their infants, drugs for the treatment of Opportunistic Infections, test kits and other related laboratory supplies.SCMS will work to enhance the availability and quality of data on commodity usage for decision making and program monitoring and planning, which is part of the integrated logistics system. Funds will be used for Lab reagent and test kits central procurement by SCMS in order for ART partners to have quick access of laboratory reagents for their sites. Thorogh this mechanis their will be an increase in efficiency as partners will minimize individual procument and also the existing cold chain system will be improved.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	750,000	

Narrative:

SCMS will quantify test kit needs in consultation with GOT. SCMS will procure test kits per agreement with NACP and will provide to the Medical Stores Department which distributes the kits to zonal stores and then testing sites. SCMS will provide technical assistance to strengthen the capacity of sites to order and manage test kit stock. Coverage is national.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	340,000	

Narrative:

The funding will be used to procure reagents and other supplies for surveillance activities including ANC surveillance, MARPs, HIV drug resistance threshold survey and HIV drug resistance monitoring activities.

The reagents will assist NACP/ZACP to perform the surveillance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	4,310,000	

Narrative:

Strengthen the national logistics system by providing technical support to MSD, NACP, MOH and implementing partners. Provide increased storage and commodities management capabilities through the use of prefabricated warehouse options and material handling systems. Support the procurement of information technology to MSD. The work is at all levels within the Tanzanian health care system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	200,000	

Narrative:

Support logistics system strengthening and supplement the procurement of test kits and other supplies resulting from increased blood collection at the national level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,000,000	

Narrative:

Procurment of (1) Reagents, testkits (HIV, syphilis, HB etc), ARV, Drugs for OI, FA, Fe, Mebendazole, vit A, multivitamin (2) of hospital equipment including, weighing scale, delivery beds, Delivery kits, HB estimator, blood delivery, EMOC equipment, protective gears etc. Procure medical training equipment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	350,000	

Narrative:

Build NHLS capacity to manage laboratory supplies and commodities by funding one position at MSD specifically for lab supplies
and commodity management .
SCMS will conduct a Lab system design workshop to include all relevant stack holders; Lab system will be rolled out through a series of trainings to involve train the trainer methodology; The system will be implemented at District, regional and referral hospitals. (152 sites total)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	23,886,322	

Narrative:
Procurement of HIV/AIDS drugs, frieght and surcharges only

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7235	Mechanism Name: MEASURE DHS
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: ICF Macro	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 425,000	
Funding Source	**Funding Amount**
GHCS (State)	425,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7235		
Mechanism Name:	MEASURE DHS		
Prime Partner Name:	ICF Macro		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	425,000	

Narrative:

?Macro will provide technical assistance and build capacity within NBS, MOHSW and OCGS to implement the Tanzania Demographic and Health Survey (TDHS).
-The findings from the TDHS will be disseminated for general public use and are expected to provide detailed information on family planning, knowledge on attitudes on HIV/AIDS.
-Data will be disseminated nationally at regional and district levels.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7238	**Mechanism Name: MEASURE Evaluation**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Measure Evaluation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,400,000	
Funding Source	**Funding Amount**
GHCS (State)	1,400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

MEASURE Phase III Monitoring and Assessment for Results (MMAR III)
Introduction: Initiatives to fight HIV and AIDS, which have a strong results-and performance-based orientation, require good quality data to measure indicators of success. By conducting data quality

assessments, donors are able to pinpoint accuracy in performance data, focus attention and resources to improve the systems and ultimately have better quality data for program management and reporting.

Accomplishments: Between June and September 2009, MEASURE Evaluation conducted data quality assessments (DQA) with 10 implementing partners (IPs) and selected sub-grantees for the reporting period October 1, 2008 to March 31, 2009 and five mini-DQAs with weaker performing IPs from Round 1 to assess improvements. MEASURE Evaluation subcontracted with Innovex Development Consulting for data collection and logistics. Two tools developed by bilateral and multilateral organizations to improve data quality, reporting and M&E systems: the M&E Plan checklist from the M&E Systems Strengthening Tool and the Routine Data Quality Assessment Tool, were adapted to the Tanzania context for the DQAs. Following the DQAs, MEASURE Evaluation will implement a series of capacity building activities with IPs requiring assistance in the form of one-on-one mentoring and small targeted trainings.

Activities: MEASURE Evaluation III Monitoring and Assessment for Results will continue in data quality assessments in line with the methodology used to date. Tools and methodologies will be adapted based on lessons learned in the past two rounds of assessments. MEASURE Evaluation III will perform 15-20 DQAs/mini-DQAs. To complete this activity, MEASURE Evaluation will first work with USAID to agree upon the partners, the reporting period and indicators to be assessed. MEASURE Evaluation III will develop a sampling frame to create a statistically representational sample of the data reported during the reporting period. The tools used in the first two rounds will be used again, but slightly modified to better serve the Tanzania context along with the development of an in-depth field guide. Together, these tools provide a qualitative (system assessment) and quantitative (data verification) assessment of the data quality of the IP from multiple data sources. A subcontractor will be hired to assist with the field work. Following completion of the field work, a debrief session will be held with each IP's HQ and a final report will be prepared detailing the strengths and weaknesses of the partner's reporting systems.

Tailored capacity building plans will be developed for the IPs to respond to the needs identified in the assessments. MEASURE Evaluation III will provide small group trainings and one-on-one mentoring to HQ and site level staff. In addition, MEASURE Evaluation III will follow up with partners under the first two rounds of DQAs to assess how well proposed action steps have been implemented and improvements made in their M&E systems.

The sixth goal of the partnership framework (evidence-based and strategic decision-making goal), that USG will strengthen Tanzania's capacity in strengthening and coordinating multi-Sectoral M&E systems to ensure quality vertical and horizontal flow and use of data through the HIV/AIDS. These activities are within the Tanzania's National Multisectoral Strategic Framework in supporting human and infrastructural capacity strengthening at various levels (national and sub-national). The elements include that for

harmonization of both indicators and data systems; its data collection, analysis and timely reporting of quality data; and promotion of data use for planning and implementation of HIV/AIDS interventions, and to inform policy and decision-makers.

MEASURE Evaluation III will also provide funds to TASAF to support the impact assessment of national social protection implementation strategy, and fund and provide TA support the MOHSW (DSW) -child protection study on causes of albino killings and development of the responding strategy.

Targets: Number of health care workers who successfully completed an in-service training program within the reporting period in SI: 131 FY '10; and 171 FY'11

Geographic Coverage Areas: National

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7238**		
Mechanism Name:	**MEASURE Evaluation**		
Prime Partner Name:	**Measure Evaluation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	200,000	
Narrative:			
1.Provide funds to TASAF to support the impact assessment of national social protection implementation strategy.2)Fund and provide TA support the MOHSW (DSW) -child protection study on causes of albino killings and development of the responding strategy			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	HVSI	1,200,000	

Narrative:

?Conduct DQA of USAID partners which aims at improving the data and capacity of the implementing partners and the GoT counterparts ?The increase in funding is required as USAID will increase the number of partners assessed from 10 to 15-20 to meet Auditor General's requirements of conducting DQA to all implementing partners after every two years ?The DQA will at the same time build and strengthen M&E capacity of USG IPs ?DQA will be conducted through investigating both the USG/Partner reporting data and GoT/NACP/Region/District data, its flow, roles and technical capacity of M&E officers, its systems and verify the reported numbers ? Areas of weaknesses will be jointly addressed with both short and long term M&E capacity building plans.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7239	**Mechanism Name: MRH**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: Mbeya Referral Hospital	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,065,879	
Funding Source	**Funding Amount**
GHCS (State)	5,065,879

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7239**		
Mechanism Name:	**MRH**		
Prime Partner Name:	**Mbeya Referral Hospital**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	555,000	
Narrative:			
Mbeya referral hospital is the main referral facility providing terciary care in the Southern zone of Tanzania. With these funds Mbeya referral will provide facility based care services which includes intergration of Positive prevention services, supporting nutritional assessment and counseling in all supported facilities as well as to improve linkages with other services and facilities in Mbeya region and other Southern zone regions.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	2,875,000	
Narrative:			
Maintain Quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism,Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Partner works in Mbeya Referal Hospital for the Southen Zone and currently covers 4794 patients on treatment.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	74,000	
Narrative:			
Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages			

with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in Mbeya region.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	396,000	

Narrative:

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. The work will occur in Mbeya. No additional funds

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	495,000	

Narrative:

Continuation of support for safe MC services at Mbeya Regional Hospital. Expansion of MC support in Mbeya region

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	520,879	

Narrative:

Support implementation of Lab quality system and accreditation process by ISO 15189 at Mbeya referal hospital laboratory

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	150,000	

Narrative:

Continue implementing activities to reduce burden of TB among PLHIV. Funds reduced by 25% because of working in one site and most of the patients will be decongested to the regional hospital and health centers. This will be accomplished by improving collaboration with Mbeya Regional Medical office, NTLP and GF, on the job training, mentoring, regular supportive supervision, strengthen referral and linkages. Services will continue being provided in Mbeya referral Hospital

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7241	**Mechanism Name: PAI-DOD**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: PharmAccess	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,111,200	
Funding Source	**Funding Amount**
GHCS (State)	5,111,200

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Military Population

Mobile Population

TB

Workplace Programs

Budget Code Information

Mechanism ID:	**7241**
Mechanism Name:	**PAI-DOD**
Prime Partner Name:	**PharmAccess**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	505,000	

Narrative:

PharmAccess will provide facility based care services including the intergration of Positive prevention services, supporting nutritional assessment and counseling in all Tanzania Peoples' Defense Forces (TPDF) facilities as well as to improve linkages with other services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	150,000	

Narrative:

1)Provide quality care services and Support for 400 Orphans and Vulnerable Children (OVC) of Military Personnel in barracks surrounding TPDF hospitals 2)Link the older OVC with lifeskills and economic strengthening opportunities.3)Work with the social welfare officer to support the re-intergration of the children to their families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,025,000	

Narrative:

Maintain Quality HIV services at existing sites in the eight Military Hospitals in the country. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism, capacity building to local partners in financial accountability, technical support, program oversight and M&E. Funds will also be used for facilities and community linkages. Partner works in eight regions of Dar es Salaam, Morogoro, Mwanza, Arusha, Singida Mara and Tanga and currently covers ..... patients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	750,000	

Narrative:

1)continuation of counselling and testing servicesat 8 TPDF hospitals & 10 health centres,and initiating CT services at 10 health centres,and retraining of a total of 164 clinicians ,nurse-councelors,lab technicians and pharmacists or pharmacy.2)Refurbishing of 3-4 counceling rooms for the 10 new sites and maintenace of the 8 hospitals and 15 already active satelites sites.3)Provision of condoms & STI drugs and training for nurse-councelor from each CTsite for home visits,and organizing HIV/AIDS sensinstization campaign ,advocate CT ,post -test clubs,organize Home visits and home-base care

services etc in barracks.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	54,000	

Narrative:

Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	216,000	

Narrative:

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. The work will occur within TPDF.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	150,000	

Narrative:

Continuation of support to maintain MC services at one selected site in Dar es Salaam serving both military and civilian populations; Funds were reduced in light of high MC rates in Dar es Salaam; Future linkages to potential PPP opportunities to be explored

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	240,000	

Narrative:

Continue to support provision of a comprehensive HIV/AIDS education program, based on life-skills modules which were developed by the Tanzania Peoples Defense Forces (TPDF) through Emergency Plan funding with PharmAccess. Address GBV, male involvement and issues around alcohol.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	286,200	

Narrative:

Adapt and distribute new IEC and life skills materials obtained from the UN and other African military

program by a dedicated TPDF taskforce. Execute prevention programs targeting high-risk behavior. Strenthen PWP. Distribute condoms and include prevention education as part of counseling and testing services at post/camp treatment clinics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	535,000	

Narrative:

Works in TPDF facilities (23) across several regions (with corresponding HIV prevalence). With the opening of national service will likely have increased demand; implement PMTCT package (see base package), scale up MECR, scale up use of new M and E tools and adopt new computerized data system. Implement PMTCT and improve MCH PMTCT services (see package).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	

Narrative:

Continue implementing activities to reduce burden of TB and HIV among patients infected by both diseases . This will be achieved by training of health care providers, mentoring, regular supportive supervision, improving collaboration, referrals and linkages with partners working in the regions where these institutions are located. Services will continue being provided in TPDF & National services

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7242	**Mechanism Name: condom procurement**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Central Contraceptive Procurement	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7242**		
Mechanism Name:	**condom procurement**		
Prime Partner Name:	**Central Contraceptive Procurement**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	1,000,000	
Narrative:			
Purchase male and female condoms for social marketing program.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7243	**Mechanism Name: Fac Based**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Deloitte Consulting Limited	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 16,267,046	
Funding Source	**Funding Amount**
GHCS (State)	16,267,046

Sub Partner Name(s)

Allamano Centre, Iringa	Bahi Health Center	Berega Hospital
Berega Mission Hospital	Biro Dispensary	Bomanidispensary
Bosco Dispensary	Bulongwa Lutheran Hospital	Bungu Dispensary
Busi Health Centre	Bwakila Chini Dispensary	Bwakila Juu Dispensary
Chamwino Health Center	Chemchem RC Dispensary	Chibumagwa Health Centre
Chikola Dispensary	Chikombo Dispensary	Chikuyu Dispensary
Chipanga Health Centre	Chirombola Dispensary	Chissano Dispensary
Chita JKT Dispensary	Choda Dispensary	Consolata Sisters Hospital Ikonda
Diagwa RCdispensary	Diguzi Dispensary	Dodoma Regional Hospital
Doromoni Dispensary	Dumila Dispensary	Dungunji dispensary
Duthumi Health Center	Ebuyu Dispensary	Fulwe Dispensary
Gairo Health Center	Ghalunyangu dispensary	Glansoni dispensary
Gumanga Dispensary	Gurungu Dispensary	Hamai Health center
Handali Health Center	Haneti Health Center	Hogolo Health Center
Hombolo Health Center	Iambi ELCT Dispensary	Iambi ELCT Mission hospital
Iambi Lutheran Hospital	Idete Dispensary	Idodi Health Centre
Idodyandole Dispensary	Idunda Dispensary	Ifyagi Health Centre
Igauridispensary	Igawa Dispensary	Igombwe dispensary
Igori Health Centre	Igota Dispensary	Iguguno Dispensary
Iguguno Health Center	Iguguno RC Mission Dispensary	Igumbilo Dispensary
Igwamadete Dispensary	Ihanja Health Centre	Ihowanja Dispensary
Ikasi Dispensary	Ikhanoda dispensary	Ikiwu Dispensary
Ikungi Health Center	Ikungi Health Centre	Ikuwo Health Center
Ilembula Lutheran Hospital PMTCT Center	Ilonga Dispensary	Ilongero Health Center

Ilongero Health Centre	Ilula Lutheran Hospital	Ipelele Health Center
Ipogolo Health Center	Iragua Dispensary	Iringa Regional Hospital, Tanzania
Irisya Dispensary	Isanzu ELCT Dispensary	Ishinsi Dispensary
Isimani Health Center	Isseke Dispensary	Issuna dispensary
Itagata Dispensary	Itaja dispensary	Itete Dispensary
Itigi Health Centre	Kalangakero Dispensary	Kasanga
Kaselya Dispensary	Kassanga Health Centre	Katulukila Mission Dispensary
Ketaketa Dispensary	Kibaigwa Health Center	Kibakwe Health Center
Kibaoni Health Center	Kiberege Prison Dispensary	Kiberege Rural Dispensary
Kibigiri Dispensary	Kibogwa dispensary	Kibungo Chini Dispensary
Kibungo juu Dispensary	Kichangani Dispensary	Kidabaga Health Center
Kidaru Dispensary	Kidete Dispensary	Kidodi Health Centre
Kidogo basi Dispensary	Kidugala Health Centre	Kidugalo Dispensary
Kidunda Dispensary	Kikhonda Dispensary	Kikombo Health Center
Kikundi Dispensary	Kilimatinde Hospital	Kilombero Health Centre
Kilombero Sugar Company	Kilosa District Hospital	Kilundwa Dfispensary
Kimamba Health Center	Kinampanda ELCT Dispensary	Kingolwira Health Center
Kinole Dispensary	Kintinku Health Center	Kintinku Health Centre
Kinyangigi Dispensary	Kinyangiri Health centre	Kinyeto Dispensary
Kiomboi District Hospital	Kipengele Health Center	Kiponzero Health Center
Kiroka Dispensary	Kirumi Dispensary	Kisaki Gomero Dispensary
Kisaki Station Dispensary	Kisawasawa dispensary	Kisemu Dispensary
Kisese Health Center	Kisharita Dispensary	Kisiriri Dispensary
Kitandaadispensary	Kivukoni Dispensary	Kiwanja Cha Ndege
Kizuka JWTZ Dispensary	Kolero Dispensary	Kondoa District Hospital
Kongwa District Hospital	Kwamtoro Health Center	Kyengege Mission Dispensary
Londoni Dispensary	Ludewa District Hospital	Lugala Lutheran Hospital
Lugoda Tea Estates Hospital	Luhombero Dispensary	Lukande Dispensary
Lukange Dispensary	Lumba Chini Dispensary	Lundi Dispensary
Luono Dispensary	Lupembe Health Center	Lupila Health Center
Lupiro Health Center	Luponde Health Center	Lyelembo Dispensary
Madunda Health Center	Mafiga Health Center	Mafinga District Hospital

Magereza Dispensary	Maginda Dispensary	Magogoni Dispensary
Magole Dispensary	Magomeni Dispensary	Magubike
Magubike Health Centre	Mahenge District Hospital	Majiri Dispensary
Makambako Health Center	Makanda Dispensary	Makasuku Dispensary
Makete District Hospital	Makiungu Hospital	Makole Health centre
Makonde Health Center	Makotea Dispensary	Makuru Dispensary
Makutopora Dispensary	Malangali Health Center	Malinyi Dispensary
Mampata Dispensary	Manda Health Center	Mang'onyi dispensary
Mangua Mitogo Dispensary	Mang'ula HC	Mangula Health Centre
Manyoni District Hospital	Marera Dispensary	Mataja Dispensary
Matamba Health Center	Matambwe Dispensary	Mataredispensary
Matombo Mission Dispensary	Matongo Dispensary	Matuli Dispensary
Matumbo Dispensary	Matumbulu Health Center	Mbelekese Dispensary
Mbingu Dispensary	Mbuga Dispensary	Mchombe Dispensary
Mdabulo Health Centre	Mdiludispensary	Melela Health Center
Merya ELCT Dispensary	Mfumbwe Dispensary	Mgandu Dispensary
Mgeta Health centre	Mgolole Health Center	Mgololo Health Center
Mgongo Health centre	MgoriHealthcentre	Mgungira dispensary
Michenga Dispensary	Mifulu Dispensary	Miganga Dispensary
Mikese Dispensary	Mingela Dispensary	Mirembe Referral Hospital
Misigiri dispensary	Misiko Dispensary	Misughaa dispensary
Mitundu Dispensary	Mitundu Health Center	Mkalama Healthcentre
Mkamba Dispensary	Mkambarani Dispensary	Mkiwa RC dispensary
Mkoka Health center	Mkulu ELCT Dispensary	Mkuyuni Dispensary
Mkwese Dispensary	Mlali Dispensary	Mlali Health Center
Mlangali Health Center	Mlilingwa Dispensary	Mlimba Health Center
Mlola Dispensary	Mngeta Health centre	Mofu Dispensary
Morogoro Region	Morogoro Regional Hospital	Mpambala Dispensary
Mpanga Dispensary	Mpora Dispensary	Mpwapwa District Hospital
Mpwayungu Health center	Mrangu RC Mission Dispensary	Msange Dispensary
Msingi Dispensary	Msolwa Station Dispensary	Msolwa Ujamaa Dispensary
Msonge Dispensary	Msosa dispensary	Msowero Dispensary

Msunguadispensary	Mtamaa Dispensary	Mtandika Health Centre
Mtego wa Simba Dispensary	Mtekente Dispensary	Mtibwa Hospital
Mtibwa Sugar Estates Hospital	Mtimbira Health Center	Mtipa Dispensary
Mtitaa Health Center	Mtoa Dispensary	Mtombozi Dispensary
Mtunduru dispensary	Mtwike Dispensary	Mudida dispensary
Mugazi Dispensary	Mughamo dispensary	Mughunga Dispensary
Muhintiri dispensary	Mundemu Health Center	Mvae Dispensary
Mvomero Dispensary	Mvuha Dispensary	Mvumi Dispensary
Mvumi Mission Hospital	Mwageza Dispensary	Mwamagembe Dispensary
Mwankoko Dispensary	Mwaru dispensary	Mwaya Health Center
Mwisi Dispensary	Mzinga Hospital	Mzumbe University Health Centre
Namawala Dispensary	Ndago Health Center	Ndago Health Centre
Ndala Dispensary	Nduamughanga Dispensary	Ndulungu Dispensary
Ndunguti Dispensary	Ngalimila Dispensary	Ngerengere Health Center
Ngerengere Health Centere	Ngimu Dispensary	Ngome Health Center
Njirii Dispensary	Njombe District Hospital	Njombe TC Health Centre
Nkinto Dispensary	Nkonko Dispensary	Nkuhi dispensary
Nkuti Dispensary	Nkwae Dispensary	Ntumbi Dispensary
Ntuntu Dispensary	Nyingwa Dispensary	Pangawe JWTZ
Pangawe Sisal Dispensary	Police Dispensary	Puma Dispensary
Pwaga Health Center	Riziki Maternity Home	Ruaha Dispensary
Rubeho Dispensary	Rudewa Dispensary	Rudi Health Centre
Ruhembe Dispensary	Rungwa Dispensary	Ruruma Dispensary
Saba Saba Health Center	Sabasaba Health Center	SADA
Saint Carolous Hospital	Sambaru dispensary	Sangasanga JWTZ Dispensary
Sanjaranda Dispensary	Sanje Dispensary	Sanza Dispensary
Saranda Dispensary	Sasilo Dispensary	SepukaHealth Centre
Shallom Hospital	Shalom Medical Centre	Shelui dispensary
Signali Dispensary	Simbanguru Dispensary	Singa Dispensary
Singida Regional Hospital	Singisa Dispensary	Sofi Majimaji Dispensary
Sofi Mission Dispensary	Sokoine Health Center	Sokoine Health Centre
Sokoine University of Agriculture	Sonjo Dispensary	St Carolous Hospital

Mazimbu Hospital		
St Gasper Itigi Hospital	St Gema Health Centre	St. Francis Designated District Hospital
St. Francis Ifakara DDH	St. Gasper RC Mission Hospital – Itigi	St. Johns Lugarawa Hospital
St. Joseph RC Dispensary	St. Kizito Hospital	St. Kizito Mikumi Hospital
St. Lukes Milo Hospital	SUA Mazimbu Hospital	Sukamahele Dispensary
Tanesco Kidatu Dispensary	Tanesco Kihansi Dispensary	Tanga Dispensary
Tanwart Company Hospital	Tawa Health Centre	Taweta dispensary
Tegetero Dispensary	Tosamaganga DDH	Towero Dispensary
Tulo Dispensary	Tulya ELCT Dispensary	Tununguo Dispensary
Tupendane Dispensary	Turiani Hospital	Tyeme ELCT Dispensary
Uchindile Dispensary	Ughandi Dispensary	Uhamaka Dispensary
Uhasibu Dispensary	Uhuru Health	Ulaya Health Centre
Ulemo dispensary	Unyambwa Dispensary	Unyamikumbidispensary
Urughu Dispensary	Usokami Health Centre	Usure Dispensary
Utengule Dispensary	Village of Hope	Visaraka Dispensary
Wembere ELCT Dispensary		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**7243**		
Mechanism Name:	**Fac Based**		
Prime Partner Name:	**Deloitte Consulting Limited**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,780,000	
Narrative:			
Deloitte will provide facility based care services which include the integration of the Positive Prevention services. Deloitte will support nutritional assessment and counseling in all supported facilities as well as improve linkages with other services, including home based care in the following regions: Morogoro, Dodoma, Iringa, and Singida.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	9,130,000	
Narrative:			
With technical assistance from FHI, Deloite implement ART activities in 4 regions, Morogoro, Dodoma, Iringa and Singida through the Tunajali program. Tunajali shall continue to support ongoing treatment services in existing CTCs. Currently they cover 29027 patients on treatement. Tunajali shall provide performance-based grants to health facilities, ensuring that CTCs in hospitals and health centers meet the minimum standards of care.The program will further increase the number of HIV+ clients on ART through recruitment of eligible clients from in-patient and outpatient settings by stepping up provider-initiated testing and counseling (PITC), particularly in maternal and child health (MCH), PMTCT, and also strengthening linkages with voluntary counseling and testing (VCT) settings. The program will follow up on ART patients lost to follow up will be strengthened through home-based care programs and linkages to other key support programs. As much efforts are done in TB/HIV and prevention program including PITC and PMTCT we expect an increase in number of new HIV positive patients refered to existing Care and Treatment Clinic. Additional funds will be used to support passive growth of approximately 700 new patients coming to existing Care and treament clinic managed by FHI Deloite in Morogoro, Iringa, Dodoma and Singida regions.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	PDCS	228,000	

Narrative:

Deloitte will maintain and improve the quality of existing pediatric HIV care services. This will be achieved through the provision of CTX, screening, and treatment for OIs. Deloitte will support nutritional assessment and link with other programs such as OVC and HBC, PMTCT, and TB/HIV. The services will be provided in the following regions: Iringa, Singida, Morogoro, and Dodoma.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	912,000	

Narrative:

Deloitte will maintain and improve the quality of existing pediatric services. This will be achieved through supportive supervision visits, in-service training which includes on-site mentoring, infrastructure development, and supplies of essential commodities, including drugs. The services will be provided in Iringa, Dodoma, Singida, and Morogoro.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,650,000	

Narrative:

Deloitte will continue to implement PMTCT services in Morogoro and Singida and then take over Dodoma sites from the Abbott Foundation in 2010. Total number of districts in these regions is 15. ANC prevelance in the regions are : Dodoma 6.1%, Morogoro 4.0%, Singida 2.3%. Current facility coverage is: Morogoro39% and Singida 62%.

This is low coverage and more sites can be covered (Dodoma sites taken over from Abbott).
Implementation will include the basic PMTCT package, expansion of MECR, roll out of new M&E system, and adoption of the new computerized (pilot tested) sytem.
Activities to be supported using base funding
The program will scale-up PMTCT services to cover 80% of the facilities providing RCH services in Morogoro, Iringa Dodoma and Singida regions. Deloite will provide grants to respective districts and these services will include but not be limited to: HIV testing (in ANC, L&D), including partner testing, Counseling on infant feeding options (IF), Strengthen counseling on FP methods to HIV+ mothers during postpartum visits, offer HIV testing at the FP clinic and offer referrals to CTC and vice versa, Clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC, Rolling out of more efficacious regimen to facilities with the capacities, Provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, Provision of Cotrimoxazole to all eligible pregnant women and exposed infants, Conduct PMTCT outreach services in hard to reach areas,

Quarterly supportive supervision by the RHMT to ensure quality of services. In collaboration with MOH, bi-annual supportive supervision will also be done in both regions.
Deloite will collaborate with community support groups including M2M program to form psychosocial support groups, which will provide psychosocial support and increase adherence and retention to care. Expert patients will carry out non-medic chores in the facilities.
In addition, mother to mother program and other partners within the regions will follow up mother-infant pairs in the community.
The programs will Renovations, procurement and materials as follows:
Renovate and equip facilities to provide space for offering integrated PMTCT services. Deloite will ensure availability of HIV test kits by procuring to fill gaps, ensure adequate supply of drugs for more efficacious regimen, based on needs, support printing and distribution of IEC materials and job aids.
The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and stock outs, including WHO staging.
The program will carry out Mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in the region
It will ensure guidelines and M & E tools are available, improve data collection systems, and train service providers on filling of the PMTCT monitoring tool.
The program will strengthen and facilitate RHMT annual review meetings, formation and integration of regional PMTCT task forces into Reproductive and child health. Support regional quarterly partners meeting and strengthening linkages and referrals.

Activities to be supported using PF Funding
Deloite will work with Reproductive health partners and with the respective districts, Deloite will carry out facility infrastructure improvement after carrying out facility audit; subsequently they will renovate and equip facilities to provide space for offering integrated PMTCT services at RCHC and L&D, FP, FANC and BEmoc
Deloite will Improve conditions in the maternity wards so as to attract more women to deliver at the facilities by procuring appropriate equipments such as delivery beds/kits, suction machines, weighing scales, protective gears etc.

Deloite will strengthen PMTCT-ART Integration by supporting Hospitals, Health Centers and Dispensaries to develop capacity to provide more efficacious PMTCT regimen, training PMTCT HCP at RCH on ART so that they can refill ARV drugs at the RCH; Ensure availability of PMTCT guidelines and job aids; Support transportation of CD4 samples of HIV+ pregnant women; Ensure availability of PMTCT M&E tools and Integrate HIV counseling and testing in all the RCH services, including Pediatric wards
Deloite will focus on community and demand creation activities that include: sensitize the community through different media on the improved MCHC/RCHC services with emphasis on PMTCT, EID services

and FP), Engage men through different avenues to participate in RCH services (use of invitation letters, priority treatment, through involvement of village authorities etc), Collaborate with Mother to Mother program to establish psychosocial support groups in the 4 regions. Deloite will also integrate its FP program and link with partners supporting Emergency obstetrics, new born and pediatric health and cervical cancer screening services.
Deloite will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized and funding allocated through the Council Health Plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	217,046	

Narrative:

Deloitte will continue to build the capacity of more laboratories in the 4 regions (Dodoma, Iringa, Singida, and Morogoro) to conduct HIV disease monitoring and testing by providing training and equipment. All testing laboratories will be supported to implement quality control systems and management. Laboratory staff will be trained on information systems and lab management systems
Mentorship at District levels

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	350,000	

Narrative:

Deloitte will continue to implement activities to reduce the burden of TB among PLHIV. An additional $50,000 will be used to improve coverage in Iringa (where the HIV prevalence is high at 15.7%) by improving referral systems and by collaborating with other HIV related programs. There will not be separate reporting targets for this additional $50,000. Deloitte will continue to provide services in the 4 regions (Iringa, Dodoma, Singida, and Morogoro).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7244	**Mechanism Name: MHN**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: Mbeya HIV Network Tanzania	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,936,123	
Funding Source	**Funding Amount**
GHCS (State)	2,936,123

Sub Partner Name(s)

ACHA TAMAA BADILI TABIA CHUKUA TAHADHARI GROUP	ANGLICAN CHURCH OF TANZANIA DIOCESE OF SOUTHERN HIGHLANDS	CARITAS MBEYA
CHUNYA SELF DEVELOPMENT ORGANIZATION	Evangelical Lutheran Church of Tanzania Konde Diocese	HOSANA ORPHANS, WIDOWS AND STREET CHILDREN CENTER
Igogwe Roman Catholic Mission Hospital	Iringa Residential and Training Foundation	JOHN HUS MORAVIAN
MBOZI MORAVIAN HOSPITAL	Oak Tree Tanzania;	PROMOTERS OF HEALTH DEVELOPMENT ASSOCIATION
Serve Tanzania (SETA)	SHDEPHA+ MBARALI	SHDEPHA+ MBEYA
SHDEPHA+ MBOZI	SHIRIKA LISILOKUWA LA KISERIKALI LA KUHUDUMIA AKINA MAMA WAJAWAZITO WENYE MAAMBUKIZI YA VVU MAJUMBANI	TANZANIA ASSEMBLIES OF GOD
THE MANGO TREE ORPHAN SUPPORT TRUST	Umoja Social Support and Counseling Association	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)

Budget Code Information

Mechanism ID:	**7244**		
Mechanism Name:	**MHN**		
Prime Partner Name:	**Mbeya HIV Network Tanzania**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,009,573	
Narrative:			
• Maintain and strengthen quality HBC services through sub-grant mechanisms with local NGOs and CSOs. In FY 2010 there will be an increased focus on targeting children in programs. MHN will support the LGAs in the roll out of national RRS and improve linkages with other services. • The decrease in resourses brought MHN in line with other partners on cost per beneficiary, in addition with time MHN has developed more efficient systems to run the program.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	800,000	
Narrative:			
1). Continue to maintain and improve quality services to OVC, focus more on 0VC household economic strengthening. 2.) Support the councils to strengthening coordination among OVC stakeholders in providing quality service and meaningful referal linkages. 3) Build organizational and management capacity to local NGOs and LGAs in Mbeya Region.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	230,000	
Narrative:			

MHNT cont with static & mobile CT services in all 8 districts in Mbeya region. Train counselors. Integrate CHCT into other CT service delivery. Cont with community sensitization on HIV testing. . Improve linkages and network with other stakeholders for care continuum. Integrate BMI into CT delivery systems. Strengthen quality CT services through refresher trainings and professional supervision. Continue with CT services with more campaigs for couple counselling. Strengthen risk reduction counselling to most at risk groups in Mbeya region

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	450,000	

Narrative:

Continue community sensitization on abstinence and fidelity in all 8 districts. Focus on MCP campaigns. Strengthen data collection and quality recording and reporting. Strengthen collaboration and coordination with LGAs structures for AB activities and campaigns. Train peer eduactors for AB activities activities. Build capacity to the LGAs and partners through strengthening on coordinating and implementing quality AB activities. Strengthen quality recording and reporting for AB activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	446,550	

Narrative:

Establish more condom outlets in Ileje and Chunya districts with improved quality of services. Address discordant couples, use of condoms, and reduction of partners outside marriage. Build capacity of LGA to coordinate and implement OP activities in 4 districts in Mbeya region. Train peer educators on other prevention activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7245	**Mechanism Name: RODI**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: Resource Oriented Development Initiatives	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,271,450

Funding Source	Funding Amount
GHCS (State)	1,271,450

Sub Partner Name(s)

ANGLICAN CHURCH OF TANZANIA – RUKWA MISSION AEA	CARITAS KAREMA	MPANDA SOCIETY FOR PEOPLE LIVING POSITIVELY WITH HIV/AIDS
POST TEST SOCIETY. (POTESO)	RUNGWA FISHERIES AND MARKETING SOCIETY(RUFIMA)	SERVICE, HEALTH AND DEVELOPMENT FOR PEOPLE LIVING POSITIVELY WITH HIV/AIDS – KIRANDO
SERVICE, HEALTH ND DEVELOPMENT FO PEOPLE LIVING POSITIVELY WITH HIV/AIDS - MPANDA	SERVICE, HEALTH ND DEVELOPMENT FOR PEOPLE LIVING POSITIVELY WITH HIV/AIDS – SUMBAWANGA (SHDEPHA+ - MATAI)	SERVICE, HEALTH ND DEVELOPMENT FOR PEOPLE LIVING POSITIVELY WITH HIV/AIDS – SUMBAWANGA (SHIDEPH+ - SUMBAWANGA
SERVICE, HELTH AND DEVELOPMENT FOR PEOPLE LIVING POSITIVELY WITH HIV/AIDS – NKASI	THE LIFE HOOD CHILDREN AND DEVELOPMENT SOCIETY (LICHIDE)	USEVYA DEVELOPMENT SOCIETY (UDESO)

Overview Narrative

RODI's goal is to contribute towards development of HIV free community in Rukwa region that is able to utilize local resource effectively for own development and that of our nation. The objectives are 1) To reduce the rate of HIV transmission in high-risk communities through strengthening prevention interventions, care and support services, and referral for continuum of care in Rukwa region. 2) To promote uptake of HIV testing and counseling services with the emphasis on the hard to reach areas. 3)To improve services delivery for OVC aiming at achieving quality of life and wellbeing by empowering households and communities to provide care and support. 4). To support provision of comprehensive care and support to PLHIV and their families in order to maintain the best possible quality of life 5) To strengthen collaboration within partners, LGAs and other stakeholders in implementing national HIV/AIDS programs in Rukwa.

RODI contributes to Health Systems strengthening by providing capacity building to 12 local organizations

which work under RODI which are NGOs, CBOs and FBOs .RODI provides intensive management and technical capacity building of its implementing partners and also Monitoring and Evaluation capacity building. RODI works closely with the GoT as well as other stakeholders in the region and other USG partners. RODI holds regular program coordination committee meetings with the LGAs e.g., CHAC, Community development officer and District HBC coordinators. RODI support trainings to organizational staff on all program areas such as prevention, testing and counseling to both medical and the lay counselors, orphans and vulnerable children and Home Based Care and cross cutting issues like stigma, increasing women's access to income and productive resources and nutrition. Training on data management will be done to build partners capacity to ensure quality data is collected, reported and utilized by the program as well as other stakeholders.

On cross – cutting issues RODI will initiate working on gender issues by focusing on gender norms, addressing gender-based violence and promoting gender equity. RODI will address male norms and behaviors by using various developed program manuals. RODI will increase women access to income generating activities (IGA) and link them to other organizations providing economic strengthening skills and support

RODI will become more cost – efficient by working closely with local government authorities and use of local partners to implement the program. RODI managed to have representatives at the CMAC baraza and Regional Consultative Committee (RCC). This provides a room for the community partners to have their contributions in councils' plans, decisions and implementation of programs. RODI will realign its partners to ensure that there is no duplication of efforts in some district and wards. RODI will continue to work on integrating trainings such as HBC & FBC, CT. and more linkages within programs and other stakeholders.

Geographic coverage and target populations
RODI covers all five districts of Rukwa region, which has a total population of 1,141,743 people (according to 2002 national census) with HIV prevalence rate of 4.9% (THMIS 2007-08). RODI works with all age groups in its programs 0-18 OVC, Prevention for general population and care for all ages.

This program contributes to the Partnership Framework goal of service maintenance and scale up and Prevention goal. RODI will continue to implement community-based programs such as care and support for PLHIV by providing comprehensive care services ranging from psychosocial, spiritual, legal, physical as well as economical strengthening support and Prevention with positives. For OVC program this program will continue to provide quality services such as food and nutrition, shelter, family based care

and support, social protection and security, primary health care, psychosocial care and support, education support and household economic strengthening. Also promotion and expansion of HIV testing and counseling services and increase the number of people who know their HIV status and who adopt appropriate measures to protect themselves and/or their partners from infection and re-infection. RODI implements quality HIV prevention programs for general population, youth, hard to reach and at risk population eg. People in mines, fishing communities focusing on inter-personal communication and community mobilization. Activities focus on building skills of youth, and address key drivers of the epidemic, including multiple concurrent partnerships, transactional and cross-generational sex, and promotion of condoms insisting on correct and consistent use.

RODI will continue to provide technical support to its partners on management and implementation. RODI will perform monthly supportive supervision to its partners and joint quarterly supervision with the CHAC, DAC HBC coordinator and community development officer. Walter Reed/DoD Program managers provides TA on financial, management, as well as M&E on regular basis.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7245**		
Mechanism Name:	**RODI**		
Prime Partner Name:	**Resource Oriented Development Initiatives**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	474,991	
Narrative:			
Maintain and strengthen quality HBC services with an increased focus on targeting children in the all districts of Rukwa region. RODI will accomplish this through sub-grantee mechanisms with local CSOs			

and NGOs.
• With the increase resourses in FY2010, RODI will integrate PwP services into the programs including facilitating logistics distribution and storage for Pwp related commodities in Rukwa region, and will support the LGAs in the roll out plan for the National recording and reporting system for HBC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	190,000	

Narrative:

1)Provision of quality and sustainable OVC services.
2)Support the councils to strengthen coordination of OVC stakeholders in the region.
3)Work and collaborate with LGAs to strengthening a National OVC Program in Rukwa e.g Utilization of OVC DMS.

1).Strengthening coordination among sub partners to provide quality services to OVC,in focusing household economic strengthening following national guideline quality standards for OVC 2)Work and collaborate with LGAs to strengthening a National OVC Program in Rukwa e.g Utilization of OVC DMS,build capacity to MVCC 3)Stengthening interventions in hard to reach and isolated areas e.g along lake Tanaganyika

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	235,010	

Narrative:

Cont to offer quality static & mobile CT services in all 4 districts in Rukwa region. Train counselors. Integrate CHCT into other CT service delivery. Cont with community sensitization on HIV testing. . Improve linkages and network with other stakeholders for care continuum. Integrate BMI into CT delivery systems. Strengthen quality CT services through refresher trainings and professional supervision. Strengthen HIV programs at workplaces. Integrate BCC into CT services delivery systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	177,230	

Narrative:

Continue community sensitization on abstinence and being faithful messages in Rukwa. Focus on MCP campaigns and alcohol reduction counseling. Strengthen data collection and quality recording and reporting. Strengthen collaboration with LGAs in coordination and implementing AB activities in Rukwa.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	194,219	
Narrative:			
Continue community sensitization on condom use, ensure availability and promote female condoms. Train peer educators on OP in Mpanda, Nkasi and Sumbawanga rural and urban. Focus on transactional sex in urban communities. Establish other condom outlets in rural areas (Muze, Matai, Majimoto). Integrating BCC into condom outlets. Build capacity of LGA to coordinate and implement OP activities in 4 districts in Rukwa region. Train peer educators on condom usages.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7246	**Mechanism Name: SONGONET**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: SONGONET-HIV Ruvuma	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,186,629	
Funding Source	**Funding Amount**
GHCS (State)	1,186,629

Sub Partner Name(s)

HEALTH DEVELOPMENT FOUNDATION (HEDEFO)	NIA NJEMA NEEDY FOUNDATION	RUVUMA ORPHANS ASSOCIATION (ROA)
SHDEPHA	Society for Women And AIDS in Africa	WALIO KATIKA MAPAMBANO NA UKIMWI TANZANIA (WAMATA)

Overview Narrative

The SONGONET goal is to empower civil society organizations so as they can deliver quality services to HIV/AIDS infected and affected people and to reduce the rate of HIV transmission in Ruvuma region. The objectives are 1. To reduce HIV transmission focus on high risk groups and hard to reach areas and to

significantly strengthen prevention, social support and linkages with other programs
2. Promotion and expansion of HIV testing and counseling services through increasing the number of individuals who know their HIV status and who adopt appropriate measures to protect themselves and/or their partners from infection and re-infection and referral for continuum of care 3.To improve OVC quality of life and wellbeing by empowering households and communities to provide care and support 4. To provide comprehensive care and support to PLHIV clients and families to maintain their livelihood and the best possible quality of life 5.To work, collaborate and strengthen collaboration with local government and stakeholders in implementing national programs

This program contributes to Health Systems strengthening by providing capacity building to 10 local organizations which work under SONGONET which are NGOs, CBOs and FBOs . SONGONET provides intensive management and technical capacity building of its implementing partners and also Monitoring and Evaluation capacity building. SONGONET works closely with the GoT as well as other stakeholders in the region and other USG partners. SONGONET holds regular program coordination committee meetings with the LGAs e.g., CHAC, Community development officer and District HBC coordinators. SONGONET support trainings to organizational staff on all program areas such as prevention, testing and counseling to both medical and the lay counselors, orphans and vulnerable children and Home Based Care and cross cutting issues like stigma, increasing women's access to income and productive resources and nutrition. Training on data management will be done to build partners capacity to ensure quality data is collected, reported and utilized by the program as well as other stakeholders.

On cross – cutting issues SONGONET will initiate working on gender issues by focusing on gender norms, addressing gender-based violence and promoting gender equity. SONGONET will address male norms and behaviors by using various developed program manuals . SONGONET will increase women access to income generating activities (IGA) and link them to other organizations providing economic strengthening skills and support

SONGONET will become more cost – efficient by working closely with local government authorities and use of local partners to implement the program. SONGONET managed to have representatives at the CMAC baraza and Regional Consultative Committee (RCC). This provides a room for the community partners to have their contributions in councils' plans, decisions and implementation of programs. SONGONET will realign its partners to ensure that there is no duplication of efforts in some district and wards. SONGONET will continue to work on integrating trainings such as HBC & FBC, CT,and more linkages within programs and other actors

Geographic coverage and target populations
SONGONET covers all five districts of Ruvuma region which have a total population of 1,117,166 people (according to 2002 national census) with HIV prevalence rate of 5.9% (THMIS 2007-08). SONGONET works with all age groups in its programs 0-18 OVC, Prevention for general population and care for all age groups.

This program contributes to the Partnership Framework goal of service maintenance and scale up and Prevention goal. SONGONET will continue to implement community-based programs such as care and support for PLHIV by providing comprehensive care services ranging from psychosocial, spiritual, legal, physical as well as economical strengthening support and Prevention with positives. For OVC program this program will continue to provide quality services such as food and nutrition, shelter, family based care and support, social protection and security, primary health care, psychosocial care and support, education support and household economic strengthening. Also promotion and expansion of HIV testing and counseling services and increase the number of people who know their HIV status and who adopt appropriate measures to protect themselves and/or their partners from infection and re-infection. SONGONET implements quality HIV prevention programs for general population, youth, hard to reach and at risk population eg. People in mines, fishing communities focusing on inter-personal communication and community mobilization. Activities focus on building skills of youth, and address key drivers of the epidemic, including multiple concurrent partnerships, transactional and cross-generational sex, and promotion of correct and consistent use of both male and female condoms.

SONGONET will continue to provide technical support to its partners on management and implementation. Songonet will perform monthly supportive supervision to its partners and joint quarterly supervision with the CHAC, DAC HBC coordinator and community development officer. Walter Reed/DoD Program managers provides TA on financial, management, as well as M&E on regular schedule

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7246**		
Mechanism Name:	**SONGONET**		
Prime Partner Name:	**SONGONET-HIV Ruvuma**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	492,249	
Narrative:			
• Maintain and strengthen quality HBC services with an increased focus on targeting children in the all districts of Ruvuma region. Songonet will accomplish this through sub-grantee mechanisms with local CSOs and NGOs. • With the increase resourses in FY2010, Songonet will integrate PwP services into the programs including facilitating logistics distribution and storage for Pwp related commodities in Ruvuma region, and will support the LGAs in the roll out plan for the National recording and reporting system for HBC.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	170,000	
Narrative:			
1)Maintain and improve quality of services provided to OVC 2)Work, collaborate and strengthen collaboration with LGAs in implementing MVC National program.e.g. Utilization of DMS. 3) Provide OVC household economic strengthen support to ensure sustainability . Strengthen capacity building of the subgrantee and services in hard to reach areas.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	205,000	
Narrative:			
SONGONET will offer quality static & mobile CT services in all 5 districts in Ruvuma region. Train counselors. Integrate CHCT into other CT service delivery. Cont with community sensitization on HIV testing. . Improve linkages and network with other stakeholders for care continuum. Strengthen quality CT services. Refresher trainings, Improve data collection, recording and reporting.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	171,550	
Narrative:			
Continue AB activities. Focus on MCP. Strengthen data collection, recording and reporting for AB. Train peer educators on AB.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	147,830	
Narrative:			
Continue promotion and distribution of condoms. Improve quality of services by training providers, and adding more outlets. Train facilitators on GBV. Increase demand and ensure availability of female condoms in all 5 districts (Ruvuma). Participate on public events for OP messages dissemination. Assess magnitude of CSW along Lake Nyasa. Collaborate with LGAs and other stakeholders in prevention activities. Train peer educators on condoms usage.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7249	**Mechanism Name: MEDA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Mennonite Economic Development Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7254	**Mechanism Name: MRMO**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: Mbeya Regional Medical Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,625,000	
Funding Source	**Funding Amount**
GHCS (State)	5,625,000

Sub Partner Name(s)

CHUNYA DISTRICT MEDICAL OFFICE	ILEJE DISTRICT MEDICAL OFFICE	KYELA DISTRICT MEDICAL OFFICE
MBARALI DISTRICT MEDICAL OFFICE	MBEYA RURAL DISTRICT MEDICAL OFFICE	MBEYA URBAN DISTRICT MEDICAL OFFICE
MBOZI DISTRICT MEDICAL OFFICE	RUNGWE DISTRICT MEDICAL OFFICE	

Overview Narrative

Goal: To ensure yield of quality data for decision- making that will ensure the long- term capability of HIV/AIDS response.

The objectives for this Implementing Mechanisms are; 1) To strengthen and coordinate multi- sectoral M&E system; 2)To improve data flow vertical and horizontal; 3) To improve data use, HIV/AIDS data triangulation through health and social service sectors; 4) Strengthen capacity to partners on Monitoring and Evaluation activities; 5) Improve HIV incidence measures; 6) To adopt best practices on evidence-based and strategic decision making

System strengthening:

To support the GoT efforts, DOD SI Team will work collaboratively with local partners, USG SI Team and other stakeholders on establishing the M&E program for district health workers to address some of the M&E challenges arise in the districts. This will provide access to trainings which develop a solid understanding M&E and how can be used to improve planning, budgeting and policy formulation processes. Also to ensure that data analysis and the use of data to improve service delivery is included in existing Pre-Service and/or In-Service programmes. DOD SI team will ensure that the deployment of M&E systems and training fits with national visions. DOD SI Team will undertake Data Quality Assessments aiming at improving the data and capacity of the implementing partners and the GoT counterparts. DQA will be done to both Treatment and Community outreach Partners.

Cross-Cutting programs and key issues (policy and tools)

Good policies and comprehensive monitoring and evaluation tools will contribute to overall strengthening of national AIDS response in Tanzania under the principle of the "Three Ones": one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; one National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate; one agreed country-level Monitoring and Evaluation System, in order to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management. DOD SI Team will build capacity on policy development to implementing partners, and also will ensure that Monitoring and Evaluation tools are available at all levels.

IM strategy to become more cost-efficient over time

DOD SI Team will work hand-in-hand with GoT through partners to establish strong units within the MOHSW (RMOs, and DMOs) and TACAIDS that can help bring all the various data sources together and create meaningful feedback products for the sector as a whole. Information Sources include internal and external data sources (from an MOHSW perspective, aggregate data systems and operational data systems from all vertical programs, and link with other GOT entities like POPSM, PMORALG, National Bureau of Statistics (NBS). This coordination will help to bring about cost effectiveness status.

Geographic coverage and target populations

DOD is serving three regions of southern highlands these are; Mbeya region, Rukwa and Ruvuma. DOD

supports both treatment as well as community services. For treatment DOD has four major (Prime) partners which are Mbeya Regional Medical Office, Mbeya Referral Hospital, Rukwa Regional Medical Office and Ruvuma Medical Office and for Community services DOD supports four major partners (prime) KIHUMBE and Mbeya HIV network in Mbeya, RODI in Rukwa and SONGONET in Ruvuma but each prime works closely with sub-partners, number of sub-partners vary from one major partner to other. DOD SI Team has a responsibility of supporting all these partners on M&E/SI issues. So in this case targeted population is data managers, M&E officers and decision makers at various levels.

How IM links to PF goals

This Implementing Mechanism adheres directly to sixth goal in the partnership framework which is (Evidence-based and Strategic Decision-making goal). DoD SI will build capacity of its implementing partners on M&E issues ranging from understanding the indicators, data collection tools, data collection procedures and data compilation, analysis and interpretation then dissemination of results for use. DOD SI Team will make sure that data flow is consistent and partners understand reporting timelines, but also more emphasis will be put on yielding quality data and data triangulation practices.

M&E plans

DOD SI Team will continue to build a sustainable M&E plan in DOD supported regions (Mbeya, Rukwa and Ruvuma) to address M&E issues through regular comprehensive trainings and strong supportive supervisions. The above mentioned activities aiming on harvesting quality data that will avail on better planning and proper decision making. DoD SI Team will work on harmonizing data collection tools, make use of established National Data Management Systems. Data Quality Assessment will be conducted (DQA) to ensure yield of accurate, reliable and precise informations.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7254**		
Mechanism Name:	**MRMO**		
Prime Partner Name:	**Mbeya Regional Medical Office**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	700,000	

Narrative:

Mbeya regional medical office (RMO) will coordinate and provide facility based care services in all facilities in the region where care and treatment program is set up. This will include the intergration of Positive prevention services, supporting nutritional assessment and counseling. Mbeya RMO will support improving linkages of facilities with other services including home based care in Mbeya region.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	3,125,000	

Narrative:

Maintain Quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism,Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Partner works in eight district and currently covers 15298 patients on treatment. As much efforts are done in TB/HIV and prevention program including PITC and PMTCT we expect an increase in number of new HIV positive patients refered to existing Care and Treatment Clinic. Additional funds will be used to support passive growth of approximately 500 new patients coming to existing Care and treament clinic managed by Mbeya Region.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	80,000	

Narrative:

Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in Mbeya Region

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	320,000	

Narrative:

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. Reprogrammed funds will be used to support linkages between

facilities and communities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,200,000	

Narrative:

Base funds

Mbeya has ANC HIV prevalance of 15.9%. The Mbeya RMO will cont inue to implement PMTCT services in all 8 districts of Mbeya Region.

Activities to be supported using base funding

The program will scale-up PMTCT services to cover 80% of the facilities providing RCH services in the region . Mbeya RMO will technical and financial Support to respective districts and these services will include but not be limited to: HIV testing (in ANC, L&D), including partner testing, Counseling on infant feeding options (IF), Strengthen counseling on FP methods to HIV+ mothers during postpartum visits, offer HIV testing at the FP clinic and offer referrals to CTC and vice versa, Clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC, Rolling out of more efficacious regimen to facilities with the capacities, Provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, Provision of Cotrimoxazole to all eligible pregnant women and exposed infants, Conduct PMTCT outreach services in hard to reach areas, Quarterly supportive supervision by the RHMT to ensure quality of services. In collaboration with MOH, bi-annual supportive supervision will also be done in both regions.

Mbeya RMO will collaborate with community support groups including M2M program to form psychosocial support groups, which will provide psychosocial support and increase adherence and retention to care. Expert patients will carry out non-medic chores in the facilities.

In addition, mother to mother program and other partners within the regions will follow up mother-infant pairs in the community.

The programs will Renovations, procurement and materials as follows:

Renovate and equip facilities to provide space for offering integrated PMTCT services. Mbeya RMO will ensure availability of HIV test kits by procuring to fill gaps, ensure adequate supply of drugs for more efficacious regimen, based on needs, support printing and distribution of IEC materials and job aids.

The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and stock outs, including WHO staging.

The program will carry out Mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in the region

It will ensure guidelines and M & E tools are available, improve data collection systems, and train service providers on filling of the PMTCT monitoring tool.

The program will strengthen and facilitate RHMT annual review meetings, formation and integration of

regional PMTCT task forces into Reproductive and child health. Support regional quarterly partners meeting and strengthening linkages and referrals.

PF Funds:
Activities to be supported using PF Funding
Mbeya RMO will work with Reproductive health partners and with the respective districts, will carry out facility infrastructure improvement after carrying out facility audit; subsequently they will renovate and equip facilities to provide space for offering integrated PMTCT services at RCHC and L&D, FP, FANC and BEmoc
The RMO will Improve conditions in the maternity wards so as to attract more women to deliver at the facilities by procuring appropriate equipments such as delivery beds/kits, suction machines, weighing scales, protective gears etc.

The RMO will strengthen PMTCT-ART Integration by supporting Hospitals, Health Centers and Dispensaries to develop capacity to provide more efficacious PMTCT regimen, training PMTCT HCP at RCH on ART so that they can refill ARV drugs at the RCH; Ensure availability of PMTCT guidelines and job aids; Support transportation of CD4 samples of HIV+ pregnant women; Ensure availability of PMTCT M&E tools and Integrate HIV counseling and testing in all the RCH services, including Pediatric wards
The RMO will focus on community and demand creation activities that include: sensitize the community through different media on the improved MCHC/RCHC services with emphasis on PMTCT, EID services and FP), Engage men through different avenues to participate in RCH services (use of invitation letters, priority treatment, through involvement of village authorities etc), Collaborate with Mother to Mother program to establish psychosocial support groups in the 4 regions. Also, will integrate its FP program and link with partners supporting Emergency obstetrics, new born and pediatric health and cervical cancer screening services.
Mbeya RMO will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized.
Implement PMTCT and improve MCH and PMTCT services (see PF package)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	

Narrative:

Continue implementing activities to reduce burden of TB among PLHIV, strengthen collaboration with Mbeya referral hospital, NTLP and GF, supportive supervision, training, linkages as well as referral systems. Additional funds ($100,000) will be used to improve coverage because of the high HIV prevalence of 9.2% . Service will continue being provided in Mbeya region

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7256	**Mechanism Name: RKRMO**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: Rukwa Regional Medical Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,400,000	
Funding Source	**Funding Amount**
GHCS (State)	3,400,000

Sub Partner Name(s)

MPANDA DISTRICT MEDICAL OFFICE	NKASI DISTRICT MEDICAL OFFICE	SUMBAWANGA RURAL DISTRICT MEDICAL OFFICE
SUMBAWANGA URBAN DISTRICT MEDICAL OFFICE		

Overview Narrative

Goal

To provide quality HIV care, support and treatment services.

Objectives are 1. To provide Anti retroviral therapy in accredited health facilities 2. To expand VCT/PITC services in all health facilities in the Region 3.To expand and establish PMTCT services in the Region 4.To build Capacity to health workers by training and mentorship 5. To enhance community awareness on STI/HIV/AIDS and ARV treatment.6. To Construct and renovate health facilities.7. To provide safe Male circumcision for HIV prevention 7.To Conduct Monitoring and Evaluation for program management.

The Rukwa Regional Medical Office (Rukwa RMO) supports the implementation of prevention, care, and treatment programs through out its region, providing technical support and supervision to the regional hospital and district level facilities. As in other regions, Rukwa will be improving quality of treatment in the districts through the health centers. Currently, over 6,500 patients from the region are on ART; over 90% of them are adults. Provider initiated testing and counseling (PITC) of HIV/AIDS has been implemented in 17 health facilities in the region and supportive supervisory teams have now been extended to facilities

below the district level to expand ART services at all health centers in the region. In FY 10 Rukwa RMO will start to provide safe Male circumcision program as part of comprehensive HIV prevention at the regional hospital level.
To effectively improve HIV/AIDS care and treatment services in Rukwa, the RMO will significant improve infrastructure, staff capacity building, strengthened supply chains and enhanced management systems at the district hospitals and health centers.

Health system strengthening
Rukwa RMO will continue to contribute to the health system strengthening by providing capacity building to the districts and their health facilities. This will include intensive management and technical capacity building including M&E capacity. Regular coordination meetings with stakeholders (NGOs, CBOs, FBOs etc) will continue at different levels of health care. Training on data management will be done to build health care's capacity to collect, store, analyze, use and report quality data.
Coverage
Rukwa has a population is about 1.5 million people. Majority are scattered in small 312 villages. There are no substantial industries or institutions. The regional GDP is estimated at Tsh278 million and the Per Capital Income at Tsh. 143 million. 50% of the population is below the Poverty Datum Line. Literacy level is among lowest in the republic. Health care system and provision is accordingly among the least in the republic with only 4 hospitals, 31 health centres and the rest 191 are dispensaries. Like people those health centres and dispensaries are scattered unevenly in 21 divisions, 86 wards and 415 villages. Those health centres and dispensaries serve over 90% of the population.
Linkage to Partnership Framework
Efforts to improve ART quality of service are a key element for achieving the Partnership Framework between the GOT and the USG. One of the objectives in the PF document is to expand prioritized care, treatment, and support services, dependent on available resources and the USG is committed to fund/support introduction of innovations/new care, treatment, and support services, as well as agreed upon priority requests. Rukwa RMO is committed to improve ART quality of services.
This program also contributes to the Partnership Framework goal on Prevention through implementation of safe male circumcision program to sexually active men aged 14-49. Mc has shown to reduce 50-60% of HIV infections among circumcised men. Rukwa has HIV Prev 4.9%, MC rate 23.9%, No of uncircumcised men aged 15-49: 274,217. In FY 10 Rukwa RMO will provide to 2,160 sexually active men comprehensive MC service package including the HIV testing and counseling, treatment for Sexually Transmitted Infections, adequate infection control measures, promotion of safer sex practices, provision of male and female condoms and correct and consistent condom use, linkages to other prevention and social support services

M&E

The Rukwa RMO will continue to support support supervision visits and promote outreach services from the facilities to the communities. Each facility has/will have lists of NGOs, CBOs and home-based care (HBC) providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists are displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as POC for the community organizations. M&E data activities for all the CTCs under the Rukwa RMO are supported by TA from the DOD SI team based at the Mbeya Referral Hospital. Data at each CTC is collected using standardized forms based on NACP and facility data needs, entered into the electronic medical record system (EMRS) and transported to the DOD data center located at Mbeya Referral Hospital for synthesis, generation of NACP and USG reports, as well as to provide feedback to CTC teams for use in patient management.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7256**		
Mechanism Name:	**RKRMO**		
Prime Partner Name:	**Rukwa Regional Medical Office**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	285,000	
Narrative:			
Rukwa regional medical office (RMO) will coordinate and provide facility based care services in all facilities in the region where care and treatment program is set up. This will include the intergration of Positive prevention services, supporting nutritional assessment and counseling. Rukwa RMO will support improving linkages of facilities with other services including home based care in Rukwa region.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HTXS	1,450,000	

Narrative:

Maintain Quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism,Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Partner works in four district and currently covers 4399 patients on treatment. As much efforts are done in TB/HIV and prevention program including PITC and PMTCT we expect an increase in number of new HIV positive patients refered to existing Care and Treatment Clinic. Additional funds will be used to support passive growth of approximately 400 new patients coming to existing Care and treament clinic managed by Rukwa.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	38,000	

Narrative:

Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in Rukwa Region

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	152,000	

Narrative:

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. The work will occur in Rukwa.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	125,000	

Narrative:

Mc has shown to reduce 50-60% of HIV infections among circumcised men. Rukwa has HIV Prev 4.9%, MC rate 23.9%, No of uncircumcised men aged 15-49: 274,217. In FY 10 Rukwa RMO will intiate MC services in the region. Rukwa RMO will do site selection, site preparation, site strengthening, whole site orientation, community sensitization / mobilization, MC skills training for HCWs, initiation of MC services

and routine monitoring & evaluation

Rukwa RMO will provide to 2,160 sexually active men comprehensive MC service package including the HIV testing and counselling, treatment for Sexually Transmitted Infections, adequate infection control measures, promotion of safer sex practices, provision of male and female condoms and correct and consistent condom use, linkages to other prevention and social support services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,200,000	

Narrative:

Base funds

Rukwa has ANC HIV prevalance of 6.7%. The Rukwa RMO will continue to implement PMTCT services in all 5 districts of Rukwa Region.

Activities to be supported using base funding

The program will scale-up PMTCT services to cover 80% of the facilities providing RCH services in the region . Rukwa RMO will technical and financial Support to respective districts and these services will include but not be limited to: HIV testing (in ANC, L&D), including partner testing, Counseling on infant feeding options (IF), Strengthen counseling on FP methods to HIV+ mothers during postpartum visits, offer HIV testing at the FP clinic and offer referrals to CTC and vice versa, Clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC, Rolling out of more efficacious regimen to facilities with the capacities, Provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, Provision of Cotrimoxazole to all eligible pregnant women and exposed infants, Conduct PMTCT outreach services in hard to reach areas, Quarterly supportive supervision by the RHMT to ensure quality of services. In collaboration with MOH, bi-annual supportive supervision will also be done in both regions.

Rukwa RMO will collaborate with community support groups including M2M program to form psychosocial support groups, which will provide psychosocial support and increase adherence and retention to care. Expert patients will carry out non-medic chores in the facilities.

In addition, mother to mother program and other partners within the regions will follow up mother-infant pairs in the community.

The programs will Renovations, procurement and materials as follows:

Renovate and equip facilities to provide space for offering integrated PMTCT services. Rukwa RMO will ensure availability of HIV test kits by procuring to fill gaps, ensure adequate supply of drugs for more efficacious regimen, based on needs, support printing and distribution of IEC materials and job aids.

The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and stock outs, including WHO staging.

The program will carry out Mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in the region
It will ensure guidelines and M & E tools are available, improve data collection systems, and train service providers on filling of the PMTCT monitoring tool.
The program will strengthen and facilitate RHMT annual review meetings, formation and integration of regional PMTCT task forces into Reproductive and child health. Support regional quarterly partners meeting and strengthening linkages and referrals.

PF Funds:
Activities to be supported using PF Funding
Rukwa RMO will work with Reproductive health partners and with the respective districts, will carry out facility infrastructure improvement after carrying out facility audit; subsequently they will renovate and equip facilities to provide space for offering integrated PMTCT services at RCHC and L&D, FP, FANC and BEmoc
The RMO will Improve conditions in the maternity wards so as to attract more women to deliver at the facilities by procuring appropriate equipments such as delivery beds/kits, suction machines, weighing scales, protective gears etc.

The RMO will strengthen PMTCT-ART Integration by supporting Hospitals, Health Centers and Dispensaries to develop capacity to provide more efficacious PMTCT regimen, training PMTCT HCP at RCH on ART so that they can refill ARV drugs at the RCH; Ensure availability of PMTCT guidelines and job aids; Support transportation of CD4 samples of HIV+ pregnant women; Ensure availability of PMTCT M&E tools and Integrate HIV counseling and testing in all the RCH services, including Pediatric wards
The RMO will focus on community and demand creation activities that include: sensitize the community through different media on the improved MCHC/RCHC services with emphasis on PMTCT, EID services and FP), Engage men through different avenues to participate in RCH services (use of invitation letters, priority treatment, through involvement of village authorities etc), Collaborate with Mother to Mother program to establish psychosocial support groups in the 4 regions. Also, will integrate its FP program and link with partners supporting Emergency obstetrics, new born and pediatric health and cervical cancer screening services.
Rukwa RMO will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized.
Implement PMTCT and improve MCH and PMTCT services (see PF package)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	150,000	

Narrative:

Continue implementing activities to reduce burden of TB among PLHIV, strengthen collaboration, linkages as well as referral systems, training of health care providers, mentoring and supportive supervision. Additional funds ($50,000) will be used to improve coveragein hard to reach areas . Services will be provided in 3 districts of Rukwa region

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7257	**Mechanism Name: RRMO**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: Ruvuma Regional Medical Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,070,000	
Funding Source	**Funding Amount**
GHCS (State)	3,070,000

Sub Partner Name(s)

DMO Mbinga	DMO Namtumbo	DMO Songea Municipal
DMO Songea Rural	DMO Tunduru	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7257**		
Mechanism Name:	**RRMO**		
Prime Partner Name:	**Ruvuma Regional Medical Office**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	300,000	
Narrative:			
Ruvuma regional medical office (RMO) will coordinate and provide facility based care services in all facilities in the region where care and treatment program is set up. This will include the intergration of Positive prevention services, supporting nutritional assessment and counseling. Ruvuma RMO will support improving linkages of facilities with other services including home based care in Ruvuma region.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	1,550,000	
Narrative:			
Maintain Quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism,Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Partner works in five district and currently covers 6728 patients on treatment. As much efforts are done in TB/HIV and prevention program including PITC and PMTCT we expect an increase in number of new HIV positive patients refered to existing Care and Treatment Clinic. Additional funds will be used to support passive growth of approximately 450 new patients coming to existing Care and treament clinic managed by Ruvuma.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	40,000	
Narrative:			
Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in Ruvuma Region			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	160,000	

Narrative:

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. The work will occur in Ruvuma. No additional funds

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	900,000	

Narrative:

Base funds
Ruvuma has ANC HIV prevalance of 8.1%. The RuvumaRMO will cont inue to implement PMTCT services in all 5 districts of Ruvuma Region.
Activities to be supported using base funding
The program will scale-up PMTCT services to cover 80% of the facilities providing RCH services in the region. Ruvuma RMO will technical and financial Support to respective districts and these services will include but not be limited to: HIV testing (in ANC, L&D), including partner testing, Counseling on infant feeding options (IF), Strengthen counseling on FP methods to HIV+ mothers during postpartum visits, offer HIV testing at the FP clinic and offer referrals to CTC and vice versa, Clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC, Rolling out of more efficacious regimen to facilities with the capacities, Provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, Provision of Cotrimoxazole to all eligible pregnant women and exposed infants, Conduct PMTCT outreach services in hard to reach areas, Quarterly supportive supervision by the RHMT to ensure quality of services. In collaboration with MOH, bi-annual supportive supervision will also be done in both regions.
Ruvuma RMO will collaborate with community support groups including M2M program to form psychosocial support groups, which will provide psychosocial support and increase adherence and retention to care. Expert patients will carry out non-medic chores in the facilities.
In addition, mother to mother program and other partners within the regions will follow up mother-infant pairs in the community.
The programs will Renovations, procurement and materials as follows:
Renovate and equip facilities to provide space for offering integrated PMTCT services. RuvumaRMO will ensure availability of HIV test kits by procuring to fill gaps, ensure adequate supply of drugs for more efficacious regimen, based on needs, support printing and distribution of IEC materials and job aids.
The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and

stock outs, including WHO staging.
The program will carry out Mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in the region
It will ensure guidelines and M & E tools are available, improve data collection systems, and train service providers on filling of the PMTCT monitoring tool.
The program will strengthen and facilitate RHMT annual review meetings, formation and integration of regional PMTCT task forces into Reproductive and child health. Support regional quarterly partners meeting and strengthening linkages and referrals.

PF Funds:
Activities to be supported using PF Funding
Ruvuma RMO will work with Reproductive health partners and with the respective districts, will carry out facility infrastructure improvement after carrying out facility audit; subsequently they will renovate and equip facilities to provide space for offering integrated PMTCT services at RCHC and L&D, FP, FANC and BEmoc
The RMO will Improve conditions in the maternity wards so as to attract more women to deliver at the facilities by procuring appropriate equipments such as delivery beds/kits, suction machines, weighing scales, protective gears etc.

The RMO will strengthen PMTCT-ART Integration by supporting Hospitals, Health Centers and Dispensaries to develop capacity to provide more efficacious PMTCT regimen, training PMTCT HCP at RCH on ART so that they can refill ARV drugs at the RCH; Ensure availability of PMTCT guidelines and job aids; Support transportation of CD4 samples of HIV+ pregnant women; Ensure availability of PMTCT M&E tools and Integrate HIV counseling and testing in all the RCH services, including Pediatric wards
The RMO will focus on community and demand creation activities that include: sensitize the community through different media on the improved MCHC/RCHC services with emphasis on PMTCT, EID services and FP), Engage men through different avenues to participate in RCH services (use of invitation letters, priority treatment, through involvement of village authorities etc), Collaborate with Mother to Mother program to establish psychosocial support groups in the 4 regions. Also, will integrate its FP program and link with partners supporting Emergency obstetrics, new born and pediatric health and cervical cancer screening services.
Ruvuma RMO will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized.
Implement PMTCT and improve MCH and PMTCT services (see PF package)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	120,000	

Narrative:
Continue implementing activities to reduce burden of TB among PLHIV, strengthen collaboration, linkages as well as referral systems, mentoring and regular supportive supervision. Additional funds ($20,000) will be used to improve coverage because of the High HIV prevalence of 5.9% and expand services to hard to reach areas. Services will be provided in Ruvuma region

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7287	Mechanism Name: SolarAid - PPP
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: SolarAid	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Less than 2% of the rural population has electricity in Tanzania, and less than 10% of the country has access to the national electrical grid. There are lengthy and frequent disruptions in electrical supply in urban areas. While large medical facilities in urban and peri-urban areas are able to purchase and maintain electrical generators, many smaller facilities in rural areas cannot. The objectives of this activity are to (a) provide better facility-based medical care to patients in rural areas, (b) enable community volunteers to provide more reliable home-based care to PLWHA, and (c) avail excess electrical capacity to those engaged in income-generating activities. This activity contributes to Partnership Framework Goal 1: Service Maintenance "to reduce morbidity and mortality due to HIV and AIDS and improve the quality of life for PLHIV and those affected by HIV and AIDS. Care, treatment, and support services include services for OVC, community and home-based care, and facility-based care (ART, PMTCT, and

TB/HIV)."

SolarAid Tanzania is a subsidiary of SolarAid, a British NGO, which was created by Solarcentury, the largest solar company in the UK. SolarAid Tanzania is installing solar power units at rural hospital facilities. Medical staff can now reliably utilize laboratories, use surgical theatres for routine and emergency medical procedures and store essential drugs for longer periods of time. Additionally home-based care volunteers are able to provide better coordinated and responsive patient outreach because of reliable telecommunications. Also, the clinic and community members have been able to establish income-generating activities (IGAs) that rely on electricity.

SolarAid designs site specific solar systems to meet the anticipated electrical needs of the health facility and community. SolarAid uses a multi-step process to evaluate the suitability of sites. Key factors of site selection are: (a) Rural Need—the facility is not served by an existing electrical grid or is not going to be served by the gird in the foreseeable future; (b) Reach—the facilities are of a good size providing reach to a broad community. Health Clinics should serve an average of 50 people per day; (c) Care and Treatment Center Linkage—priority will be given to facilities where care and treatment is being rolled out and where weak linkages exist between the facilities and the community home-based care services; and (d) Management commitment—senior clinic officials and community leaders agree to form a management committee to oversee and coordinate the use of the electricity, and clinical staff and community members volunteer to be trained and to maintain the system.

PPPs inherently are targeted leveraging mechanisms that mobilize funds, expertise and in-kind contributions. SolarAid received funding from Man Group Charitable Trust and an in-kind donation of high quality solar panels and technical support from Arizona State University for this activity. In addition, community members are required to put aside funds to supplement the clinic budget for the purchase of new solar batteries every five years, laying the foundation for PEPFAR's exit. SolarAid Tanzania is required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7287		
Mechanism Name:	SolarAid - PPP		
Prime Partner Name:	SolarAid		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	200,000	
Narrative:			
Establish solar electrification of rural health facilities to allow medical staff and community outreach volunteers to provide more reliable services to patients in the Iringa region.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7385	**Mechanism Name: IQC BPE**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Deloitte Consulting Limited	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 255,000	
Funding Source	**Funding Amount**
GHCS (State)	255,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7385		
Mechanism Name:	IQC BPE		
Prime Partner Name:	Deloitte Consulting Limited		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	255,000	
Narrative:			
?To conduct BPEs so as to measure the performance of PEPFAR programmes. -This will be done by respective ITTs identifying evaluation areas and implemented with support of the SI focal person under the IQC. --The BPEs planned and implmented in conjuction with the Government of the URT.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7504	**Mechanism Name: SCMS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TITLE: Procurement and Distribution of Food and Nutritional Commodities

Malnutrition among people living with HIV (PLHIV) remains a major challenge to achieving the full impact of interventions aimed to improving the quality of life, productivity and survival. Given that nutrition disorders start early in the disease progression, comprehensive nutrition interventions are increasingly being advocated as an adjunct to ART. The overarching goal of nutritional interventions is to prevent malnutrition and restore good nutritional status of malnourished PLHAs, PMTCT women and orphans and vulnerable children (OVCs). These interventions also aim to improve adherence to treatment and potentially prolong the pre-ART stage. Food and nutritional support through therapeutic and supplementary feeding is recognized as a critical component of effective care for these patients.

The President's Emergency Plan for AIDS Relief (PEPFAR) is funding the Food by Prescription (FBP) program in Tanzania supporting clinically malnourished PLHAs, PMTCT women and OVCs. Many of the more than 250,000 patients served through US Government-funded care and support programs through both Care and Treatment Clinics and home-based care suffer from food insecurity or malnutrition that exacerbates their health status. The importance of nutrition in determining clinical outcomes for people on antiretroviral treatment is becoming increasingly apparent. Currently, the USG/Tanzania is supporting Food by prescription in 8 health facilities (1 referral hospitals, 3 regional hospitals, 3 district hospitals and 1 heath centre in Tanzania). This health facility serves as clusters for extending nutrition support to other close by sites.

LINKAGES: The USG HIV/AIDS sector alone can not respond to the nutrition needs of PLHAs. Therefore PEPFAR is wrapping around with other donors such as UNICEF, WFP and Clinton Foundation to extend nutrition support to more clients by leveraging resources i.e. food commodities and anthropometric equipment and reducing duplication of services. For example, Clinton Foundation supplied PEPFAR with 1.8 metric tons of Ready-to-eat therapeutic foods while WFP has been supplying some PEPFAR partners with foods in areas where they are already operating. PEPFAR is also linking with USAID Economic growth sector for HIV/AIDS impact mitigation and to address issues related to hunger and food security. For example, Recently, PEPFAR and USAID entered into a Public Private Partnership with General Mills International to address nutrition issues through agriculture led growth. Also, PEPFAR is working with USAID Economic Growth to link the PEPFAR nutrition intervention with the Global Hunger and Food Security Initiative. TBD will also work with in-country supplementary food manufacturers, for possible

procurement of food or nutrition-related commodities. The partner will link with implementing partners providing direct services to patients (e.g., food by prescription) to develop or strengthen models for food supplies management and distribution systems. The partner will also coordinate closely with other partners (including the Medical Stores Department) or the private sector who have experience in commodity distribution in country to ensure that commodities reach the implementing partners

In FY 2010, the USG intends to procure and distribute food and nutritional support to HIV/AIDS patients through both facility and community-care partners. In FY 2010, USG/Tanzania will provide food support to about 25 sites and expand nutrition assessment and counseling to the sites with no food support. Ready-to-use therapeutic food products and fortified supplemental foods will be prescribed to targeted clients. The partner selected to procure and distribute the food must have a successful history of processing and or procuring for nutritional programs supporting PLWHA, in addition to bulk purchasing and distribution of supplies. TBD will adopt proven practices for implementing nutritional support programs for PLWHA.

Geographical coverage: This is a national program, however food support is just offered in few sites in Dar es Salaam, Iringa, Mbeya, Mwanza and Shinyanga.

Contribution to partnership framework: This activity contributes to the partnership framework (PF) goal one, of service maintenance and scale up by investing in care and support services for PLHA and OVCs to reduce morbidity and mortality due to HIV and AIDS and improve the quality of life for PLHIV and those affected by HIV and AIDS, and supporting quality of ART services to PLHAs. While the food procurement is not designed to be a self-sustaining activity, it is aimed at therapeutic food provision for a specified duration within the clinical setting to address immediate and critical food and nutritional deficiencies especially for clients currently on care and treatment programs, PMTCT and OVC. The longer-term food security and availability to the households will be addressed through other linkages with wraparound programs.

M&E: This TBD partner will be for commodity procurement and will also contribute to the service delivery provided by other implementing partners; therefore, the activity does not have direct targets. However, information on the procurement of food and nutritional supplements will be tracked by the USG activity manager and will be monitored against information reported by service delivery partners.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7504		
Mechanism Name:	SCMS		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
These resourses will be used for food procurement (fortified blended flour, RUTF and F-100) to support the food by prescription (FBP) program. In FY2010 the program will expand to more sites beyond the eight (8) pilot site, prioritizing larger facilities with a higher case load in close by facilities to the current FBP sites.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
1) Procurement and Distribution of Food and Nutritional Commodities for HIV+ /exposed and malnourished OVC. 2) Link FBP facilities with Community's OVC programs to access food and nutritional support to vulnerable OVC.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7629	**Mechanism Name: Warehouse Construction**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7629**		
Mechanism Name:	**Warehouse Construction**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
expand warehouse capacity for Medical Stores Department. Location TBD based on prioritized need.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9453	Mechanism Name: MAISHA
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,516,990	
Funding Source	**Funding Amount**
GHCS (State)	2,516,990

Sub Partner Name(s)

(No data provided.)

Overview Narrative

JHPIEGO's MAISHA (Kiswahili for "Life") Program works with the Ministry of Health and Social Welfare (MOHSW) to build capacity throughout the country to: 1) reduce maternal and newborn morbidity and mortality; 2) strengthen the platform for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS by fostering integrated maternal and neonatal health (MNH) services for HIV-positive women and children; 3) develop the foundation for a national cervical cancer prevention program; 4) provide infection prevention guidance and technical assistance to ensure safe health care delivery and minimize transmission of HIV/AIDS, and 5) strengthen pre-service training of health professionals.

In addition to assisting the MOHSW strengthen the platform of basic emergency obstetric care, essential newborn care, postnatal care, and postpartum family planning, JHPIEGO supports development of national and district resources (guidelines, training packages, trainers, and supervision tools). JHPIEGO also coordinates with District Health Management Teams, donors, and other key district stakeholders to ensure funding is allocated for quality service delivery. JHPIEGO's MAISHA is funded primarily from USAID's health office, complemented by PEPFAR HIV/AIDS funding.

To address the human resource shortage, JHPIEGO works with the MOHSW to strengthen pre-service education (PSE) programs and systems focuses on nursing/midwifery education and the HIV/AIDS component in medical school curricula. In partnership with AIHA, JHPIEGO will strengthen training materials and teaching methods, and will improve practicum experiences in their assigned schools. In those same schools, JHPIEGO will continue to support development of skills labs at their assigned nursing/midwifery schools, as well as apply a quality improvement approach for pre-service

nursing/midwifery education. In addition, JHPIEGO is also training Community Health Workers to strengthen linkages between the community and health facilities to improve the uptake of services. To assist with the effective deployment of new graduates, JHPIEGO will continue their work on a graduate tracking system that can be linked with the pre-service database being developed by the MOHSW. JHPIEGO aims to support a sustainable system for PSE that will ensure a steady supply of technically competent providers and ultimately lead to improved quality of health care (i.e., more skills integrated into PSE, less reliance on costly in-service training for basic skills). Also, for sustainability, JHPIEGO encourages the inclusion of programs they support into the Council health plan budgets.
To assist with enhancing the professionalism and quality standards in the medical field, JHPIEGO will provide capacity building to the Tanzanian Medical Association and will work with the Medical Council of Tanzania, as well, particularly to link continuing medical education with licensure.
Cost-efficiency: JHPIEGO provides a cost-effective, integrated approach for a broad array of maternal and newborn health programs, including malaria in pregnancy, and HIV/AIDS services. Through MAISHA, PEPFAR supports an initiative in Morogoro that builds on MNH health achievements to strengthen availability and quality of prenatal and family planning services, as well as cervical cancer prevention, for HIV- positive mothers. This latter program addresses both facility- and community-level interventions to ensure that HIV-positive mothers have access to a more comprehensive, integrated spectrum of MNH services.
Cross-cutting: A variety of resources are being developed under MAISHA to support capacity building and performance improvement of providers in integrated MNH and HIV/AIDS service delivery. JHPIEGO will orient regionalized PMTCT partners to these resources to further dissemination and to strengthen providers in integrated services. It will also coordinate with AIHA and ITECH under the direction of the MOHSW to standardize PSE approaches.
Geographic coverage: Coverage for MNH programs is or will be national in the next two years. Coverage of pre-service institutions will be determined by the US Government, dividing in half the responsibility for the regions between JHPIEGO and AIHA, with whom JHPIEGO shares responsibility for nursing/midwifery pre-service training coverage.

Target groups: Women of reproductive years and newborns; for PSE, nurses/midwives, CHWs, and doctors.
Link to Partnership Framework: JHPIEGO will support two of the six Partnership Framework pillars: by supporting service provision in a quality continuum of care for HIV-positive mothers, and exposed newborns and children through community, facility, and outreach programs; and the human resources goal in terms of pre-service training and optimizing the workforce through strengthened linkages with CHWs.
Monitoring and evaluation: JHPIEGO conducts quarterly reviews of service delivery through sentinel site surveillance visits, in addition to annual Quality Improvement (QI) facility assessments. For pre-service

training institutions, MAISHA has annual QI PSE institution assessments planned, as well as assessments of provider knowledge and skills during training in the schools in which they will work. In addition, JHPIEGO will explore cellphone-based tools to assist providers in delivering high quality care and storing information to track HIV-positive mothers and infants during pregnancy and beyond, minimizing loss to follow-up.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	700,000

Key Issues

Malaria (PMI)

Safe Motherhood

Budget Code Information

Mechanism ID:	**9453**		
Mechanism Name:	**MAISHA**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	50,000	
Narrative:			
Working in close collaboration with Ministry of Health and Social Welfare (MOHSW) and Ocean Road Cancer Institute, JHPIEGO wil print cervical cancer screening guidelines and initiate supervision of cervical cancer services in Morogoro (2 sites), Lindi (3 sites) and Mtwara (3 sites); JHPEIGO will support the MOHSW in carrying out quarterly cervical cancer Technical Working Group meetings and host one annual meeting event to review cervical cancer prevention program progress and discuss next steps.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	600,000	
Narrative:			

JHPIEGO will work with the Ministry of Health and Social Welfare to address several training needs: Preservice medical ($150,000): follow-up of PSE QI initiatives; development of e-learning modules; training of additional 100 faculty members. In addition, JHPIEGO will carry out training and support to 200 CHW ($200,000) so that they can implement the community/facility service linkages. JHPIEGO will provide technical assistance to ITECH ($50,000) to review/revise AMO curriculum and related teaching aids. JHPIEGO will also work in the Nursing and Midwifery ($200,000) pre-service education (PSE), training an additional 100 faculty members, carrying out follow-up of PSE initiative in 30 schools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	332,669	

Narrative:

Continuation of support for integration and implementation of IPC (Infection Prevention and Control) in Reproductive Health Services in regional and district hospitals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,534,321	

Narrative:

Working with the MOHSW and Ocean Road Cancer Institute, the program will develop and finalize Tanzania specific Visual Inspection/Cryo-therapy training package and initiate and expand cervical cancer screening service to regional hospitals of Lindi, Mtwara, Iringa, Arusha, Kilimanjaro, and Kigoma. The program will train trainers and carry out training to health care providers. The program will procure cryo equipment for six sites (250,000). JHPEIGO will work with 30 pre-service nurse/midwifery schools and equip their skills labs ($354,321). The program will carry out integrated facility/community PMTCT activities. This will include the scale up of the Morogoro pilot to 4 additional regions; carry out facility needs assessments in two districts of each each region covering a total of 20 sites; carry out training of providers in prenatal care and post-partum family planning from 20 facilities; carry out sensitization work to the community leaders/elders to program plans (3 villages per 20 health facilities); training of 40 Community Health Worker (CHW) trainers/supervisors and 600 CHWs in CHW package. The program will also carry out supervision of facility and community work; procure and distribute equipment, supplies and IEC materials and support coordination meetings in each region to review program progress and plan for subsequent year activities. Working with the MOHSW, JHPIEGO will provide technical assistance to PMTCT implementing partners to complement and scale up the provision of Focused Antenatal care (FANC), Basic Emergency Obstertric and Newborn Care (BEmONC), Postnatal and postpartum family planning (PNC/PP FP), cervical cancer screening through capacity building. JHPEIGO will work with the MOHSW and partners to develop of continuum of care model in one region (Morogoro), using an electronic job aid/tracking tool to be

developed with ACCESS/FP funds; The program will also provide technical assistance to partners for training of providers in BEmONC, FANC, PNC/PP FP and cervical cancer – in Morogoro, Lindi, Mtwara, Arusha, Iringa, Kilimanjaro and Kigoma – The program will coordnate with these paartners to ensure that appropriate equipment/supplies to support service delivery following training is carried out using PF funds allocated to these partners.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9454	**Mechanism Name: Track 1.0**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9455	**Mechanism Name: MOHSW**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health and Social Welfare, Tanzania	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 815,680	
Funding Source	**Funding Amount**
GHCS (State)	815,680

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goal and objective:

This mechanism will strengthen MOHSW oversight in the provision of safe and adequate blood and blood products, help address blood quality and quantity issues related to coverage, improve component production, rational use and equitable distribution of safe blood to health facilities in Tanzania mainland. The funds will enhance rational blood usage especially components through training of physician and nurses, improve blood information capture by supporting the implementation of a blood computer system to capture repeat blood donors to develop a safe donor pool which is low (25%) in 2009.

One of the challenges facing the National Blood Transfusion Service (NBTS) since its inception in 2005 has been inability to provide enough blood to cover transfusion facilities needs. The collection in 2009 was 120,000 units which is equivalent to (34%) population coverage. The funding will assist NBTS to step up blood mobilization, recruitment, transportation, component production, track repeating donors

through the blood computer system, and continue training of hospitals and orient hospital transfusion committees in component and rational blood use.

Quality systems and processes are very important aspects of blood transfusion; NBTS has reduced the prevalence of HIV in donated blood from 7% in 2005 to less than 3% in 2009. This fund supports the strengthening of the quality systems including review of policy ,guideline and other standards, to further reduce the HIV prevalence and other TTIs to the internationally acceptable and support measures that leads to NBTS laboratories accreditation. The funding will support human resource and management capacity development across all blood processes.

MOHSW will provide leadership and TA in assuring highly functional and operational national blood transfusion services while assuring sustainability and quality systems integration for the support of the HIV/AIDS prevention, care and treatment in Tanzania.

Contribution to health system strengthening:

MOHSW will promote sustainability through building the capacity of local indigenous organizations to carry out blood donor advocacy, recruitment, mobilization and sensitization activities.

To avoid the overdependence on a sole donor, NBTS will be expected to diversify the funding base by applying for GOT MTEF funding, orient districts an regions to budget for blood safety activities in their comprehensive district plans, apply for the Global Fund and other donors, implement cost recovery measures, foster private public partnerships and solicit additional grants from other international development and national funding agencies.

Cross-cutting program and key Issues:

Cornerstone to success of the program is linkages with HIV prevention program that integrate prevention education into donor recruitment, counseling and results notification and the in corporation of sexual prevention groups into the pool of low risk donors and formation of donor clubs. Linkages with Care and treatment program, health facilities to establish strong referral of HIV and other TTI positive donors to proper treatment and care. Collaboration with Malaria (PMI) program, to develop malaria prevention massages for VNRBD. Also, joint prevention strategies to prevent malaria thus decrease malaria related anemia and need for transfusion. linkage to Phones (P4H) for health to send massages to blood donors helps to retain repeat donors helps to build safe donor pool

Strategies to become more cost efficiencies over time:

To facilitate efficiency of the service, the funding will be used to promote component production, appropriate utilization of blood and blood products, donor clubs formation for repeat blood donors, integration of safe blood activities within regional and district plans and strengthening of transfusion committees. Part of sustainability plan, MOHSW NBTS will ensure a gradual transition from donor funding to Government of Tanzania reliance. One strategy will be the establishment of NBTS as a semi

autonomous agency and the promotion of public private partnerships.

Geographical Coverage and targeted populations:
This is a national wide program focusing on national coverage with safe blood. The program targets all groups of people, some as VNRBD (especially youth), others to support blood activities such as mobilization and motivational incentive for donors. The funding will enable MOHSW NBTS improve on previous achievement by expanding in scope and increased geographical coverage for the provision of safe blood as part of the HIV prevention, care, treatment,.,

Linkages to Partnership Framework:
The funds will be use to implement the Government of Tanzania's and USG PEPFAR HIV/AIDS and Partnership Framework strategies and HIV/AIDS prevention goals of preventing new HIV infection through unsafe blood by selecting and maintaining of low risk donor pool (VNRBD), counseling and testing of potential donors and testing of donated blood to exclude transfusion transmissible infections (TTIs) especially HIV.

Monitoring and Evaluation Plans:
NBTS will monitor the implementation to ensure quality donor selection, testing, storage, transportation and transfusion services. NBTS will evaluate its achievement on adequate coverage, reduction in HIV and other TTIs amongst donors and national safe blood coverage. This will necessitate employing evidence based strategies and improving on program management and evaluation.

Cross-Cutting Budget Attribution(s)

Education	625,000
Human Resources for Health	185,000

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**9455**

Mechanism Name:	MOHSW		
Prime Partner Name:	Ministry of Health and Social Welfare, Tanzania		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	150,000	
Narrative:			
?The funds will be used to strengthen HIV reporting as part of the strategy to integrate HIV/AIDS into routine health care -This will be done through training, supportive supervision, data quality assessment and dissemination at districts and regional levels. Baseline funds will be used to provide technical assistance to Integrated Disease Surveillance response (IDSR), HMIS and DSS. -The increase in funds will be used by MOHSW to provide coordination and oversight of SAVVY and to provide coordination and oversight of GIS and master facility related activities.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	165,000	
Narrative:			
Continue to collaborate with the FELTP to conduct short courses to build capacity of health professionals at district and regional levels to enable them undertake disease surveillance and hence intervene disease outbreaks in order to improve the general public health.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	500,680	
Narrative:			
Continuation of support for IPC, including establishment and functioning of IPC committees, IPC training for health care workers and support staff, health care worker safety measures and PEP (Post-Exposure Prophylaxis), and waste management; nationwide coverage			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9595	**Mechanism Name: NIMR**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: National Institute for Medical Research	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,099,750	
Funding Source	**Funding Amount**
GHCS (State)	1,099,750

Sub Partner Name(s)

Handeni DC	Kiteto DC	Kongwa DC
Magu DC	Mkuranga DC	Monduli DC
Mtwara DC	Muleba DC	Mvomero DC
Njombe DC	Rombo DC	Rungwe DC
Sikonge DC	Singida DC	Tunduru DC

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9595**
Mechanism Name:	**NIMR**
Prime Partner Name:	**National Institute for Medical Research**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	199,750	

Narrative:

The funds will be used to implement GIS and Wide Area Networki (WAN) technologies to enhance the collection, processing, dissemination and availability of information at this time of program scale up.
-This will be done through identification of new areas for WAN and hand over of existing sites to GOT.
The funds will be also used to create and update GIS health facilities database and merge this database with MOHSW HMIS section to create a 'Master Facility List' for all information system applications.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	900,000	

Narrative:

Build capacity at the district level to decentralize operational research in 28 districts councils and continue providing technical support for those CHMTS members trained in the preceeding years. Continue to undertake HRH related research to inform policy. In addition, NIMR will continue to disseminate information and build health worker capacity through production of the bi-annual HRH newsletter.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9596	**Mechanism Name: LMS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9597	**Mechanism Name: Capacity Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,666,259	
Funding Source	**Funding Amount**
GHCS (State)	5,666,259

Sub Partner Name(s)

Aga Khan Foundation	Benjamin William Mkapa HIV/AIDS Foundation	Christian Social Services Commission
Tanzania Institute of Social Work	University of Dar es Salaam/Computer Sciences Department	

Overview Narrative

The Tanzania HR Capacity Project (THRP) catalyzes leadership and effective policy implementation at national and decentralized levels, instilling greater local ownership and accelerating implementation of the National Human Resources for Health (HRH) Strategic Plan. Project implementation is primarily through IntraHealth, which supports four Tanzanian organizations who lead on implementation: the Mkapa Foundation (BMAF), Christian Social Services Commission (CSSC), University of Dar es Salaam (UDSM) Computer Sciences Department, and the Aga Khan Foundation. The program is a follow on to the Capacity Project.

THRP will support strengthened systems, policies, and practices for recruitment and retention at the central level through engagement with the Ministry of Health and Social Welfare (MOHSW), advocating for finalization of draft policies, and identifying concrete approaches that will result in policy/strategy implementation. BMAF leads on expanding work with District Health Management Teams to an additional 40 districts for strengthened systems and capacity for HR management (HRM), including provision of grants to develop innovative recruitment and retention interventions. THRP will also address productivity through strengthened performance management and task shifting. Building on a strengthened HRM toolkit and a network of HRM trainers, THRP will continue to build capacity for district HR leaders in HRM and catalyze HRH action fora for sharing experiences and improving HRH practices, including new staff orientation, supportive supervision, and performance standards. There is also strong potential for synergy with the recently announced Global Fund Round 9 award for health systems strengthening.

THRP will continue efforts to ensure that information systems are in place in the public and private sectors to manage and use HRH data effectively for planning and decision making, especially at the district level. Under the leadership of the Prime Minister's Office for Regional and Local Government, the project will implement a functional HR Information System, linked at central, regional, and district levels, starting with 10 districts. THRP will play a leadership role with inter-ministerial HRIS coordination to ensure integration across multiple partner systems; plan for district functionality and use; provide the hardware and software to expand infrastructure; and train program managers in the use of the system and the information generated for data-driven decision making. The UDSM and CSSC will implement this component of the project, working with ITECH for the inservice training tracking module linked to the national HRIS.

The project's component to develop a social welfare workforce aims to train 2,000 Para-Social Workers (PSWs) and their supervisors in FY 2010 and 2011 (initially with pre-service training, then additional in-

service training after six months) to provide basic social welfare service delivery to Tanzania's orphans and vulnerable children (OVC). The project will work with Local Government Authorities (LGAs) in four regions to raise awareness about local government's legal mandate to serve OVC, to promote government sustainability of the PSW volunteer cadre, and to focus on effective recruitment, retention, and productivity of social welfare staff.

This incremental approach to developing a social welfare workforce will strengthen Tanzania's overall system by delivering frontline support for OVC at the village level as quickly as possible; then gradually upgrading the skills of PSWs through a newly created supervisory position, resulting in an increased number of people who are qualified to move into a recently approved new cadre, the Social Welfare Assistant (SWA). Working with LGAs will help ensure that PSW volunteers and the new SWA cadre are integrated into service delivery and the potential for sustainability. THRP plans to shift the direct training activities to a local organization, e.g., the Institute of Social Work. The project also plans to link with the Global Fund OVC program to achieve PSW and SWA integration in Global Fund-supported districts.

The geographic focus of the project will build on previous work in Iringa, Lindi, and Mtwara regions, as well as districts already involved in HRH management strengthening. It will expand into three additional regions in FY 2011. Zanzibar will continue to receive support for HRIS maintenance. Advocacy with LGAs concerning PSWs will continue in Dodoma and Mwanza, and expand into Iringa and Shinyanga.

The program is aligned with the USG/GOT Partnership Framework which has HR as one of six priority pillars, especially recruitment, retention, and productivity. Strengthening and expanding the workforce contributes to USG's health and HIV/AIDS programs by enabling districts to provide high quality services with trained personnel.

M&E is a key feature of THRP so that all interventions aimed at increased recruitment and retention can be monitored to assess change in district commitment to HRM. The project will build on data gathered in FY 2009 showing the impact of PSWs and supervisors in social welfare service delivery and shifts in LGAs' approach to serving OVC. The project will work with the National Institute for Medical Research and Ifakara Health Institute to evaluate specific interventions related to employee satisfaction and productivity so that effective interventions are identified for national scale up.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	5,666,259

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9597		
Mechanism Name:	Capacity Project		
Prime Partner Name:	IntraHealth International, Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	2,012,800	
Narrative:			
1).Work in collaboration with the Prime Minister's Office for Regional and Local Government (PMORALG), to ensure the mainstreaming of social Welfare Assistants into the councils.2).Scale up training of 3,000 PSWTs and 300 supervisors 3)Work in collaboration with PMORALG to develop and implement the retention and recruitment plan for the Welfare Assistants. With these additional 2010 resources Intrahealth will continue scale up of training for Para-Social worker trainers and supervisors. In addition the funds will be used to support documentation of the process for replication to other LGA's.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	3,653,459	
Narrative:			
Expand efforts to help the Ministry of Health and Social Welfare orchestrate the implementation of their human resources strategy; work with districts to strengthen Human Resource Management and improve recruitment, retention, and productivity; implement the application of the OPRAS performance appraisal system; and implement a human resource information system for local management of health and social workers. The funds will provide support for hardware purchases related to the expansion of the Human Resource Information System at the district level. These investments will aid with recruitment and retention of health workers.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9599	**Mechanism Name: ITECH**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement

Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,667,441	
Funding Source	**Funding Amount**
GHCS (State)	5,667,441

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives: The lack of up-to-date pre-service curricula for clinical officers (CO), clinical assistants (CAs) and assistant medical officers (AMOs) is a significant obstacle to rapid scale up of quality HIV/AIDS programs. In FY2010 ITECH will finish the curriculum for CO/CAs and begin work on a revised curriculum for AMOs ensuring these curricula include prevention efforts such as infection prevention and control - injection safety and provider initiated testing and counseling (PITC). ITECH will also assist in the development of training materials as needed for the new laboratory curricula. This will include development of complementary teaching aids (e.g., facilitator guides, student handbooks, practicum guide, PowerPoint slides, and other resources). Based on an assessment of the current status of distance learning programs, ITECH will work to increase the quality of existing distance learning programs.

ITECH will also strengthen the capacity of tutors and clinical instructors at practicum sites in the CA, CO and AMO pre-service training institutions through the roll out of the basic teaching methods course and the HIV fundamentals course. ITECH will develop a package for more in-depth faculty development that includes further training on curriculum development and lesson planning. This will increase the capacity of faculty to provide high quality instruction in both pre- and in- service settings, as well as to adapt the curricula and lessons plans whenever new HIV/AIDS-related innovations and guidelines become available.

Regarding in-service training, ITECH will work to improve the Zonal Health Resource Centres' (ZHRCs) capacity to coordinate, implement, monitor, and evaluate HIV/AIDS training. ITECH will continue to equip ZHRC with basic training equipment, libraries, and staff, as well as build the ZHRCs' capacity in leadership and organizational development. ITECH will also work with the ZHRCs to pilot decentralized use of TrainSMART, a training information management system. ITECH will also provide support to the

MOHSW to: create a new module on infection control and intensified TB case finding for the current TB/HIV training material; conduct a TB/HIV training evaluation; and develop training materials for pediatric TB. In addition, ITECH will continue supporting PITC in Morogoro by: providing training to create master trainers who will in turn train trainers at the hospital level; conduct sensitization meetings with council health management teams (CHMTs) and principals of health training institutions; work with respective CHMTs to develop the district PITC training plan; produce adequate PITC training materials in collaboration with other PITC partners and NACP; provide technical assistance to NACP in revising the couple counseling and testing training materials; and conduct refresher trainings for previously trained HCWs

Due to the fact that the existing pre-service institutions in the country are not readily able to absorb new numbers of students, help to identify schools where infrastructure investments will quickly yield increased enrollment capacity. As space becomes available ITECH will continue to provide scholarships to lab, CO, CA and nursing students.

ITECH will continue to provide support to the government's Workplace Intervention Program (WIP) ensuring existing training materials are of high quality and include adequate information on abstinence and other prevention.

Health System Strengthening: Tanzania continues to face an acute shortage of health professionals, severely hampering the scale up of HIV/AIDS-related services. Investing in the development of human resources for health lays the foundation upon which HIV/AIDS interventions are built and ultimately ensures the achievement of PEPFAR goals.

Cross-cutting: As an health systems strengthening partner I-TECH will work closely with various technical departments at the MOHSW such as the National AIDS Control Programme (NACP) and the National TB and Leprosy Program (NTLP) to ensure systems are build which supports service delivery.

Cost-efficiency: To date much of the PEPFAR funded training has been through in-service. Support for pre-service training will introduce greater sustainability by increasing knowledge among new health cadres during their routine training and credentialing. ITECH is also strategically decentralizing curriculum development and in-service training capacity to the MOHSW and ZHRCs to increase sustainability and cost efficiency.

Geographic: This is a nationwide program.

Partnership Framework (PF): This activity will contribute towards achievement of key component of the

PF HRH Goal: increased production of health workers. These are also key objectives and high priorities in the GOT HRH Strategy.

M&E: ITECH has a comprehensive M&E plan to track progress against output, outcome, and impact indicators. Activity managers use a results-based framework and M&E plan for each area of activity to regularly review progress. Further technical support is provided from headquarters.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	4,377,441

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9599**		
Mechanism Name:	**ITECH**		
Prime Partner Name:	**University of Washington**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	800,000	

Narrative:

Continue support PITC Morogoro with the following activities:

• Provide training to Morogoro region's training teams to become master trainers, who will in turn train trainers in PITC at the hospital level

• Conduct sensitization meetings with council health management teams and principals of health training institutions within Morogoro region

• Work with respective CHMTs in the development of the district PITC training plan

• Produce adequate PITC training materials including job aids in collaboration with other PITC partners

and NACP

• Provide technical assistance to NACP in developing/ adapting the Couple Counseling and Testing training materials

• Conduct refresher trainings to previously trained HCWs.
Support for pre-service training with an emphasis on ensuring counseling and testing content, including PITC, are fully integrated into the Zonal Health Resource Centers' work and into the pre-service curricula for health care workers. This funding will contribute to the following on-going activities: revision of curricula, development of training materials, orientating of teacher on the new curricula and materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	4,127,441	

Narrative:

Finalize the training materials for the revised CO and CA curriculum. Begin to revise the curricula for two additional cadres (AMOs and Laboratorians) as well as the curricula of the national distance learning center. Strengthen the capacity of tutors/clinical instructors in the CA, CO, and two new cadres pre-service training institutions working with JHPIEGO on AMOs as appropriate. Work to improve the ZTC's capacity to coordinate, implement, monitor, and evaluate training by providing ZTCs with basic training equipment, materials, and staff. Continue to work with the ZTCs and the national distance learning center to build their capacity in leadership and organizational development. Work with a minimum of six pre service training institutions to increase their throughput by providing supplies, tutors, scholarships, and other inputs. Support the zonal/district level pilot of Trainsmart, a system for tracking in service training.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	150,000	

Narrative:

Support for integration of IPC, including universal precautions and health care waste management, into pre-service training. This will include training of pre-service trainers and teachers on IPC and new/revised curricula including IPC contents. To-date training roll-out has largely occurred through in-service trainings; the IPC pre-service training support is introduced for greater sustainability by increasing knowledge and awareness about IPC among new health cadres and personnel.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	30,000	

Narrative:

Introduction of AB component to existing program for HIV-positive Health Care Workers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	20,000	

Narrative:

Introduction of OP component to existing program for HIV-positive Health Care Workers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	40,000	

Narrative:

Support the zonal/district level pilot of Trainsmart, a system for tracking in service training.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	300,000	

Narrative:

Provide the second year of tuition fees for 50 pre-service students currently in the lab schools who were first enrolled in Oct 2009. This includes: 27 lab assistant technicians; 15 diploma lab technicians; 5 advance degree students; and three lab BSc students. Support pre-service training related to the laboratory cadres. Activities will include: sponsorship for specialized lab and biomedical training outside of Tanzania to increase the number of laboratorians with advanced degrees qualified for teaching once they return to Tanzania; assistance with materials development as needed for the newly revised laboratory curricula.,

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	

Narrative:

Provide support to MOHSW to revise/ update/intergrate new module (Infection control, Intensified TB case finding) into the current TB/HIV training material, conduct TB/HIV training evaluation; Develop training material for padiatric TB. Support will be provided at central (National) level

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9600	Mechanism Name: Policy
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9614	Mechanism Name: Twinning
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Health Resources and Services Administration	
Prime Partner Name: American International Health Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,550,000	
Funding Source	**Funding Amount**
GHCS (State)	2,550,000

Sub Partner Name(s)

Boulder Community Hospital	Empower Tanzania Inc	Great Lakes Addiction, Transfer Technology Center, University of Illinois, Chicago
Jane Addams College of Social Work	Ministry of Health and Social Welfare Zanzibar, Department of Substance Abuse Prevention and Rehabilitation Services	Ministry of Health, Botswana
Ministry of Health, Kenya	Muhimbili University of Health and Allied Sciences, School of Nursing	The Evangelical Lutheran Church in Tanzania, Pare Diocese
The Institute of Social Work, Tanzania	University of California	

Overview Narrative

AIHA will work to address the human resource for health (HRH) crisis focusing on nurses, laboratorians and social workers. AIHA will also support service delivery for people living with HIV/AIDS (PLHWA) and most at risk populations (MARPS).

With regard to the nursing cadre, AIHA will finalize the revised nursing curriculum, develop training materials for this curriculum, and revise practicum books. There are a number of diploma schools that have the authority to develop their own curriculum; AIHA will continue to work with these schools to help them revise their curricula to reflect new content for HIV/AIDS, reproductive and child health, and other technical specialties. With JHPIEGO, AIHA will develop a package for faculty development that includes training on curriculum development, lesson planning and teaching skills. Mentors will provide assistance

in the AIHA assigned nursing schools as tutors implement the new curriculum to ensure quality. In addition, AIHA will provide support at their assigned schools to address infrastructure deficits. A large component of this work will be to equip the skills labs and ensure instructors can use the lab appropriately.

AIHA will provide support to ensure that laboratory personnel are confident in delivering HIV/AIDS diagnostic services through a mentorship program for laboratory personnel to ensure the application of HIV/AIDS training, use of standard operational procedures, and implementation of quality systems essentials. AIHA will recruit and deploy experienced expert volunteer laboratory mentors to the regional labs to strengthen and expand HIV/AIDS knowledge and to mentor lab managers particularly in specialist shortfall areas.

A new para social worker (PSW) cadre has been approved addressing the need for trained personnel to provide care and support for orphans and vulnerable children (OVC). To complement this, AIHA will continue to support capacity-building activities at the Institute of Social Work and at other institutions offering social work studies based on an assessment report recommendations. AIHA will: increase OVC and HIV/AIDS resources and educational materials; establish a knowledge hub linking social work institutions; provide technical assistance on identified gaps; and train staff on finance and management. To ensure the quality of service provided by PSWs and social workers, AIHA will continue to train PSW supervisors and provide in-service training to social workers in mainland and Zanzibar. A one year program for social welfare assistants will be developed and scholarships will be provided to 250 PSWs so they can upgrade.

To increase the visibility of these cadres, and increase retention and job satisfaction, AIHA will continue to support capacity building at four professional and regulatory organizations: the Tanzania Nurses and Midwives Council; the Tanzania National Nursing Association; the Association of Social Workers; and the National Health Laboratory Council of Tanzania.

Palliative care is a crucial component of the holistic approach necessary to address needs of PLWHA. These services are limited in Tanzania. In FY2010 AIHA will continue to strengthen the capacity of the Evangelical Lutheran Church to provide quality palliative care training to health care and non-health personnel in the Pare Diocese. AIHA will continue with provision of trainings, and will link with national systems strengthening partners to inform the review of national HBC training curriculum. In addition AIHA will continue with home based care service provision in two additional districts.

To address the needs of drug users and enhance prevention, AIHA will continue to partner with international organizations, including those based in other low-income countries, which have expertise in

this area so that they can work with Tanzanian organizations to improve their capacity to provide these essential services.

Health System Strengthening: Tanzania faces an acute shortage of health professionals, hampering the scale up of HIV/AIDS services. Investing in the development of HRH lays the foundation upon which HIV/AIDS interventions are built and ultimately ensures the achievement of PEPFAR goals.

Cross-cutting: As an health systems strengthening partner AIHA works closely with technical departments at the MOHSW such as the National AIDS Control Programme (NACP) to ensure systems are build for service delivery.

Cost-efficiency: Support for pre-service training will introduce greater sustainability by increasing knowledge among new health cadres during their routine training and credentialing. AIHA is also building the capacity of local organizations to eventually provide services without USG support.

Geographic: This is a nationwide program.

Partnership Framework (PF): This activity will contribute to achievement of the three components in the HRH Goal: increase production of health workers; recruitment, retention, productivity; and optimizing the existing workforce through task shifting and improved performance. AIHA activities will also contribute to PF goals "Service Maintenance and Scale Up" and "Reducing New HIV Infections".

M&E: AIHA has a structured monitoring and evaluation system in accordance with PEPFAR standards. AIHA helps partners to implement this system and to develop monitoring tools based on work plan activities and objectives. AIHA also works with partners to develop the tools and systems necessary to collect and report data.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,700,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9614**
Mechanism Name:	**Twinning**
Prime Partner Name:	**American International Health Alliance**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	250,000	

Narrative:

AIHA is working with Lutheran Church in Tanzania (ELCT) to bring in a Twinning partnership on palliative care training program for TOT and providers. In FY 2010 AIHA will continue with provision of trainings, and will better link with National systems strengtherning partners, FHI and NACP, to inform the review of National HBC training curriculum. In addition AIHA will continue with HBC service provision in two districts of Kilimanjaro region. In FY2010 the program will intergrate positive prevention services and improve linkages with other services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	700,000	

Narrative:

1).Continue to support capacity building of the ISW and increase the volume of social work students by providing 50 pre-service scholarships for social workers in the higher learning institutions. Continue strengthen the Association of Social Workers, working with both the ISW and DSW and other higher learning insitutions offering social work courses. 1) Capacity assessment of local social work learning insitutions and broaden twinning partnership with other local social work learning instutions like Open University. 2) Develop and implement a responsive capacity building plan to the local social work learning insititutions and centres at all levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	500,000	

Narrative:

Finalize the revised nursing curriculum and the companion training materials. Ensure the curriculum is being well utilized in all 62 nursing schools throughout Tanzania. Continue to assist the diploma nursing schools to develop their own curriculum. Build the capacity of nursing faculty in the assigned regions. Continue to support the nursing association and the nursing council.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	IDUP	150,000	
Narrative:			
Support South-South DU/IDU program exchanges and partnerships benefiting DU/IDU partners in Dar es Salaam and on Zanzibar; TA for recovery program (narcotics anonymous groups) to DSAPR on Znz			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	500,000	
Narrative:			
AIHA will build the capacity of nursing schools and faculty in their assigned regions in order to improve the quality of pre-service training received by nurses and midwives. This will ensure all new graduates have the skills needed to provide quality services along the entire continuum of care related to HIV/AIDS, PMTCT and maternal child health (MCH): pre-pregnancy period, the pregnancy period, labor and delivery, the post-partum period, and the perinatal period, as well as during infancy and childhood. In addition, new health care providers will receive training on providing client centered and client friendly services. A particular focus will be equipping and ensuring proper utilization of skills lab at nurse midwifery schools so that students have the opportunity to practice before working with patients. This will build the capacity of students to provide quality services when they graduate and enter the workforce. Improved quality of care and client-patient interaction will contribute to the uptake of PMTCT and other critical MCH services.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	450,000	
Narrative:			
Mentorship program at regional and district level			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9615	**Mechanism Name: FHI - System strengthening**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,050,000	
Funding Source	**Funding Amount**
GHCS (State)	2,050,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	258,000

Key Issues

Impact/End-of-Program Evaluation

TB

Family Planning

Budget Code Information

Mechanism ID:	**9615**		
Mechanism Name:	**FHI - System strengthening**		
Prime Partner Name:	**Family Health International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	500,000	
Narrative:			
Continue the pilot to strengthen home-based care coordinators in the districts. With this funding, FHI will provide technical assistance to other Implementing Partners on how to coordinate with HBC			

coordinators.This is a national systems strengtherning activity through FHI. In FY 2010 FHI will continue to provide support to NACP on coordination of trainings, guideline dissemination and support other implementing partners on the reporting system roll out plan.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,200,000	

Narrative:

FHI will: 1) Continue to provide technical support to the Ministry of Health Department of Social Welfare (DSW), the Prime Minister's Office for Regional and Local Government and Local Government Authorities to intensify efforts for effective implementation, coordination, and quality assurance of national policies, strategies, guidelines, operational plans, and developed systems for orhpans and vulnerable children (OVC). Develop exit strategy of the seconded staff to ensure GoT ability to continue support. 2) Continue to provide technical expertise and advice to other OVC implementing partners. 3) Continue to support Zanzibar's DSW to further increase its capacity to oversee and coordinate OVC services in Zanzibar and operationalize its Data Management System.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	350,000	

Narrative:

Support the National AIDS Control Programme to better plan, coordinate, and manage care and treatment programs. The focus of the program is national.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9616	**Mechanism Name: IHI-MC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,690,000

Funding Source	Funding Amount
GHCS (State)	2,690,000

Sub Partner Name(s)

D-Tree International		

Overview Narrative

Project Title: Strengthening and Expanding Routine HIV Counseling and Testing and Integrating Prevention and Care Interventions, including Male Circumcision and PDA-Based Patient Screening for HIV/AIDS Care and Treatment

The Project has three technical areas: HIV testing and counseling (HTC), Male circumcision (MC), and PDA-based patient screening for HIV/AIDS care and treatment (D-Tree)

Goals and objectives: 1) HIV testing and counseling: The program goal is to support the Ministry of Health and Social Welfare (MOHSW) in strengthening and expanding Provider Initiated Testing and Counseling (PITC) services and strengthening referral systems and processes. Program objectives are to: a) Strengthen the capacity of MOHSW and private facilities to provide sustainable, quality PITC services in selected health facilities, b) Create an enabling policy and physical environment to support sustainable, quality PITC, c) Strengthen confidential facility-based HIV/AIDS care and treatment referral networks in target districts. 2) Male circumcision: The program goal is to support the MOHSW in scaling up MC services in one region, Shinyanga , with high HIV prevalence and low MC rates (HIV Prevalence 7.4%, MC rate 20.9%, # of uncircumcised adult men: 891,709). Program objectives are to a) Strengthen the capacity of regional/district/facility-based MOHSW staff to provide sustainable, quality MC services b) Develop an enabling policy and physical environment at selected sites in Shinyanga to support sustainable, quality MC services. 3) Personal digital assistant (PDA)-Based Patient Screening for HIV/AIDS Care and Treatment: This activity is implemented in collaboration with sub-grantee D-Tree. The program goal is to improve efficiency and quality of HIV patient screening and to increase the client capacity in HIV Care and Treatment Centers (CTC). Program objectives are to: a) Adapt and validate HIV patient screening protocols and software via PDA for use in Tanzania; b) Pilot use of the PDA and evaluate its ability to deliver standardized HIV patient screening in CTC; c) Advocate for the adoption of guidelines or policy supporting HIV PDA patient screening protocols.

Contributions to Health Systems Strengthening

The project will train in-service clinical health workers in the delivery of PITC and MC. The D-Tree activity will help ensure quality of care, especially as Tanzania considers task shifting as an intervention to address the HRH crisis. The project will also renovate sites, and procure equipment and supplies for MC

services.

Cross cutting programs and key issues
Mobile populations – The project will reach mobile/nomadic populations with HTC services, condom promotion and distribution, and linkages/referral to other RH and HIV services in Ngorongoro district (Maasai communities) and fishing communities around Lake Victoria. Wrap around programs – The project integrates PITC into family planning services. Gender - The project will address male norms and behaviors during the implementation of the MC and HTC programs, including the strengthening of couples counseling and testing.

Strategy to become more cost-efficient
The project will work with Regional/Council Health Management Teams (R/CHMT) to ensure that HTC and MC services are included and budgeted for in comprehensive council health plans. The project will continue to use district-based trainers to facilitate training sessions.

Geographic coverage & target populations
The project will cover 30 districts in five regions (Arusha, Kigoma, Mara, Mwanza, and Shinyanga) for HTC and one region (Shinyanga) for MC. Kibaha district, coast region, will be covered by the D-Tree program.

Target populations – For PITC services the target population will be any person visiting a health facility in the district covered. Nomadic populations with be reached through mobile/outreach HTC services. For prevention with positives, the target population will be HIV infected persons. The priority target population for MC services will be all males aged 15-24 years. However, even men and older than 24 years will be offered services. The target population for the D-Tree program will be all persons enrolled into care and treatment at the pilot clinic in Kibaha district.

Links to PF goals
The project will contribute towards the achievement of 1) Service maintenance and scale-up goals through the development and strengthening of quality assurance systems for HTC and MC services; 2)Prevention goals through scaling up of HTC, prevention with positives, HIV couples counseling and testing, and MC services in supported regions, 2) Human resources goals through in-service training of R/CHMT and clinical health workers in PITC, and MC,as well as address the shortage of health care workers, 3) Evidence-based and strategic decision-making through the introduction of hand-held PDAs for the screening of patients attending care and treatment centers.

M&E plans

The project will use MOHSW data collection and reporting tools across all its program areas. The project will provide technical assistance to R/CHMT so that they can effectively and efficiently supervise HTC, prevention with positives, and MC services as an integral of the coordinated district HIV and AIDS response. The project will support regular data quality assessments to ensure that district and program level decisions are based on valid and reliable data. The D-Tree program will be monitored per the CDC and NIMR approved protocol.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9616**		
Mechanism Name:	**IHI-MC**		
Prime Partner Name:	**IntraHealth International, Inc**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	2,340,000	
Narrative:			
Continue and expansion PITC, VCT and mobile CT in Arusha, Kigoma, Mwanza, Mara, Shinyanga; Technical Assistance for CT Quality Assurance for NACP; integrate Positive Prevention & Gender Based Violence			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	200,000	
Narrative:			
Develop a fully functional PDA based set of clinical standards that can be rolled out more widely. Adapt and pilot system for delivering standardized care in CTC clinics on PDAs to help screen clients and make better use of limited clinical staff. This will provide a tool for use throughout Tanzania and an assessment of its feasibility and its ability to improve quality of care for a rapid rollout.			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	150,000	
Narrative:			
Expansion of MC support in Shinyanga region			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9618	**Mechanism Name: Touch Foundation- PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Touch Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	1,000,000

Sub Partner Name(s)

Bugando University College of Health Sciences (BUCHS)	TBD	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9618		
Mechanism Name:	Touch Foundation- PPP		
Prime Partner Name:	Touch Foundation		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	1,000,000	
Narrative:			
Support pre-service training scholarships for 885 students in all cadres at Bugando University College of Health Sciences (BUCHS); bringing US expertise to enhance teaching methods for supported cadres.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9619	**Mechanism Name: UTAP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tulane University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9619**		
Mechanism Name:	**UTAP**		
Prime Partner Name:	**Tulane University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	200,000	
Narrative:			
Support five Tanzanian health professionals for a one year M&E graduate program. Student will complete their M&E thesis work in the health sector with their currentemployer in Tanzania. (Government or NGO). Thesis work would be completed in collaboration with a mentor and advisor from Tanzania and Jimma University faculty.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9624	**Mechanism Name: NACP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National AIDS Control Program Tanzania	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,964,432	
Funding Source	**Funding Amount**
GHCS (State)	2,964,432

Sub Partner Name(s)

only AB activities have got partiners as follows,NGO and FBO dealing with AB youth and Media Istitutions .		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9624**		
Mechanism Name:	**NACP**		
Prime Partner Name:	**National AIDS Control Program Tanzania**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	150,000	
Narrative:			
Strengthen and improve community Home-based Care/ Palliative Care program in Tanzania. This will be			

accomplished through strengthen coordination and collaboration between donors and implementing partners and provide guidance for provision of integrated high-quality care and support for PLWHA from the time of diagnosis throughout the continuum of illness as well as ensuring that the services are accessible, develop/update, print and distribute guidelines and tools, coordinate trainings, monitor and evaluate program and supportive supervision. This activity is for the national level. Strengthen and improve community Home-based Care/ Palliative Care program in Tanzania. The additional $ 50,000 is added to support implemention of Prevention with Positive (PwP) and strengthen supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	300,000	

Narrative:

For FY10 funding, NACP will collaborate and coordinate with IPs in the country for provision of comprehensive Care and Treatment services. This will be accomplished through regular meeting with partners to provide policy and technical guidance, revision, printing and dissemination of guidelines and M&E tools. NACP/CTU will continue to work with authorities from regional and district level, to maintain HIV AIDS program and empower local authorities to create ownership of the program.Funds will also be used for printing and dissemination of EID guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	400,000	

Narrative:

Continue support for staff, coordination, guidelines and material devpt/review, meetings, trainings

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	425,000	

Narrative:

?NACP will conduct 2009/2010 ANC surveillance of mainland TZ with some sampled sites, sexual and behavioral survey and HIV drug resistance threshold survey.
-This will be done through training, data collection, data management and analysis and to prepare and disseminate the reports.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	

Narrative:

Continue support for coordination of IEC/BCC efforts on Tanzania mainland; Funding level maintained -

focus on QI; Previously funded for AB only - funding now split between AB & OP to allow for broader and comprehensive approach.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	45,000	

Narrative:

Continue support for coordination of IEC/BCC efforts on Tanzania mainland. Funding level maintained with a focus on QI. Previously funded for AB only - funding now split between AB & OP to allow for broader and comprehensive approach. Longer-term BCC capacity building with IEC/BCC unit and Institute of Social Work; Adaptation of BCC capacity assessment tool and Tanzanian local partner monitoring for Tanzania mainland.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,209,282	

Narrative:

Carry out PMTCT Coordination role, monitor and evaluate program, review guidlenes, and printing. $$ will move from NACP to RCHS as USG has coag with NACP. Support MOHSW to Coordinate and lead PMTCT/RCHSC partners, supervise and support implementation. (2) roll out of integrated HMIS registers

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	335,150	

Narrative:

Review, update, finalize, print and distribute guidelines (CTC2 card and data base), coordinate and supervise implementing partners regarding the implementation of the Three Is' . Additional fund ($95,000) will be used to strengthen collaboration and coordination with NTLP, GF and other partners, improve general program management including M & E, hire one more staff at central level. Services will be provided at National level

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9627	Mechanism Name: WHO
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The World Health Organization is a multi-lateral agency of which Tanzania is a member state. In Tanzania, the WHO Country Office (WCO) in collaboration with the Centers for Disease Control and Prevention (CDC) is providing technical support to the Ministry of Health and Social Welfare (MOHSW) to: adapt and implement the Integrated Management of Adolescent and Adult Illness (IMAI) approach for the delivery of HIV services to primary health centers; support the scale up of universal access to HIV prevention, care, treatment and support services; develop guidelines, training packages, and IEC materials; and build capacity to implement HIV and AIDS programs for health care workers.

FY 2010 funds will be used to support the MOHSW in their efforts to review and update IMAI guidelines, training packages, patient monitoring tools for HIV care/ART, and TB-HIV operational manuals. Technical assistance will be provided through workshops that will focus on these documents and tools. The updated IMAI guidelines, training packages, monitoring tools and operational manuals will be translated into Kiswahili, printed and distributed.

FY 2010 funds will also be used to support the MOHSW to build the capacity of District Health Management teams to provide clinical mentoring and supportive supervision at the district and primary health facility levels, and build the capacity of zonal training centers to conduct training for regional training of trainers (TOT). Funds will also be used to support national meetings for implementing partners.

WHO provides technical support to the MOHSW to build its capacity to implement all HIV and AIDS related programs and strategies including the IMAI approach, as well as HIV and AIDS programs for health care workers in Tanzania Mainland and Zanzibar.

WHO will be working with the MOHSW to update IMAI guidelines. This activity contributes to Goal 1of the Partnership Framework on service maintenance and scale-up by ensuring that existing and newly implemented services adhere to a minimum quality standard and package of services.

Building capacity for clinical mentoring and supportive supervision will link to the Partnership Framework's third goal of Leadership, Governance, Accountability and Management by improving the governance systems responsible for HIV and AIDS programs (particularly accountability, transparency and information flow).

WHO already provides technical support to the MOHSW to develop and update all monitoring tools related to HIV and AIDS. These same tools will be used for all monitoring and evaluation required for this collaboration.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,371,875

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**9627**		
Mechanism Name:	**WHO**		
Prime Partner Name:	**World Health Organization**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	400,000	
Narrative:			
WHO will support MOHSW to implement IMAI approach for delivery of HIV services to Primary Health Centers. This will be accomplished by development of training packages, revision, printing and disseminate of guidelines/training packages and operation manuals. WHO will support the MOHSW to build capacity for clinical mentoring and supportive supervision of districts and primary health facilities,			

build capacity of zonal training centers to conduct training for regional TOTs and supporting national meetings for IPs,			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	100,000	
Narrative:			
?WHO will provide technical support to NACP in supporting HIV/AIDS information systems and assist NACP's efforts to increase use of data for program planning.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9628	**Mechanism Name: ZACP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,527,000	
Funding Source	**Funding Amount**
GHCS (State)	2,527,000

Sub Partner Name(s)

Department of Substance Abuse & Prevention		

Overview Narrative

Goal and objective

This implementing mechanism will support Zanzibar National blood transfusion Service to provide oversight and coordination of blood safety activities in Zanzibar so as to improve the availability of safe blood and blood products to all health facilities conducting transfusion in Zanzibar. The range of activities

includes but are not limited to improve community mobilization, donor recruitment and selection, develop safe donor pool from repeating and voluntary non remunerated blood donors (VNRBD), transportation and cold chain, storage, testing and component production and ensure availability of safe blood in the Pemba island.

Also the fund will support capacity building activities of NBTS Zanzibar management as well as health care workers, training of transfusion facilities on rational use of blood and blood component. The funds will support partner coordination and guide activities of partners and Technical Assistance provider (TA) in different blood activities and processes.

Although Zanzibar has show good progress in safe blood facility coverage, the major challenge is to ensure quality systems so as to lower the prevalence of HIV in donated blood. This funding will assist Zanzibar BTS to step up quality measures which include, review guideline, policy and standard operation procedures (SOP), implement the blood computer which helps to track donors from vein to vein and develop o safe donor pool, oversees their proper utilization of guidelines so as to further lower the prevalence of HIV in donated blood.. Training of staff build the staff capacity to correct perform procedures, carry out the blood processes as required from donor recruitment, testing and processing and implant of quality measures that leads to laboratory accreditation. MOHSW Zanzibar will provide leadership and TA assuring highly functional and operational blood transfusion services while assuring sustainability and quality system integration for the support of HIV/ AIDS prevention care and treatment.

Contribution health system Strengthening:

For sustainability, the NBTS –Zanzibar will continue seeking government for its budgetary support and recognition as a sole entity with necessary registration/ regulations, responsibility and mandate for blood transfusion services. Zanzibar. Continued high quality and evidence based interventions (such as blood donor clubs) through local and indigenous organization.

NBTS will foster development and implementation of budgeting and finance systems to ensure a sustainable blood program through costal recovery and contributions from the government funding and other national and international donors

Crosscutting program and key issue

Linkages to HIV prevention activities to integrate prevention education into donor recruitment, counseling and notification of test result with appropriate referral for the TTIs positive to care and treatment services. Linkages with care and treatment and other hospitals /facilities for TTIs positive donors to ensure sound referral mechanism, Linkages with Malaria program to develop malaria interventions for blood donors. Linkages with Phones for health to deliver massages to blood donors as motivational

IM strategies to become more cost efficient overtime

To facilitate efficiency of the service, the funding will be used to promote component production, appropriate utilization of blood and blood products, donor clubs formation for repeat blood donors, integration of safe blood activities within regional and district plans and strengthening of transfusion committees. Part of sustainability plan, MOHSW NBTS Zanzibar will ensure a gradual transition from

donor funding to Government of reliance.
Geographical coverage
The program activities covers Zanzibar island (Pemba and Zanzibar) and targets the general population but especially youth.
How IM links to PF goal
The funds will be use to implement the Government of Tanzania's and USG PEPFAR HIV/AIDS and Partnership Framework strategies and HIV/AIDS prevention goals of preventing new HIV infection through unsafe blood by selecting and maintaining of low risk donor pool (VNRBD), counseling and testing of potential donors and testing of donated blood to exclude transfusion transmissible infections (TTIs) especially HIV
M&E plan
The partner to ensure coordination and monitor the appropriate clinical use of blood and blood outcomes of transfusion (haemovigalence) and the establishment of a comprehensive quality system covering the entire transfusion process which includes use of blood computer system. The emphasis is to have quality systems in place while at the same time implementing evidence based strategies and improving on program organization, management and monitoring and evaluation
The program outcome to be monitored through program outcomes, that ensures increased safe blood supply, equitable distribution, as well as TTIs levels are going down. The progress to be monitored through supervision site visits, quarterly and annual reports.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**9628** **ZACP** **Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	100,000	

Narrative:

Strengthen and improve community Home-based Care/ Palliative Care program in Zanzibar. This will be accomplished through strengthen coordination and collaboration between donors and implementing partners and provide guidance for provision of integrated high-quality care and support for PLWHA from the time of diagnosis throughout the continuum of illness as well as ensuring that the services are accessible, develop/update, print and distribute guidelines and tools, coordinate trainings, monitor and evaluate program and supportive supervision. This activity is for the national level

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	495,000	

Narrative:

Maintenance and expansion of comprehensive Care and Treatment services in Zanzibar. This will be accomplished through collaboration and coordination with partners to strengthen linkages and referral between care and treatment services related services i.e. PMTCT, TB, HBC, psychosocial support, legal support, and Nutritional support and Provide supportive supervision to ensure quality of service. Funds will also be used for piloting study on HIV/Hepatitis co-infection.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	400,000	

Narrative:

10% reduction because of pipeline: Continue support for VCT Mnazi Mmoja, PITC, mobile CT for MARPs and in prisons in Zanzibar

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	255,000	

Narrative:

?Provide technical assistance for strengthening M&E and surveillance activities.
-This will be done through ANC surveillance, behavioral and biological surveys of most at risk populations. This activity will also include the development of an M&E framework for ZACP/MOHSW.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	75,000	

Narrative:

Continue support for coordination of IEC/BCC efforts on Zanzibar; Funding decreased to free up funds

for TA and capacity building for ZACP IEC/BCC Unit; Previously funded for AB only - funding now split between AB & OP to allow for broader and comprehensive approach.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	45,000	

Narrative:

Support for coordination of IEC/BCC efforts on Zanzibar as the lead entity for the government health sector HIV response on Zanzibar. ZACP previously received funding for AB only - funding now split between AB & OP to allow for broader and comprehensive approach. Longer-term capacity building for BCC in the IEC/BCC unit of ZACP and the Institute of Social Work to strengthen behavioral interventions on Zanzibar. Adaptation of BCC capacity assessment tool and monitoring local partner activity on Zanzibar.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	550,000	

Narrative:

Continuation of support for MARPs coordination and services in MOH health facilities; establishment of a service center that will provide comprehensive HIV/AIDS and DU/IDU services to MARPs/IDUs (rehabilitation funded through previous year funding, ongoing funds will support staffing and functioning of the service center); sub-grant to DSAPR Znz for specific coordination tasks and support, and M&E for MARPs/IDU efforts on Zanzibar. Support for establishment and functioning of first Medication Assisted Therapy (MAT) service site for Injection Drugs Users (IDUs) on Zanzibar

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	557,000	

Narrative:

Unguja and Pemba have a total of 10 'districts' and a prevalence of 0.8 and 0.3 respectively. Funds will support ZACP to carry out coordination role and program monitoring. Will scale up PMTCT services to 15 new sites. Will counsel and test 80% of pregnant women and provide prophylaxis to 80% of those identified.

Other services include:

– HIV testing (in ANC, LW), including partner testing and the transfer of mom's information to the baby's health card

– Counseling on FP, infant feeding (IF) and referrals

– Clinical staging, CD4 determination and linkage to CTC

– Provision of ART to eligible pregnant women. Introduce More combine efficacious regime
– Screening for opportunistic infections (OIs) including TB
– Use of cotrim in prophylaxis and the management of OIs
• Follow up of mother and infants pairs
-Training of staff on PMTCT and refresher training to HCW• Follow up of mother and infants pairs
– Link HIV+ babies and orphans and vulnerable children (OVC) to care and treatment, TB/HIV services and EID
•In collaboration with ICAP engage with community support groups such as Mom 2 Mom (M2M), psychosocial support groups, CHWs, child psychosocial support groups and community outreach
• Train nurses, nurse midwives and other cadres in PMTCT, IF, MCH, EID, ART
– Mentoring
• Use expert patients to provide education, provide adherence counseling and carry out non-medical chores
• Ensure guidelines and M & E tools are available, robust data collection system, electronic data base, monitor and track HIV+ mothers and babies
• Ensure quality of service is improved through feedback mechanism
Support MOHSW to coordinate and lead PMTCT/RCHSC partners, supervise and support implementation. Also there will be a revision of PMTCT guideline and training package basing on the new up-dated WHO guideline. Will conduct refresher training for PMTCT, training new staff, and support demand creation at community level.
• Sensitize the community through different media on the improved MCHC/RCHC services with emphasis on PMTCT, EID services, maternal mortality, FP, etc
• Engage men through different avenues to participate in RCH services (clinic name change, use of invitation card, priority treatment etc)
• Consider supporting the revival of TBA implementing HIV programs, and give non monetary incentives

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	50,000	

Narrative:

Provide technical support to TB/HIV implementing partners. Review, update, finalize, print and distribute guidelines (CTC2 card and data base to incorporate TB information), coordinate and supervise implementing partners regarding the implementation of the Three Is'. Improve coordination between ZACP, GF and other partners. Services will be provided at central level in Zanzibar.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9630	**Mechanism Name: SAVVY & DSS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ifakara Research Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 425,000	
Funding Source	**Funding Amount**
GHCS (State)	425,000

Sub Partner Name(s)

National Bureau of Statistics	National Institute for Medical Research	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	35,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9630**

Mechanism Name:	SAVVY & DSS		
Prime Partner Name:	Ifakara Research Center		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	425,000	

Narrative:

?To implement a study to estimate the proportion of deaths due to HIV/AIDS among persons age 18-59 years. Aim of the study is to understand the impact of HIV on mortality. Ifakara health center will implement the activity in the selected districts

-The increase in funding will allow for expansion of mortality survey sites into additional demographic suveillance system-DSS sites.

?The activity will be implemented through data collection by conducting sample vital registration with verbal autopsy (SAVVY).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9631	**Mechanism Name: UCC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University Computing Center Ltd	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 255,000	
Funding Source	**Funding Amount**
GHCS (State)	255,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9631		
Mechanism Name:	UCC		
Prime Partner Name:	University Computing Center Ltd		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	255,000	

Narrative:

? The funds will be used to provide additional support for the continued roll out of the care and treament electronic system to additional facilities.
?The funds will help to link the CTC2 database with the MOHSW DHIS vision to improve data flow from the facility level to district, regional and national levels. In addition to improving data flow the activity will enhance overall reporting functionality, analysis of data and provision of feedback to centres and partners based on aggregate data.
?The activity will provide supportive supervision and training on the use of CTC2 paper and electronic systems.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9634	**Mechanism Name: UTAP UCSF-MARPS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

San Francisco Department of Public Health		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

Impact/End-of-Program Evaluation

Mobile Population

Budget Code Information

Mechanism ID:	**9634**		
Mechanism Name:	**UTAP UCSF-MARPS**		
Prime Partner Name:	**University of California at San Francisco**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	100,000	

Narrative:
To provide technical assistance to TACAIDS/MOHSW on supporting data synthesis activities aimed at identifying the drivers of the HIV epidemic and the impact of prevention responses. Data synthesis will include both national and regional data triangulation exercises. UCSF will also provide technical support for the following activties: 1) The development of an M&E and costed M&E plan for NACP and ZACP. 2) TA on MARP surveillance 3) TA for analysis, report writing, and dissemnitiaotn of findings from the ART outcomes study

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9637	Mechanism Name: AMREF Lab
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Medical and Research Foundation, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 463,158	
Funding Source	**Funding Amount**
GHCS (State)	463,158

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9637		
Mechanism Name:	AMREF Lab		
Prime Partner Name:	African Medical and Research Foundation, South Africa		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	463,158	

Narrative:

1. Conduct Rapid HIV and Quality assurance training to lab and non-lab additional supervisors.
2. Provide financial and technical support to facilitate supportive supervision of rapid HIV tester supervisors.
3. Establish supervision network linkages at all level CHMT, RHMT and NHLQATC for sustainability
4. Facilitate certification of non-lab rapid HIV testers by the regulating authority
5. Monitoring and evaluation

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9638	**Mechanism Name: ICAP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 11,795,000

Funding Source	Funding Amount
GHCS (State)	11,795,000

Sub Partner Name(s)

Biharamulo DDH	Biharamulo District Council	Bugando Medical Centre
Bukoba District Council	Bukoba Municipal Council	Chato District Council
Deloitte Consulting Tanzania Limited	Heri Mission Hospital	Isingilo Hospital
Kabanga Mission Hospital	Kagera Regional Hospital	Kagera Sugar Hospital
Kagondo Hospital	Karagwe District Council	Kasulu District Council
Kibondo District Council	Kigoma District Council	Kigoma Urban Council
Matyazo Health Center	Maweni Regional Hospital	Misenyi District Council
Mugana DDH	Mukikute Association	Muleba District Council
Murgwanza DDH	Ndolage Hospital	Ngara District Council
Nyakahanga DDH	Nyakaiga Hospital	Ocean Road Cancer Institute
RHMT Lindi	Rubya DDH	Rulenge Hospital
TADEPA	TBD	Wamata Pemba Branch

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	1,500,000
Human Resources for Health	390,000
Water	10,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9638**		
Mechanism Name:	**ICAP**		
Prime Partner Name:	**Columbia University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,105,000	
Narrative:			
Maintain and strengthen provision of integrated high-quality care and support for PLWHA aimed at extending and optimizing quality of life from the time of diagnosis throughout the continuum of illness. ICAP will intergrate Positive prevention services, supporting nutritional assessment and counseling in all supported facilities, build the capacity of local government and civil society for sustainable delivery of services for PLWHA. Strengtherning coordination and collaboration mechanisms between partners and Ministry of Health. The services will be provided in 23 districts in Kagera, Kigoma, Coast and Zanzibar			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	4,975,000	
Narrative:			
Maintain Quality HIV services at existing sites, scaling up to sites with high prevalence and previously underserved areas, expansion of adherence and psychosocial support services to PLHA and promoting PWP. This will be accomplished through, provision of Technical support, regular supportive supervision, clinical and nutrition mentoring, patient monitoring, ensuring uninterrupted supply of drugs and reagents through central procurement mechanism,Capacity building to local partners in financial accountability, program oversight and M&E. Funds will also be used for facilities and community linkages. Partner works in 23 districts in Kigoma, Kagera, Pwani, Lindi and Zanzibar and currently covers 14457 patients on treatment .			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	PDCS	254,000	

Narrative:

Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in Kigoma, Zanzibar,Kagera and Pwani

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,016,000	

Narrative:

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. The work will occur in Kagera, Kigoma, Pwani and Zanzibar.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	295,000	

Narrative:

Continuation of support for safe MC services at Kagera Regional Hospital

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,040,000	

Narrative:

Implement PMTCT activities to pregnant women in 4 regions (Kigoma , Kagera, Coast & Zanzibar). These regions have total number of 29 districts. the ANC HIV Prevalence: Kigoma 3.5, Kagera 4.7, Coast 7.3 and Zanzibar 0.8; Current coverage based on 2009 SAPR is 50% implement PMTCT package (see base package), include MECR, *Mother support groups, implement new M and E and computerise data system. Implement PMTCT and improve MCH and PMTCT services (see PF package)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	610,000	

Narrative:

Support implementation of Lab quality system and accreditation process by ISO 15189 at Mnazi Mmoja hospital laboratory

Continue to support Early infant diagnosis at national level

support 3 program officers, (2 for EID program and 1 procurement officer) at MOHSW, Support funding for 7 technologists positions at NHLQATC			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	500,000	
Narrative:			
Continue implementing activities to reduce burden of TB among PLHIV as well as assisting MOHSW to Review/update/develop draft guideline/tools for management of TB in Pediatrict.This will be accomplished through strenghtnen referral and linkages, mentoring, on job training, regular supportive supervision and provision of TA directly to MOHSW. Service will continue being provided in 23 districts in 3 regions (Kagera, Kigoma and Pwani) and Zanzibar			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9639	**Mechanism Name: BMC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Bugando Medical Centre	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,034,000	
Funding Source	**Funding Amount**
GHCS (State)	1,034,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9639		
Mechanism Name:	BMC		
Prime Partner Name:	Bugando Medical Centre		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	684,000	
Narrative:			
To continue to Strengthen and Expand comprehensive ART services in 6 regions of the Lake Zone			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	350,000	
Narrative:			
Continue PITC, VCT and mobile CT support in Mwanza; reduced because of $200,000 reporgrammed into new mech; asked to integrate PP			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9641	**Mechanism Name: APHL Lab**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000	
Funding Source	**Funding Amount**
GHCS (State)	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9641**		
Mechanism Name:	**APHL Lab**		
Prime Partner Name:	**Association of Public Health Laboratories**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	700,000	
Narrative:			
Support 2 positions at the NHLQATC - Director and a short term consultancy; Support MOH in developing a long term strategic planning for NHLQATC Continue supporting establishment of laboratory information system in the remaining regional labs. Assist MOHSW in data harvesting analysis and utilization.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9642	**Mechanism Name: ASCP Lab**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,080,222	
Funding Source	**Funding Amount**
GHCS (State)	1,080,222

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TITLE: Increasing Laboratory Capacity to Support HIV/AIDS Care and Treatment

Since 2005, the USG laboratory partner American Society of Clinical Pathology (ASCP) has worked to strengthen the quality of laboratory personnel for the Tanzanian Ministry of Health and Social Welfare (MOHSW). The success of ASCP projects over time is marked by its advance from in-service to pre-service and mentorship programs. ASCP's accomplishments to date include: Training of Trainers for Chemistry, Hematology
and CD4; technical assistance for regional roll-out trainings; simplification of Chemistry, hematology and CD4 modules to facilitate continued lower level trainings; curriculum review for certificate and diploma level, teaching methodology workshop for laboratory school faculty; development of supplemental materials to be presented to school tutors through partnerships with US based Universities; Review and modification of facility-level Laboratory Management modules and training of trainers for facility level management training.

ASCP first focused its program development on in-service laboratory training. ASCP closely links its activities with MOHSW, AMREF, and other USG laboratory consortium partners including: CLSI, APHL, and ASM. The institution works with these partners to strengthen HIV/AIDS laboratory standards. In 2010

ASCP will also work with the Joint Commission International (JCI) to accomplish accreditation activities. Coordination with the MOHSW will enable the ASCP to link with Care and Treatment implementing partners (IPs). ASCP will use this linkage to continue providing oversight in CD4, Chemistry and Hematology in-service training and quality assurance (EQA) at NHLQATC.

Having achieved remarkable progress in its in-service program, In 2008/9 the ASCP initiated pre-service training support program aiming at integrating HIV and AIDS material in the teaching curriculum so that the new graduate are ready for the HIV and AIDS national care and treatment program. ASCP pre-service training activities included curriculum review, tutors teaching methodologies and mentorship program. The reviewed curriculum followed a National accreditation committee for technical Education (NACTE) format which is a competence based curriculum modules in which the graduate is certified at any exit level to carry out specific tasks. The candidate may enroll at level NTL4 and may exit at this level as lab apprentice able to perform certain tasks, similarly may exit at NTL 5 as lab assistant certificate level or NTL 6 as a diploma holder each level takes one year and is incremental. In 2010 ASCP will continue supporting these pre-service schools by procuring: laboratory training equipment, class room teaching equipment, textbooks, and other essential teaching materials. ASCP will also procure these items for the Dar Institute of Technology. ASCP, in collaboration with MOHSW and CDC will develop a curriculum for one-year auxiliary staff training program which will assist in certifying an increased number of lower level apprentice to meet the growing demand for health-center level workforce as the care and treatment program expands into 700 new sites.

NHQALTC accreditation will also contribute to sustainability by providing a national quality assurance laboratory capacity to carry out quality assurance activities in the country which will serve to assure the Ministry of Health, the Government, and licensing bodies and clinicians that laboratories have documentation to prove their capability to carryout diagnosis and diseases surveillance. In 2010 ASCP will assist the MOHSW in the realization of that accreditation. To do so, an ASCP will provide a consultant on two one-month technical assistance trips. The consultant is to assist the NHLQATC on accreditation preparation.

In FY 2009, ASCP initiated mentorship and other technical assistance programs. It provided school's faculty with training methodologies trainings for the reviewed curriculum ASCP facilitated this program by pairing American university faculty members with each of the five Tanzanian zonal schools. In 2010 ASCP will continue to provide mentorship at diploma and certificate schools. ASCP mentors will provide seminars to students; teachers will be available to serve as tutors for designated subjects. ASCP designed this activity to build the local capacity necessary for long-term sustainability.

The USG laboratory program fosters the development of the national laboratory network, including the establishment of a National Health Laboratory Quality Assurance and Training Center (NHLQATC) as the networks nucleus of public health. Designed to serve as a national center for quality assurance and training center. For this reason the NHLQATC requires accreditation according to international standards. In 2010 ASCP will collaborate with Clinical and Laboratory Standards Institute (CLSI), the Association of

Public Health Laboratories (APHL), and the American Association of Microbiology (ASM) in strengthening specific areas according to their program area of specialty in the NHLQATC
..

ASCP will continue monitoring and evaluation (M&E) activities for past and current training activities. In 2010 the ASCP M&E plan will include methods of observation as well as checklists based on training materials, primary interviews, and regular laboratory assessments. ASCP also plans to develop M&E national capacity by developing and introducing M&E training module using train the trainer approach at national level. The focus groups for the training are; implementing partners, quality officers, and laboratory managers. This training will focus on M&E methods, previous training activities, and the skill sets or expressed training needs of new personnel.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9642**		
Mechanism Name:	**ASCP Lab**		
Prime Partner Name:	**American Society of Clinical Pathology**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	1,080,222	
Narrative:			
Establish Continue Medical education program at NHLQATC Support pre-service training for lab schools by bringing in addidtional turors to mentor local tutors on the reviewed curriculum in three schools and procuring texts books, teaching lab equipment and teaching aids.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9643	**Mechanism Name: CLSI Lab**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Clinical and Laboratory Standards Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000	
Funding Source	**Funding Amount**
GHCS (State)	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9643**
Mechanism Name:	**CLSI Lab**
Prime Partner Name:	**Clinical and Laboratory Standards Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	700,000	

Narrative:

Continue support in the implementation of national and internatinal lab standards
Continue with the mentorship progran at the five zonal laboratories on the road to International accreditation by ISO 15189 . The mentor will spend three months period twice in a year at each lab followed with gap analysis to determine progress towards accreditation

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9644	**Mechanism Name: ASM Lab**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 50,000	
Funding Source	**Funding Amount**
GHCS (State)	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9644		
Mechanism Name:	ASM Lab		
Prime Partner Name:	The American Society for Microbiology		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	50,000	
Narrative:			
Build NHLS network to diagnose opportunistic infections focusing on creating this capacity at NHLQATC, zonal and regional labs, through trainings and technical assistance. These activities would utilize previous years pipeline funding as well as FY 2010 funding.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9645	**Mechanism Name: KIHUMBE**
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: Kikundi Huduma Majumbani	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,273,750	
Funding Source	**Funding Amount**
GHCS (State)	1,273,750

Sub Partner Name(s)

KIHUMBE		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9645**		
Mechanism Name:	**KIHUMBE**		
Prime Partner Name:	**Kikundi Huduma Majumbani**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	222,200	
Narrative:			
• Maintain and strengthen quality HBC services with an increased focus on targeting children in the four districts of Mbeya region. Kihumbe will support the LGAs in the roll out of national RRS and improve linkages with other services. • There is no increase in funding level from FY2009 but Kihumbe will gain through efficiencies and provision of HBC kits from central procurement, Kihumbe will integrate PwP services into the programs including facilitating logistics distribution and storage for Pwp related commodities.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	190,000	
Narrative:			
1)Support to strengthen quality services provision in the 4 district supported by KIHUMBE.Additional funds will be used in Chunya district which is the new operation area. 2) Provide quality OVC services			

3) Support OVC household economic strengthening to older OVC and other caregivers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	170,000	

Narrative:

Contnue with CT services (static & mobile) in 4 districts. Train counselors. Integrate CHCT into other CT service delivery. Cont with community sensitization on HIV testing. Offer CT services during public events. Improve linkages and network with other stakeholders for care continuum. Integrate BMI into CT delivery systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	500,000	

Narrative:

Continue community sensitization on abstinence and fidelity in Chunya, Rungwe, Mbeya rural and urban districts. Focus on MCP campaigns and alcohol reduction counseling. Strengthen data collection and quality recording and reporting. Strengthen collaboration and coordination with LGAs structures for AB activities and campaigns.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	191,550	

Narrative:

Continue with promotion and distribution of condoms. Improve quality of services by training providers, and adding more outlets. Train ambassadors for GBV. Increase demand and ensure availability of female condoms in Chunya and Rungwe districts.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9652	**Mechanism Name: TPPI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: PharmAccess	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,595,088	
Funding Source	**Funding Amount**
GHCS (State)	2,595,088

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

TB

Workplace Programs

Budget Code Information

Mechanism ID:	**9652**		
Mechanism Name:	**TPPI**		
Prime Partner Name:	**PharmAccess**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	190,000	
Narrative:			
PharmAccess will continue the work with the police, immigration department and prison with work place community care services. This program is also linking with others on PMTCT, prevention, care and			

treatment, pediatric care, TB/HIV and care for OVC. PharmAccess will continue to target employees of their institutions as well as the surrounding civilian population. This activity is implemented in Police barracks, Immigration departments and Prisons facilities and surrounding communities, with a major role for HBC trained women of police officers living in the barracks surrounding the health facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	150,000	

Narrative:

1) Leverage resources to complement provided funds 2) Support OVC access health service through establishing of the Heath Insurance fund. 3).Link with other OVC IPs to identify the beneficiaries and ensure comprehensive services. 1).Implement strategy developed for Police and Prisons to work with children to ensure the supporting of the developed "Interactive Services for Children" guideline integration in the daily police job descriptions, trainings, and routines
2). Roll out the piloted child friendly police program to another station .
3.)Train more 100 police, prison personnel, and available community team members in appropriate "handling" of OVC, abused children, street children, and other vulnerable children during detention and in the streets using the developed guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	450,000	

Narrative:

Maintain quality HIV services at eight Police and Prison Hospitals in the country that will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through central procurement mechanism, supplemented by capacity building in financial accountability and M&E. Funds will also be used for facilities and community linkages. Provide AIDS care and treatment in least one police and one prison health facility in every region of Tanzania. Most health facilities need extensive refurbishment and training of staff.
PharmAccess will establish private health insurance to low income African workers in Dar es Salaam and Arusha

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	350,000	

Narrative:

Continue to provide HCT services to prison and immigration officials and police and surrounding communities. Program aims to include at least one police and one prison health facility in every region of

Tanzania. Most health facilities need extensive refurbishment and training of staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	12,000	

Narrative:

Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provision of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided at Kilwa Road Hospital, the National Referral Hospital for the Police and at Ukonga Hospital, the National Referrral Hospital for Prisons.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	48,000	

Narrative:

Maintain and improve quality of existing Pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure development and supplies of essential commodities including drugs. The work will occur within two Police health facilities in Dar es Salaam and Moshi and in four Prison health facilities: Dar es Salaam, Mwanza, Mbeya and Moshi.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	217,588	

Narrative:

Maintain comprehensive prevention activities for police, prison and immigration authorities and the surrounding communities. The AB component is focused on gender issues, which is integrated in the peer educators training program. The 'life skills' trainings for recruits and HIV awareness campaigns for commanders include assertiveness skill-building for females and awareness raising for male commanders.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	337,500	

Narrative:

Expand comprehensive prevention activities for police, prison and immigration authorities and the surrounding communities. This will be accomplished through expansion of comprehensive HIV prevention activities, linkages with health services/CT, and workplace programs. National roll-out planned through peer educators programs, life-skills trainings for recruits, HIV awareness campaigns for

commanders (who are powerful message-senders), trainings on safety measures and condom distribution.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	540,000	

Narrative:

PAI works in Police and Prision facilities (18) across several regions (with corresponding HIV prevalence). The program will scale up PMTCT and implement PMTCT package. Activities to be supported using base funding

The program will scale-up PMTCT services to cover 80% of the facilities providing RCH services in prison and immigration facilities. PAI will provide support to respective facilities and these services will include but not be limited to: HIV testing (in ANC, L&D), including partner testing, Counseling on infant feeding options (IF), Strengthen counseling on FP methods to HIV+ mothers during postpartum visits, offer HIV testing at the FP clinic and offer referrals to CTC and vice versa, Clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC, Rolling out of more efficacious regimen to facilities with the capacities, Provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, Provision of Cotrimoxazole to all eligible pregnant women and exposed infants, Conduct PMTCT outreach services in hard to reach areas, Quarterly supportive supervision by the RHMT to ensure quality of services. In collaboration with health department, bi-annual supportive supervision will also be done to facilities.

PAI will collaborate with community support groups including M2M program to form psychosocial support groups, which will provide psychosocial support and increase adherence and retention to care. Expert patients will carry out non-medic chores in the facilities. In addition, mother to mother program and other partners within the regions will follow up mother-infant pairs in the community.

The programs will Renovations, procurement and materials as follows:
Renovate and equip facilities to provide space for offering integrated PMTCT services. PAI will ensure availability of HIV test kits by procuring to fill gaps, ensure adequate supply of drugs for more efficacious regimen, based on needs, support printing and distribution of IEC materials and job aids.
The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and stock outs, including WHO staging.
The program will carry out Mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in the region
It will ensure guidelines and M & E tools are available, improve data collection systems, and train service

providers on filling of the PMTCT monitoring tool.
The program will strengthen and facilitate RHMT annual review meetings, formation and integration of regional PMTCT task forces into Reproductive and child health. Support regional quarterly partners meeting and strengthening linkages and referrals. PAI will implement PMTCT and improve MCH and PMTCT services (see PF package) Activities to be supported using PF Funding

PAI will work with Reproductive health partners and with the respective districts and facilities, to carry out facility infrastructure improvement after carrying out facility audit; subsequently they will renovate and equip facilities to provide space for offering integrated PMTCT services at RCHC and L&D, FP, FANC and BEmoc

PAI will Improve conditions in the maternity wards so as to attract more women to deliver at the facilities by procuring appropriate equipments such as delivery beds/kits, suction machines, weighing scales, protective gears etc.

PAI will strengthen PMTCT-ART Integration by supporting Hospitals, Health Centers and Dispensaries to develop capacity to provide more efficacious PMTCT regimen, training PMTCT HCP at RCH on ART so that they can refill ARV drugs at the RCH; Ensure availability of PMTCT guidelines and job aids; Support transportation of CD4 samples of HIV+ pregnant women; Ensure availability of PMTCT M&E tools and Integrate HIV counseling and testing in all the RCH services, including Pediatric wards

PAI will focus on community and demand creation activities that include: sensitize the community through different media on the improved MCHC/RCHC services with emphasis on PMTCT, EID services and FP), Engage men through different avenues to participate in RCH services (use of invitation letters, priority treatment, through involvement of village authorities etc), Collaborate with Mother to Mother program to establish psychosocial support groups in the8 facilities they work in. PAI will also integrate its FP program and link with partners supporting Emergency obstetrics, new born and pediatric health and cervical cancer screening services.

PAI will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized and funding allocated through the facility Health Plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	300,000	

Narrative:

Continue implementing activities to reduce burden of TB and HIV among patients infected by both diseases. This will be achieved by Improving collaboration, referrals and linkages with partners working in the regions where these institutions are located, training, mentoring and regular supportive supervision. Services will continue being provided in two Police (Dar es Salaam and Moshi) and eight Prison health facilities (Dar es Salaam, Arusha, Dodoma, Mbeya, Morogoro, Kilimanjaro, Tabora and Zanzibar).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9653	**Mechanism Name: STRADCOM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,530,000	
Funding Source	**Funding Amount**
GHCS (State)	2,530,000

Sub Partner Name(s)

MFDI		

Overview Narrative

The Johns Hopkins University STRADCOM project's goal is to harmonize HIV/AIDS radio messages with community- and facility-based communication activities, and develop innovative and entertaining programming designed to: 1) Inform Tanzanians about and motivate them to obtain prevention, CT, ART, care and support, and PMTCT services; 2) Discourage infidelity, multiple partners, transactional sex, cross-generational sex, and alcohol misuse; 3) Support and reinforce gender equitable behavior among men and women; and 4) Model understanding and compassionate attitudes toward people living with HIV and AIDS. STRADCOM works with local radio stations to build their capacity to develop and implement HIV/AIDS-focused quality programs. In addition, STRADCOM works with a wide range of international and local partners to develop and air radio serial dramas and PSAs, and to ensure that mass media

efforts complement those taken at the community and inter-personal levels. STRADCOM also works to ensure that partners develop and implement quality media programming, through the application of evidence-based global best practices and utilization of local research results and lessons learned.

STRADCOM works closely with the National AIDS Control Programme, and is a key member of its IEC sub-committee. For example, the Government of Tanzania has asked STRADCOM to provide technical assistance to develop a new communication strategy for HIV/AIDS. STRADCOM has also been asked to increase its focus on building capacity of local organizations and Tanzanians in quality behavior change techniques. To that end, in FY10 STRADCOM will draw on the expertise of Johns Hopkins University (JHU) to organize a Leadership in Strategic Health Communication course, which provides participants with state-of-the art knowledge on current health issues and trends and the application of behavior change techniques. In addition, STRADCOM will undertake an assessment of potential short-term and long-term avenues through which to build local capacity in behavior change communication skills. TACAIDS has also requested technical assistance from STRADCOM in developing behavior change campaigns.

This program contributes to the Partnership Framework goals on Prevention, Service Scale-up and Maintenance, Human Resources, and Leadership. In addition, as noted above, this program aims to increase the skills of Tanzanians to develop and implement quality behavior change programs. STRADCOM plays a critical role in behaviors change through its innovative BCC campaigns and its work with partners. STRADCOM's programs include the Wahapahapa serial drama, the hugely popular Fataki anti cross-generational sex campaign, and a series of videos for CTCs. These programs are critical in moving prevention, care and treatment behavior change goals (e.g., reducing multiple partners, ART adherence) forward and ensuring the success of PEPFAR programs. STRADCOM and partners have also recently developed a multi-media Community Resource Kit, which links popular media campaigns with a community facilitator's guide, to enable these behavior change programs to have increased impact through inter-personal communication efforts.

STRADCOM aims to become more cost-efficient over time through its close coordination with other USG partners and its increasing collaboration with local partners. HIV prevention programs are more effective and efficient through focusing on those at highest risk, addressing key drivers of the epidemic, and ensuring consistent messages are used by all partners. Through its targeted support of other prevention, care and treatment partners' programs, STRADCOM improves the reach and effectiveness of those efforts.

STRADCOM programs have national reach, but STRADCOM reinforces its coverage with additional programming on local radio stations in higher prevalence regions. Programs are targeted to the general

population, aiming to shift harmful social and gender norms.

STRADCOM's PSAs, radio serial dramas, and other programming are pre-tested extensively with focus groups, and developed by a range of technical content experts. STRADCOM tracks exposure and impact of its programming through periodic national surveys. A number of questions have also been purchased in a commercial survey conducted by the Steadman Group. In addition, plans are underway to conduct an evaluation of the Fataki campaign to investigate the effects of the campaign at the household and community level.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	**9653**		
Mechanism Name:	**STRADCOM**		
Prime Partner Name:	**Johns Hopkins University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	150,000	
Narrative:			
1. Additional funds to implement mass media awareness compaign on the NCPA for OVC 2.National coverage			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	400,000	
Narrative:			
Maintain successful activities, including Wahapahapa radio drama, production of CTC videos, and collaboration with TACAIDS/NACP. Campaigns are national, with emphasis on highest prevalence			

regions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	380,000	

Narrative:

Continue support of CT communications campaigns, including promotion and stigma reduction. Program coverage is national.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	800,000	

Narrative:

Maintain successful activities, including Wahapahapa radio drama, Fataki anti cross-generational sex campaign, local radio station capacity building, and collaboration with TACAIDS/NACP. Campaigns are national, with emphasis on highest prevalence regions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	800,000	

Narrative:

Maintain successful activities, including Wahapahapa radio drama, Fataki anti cross-generational sex campaign, local radio station capacity building, and collaboration with TACAIDS/NACP. Additional funds will be used to include an alcohol campaign and work with other partners to translate mass media messages to the community level. Campaigns are national, with emphasis on highest prevalence regions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9655	**Mechanism Name: Conservation of Eco-Systems**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Rhode Island	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

UZIKWASA		

Overview Narrative

The PWANI project builds on the previous experience and investments of the U.S. Agency for International Development (USAID), the Coastal Resources Center (CRC) at the University of Rhode Island (URI), the Tanzania Coastal Management Partnership (TCMP), UZIKWASA, the Government of Tanzania, and other partners. This ecosystem-based management initiative targets the Northern Tanzania Seascape, stretching from Saadani National Park (SANAPA) and the Wami River estuary northward to Tanga and eastward to the Pemba Channel Conservation Area (PECCA) and Menai Bay Conservation Area, Zanzibar. Cross-cutting in nature, it recognizes that poverty, gender, climate change, population, and HIV/AIDS can be significant constraints to conservation. It also recognizes that implementation of an ecosystem-based program must be directed at catalyzing changes in human behavior. The overall goal of this project is to sustain the flows of environmental goods and services; reverse the trend of environmental destruction of critical coastal habitats; and improve the well being of coastal residents—inclusive of an HIV/AIDS wrap-around component.

The Northern Tanzania Seascape faces many threats to its biodiversity assets and challenges to its sustainable development. At the same time, coastal communities and businesses increasingly rely on these resources being healthy—an essential factor in the ability of the resources to continue providing income, food, and trade opportunities at the national, regional, and global levels. Underlying drivers of ecosystem degradation include poverty, food security, gender inequity, and health. A high proportion of the coastal population on the mainland is HIV-positive, which has significant impacts on poverty and resource use. Of particular concern is the issue of migrant labor including 'mobile fishermen with money' who spread HIV/AIDS, and the continued pressure on women fish mongers to exchange sex for the exclusive right to purchase fish from a fishing boat.

Several of CRC's previously funded USAID projects have been leaders in integrating health/HIV-AIDS issues into conservation and provide PWANI with excellent models upon which to build. Anecdotal

evidence indicates integrated interventions in the CRC target areas have lead to protective behavior change (e.g. increased condom use, less "sex for fish", and fewer temporary marriages between visiting fishermen and local women). Yet, problems remain. PWANI will continue to work with its local partner UZIKWASA to implement activities related to HIV/AIDS prevention and mitigation primarily in the communities adjacent to SANAPA and the larger Pangani district including coastal communities north of the Pangani River. The focus will be on HIV prevention and behavior change among fishing communities using interactive theater, radio, and other information/education/communication (IEC) materials, such as posters and leaflets. Behavior change will be promoted using messaging that mirror real-life issues/scenarios contributing to the spread of HIV in these communities. The issue surrounding unsafe sex, gender based violence and early forced marriages in coastal villages will be explicitly addressed using culturally appropriate messaging and communication channels.

PWANI will strengthen local governments, park units, and community groups that are essential in coordinating on-the-ground activities through training programs (e.g. MPA certification and fisheries peer-to-peer training) and mentoring. PWANI will also support implementation of village multi-sectoral AIDS action plan activities that encourage behavior change among visiting fishermen, and it will integrate sessions on HIV/AIDS and risky behaviors into the Mainland/Zanzibar collaborative fisheries management exchanges.

PWANI will also support approaches and actions that increase the resilience and social capital of the society's most vulnerable members (especially women and HIV/AIDS-affected households). Specific activities will include strengthening the critical role of women in fish marketing, identifying and strengthening value chain entry points for women in small-scale ecotourism activities, and training in jewelry-making, management of business, and responding to market changes and opportunities. URI will also link its Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) program with PWANI to develop and deliver integrated HIV/AIDS and broader reproductive health and family planning messages through peer educators and community-based distributers of family planning.

Linking PEPFAR programs to the NRM/EG program area will allow PEPFAR to expand its reach to underserved populations, building upon NRM partners' access to and partnership with rural populations. This wrap-around activity will leverage both human and financial resources as well as NRM/EG funding sources and partners, to complement PEPFAR goals and maximize the effectiveness of programs.

M&E Plans: Awards made under the NRM/EG program are subject to standard monitoring and evaluation protocols. This includes an M&E program design that tracks established indicators under the Performance Monitoring Plan and Operational Plan. NRM/EG staff will conduct field visits and data quality

assessments in collaboration with USG PEPFAR colleagues.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Mobile Population

Budget Code Information

Mechanism ID:	**9655**		
Mechanism Name:	**Conservation of Eco-Systems**		
Prime Partner Name:	**University of Rhode Island**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	100,000	
Narrative:			
Expand HIV prevention activities into Natural Resource Management partner activities, including work with high-risk fishing communities. Efforts will focus on building local capacity and ensuring sustainability of prevention activities. Coast region.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	100,000	
Narrative:			
Expand HIV prevention activities into Natural Resource Management partner activities, including work with high-risk fishing communities. Efforts will focus on building local capacity and ensuring sustainability of prevention activities. Coast region.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9658	Mechanism Name: AWF
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: African Wildlife Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The African Wildlife Foundation (AWF) program is managed by USAID's Natural Resource Management/Economic Growth (NRM/EG) Team. The overall objective of AWF's "Scaling up Conservation and Livelihoods Efforts in northern Tanzania (SCALE-TZ)" Program is to deliver transformational conservation and economic impacts in the wider Tarangire-Manyara-Kilimanjaro-Natron eco-system through innovation, replication of lessons learned, and a strong emphasis on building the capacity of local actors. The project will achieve this goal by investing in a variety of viable land uses and land, water and resource management strategies; enhancing and sharing scientific understanding of the landscape; the development of conservation-friendly enterprises including tourism, livestock and agricultural production; developing and increasing the capacity of locally active partners; and the delivery of improved social safety nets in the form of potable water, sanitation, and HIV/AIDS outreach. AWF will collaborate with other PEFPAR prevention partners for integrating HIV/AIDS prevention and mitigation activities into the program.

This program contributes to the Partnership Framework goal on Prevention. AWF will create incentives for local community conservation stakeholders through improved local delivery of wider non-financial social benefits concerning HIV/AIDS. HIV/AIDS education will be integrated into NRM/community activities. AWF will further partner with local health organizations focusing on HIV/AIDS in order to link target communities to prevention education, treatment and support. AWF will work with local NGOs to undertake situation analyses and implement HIV prevention campaigns in targeted communities.

Linking PEPFAR programs to the NRM/EG program area will allow for a comprehensive approach to HIV/AIDS in the affected communities that these programs serve. PEPFAR will expand its reach to underserved populations, building upon NRM/EG partners' access to and partnership with rural populations. This wrap-around activity will leverage both human and financial resources as well as NRM/EG funding sources and partners, to complement PEPFAR goals and maximize the effectiveness of programs. A value-chain approach is used by
NRM/EG to develop production capacity and quality improvement in profitable agricultural enterprises and to ensure long-term market connectivity. By utilizing these platforms, PEPFAR interventions will also become sustainable, as integrated parts of these programs.

AWF's project will be implemented in the Tarangire-Manyara-Kilimanjaro-Natron eco-system. Target populations include adult men and women, and vulnerable households including those affected by HIV/AIDS.

Awards made under the NRM/EG program are subject to standard monitoring and evaluation protocols. This includes an M&E program design that will be part of the initial partner proposal and final cooperative agreement or contract. Partners are expected to provide quarterly progress reports which track data on established indicators under the Performance Monitoring Plan and Operational Plan, as well as to measure progress against established program goals. NRM/EG staff will conduct field visits and data quality assessments in collaboration with USG PEPFAR colleagues.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**9658**

Mechanism Name:	AWF		
Prime Partner Name:	African Wildlife Foundation		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	200,000	
Narrative:			
Expand HIV prevention activities into local Natural Resource Management partner programs. Efforts will focus on building capacity of local organizations and associations, and ensuring sustainability of prevention activities. Maasai Steppe region.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9660	**Mechanism Name: PACT**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pact, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,500,000	
Funding Source	**Funding Amount**
GHCS (State)	4,500,000

Sub Partner Name(s)

Action for Development Programs (ADP) Mbozi	African Inland Church Of Tanzania (AICT) - (Rorya District)	Anglican Church of Tanzania (ACT) Diocese of Mara (Musoma Urban)
BAKWATA National HIV/AIDS Program	Basic Needs	Caritas Development Office, Diocese of Mbeya
Christian Council of Tanzania	Community Care Trust (COMM CARE)	Evangelical Lutheran Church of Tanzania-Huduma Ya

		Watoto(ELCT-HUYAWA)
Help Age International-Tanzania (HAIT - SAWAKA)	Igogwe Roman Catholic Mission Hospital	Jikomboe Integra Development Association
Karagwe District Education Fund	Kikundi cha Huduma Majumbani Mbeya (KIHUMBE)	Kikundi Mwamvuli Mtwara (KIMWAM)(Mtwara Mikindani)
Missenyi AIDs and Poverty Alleviation Crusade (MAPEC)	Newala NGO Newtork (NEWNGONET)	Planet Vision
Red Cross Society (Mara Branch) Musoma Rural	Rulenge Diocesan Development Office	Rural AIDS Organization Women Group
SAIDIA	Save the Children of Tanzania - SACHITA	Shangwe Couselling Centre
St Johns Hus Moravian Centre	Tabora Development Foundation Trust (TDFT)	Tanzania Development and AIDS Prevention (TADEPA)
Tanzania Red Cross Society	Tanzania Self Employment Promotion (TAPSE)	The Mango Tree Orphan Support (THT)
The Network of Children, Youth and Women Infected Affected by AIDS (CHIYOWONET)	Umoja Social Support Counseling Association (USACA)	Walio Katika Mapambano ya Ukimwi Tanzania (WAMATA)
Women Economic Groups Coordinating Council (WEGCC)	Women Emancipation Development Agency (WOMEDA)	Youth Advisory Development Council (YADEC, Shingyanga)
Youth Advisory Development Council(YADEC)		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9660		
Mechanism Name:	PACT		
Prime Partner Name:	Pact, Inc.		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	4,500,000	
Narrative:			
1)Provide quality and sustainable OVC services through scaling up of the WORTH economic empowement program. 2)Strengthening coordination through support of the OVC IPG at national and regional level and support to the LGAs.. 3.)Support anti stigma activities and capacity building of the local NGOs to ensure continuity of services as they end september ,2011.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9665	**Mechanism Name: Pathfinder International**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pathfinder International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,800,000	
Funding Source	**Funding Amount**
GHCS (State)	3,800,000

Sub Partner Name(s)

D-Tree	Population Services International	Save the Children USA
Tanzanian Red Cross Society		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**9665**		
Mechanism Name:	**Pathfinder International**		
Prime Partner Name:	**Pathfinder International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,500,000	
Narrative:			
Maintain and strengthen provision of integrated, high-quality care and support for PLWHA. This will be accomplished through building the capacity of local government and civil society for sustainable delivery of services for PLWHA, training of health care and community providers including PLWHA, supportive supervision, and effective referral and linkages between health facilities and communities. Strengthen coordination and collaboration mechanisms.The services will be provided in four regions Tanga, Dar es salaam, Arusha and Kilimanjaro. Fund added to maintain quality of services and intergrating PwP services.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	900,000	
Narrative:			
1) Provide of quality OVC Servcies 2.Provide and comprehensive care through refer linkage to CTC for FBP for malnourished OVC.3.Provide sustainable care to malnourished OVC househelds through economic strengthening to ensure food security.			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	400,000	
Narrative:			
Reduction because of late arrival FY09 funds, pipeline and efficiences; Continue support for Home Based Counseling and Testing in Arusha, Dar			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9666	**Mechanism Name: Track 1.0-CRS**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,063,792	
Funding Source	**Funding Amount**
Central GHCS (State)	1,063,792

Sub Partner Name(s)

Amani-Bulwa Health Centre	Anglican church Tanga (ACT)	Babati Regional Hospital
Bombo Regional Hospital	Bugando Medical Centre	Bukima Health Centre
Bukumbi Mission Hospital	Bumbuli Mission Hospital	Bunda Designated District Hospital
Bungu Health Centre	Butiama Hospital	Buzuruga Health Centre
Bweri Health Centre	Bwisya Health Centre	Christian Social Services Commission
Coptic Medical Centre	Dareda Mission Hospital	Dongo Dispensary
Emboreti Hospital	Engusero Dispensary	Evangelical Lutheran church of

		Tanzania (ELCT) Arusha
Geita District Hospital	Hale Health Centre	Hanang-Tumaini District Hospital
Handeni District Hospital	Hindu Union	Hydom Lutheran Hospital
Ikizu Health Centre	Kabuku Health Centre	Katoro Health Centre
Katunguru Health Centre	Kharumwa Health Centre	Kiagata Health Centre
Kibara Mission Hospital	Kijungu Dispensary	Kilindi District Hospital
Kilombero Health Centre	Kinesi Health Centre	Kisesa Health Centre
Kisorya Health Centre	Kiteto District Hospital	Korogwe District Hospital
Kowak Health Centre	Kwangwa Dispensary	Kwediboma Health Centre
Lushoto District Hospital	Magoma Health Centre	Magu District Hospital
Makongoro Health Centre	Makorora Health Centre	Manyamanyama Health Centre
Maramba Health Centre	Matui Dispensary	Mbulu District Hospital
Menonite Church	Mererani Health Centre	Misasi Health Centre
Misungwi District Hospital	Mkata Health Centre	Mkinga Health Centre
Mkula Hospital	Mkuzi Health Centre	Mombo Health Centre
Msitu wa tembo Dispensary	Muheza Designated District Hospital	Murangi Health Centre
Musoma Regional Hospital	Mwananchi Hospiatal	Mwangika Health Centre
Mwera Health Centre	Naberera Health Centre	Nasa Health Centre
Ngamiani Health Centre	Ngorika Dispensary	Ngudu District Hospital
Nyakaliro Health Centre	Nyamagana District Hospital	Nyamongo Health Centre
Nyasho Health Centre	Nyerere Designated District Hospital	Nyumba ya Mungu Dispensary
Nzera Health Centre	Orkesemet KKT Hospital	Orkesemet Urban Hospital
Pangani District Hospital	Pongwe Health Centre	RAO Hospital
Safi Medics Health Centre	Sekou-Toure Regional Hospital	Sengerema Designated District Hospital
Shirati Mission Hospital	Sirari Health Centre	St. Raphael Health Centre
Sumve Mission Hospital	Tanga Central Health Centre	Tarime District Hospital
Tumaini Health Centre	Tunguli Health Centre	Ukerewe District Hospital

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Family Planning

Budget Code Information

Mechanism ID:	9666		
Mechanism Name:	Track 1.0-CRS		
Prime Partner Name:	Catholic Relief Services		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	1,063,792	

Narrative:

Maintain Quality HIV services at existing sites and scaling up to regions with high prevalence and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism, capacity building to local partners in financial accountability, technical support, program oversight and M&E. Funds will also be used for facilities and community linkages. Partner works in 28 districts of Mwanza, Manyara, Mara and Tanga and currently covers 25153 patients.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9671	**Mechanism Name: PASADA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: Pastoral Activities & Services for People with AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,878,347	
Funding Source	**Funding Amount**
GHCS (State)	3,878,347

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

TB

Budget Code Information

Mechanism ID:	**9671**		
Mechanism Name:	**PASADA**		
Prime Partner Name:	**Pastoral Activities & Services for People with AIDS**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	716,527	
Narrative:			

PASADA will continue to provide intergrated HIV care and support services, in FY 2010 PASADA will focus on intergration of services particularly on Prevention with Positives (PwP) and extending nutritional assessment and couseling through the community services. PASADA activities are in Dar Es Salaam.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	700,000	

Narrative:

1) Provide comprehensive services to orphans and vulnerable children (OVC) by strngthen referral linkages. 2) Improve the quality of services for OVC through adaptation of the national quality standards of OVC services.3)Strengthen OVC households to ensure sustainable support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,462,500	

Narrative:

As a graduation partner working in Temeke district, PASADA will continue to improve the quality and comprehensiveness of ART services for adults at the current CTCs following the National Guidelines for ART. The program will further increase the number of HIV+ clients on ART through recruitment of eligible clients from in-patient and outpatient settings by stepping up provider-initiated testing and counseling (PITC), particularly in maternal and child health (MCH), PMTCT, and also strengthening linkages with voluntary counseling and testing (VCT) settings. The program will follow up on ART patients lost to follow up will be strengthened through home-based care programs and linkages to other key support programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	300,000	

Narrative:

Continue support for HCT services including child testing; Program is covering Illala, Kibaha, Kinondoni, Mkuranga, Rufiji and Temeke.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	39,000	

Narrative:

Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provision of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in Dar es Salaam

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	156,000	

Narrative:

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs.The activities will occur in Dar.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	344,320	

Narrative:

Graduating partner (FBO) implementing comprehensive HIV program including PMTCT. Implement PMTCT in temeke 9 FBO related dispesaries and health centers) and part of coast region (Mkuranga), implement PMTCT package. Activities to be supported using base funding

The program will scale-up PMTCT services to cover 80% of women attending RCHS services in Temeke district. PASADA, through the AIDS control Program will support PASADA Tupendane center and the, health centers and dispensaries under the dioceses. These services include but not limited to: HIV testing (in ANC, L&D), including partner testing, Counseling on infant feeding options (IF), Strengthen counseling on FP methods to HIV+ mothers during postpartum visits, offer HIV testing at the FP clinic and offer referrals to CTC and vice versa, Clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC, Rolling out of more efficacious regimen to facilities with the capacities, Provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, Provision of Cotrimoxazole to all eligible pregnant women and exposed infants, Conduct PMTCT outreach services in hard to reach areas, Quarterly supportive supervision by the DHMT to ensure quality of services. In collaboration with DHMT, bi-annual supportive supervision will also be done and be documented.

PASADA will collaborate with community support groups including M2M program to form psychosocial support groups, which will provide psychosocial support and increase adherence and retention to care. Expert patients will carry out non-medic chores in the facilities.

In addition, mother to mother program and other partners within the regions will follow up mother-infant pairs in the community.

The programs will Renovations, procurement and materials as follows:

Renovate and equip facilities to provide space for offering integrated PMTCT services. PASADA will ensure availability of HIV test kits by procuring to fill gaps, ensure adequate supply of drugs for more efficacious regimen, based on needs, support printing and distribution of IEC materials and job aids.

The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and

stock outs, including WHO staging.
The program will carry out Mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in the region
It will ensure guidelines and M & E tools are available, improve data collection systems, and train service providers on filling of the PMTCT monitoring tool.
The program will strengthen and facilitate DHMT annual review meetings, formation and integration of District PMTCT task forces into Reproductive and child health. Support regional quarterly partners meeting and strengthening linkages and referrals. Implement PMTCT and improve MCH and PMTCT services (see PF package). Activities to be supported using PF Funding
PASADA will work with Reproductive health partners and with the respective district in Temeke. PASADA will carry out facility infrastructure improvement after carrying out facility audit; subsequently they will renovate and equip facilities to provide space for offering integrated PMTCT services at RCHC and L&D, FP, FANC and BEmoc
PASADA will Improve conditions in the maternity wards so as to attract more women to deliver at the facilities by procuring appropriate equipments such as delivery beds/kits, suction machines, weighing scales, protective gears etc.

PASADA will strengthen PMTCT-ART Integration by supporting Hospitals, Health Centers and Dispensaries to develop capacity to provide more efficacious PMTCT regimen, training PMTCT HCP at RCH on ART so that they can refill ARV drugs at the RCH; Ensure availability of PMTCT guidelines and job aids; Support transportation of CD4 samples of HIV+ pregnant women; Ensure availability of PMTCT M&E tools and Integrate HIV counseling and testing in all the RCH services, including Pediatric wards
PASADA will focus on community activities that include: sensitize the community through different media on the improved MCHC/RCHC services with emphasis on PMTCT, EID services and FP), Engage men through different avenues to participate in RCH services (use of invitation letters, priority treatment, through involvement of village authorities etc), Collaborate with Mother to Mother program to establish psychosocial support groups in the region. PASADA will also integrate its FP program and link with partners supporting Emergency obstetrics, new born and pediatric health and cervical cancer screening services.
PASADA will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized and funding allocated through the Council Health Plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	160,000	

Narrative:

Continue implementing activities to reduce burden of TB and HIV among patients infected by both diseases. To maintain services with reduced fund, PASADA will collaborate and levarage resources with NTLP, PATH, Harvard and GF who are also working in Dar es salaam and improve referral and linkages. Services will be provided in 2 districts of Mkuranga in Pwani and Temeke district in Dar es salaam region

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9672	**Mechanism Name: Selian**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Selian Lutheran Hospital, Tanzania	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,901,289	
Funding Source	**Funding Amount**
GHCS (State)	1,901,289

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	13,490
Economic Strengthening	11,110
Education	112,787
Food and Nutrition: Commodities	152,222
Food and Nutrition: Policy, Tools, and Service	46,667

Delivery	
Human Resources for Health	247,359

Key Issues

Impact/End-of-Program Evaluation

Increasing women's access to income and productive resources

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**9672**		
Mechanism Name:	**Selian**		
Prime Partner Name:	**Selian Lutheran Hospital, Tanzania**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	483,821	
Narrative:			
Selian will continue to provide intergrated HIV care and support services, in FY 2010 Selian will focus on intergration of services particularly on Prevention with Positives (PwP) and extending nutritional assessment and couseling through the community services. Selian activities are in Arusha region.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	150,000	
Narrative:			
1)Continue to provide quality OVC care 2) strenghten OVC household to ensure sustainable support 3) Facilitate linkage of exposed OVC for F&N and care and treatment support			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	637,500	
Narrative:			

As a graduation partner working in Arusha region, Selian will continue to improve the quality and comprehensiveness of ART services for adults at the current CTCs following the National Guidelines for ART. The program will further increase the number of HIV+ clients on ART through recruitment of eligible clients from in-patient and outpatient settings by stepping up provider-initiated testing and counseling (PITC), particularly in maternal and child health (MCH), PMTCT, and also strengthening linkages with voluntary counseling and testing (VCT) settings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	273,000	

Narrative:

Continue to provide HCT services including PITC. Program covers Arusha, Anrumeru, Manduli, Simanjiro

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	17,000	

Narrative:

Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in Arusha Region

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	68,000	

Narrative:

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. The work will occur in Arusha.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	271,968	

Narrative:

Graduating partner (FBO) implementing comprehensive HIV care program in Arusha. One of Selian facility is now a designated district hospital.Activities to be supported using base funding
The program will scale-up PMTCT services to cover 80% of women attending RCHS services in Arusha region. Selian, through the AIDS control Program will support Selian Lutheran Hospital and the

Designated District Hospital, as well as town clinic, health center and dispensary. These services include but not limited to: HIV testing (in ANC, L&D), including partner testing, Counseling on infant feeding options (IF), Strengthen counseling on FP methods to HIV+ mothers during postpartum visits, offer HIV testing at the FP clinic and offer referrals to CTC and vice versa, Clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC, Rolling out of more efficacious regimen to facilities with the capacities, Provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, Provision of Cotrimoxazole to all eligible pregnant women and exposed infants, Conduct PMTCT outreach services in hard to reach areas, Quarterly supportive supervision by the DHMT to ensure quality of services. In collaboration with DHMT,bi-annual supportive supervision will also be done and be documented.

Selian will collaborate with community support groups including M2M program to form psychosocial support groups, which will provide psychosocial support and increase adherence and retention to care. Expert patients will carry out non-medic chores in the facilities.

In addition, mother to mother program and other partners within the regions will follow up mother-infant pairs in the community.

The programs will Renovations, procurement and materials as follows:

Renovate and equip facilities to provide space for offering integrated PMTCT services. Selian will ensure availability of HIV test kits by procuring to fill gaps, ensure adequate supply of drugs for more efficacious regimen, based on needs, support printing and distribution of IEC materials and job aids.

The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and stock outs, including WHO staging.

The program will carry out Mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in the region

It will ensure guidelines and M & E tools are available, improve data collection systems, and train service providers on filling of the PMTCT monitoring tool.

The program will strengthen and facilitate DHMT annual review meetings, formation and integration of District PMTCT task forces into Reproductive and child health. Support regional quarterly partners meeting and strengthening linkages and referrals. Activities to be supported using PF Funding

Selian will work with Reproductive health partners and with the respective districts. Selian will carry out facility infrastructure improvement after carrying out facility audit; subsequently they will renovate and equip facilities to provide space for offering integrated PMTCT services at RCHC and L&D, FP, FANC and BEmoc

Selian will Improve conditions in the maternity wards so as to attract more women to deliver at the facilities by procuring appropriate equipments such as delivery beds/kits, suction machines, weighing scales, protective gears etc.

Selian will strengthen PMTCT-ART Integration by supporting Hospitals, Health Centers and Dispensaries

to develop capacity to provide more efficacious PMTCT regimen, training PMTCT HCP at RCH on ART so that they can refill ARV drugs at the RCH; Ensure availability of PMTCT guidelines and job aids; Support transportation of CD4 samples of HIV+ pregnant women; Ensure availability of PMTCT M&E tools and Integrate HIV counseling and testing in all the RCH services, including Pediatric wards Selian will focus on community activities that include: sensitize the community through different media on the improved MCHC/RCHC services with emphasis on PMTCT, EID services and FP), Engage men through different avenues to participate in RCH services (use of invitation letters, priority treatment, through involvement of village authorities etc), Collaborate with Mother to Mother program to establish psychosocial support groups in the region. Selian will also integrate its FP program and link with partners supporting Emergency obstetrics, new born and pediatric health and cervical cancer screening services. Selian will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized and funding allocated through the Council Health Plans.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9673	**Mechanism Name: BIG**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Balm in Gilead	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 725,000	
Funding Source	**Funding Amount**
GHCS (State)	725,000

Sub Partner Name(s)

AIC-Kambarage VCT Centre-Shinyanga	AIC-Nindo Health Centre-Shinyanga	AICT-Kizota Dodoma
Al-Maahidi Islamia-Kigoma urban	Anglican Mwaka House Dodoma	Anglican-Ludewa Resource

		Centre-Iringa
Chuini Bitul Maal Mosque	Donge Pangamauwa Mosque	ELCT Miyuji-Dodoma
ELCT Mnadani-Dodoma	Gungu Mosque-Kigoma Urban	Huruma Women Foundation-Lindi Urban
Ilagala Mosque-Kigoma Rural	Kagongo Mosque-Kigoma Rural	Kandaga Mosque-Kigoma Rural
Kasulu Parish-Heru Juu Church	Kasulu Parish-Kaguruka Church	Kasulu Parish-Kasulu Church
Kasulu Parish-Kasulu Town Church	Kasulu Parish-Kazage Church	Kasulu Parish-Lalambe Church
Kasulu Parish-Malalo Church	Kasulu Parish-Murufiti Church	Kasulu Parish-Nyansha Church
Kasulu Parish-Nyenge Church	Kasulu Parish-Nyumbingwa Church	Kasulu Parish-Rugunga Church
Kasulu Parish-Ruhita Church	Kasulu Parish-Rungwe Mpya Church	Kasulu Parish-Shunguliba Church
Kasulu Parish-Titye Church	KIMWA-Kigoma Urban	Kiungoni pemba Mosque
Lindi Diocese-Chinongwe Parish	Lindi Diocese-Kilangala parish	Lindi Diocese-Mandawa Parish
Lindi Diocese-Mkowe Parish	Lindi Diocese-Mnacho Parish	Lindi Diocese-Rondo Parish
Maahandi Islamia Madrasa-Kigoma Urban	Madrasa Daawat Islamia-Lindi urban	Madrasa Ibadhi-Kigoma Urban
Madrasa Imani-Kigoma urban	Madrasa Khawaf-Kigoma Urban	Madrasa Nuru-Kigoma Urban
Madrasa Saadia-Lindi Urban	Madrasa Salami Mtao-Kigoma Urban	Madrasa Yusufia-Lindi Urban
Madrasa-Rashadu-Kigoma Urban	MadrasaShadhil-Lindi Urban	Madrasa-Swadkatuljaria-Kigoma Urban
Majengo Mosque-Shinyanga	Masjid Bomolea-Kigoma Urban	Masjid Kinyozi-Lindi Urban
Masjid Makuti-Kigoma Urban	Masjid Nur-Lindi Urban	Masjid Sihum-Lind urban
Maungani Ijumaa Mosque	Mauumin Madrasa-Kigoma Urban	Mennonite Church
Mkigo Mosque-Kigoma Rural	Mwandiga Mosque-Kigoma Rural	New Stand Mosque-Shinyanga
Qadiria Madrasa-Kigoma Urban	Shinyanga Diocese-Bugisi Dispensary	Shinyanga Diocese-Buhangija Parish
Shinyanga Diocese-Busanda Parish	Shinyanga Diocese-Gula Parish	Shinyanga Diocese-Ndoleleji Parish
Shinyanga Diocese-Ngokolo Dispensary	Shinyanga Diocese-Nkololo Parish	Swahib Zaman Shia Ujiji-Kigoma Urban

The African Inland Church (AIC) Kibondo	The Anglican Church-Kibondo	The Baptsit Church-Kibondo
The Lutheran Church(ELCT) Kibondo	Tunduru-Masasi Diocese-Chikukwe Parish	Tunduru-Masasi Diocese-Chiungutwa Parish
Tunduru-Masasi Diocese-Lupaso Parish	Tunduru-Masasi Diocese-Makanya Parish	Tunduru-Masasi Diocese-Matemanga Parish
Tunduru-Masasi Diocese-Nakapanya Parish	Tunduru-Masasi Diocese-Tunduru Mjini Parish	Uvinza Mosque-Kigoma Rural

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
TB

Budget Code Information

Mechanism ID:	**9673**		
Mechanism Name:	**BIG**		
Prime Partner Name:	**Balm in Gilead**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	
Narrative:			
his Co-Ag will be ending in FY2010, The resources are allocated to ensure a smooth transition of activities without interuption			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	

Narrative:

To ensure there is no interruption of services;Funds has been splited to the follow on FOA since the project ends March , 31st 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	

Narrative:

Continue Mobile CT support in Shinyanga for 6 months until mechanism ends

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,000	

Narrative:

Support for Prevention through 4 Islamic and Christian FBO networks (TIP), incl. focus on work with couples (Sasa Tuzungumza); Mechanism ending between Dec '10-Mar '11; Funding to cover for 3-6 months of activities remaining & hand-over. FBO network coverage is national, but activities have been implemented with greater intensity in Shinyanga & on Zanzibar.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	75,000	

Narrative:

OP component: Support for Prevention through 4 Islamic and Chriitian FBO networks (TIP), including a focus on work with couples (Sasa Tuzungumza); Mechanism ending between Dec '10-Mar '11; Funding to cover 3-6 months of activities remaining & hand-over. FBO network coverage is national, but activities have been implemented with greater intensity in Shinyanga & on Zanzibar.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9678	Mechanism Name: Imarisha
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9679	**Mechanism Name: Economic Strengthening**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

About 40% of Tanzanian children under the age of 18 are living in households at or below the national poverty level. HIV/AIDS erodes the resources of immediate and extended families as they struggle to deal with the impact of HIV/AIDS. To respond to the need of vulnerable households and adolescents, most OVC implementing partners have designed and piloted small-scale household economic strengthening activities. This includes the Peace Corps' Permaculture activity, the Catholic Relief Services' savings and internal lending communities (SILC) program, and the Salvation Army's WORTH project. However, gaps exist on the evidence, sustainability and impacts of these interventions on household welfare or child wellbeing. Also, health sector practitioners try to adapt micro-level interventions from the economic growth sector without actually partnering with experts from economic sector.

The goal of this activity is to improve the effectiveness of economic strengthening approaches to mitigate the impact of HIV and AIDS on economically vulnerable households in Tanzania. This initiative will implement a framework that unites OVC partners in applying best practices for economic strengthening for vulnerable households. Specifically, this activity will contribute to the PEPFAR/Tanzania strategy by improving the livelihoods of 5000 households caring for OVC annually, including most vulnerable children committees and caretakers living with HIV/AIDS.

The ES framework describes the transition pathway that households should follow for effective economic strengthening. This includes 1) recovery of assets and stabilization of household's consumption 2) building self-insurance mechanisms and protection of key assets 3) smoothening of household consumption and managing households cash flow 4) smoothening of household income and promotion of assets growth and 5) expanding household income and consumption.

Some of the activities proposed by the Tanzanian ES framework include asset transfers, primarily in the form of cash, with or without conditions, Income-based safety nets, savings mechanisms, micro-

insurance, credit mechanisms (individual or group) and financial literacy. Other activities revolves around strengthening social networks, income-generating activities (low risk/return), individual or group, financial and market literacy and strengthening market and social networks

Other potential activities include Self-employment through microenterprise (higher risk/return), employment through workforce development/employability and provision of seed funds to stimulate business growth

LINKAGES: The USG HIV/AIDS sector is working in partnership with the economic growth sector, the Government of Tanzania (GoT) and other stakeholders on the ground. The core competencies and networks of the economic growth sector is used to complement the expertise within OVC programs. For example, In August 2009, the USG Tanzania with support from Economic Growth, Agriculture and Trade (EGAT) Bureau and the local USAID office developed an economic strengthening framework. Also, the recently published guide from EGAT helped guide economic strengthening for OVC programming. Strategies proposed in the National Growth and Poverty Reduction Strategy and a review of other donor-funded economic strengthening programs (e.g. World Bank) will inform the operational framework. This activity will link closely with the OVC implementing partners, as well as those engaged in home-based care. The Tanzanian Implementing Partners' Group (IPG) for OVC will serve as a conduit for disseminating and reporting back on the usefulness of the economic strengthening framework. Significant improvement in linkages or wraparounds with economic growth partners will be accomplished through this activity

Geographical coverage: This is a national program and therefore will be implemented at scale in collaboration with OVCs and HBC implementing partners in geographical regions they are already working.

Contribution to partnership framework: This activity contributes to the partnership framework (PF) goal one, of service maintenance and scale up by investing in OVCs care and support services to reduce morbidity and mortality due to HIV and AIDS and improve the quality of life for PLHIV and those affected by HIV and AIDS, and supporting quality improvements for economic strengthening interventions in Tanzania. Also, this activity aim to gradually graduate clients from PEPFAR direct support to meeting the basic needs of their families i.e. school materials, food, medicine and etc.

M&E: A primary gap in current economic strengthening activities is partner-wide agreement on and use of methods for measuring the benefits of economic strengthening activities on OVC. Collaborative efforts with economic growth partners will include a focus on developing or refining existing indicators and monitoring systems to better track the benefits to OVC. The TBD will develop an Annual Work Plan which

will include proposed activities, time frame for implementation and detailed budget. TBD will also submit a result framework and a Performance Monitoring Plan which outlines key program activities and indicators of achievements. TBD will submit quarterly narratives and monthly financial reports and annual reports which reflects the progress of the program according to PEPFAR reporting schedules.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**9679**		
Mechanism Name:	**Economic Strengthening**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
Buying into the new Economic strengtherning TA mechanism for community services partners. TBD will provide TA for all service delivery partners on how to initiate and promote economic strengthening activities targeted to households affected by HIV/AIDS. The economic strengtherning activities will use the PEPFAR Tanzania's economic strengtherning framework to 1) protect, recovery and build household's assets 2) stabilize household's income and consumption and 3) expand household's income and consumption. The TA partners will link market driven economic strengtherning activities/interventions to growth oriented interventions supported by USAID/Tanzania Economic Growth (EG) sector, and use eveidence based M&E system to track progress on ES for households affected by HIV/AIDS.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			

1)Procurement development is on progress out ,by february 2010 (2)Provide Technical Assistant on Agro business and enterpreneurship support to OVC IPs (3)Conduct impact assesement of the Econmic strengthen support to the household and OVC wellbeing.The economic strengtherning activities will use the PEPFAR Tanzania's economic strengtherning framework to 1) protect, recovery and build household's assets 2) stabilize household's consumption and income and 3) Expand household's consumption and income. The TA partners will work with the GoT and other stakeholders at National level on the social protection framework, and link market driven economic strengtherning activities/interventions to growth oriented interventions supported by USAID/Tanzania, and use eveidence based M&E system to track progress on ES for vulnerable households. 1)Scale up economic strengthen support activities and provision of small grants to MVCC (2)Provide Technical Assistant on Agro business and enterpreneurship support to MVCC (3) Conduct assesement on the economic strengthen and development of MVCC and their support to the household and OVC wellbeing.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9681	**Mechanism Name: Single eligibility FOA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Tanzania Health Sector HIV/AIDS Strategic Plan II (2008-2012) identifies Tuberculosis (TB) as the leading cause of morbidity and mortality among people living with HIV/AIDS.

According to the MOHSW, the incidence of TB cases has increased over the last fifteen years partly due to HIV epidemic. In 2007, a total of 62,092 TB patients were notified. Of these 50.4% were tested and counseled for HIV. Of those tested 46.9% were TB/HIV co- infected. Of the co-infected 72% received cotrimoxazol and 32% were started on ART

The main objectives of this project will include: strengthening delivery of integrated TB/HIV services; Strengthen surveillance of HIV in TB patients; Mobilize communities to support people with TB/ HIV co-infection; strengthen the public/private networks/linkages and referral systems for care and support of TB/HIV co-infected patients. Strengthen laboratory TB/HIV activities; strengthen M&E systems to improve data management; Coordinate with local governments to incorporate TB/HIV activities in health management plans; Review, update, develop and broadly disseminate TB/HIV guidelines and protocols.

The 2007, NTLP report shows TB case notification rate of 62,092 for Mainland and Zanzibar. TB/HIV collaborative services within TB clinics will be provided in 11 out of 26 regions of Tanzania. The target population for COP 2010 will be that at least 90% of all notified TB patients in these regions have access to counseling and testing and have their HIV test results recorded in the TB registers.

NTLP works in collaboration with NACP and other development partners such as World Health Organization, KNCV, and GLRA who provide technical/financial support to help the program to meet its goals. It also works with other implementing partners: PATH, CHAI, Harvard University, Columbia University, EGPAF, FHI, FBOs and private care sectors to ensure coordination and harmonization of services. TB/HIV activities are conducted within the framework of the health system.

In the Health system strengthening NTLP will focus on in-services training of providers in TB clinics and HIV sites to ensure quality of services. Building regional capacity to roll out TB/HIV training and ensure sustainability. Renovation of infrastructures in TB clinics for provision of comprehensive HIV/AIDS services including ARVs. These activities will ensure patients to access both TB and care and treatment services under one roof, accelerate the number of TB/HIV co infected patients enrolled for ART and reduce transmission of TB to immune-compromised patients attending CTC

NTLP also receives funds from other sources e.g. Germany Leprosy Relief Agency, Global Fund Round 3; 6; 8 and other donors in the implementation of HIV/TB collaborative activities. These include development, update, print and dissemination of TB/HIV guidelines, trainings and joint supportive supervisions, support meetings for information exchange from TB and HIV care clinics and TB/HIV committees. PEPFAR funding will complement the ongoing efforts by strengthening mechanisms for collaboration e.g. conducting joint planning, joint supervision etc. Involvement of the private sector as

outlined in the Stop TB Strategy 2006- 2015 which has been adopted by MOHSW has provided wider coverage and quality. NTLP plays a key role in coordination of all services related to TB and TB/HIV.

This program has many areas to link with Partnership Framework (PF) goals. For example by strengthening the M&E systems, this program will link directly with the PF goal of emphasizing the Evidence-based and Strategic Decision Making: The aim is to improve the use of relevant and comprehensive evidence, provided in a timely manner, in TB / HIV-related planning and decision making. Key approaches include improving management and coordination of relevant data systems, increasing national capacity to implement surveys and studies, improving incidence measures, and adopting best practices

Also, in Service Maintenance and Scale up goal of the PF which addresses the expectations to reduce morbidity and mortality due to HIV/AIDS and improve the quality of life for PLHIV and those affected by HIV/AIDS. This project, through a strengthened implementation of collaborative TB/HIV services, will substantially contribute to reduction in morbidity and mortality of TB/HIV co-infected individuals.

NTLP has developed standardize data collection tools. Both paper based and electronic tools are used at different levels. On quarterly basis, data is collected, compiled and analyzed at all levels and feedback is provided accordingly. NTLP conduct quarterly and bi-annual meetings to monitor program. The MOHSW will strengthen linkages with ART partners to ensure M&E capacity building.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	**9681**
Mechanism Name:	**Single eligibility FOA**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

Review, update, finalize, print and distribute guidelines including management of TB in pediatric; Coordinate and supervise implementing partners regarding implementation of activities to reduce the burden of HIV among TB patients; Strengthen collaboration and coordination between NTLP, NACP, GF and other partners. Continue implementing activities to reduce burden of HIV among TB patients. Collaborate and levarage resources with partners working on the same location e.g GF, Harvard, PASADA and PATH in Dar es salaam. In collaboration with NACP and other partners conduct evaluation of provision of IPT for PLWHA . Services will be provided at National level (for coordination services) and in Tanga, Iringa, Singida, Tabora, Shinyanga, Dar es salaam, Morogoro, Ruvuma, Lindi, Mtwara and Mbeya (for services implementation)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9683	**Mechanism Name: EGPAF**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,076,798	
Funding Source	**Funding Amount**
GHCS (State)	8,076,798

Sub Partner Name(s)

AICC	ARUSHA DISTRICT COUNCIL	ARUSHA MUNICIPAL COUNCIL
Bariadi	Bukombe	Endulem

Gonja Lutheran Hospital	HAI DISTRICT COUNCIL	Igunga District Council
ISTHNA ASHERI HOSPITAL	Kahama District Council	KIBONG'OTO TB HOSPITAL
KIBOSHO MISSION HOSPITAL	KILEMA MISSION HOSPITAL	Kilimanjaro Christian Medical Centre
KILWA DISTRICT COUNCIL	KIPATIMU MISION HOSPITAL	KITETE REGIONAL HOSPITAL
LIWALE DISTRICT COUNCIL	LONGIDO DISTRICT COUNCIL	MACHAME LUTHERAN HOSPITAL
MARANGU LUTHERAN HOSPITAL	Maswa District Council	MAWENZI REGIONAL HOSPITAL
MEATU DISTRICT COUNCIL	MERU DISTRICT COUNCIL	MNERO MISSION HOSPITAL
MONDULI DISTRICT COUNCIL	MOSHI MUNICIPAL COUNCIL	MOSHI RURAL DISTRICT COUNCIL
MT. MERU REGIONAL HOSPITAL	Mwadui	MWANGA DISTRICT COUNCIL
NACHINGWEA DISTRICT COUNCIL	NDALA MISSION HOSPITAL	NGORONGORO DISTRICT COUNCIL
NGOYONI MISSION HOSPITAL	Nkinga Mission Hospital	NKOARANGA LUTHERAN HOSPITAL
Nzega District Council	Rombo	RUANGWA DISTRICT COUNCIL
SAME DISTRICT COUNCIL	SHINYANGA MUNICIPAL COUNCIL	Shinyanga Regional Hospital
SHINYANGA RURAL DISTRICT COUNCIL	SIHA DISTRICT COUNCIL	SIKONGE DESIGNATED DISTRICT HOSPITAL
SIKONGE DISTRICT COUNCIL	SOKOINE REGIONAL HOSPITAL	ST ELIZABETH HOSPITAL
ST WALBURG's HOSPITAL	TABORA MUNICIPAL COUNCIL	TPC HOSPITAL
Urambo District Council	Uyui District Council	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	**9683**
Mechanism Name:	**EGPAF**
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,975,932	

Narrative:

Maintain and strengthen provision of integrated high-quality care and support for PLWHA aimed at extending and optimizing quality of life from the time of diagnosis throughout the continuum of illness. EGPAF will intergrate Positive prevention services, supporting nutritional assessment and counseling in all supported facilities, build the capacity of local government and civil society for sustainable delivery of services for PLWHA. Strengtherning coordination and collaboration mechanisms between partners and Ministry of Health. The services will be provided in 34 districts in Tabora, Arusha, Kilimanjaro, Shinyanga and Mtwara

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	3,673,446	

Narrative:

Maintain Quality HIV services at existing sites and take over Lindi (initially under CHAI), region with high prevalence and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents. Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Funds will also be used for community linkages and quality improvement activities. Partner works in 34 districts of Tabora, Shinyanga, Kilimanjaro, Arusha and Lindi and currently covers 31484 on treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	250,124	

Narrative:

Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in Arusha, Kilimanjaro,Tabora and Shinyanga and Lindi

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,300,497	

Narrative:

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. The work will occur in Kilimanjaro, Arusha, Shinyanga and Tabora. No additional funds. The additional funding will be used to impove enrollment of children in Care and Treatment. This will be achieved through conducting short Post basic training courses in Paediatrics HIV.EGPAF utilize Pedaiatrician or National TOT to conduct the courses . The activity will be implemented in four zones of Tanzania in collaboration with the respective refferalhospitals and the Implementing Partners in the regions

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	526,799	

Narrative:

Support implementation of Lab quality system and accreditation process by ISO 15189 at Kilimanjaro Christian Medical Center hospital laboratory. Mentorship at District levels

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	350,000	

Narrative:

Continue implementing activities to reduce burden of TB among PLHIV. This will be accomplished through mentoring, on job training and regular supportive supervision. Additional $ 50,000 will be used to improve coverage in high HIV prevalence(Shinyanga 7.4%) and Tabora 6.4%), improve mechanisms for collaboration,strenthen linkages as well as referral systems. Service will continue being provided in 34 districts in 5 regions(Kilimanjaro, Arusha, Shinyanga, Tabora and Lindi)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9684	Mechanism Name: MDH
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Harvard University School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 7,400,600	
Funding Source	**Funding Amount**
GHCS (State)	7,400,600

Sub Partner Name(s)

Dar es Salaam City Council	Muhimbili University of Health and Allied Sciences	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

TB

Family Planning

Budget Code Information

Mechanism ID:	9684

Mechanism Name:	MDH		
Prime Partner Name:	Harvard University School of Public Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,167,911	
Narrative:			
Maintain and strengthen provision of integrated high-quality care and support for PLWHA aimed at extending and optimizing quality of life from the time of diagnosis throughout the continuum of illness. Harvard will intergrate Positive prevention services, supporting nutritional assessment and counseling in all supported facilities, build the capacity of local government and civil society for sustainable delivery of services for PLWHA. Strengtherning coordination and collaboration mechanisms between partners and Ministry of Health. The services will be provided in 3 districts in Dar es salaam region			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	2,653,482	
Narrative:			
Maintain Quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism,Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Additional funds will be used for supplies and providing technical assistance to University and zonal institutions (UTAP). Partner works in 3 districts of Dar-es-Salaam and currently covers 26215 on treatment.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	275,721	
Narrative:			
Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in Dar es Salaam			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	1,102,886	
Narrative:			

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. The work will occur in Dar. No additional funds

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	900,600	

Narrative:

Implement PMTCT activities in Dar es Salaam has 3 districts and a HIV
Prevalence of 10.9. with a High HIV prevalence and high volume sites but less than 50% coverage, roll out MECR, implement M and E and Computerised M&E system. Implement PMTCT and improve MCH and PMTCT services (see PF package)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	300,000	

Narrative:

Continue implementing activities to reduce burden of TB among PLHIV. This will be achieved through close collaboration with Global Fund , PASADA and PATH, mentoring, on job training and regular supportive supervision, strenthen referral and linkages. Service will continue being provided in 3 districts in Dar es salaam region

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9685	**Mechanism Name: PATH**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,000,000	
Funding Source	**Funding Amount**
GHCS (State)	2,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

TB

Budget Code Information

Mechanism ID:	**9685**		
Mechanism Name:	**PATH**		
Prime Partner Name:	**Program for Appropriate Technology in Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	2,000,000	
Narrative:			
Continue implementing activities to reduce burden of HIV among TB patients. This will be achieved through laboratory strengthening, on the job training, mentoring, regular supportive supervision, improve referral and linkages. Collaborate with NTLP, Harvard, PASADA, EGPAF and GF and other partners and levarage resources with Child survival Health Funds (CSHF). Flat funding to continue implementation. Services will be provided in four regions Coast, Mwanza, Arusha,Kilimanjaro, Dar es slaam (Ilala and Kinindoni district) and Zanzibar). Implement Public Private Partnership (PPP).			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9691	**Mechanism Name: EGPAF-USAID**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,287,965	
Funding Source	**Funding Amount**
GHCS (State)	6,287,965

Sub Partner Name(s)

Arusha District	Arusha Municipality	Bariadi District Hospital
Bukombe District Hospital	Hai District Hospital	Igunga District
Kahama District Hospital	Karatu District	KCMC
Kishapu District	Longido District	Masasi District Council
Maswa District Hospital	Meatu District	Meru District
Monduli District	Moshi District	Moshi Municipal
Mtwara District	Mtwara Municipal	Mwanga District
Nanyumbu District	Newala District Hospital	Ngorongoro District
Nkinga Hospital	Nzega District Hospital	Rombo District
Same District Hospital	Shinyanga District	Shinyanga Municipal
Siha District	Sikonge DDH	Tabora Municipal
Tandahimba District Council	Urambo District	Uyui District
Wamata Pemba Branch		

Overview Narrative

Goals and objectives

EGPAF will work within the existing framework to scale-up and improve the quality of PMTCT and related MCH services, thereby improving the overall health and well-being of mothers and their children and

increasing the number of babies born free of HIV.

Objective (1): Scale up PMTCT services to 80% coverage in assigned regions
The base funding will especially be used to increase quality of services related to mother and child health in a program which has already reached 87% geographical PMTCT coverage and in which 90% of all women who come to ANC are tested and receive results. For this reason, the additional funding will have a modest effect on the targets for the number of sites and the number of pregnant women tested and received results.
The program will scale-up PMTCT services to cover 90% of the facilities providing RCH services in Arusha, Kilimanjaro, Shinyanga, Tabora and Mtwara regions.

Objective (2): Improve quality of PMTCT and MCH services and strengthen service integration
EGPAF will provide respective districts with grants and to support services that include but are not limited to: HIV testing (in ANC, L&D), partner testing, counseling on infant feeding options (IF), strengthening counseling on FP methods to HIV+ mothers during postpartum visits, offering HIV testing at the FP clinic, offering referrals to CTC and vice versa, clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC,

Objective (3): Improve PMTCT effectiveness for mothers and infants
Roll out of more efficacious regimen to facilities with the capacities, provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, provision of Cotrimoxazole to all eligible pregnant women and exposed infants, conduct PMTCT outreach services in hard to reach areas, quarterly supportive supervision by the RHMT to ensure quality of services.

Systems Strengthening:
The programs will renovate and equip facilities to provide space for offering integrated PMTCT services. EGPAF will ensure the availability of HIV test kits by procurement to fill gaps, ensure adequate supply of drugs for more efficacious regimen based on needs and support printing and distribution of IEC materials and job aids.
The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and stock outs and WHO staging.
The program will carry out mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in the region
The program will strengthen and facilitate RHMT annual review meetings, the formation and integration of regional PMTCT task forces into Reproductive and child health, support regional quarterly partners meetings and strengthen linkages and referrals.

Cross cutting programs and key issues

EGPAF will work with the respective districts and reproductive health partners. EGPAF will carry out facility infrastructure improvement after carrying out facility audits; subsequently they will renovate and equip facilities to provide space for offering integrated PMTCT services at RCHC and L&D, FP, FANC and BEMOC.

EGPAF will improve conditions in the maternity wards so as to attract more women to deliver at the facilities by procuring appropriate equipments such as delivery beds/kits, suction machines, weighing scales, protective gears etc.

EGPAF will strengthen PMTCT-ART integration by supporting hospitals, health centers and dispensaries to develop capacity to provide more efficacious PMTCT regimen, training PMTCT HCP at RCH on ART so that they can refill ARV drugs at the RCH, ensuring availability of PMTCT guidelines and job aids, supporting transportation of CD4 samples of HIV+ pregnant women,

Geographical and target population

EGPAF will implement PMTCT activities in 5 regions (Kilimanjaro, Arusha, Shinyanga, Tabora, Mtwara). EGPAF supports PMTCT activities in 5 regions (Kilimanjaro, Arusha, Shinyanga, Tabora, Mtwara). The program works in a total of 34 districts. The ANC prevalence in the regions is as follows: Kilimanjaro: 3.5%, Arusha: 3.5%, Shinyanga: 4.6%, Tabora: 5.5%, Mtwara: 4.4%, with an average of 4% (based on EGPAF program data). Current site coverage is at 87%.

Monitoring and Evaluation

EGPAF will strengthen M&E in PMTCT and will ensure guidelines and M&E tools are available, improve data collection systems, and train service providers on filling of the PMTCT monitoring tools.

EGPAF will ensure availability of PMTCT M&E tools and integrate HIV counseling and testing in all the RCH services, including pediatric wards.

How IM will link to PF goals

The Tanzania Partnership Framework focuses on six goals: service maintenance and scale-up; prevention; leadership, management, accountability and governance; sustainable and secure drug and commodity supply; human resources; and evidence-based and strategic decision making. PMTCT activities are reflected within Goal One: Maintenance and Scale-up of Quality Services.

IM Strategy to become cost efficient

EGPAF will provide grants to the district and gradually integrate focus on the community and its demand through activities that include: sensitization of the community through different media on the improved

MCHC/RCHC services with emphasis on PMTCT, EID services and FP, engaging men through different avenues to participate in RCH services (use of invitation letters, priority treatment, through involvement of village authorities etc) and collaboration with the Mother to Mother program to establish psychosocial support groups in the 5 regions. EGPAF will also integrate FP programs and link with partners supporting emergency obstetrics, new born and pediatric health and cervical cancer screening services.
EGPAF will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized and funding allocated through the Council Health Plans.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**9691**		
Mechanism Name:	**EGPAF-USAID**		
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	6,287,965	
Narrative:			
EGPAF will implement PMTCT activities in 5 regions (Kilimanjaro, Arusha, Shinyanga, Tabora, Mtwara). EGPAF supports PMTCT activities in 5 regions (Kilimanjaro, Arusha, Shinyanga, Tabora, Mtwara). The program works in a total of 34 districts. The ANC prevalence in the regions is as follows: Kilimanjaro: 3.5%, Arusha: 3.5%, Shinyanga: 4.6%, Tabora: 5.5%, Mtwara: 4.4%, with an average of 4% (based on			

EGPAF program data). Current site coverage is at 87%.

The base funding will especially be used to increase quality of services related to mother and child health in a program which has already reached 87% geographical PMTCT coverage and in which 90% of all women who come to ANC are tested and receive results. For this reason, the additional funding will only have a modest effect on the targets for the number of sites and the number of pregnant women tested and received results. The effect of the additional funding on mother and child health will have to be measured by other indicators including the number of hospital deliveries, the number and percentage of exposed children receiving PMTCT prophylaxis, maternal and infant mortality etc.

The program will scale-up PMTCT services to cover 90% of the facilities providing RCH services in Arusha, Kilimanjaro, Shinyanga, Tabora and Mtwara regions. EGPAF will provide respective districts with grants and to support services that include but are not limited to: HIV testing (in ANC, L&D), partner testing, counseling on infant feeding options (IF), strengthening counseling on FP methods to HIV+ mothers during postpartum visits, offering HIV testing at the FP clinic, offering referrals to CTC and vice versa, clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC, rolling out of more efficacious regimen to facilities with the capacities, provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, provision of Cotrimoxazole to all eligible pregnant women and exposed infants, conduct PMTCT outreach services in hard to reach areas, quarterly supportive supervision by the RHMT to ensure quality of services. In collaboration with MOH, bi-annual supportive supervision will also be done in both regions. EGPAF will collaborate with community support groups including the Mother to Mother program to form psychosocial support groups, which will provide psychosocial support and increase adherence and retention to care. Expert patients will carry out non-medic chores in the facilities. In addition, mother to mother program and other partners within the regions will follow up mother-infant pairs in the community.
The programs will renovate and equip facilities to provide space for offering integrated PMTCT services. EGPAF will ensure the availability of HIV test kits by procurement to fill gaps, ensure adequate supply of drugs for more efficacious regimen based on needs and support printing and distribution of IEC materials and job aids.
The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and stock outs and WHO staging.
The program will carry out mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in the region
EGPAF will strengthen M&E in PMTCT and will ensure guidelines and M&E tools are available, improve data collection systems, and train service providers on filling of the PMTCT monitoring tools.
The program will strengthen and facilitate RHMT annual review meetings, the formation and integration of regional PMTCT task forces into Reproductive and child health, support regional quarterly partners

meetings and strengthen linkages and referrals.

EGPAF will work with the respective districts and reproductive health partners. EGPAF will carry out facility infrastructure improvement after carrying out facility audits; subsequently they will renovate and equip facilities to provide space for offering integrated PMTCT services at RCHC and L&D, FP, FANC and BEMOC.
EGPAF will improve conditions in the maternity wards so as to attract more women to deliver at the facilities by procuring appropriate equipments such as delivery beds/kits, suction machines, weighing scales, protective gears etc.

EGPAF will strengthen PMTCT-ART integration by supporting hospitals, health centers and dispensaries to develop capacity to provide more efficacious PMTCT regimen, training PMTCT HCP at RCH on ART so that they can refill ARV drugs at the RCH, ensuring availability of PMTCT guidelines and job aids, supporting transportation of CD4 samples of HIV+ pregnant women, ensuring availability of PMTCT M&E tools and integrate HIV counseling and testing in all the RCH services, including pediatric wards.
EGPAF will focus on the community and its demand through activities that include: sensitization of the community through different media on the improved MCHC/RCHC services with emphasis on PMTCT, EID services and FP, engaging men through different avenues to participate in RCH services (use of invitation letters, priority treatment, through involvement of village authorities etc) and collaboration with the Mother to Mother program to establish psychosocial support groups in the 5 regions. EGPAF will also integrate FP programs and link with partners supporting emergency obstetrics, new born and pediatric health and cervical cancer screening services.
EGPAF will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized and funding allocated through the Council Health Plans.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9694	**Mechanism Name: Angaza Zaidi**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: African Medical and Research Foundation, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,959,000	
Funding Source	**Funding Amount**
GHCS (State)	2,959,000

Sub Partner Name(s)

AFRICAN INLAND CHURCH IN TANZANIA (MWANZA)	Aga Khan Foundation	ANGLICAN CHURCH (T) DIOCESE OF CENTRAL TANGANYIKA
ANGLICAN CHURCH (T) DIOCESE OF MARA	ANGLICAN CHURCH (T) DIOCESE OF RIFT VALLEY	ANGLICAN CHURCH (T) DIOCESE OF TANGA
ARUSHA MUNICIPAL COUNCIL	Biharamulo Designated District Hospital PMTCT Centre	CATHOLIC CHURCH - DIOCESE OF MBULU
CATHOLIC CHURCH - DIOCESE OF SUMBAWANGA	ELCT - DIOCESE OF KONDE	ELCT - DIOCESE OF MARA
ELCT - DIOCESE OF PARE (CENTRAL DISTRICT)	ELCT - NORTHERN DIOCESE (MACHAME HOSPITAL)	ELCT - SOUTHERN DIOCESE
GEITA DISTRICT COUNCIL	Ilala Municipal Council	IRINGA MUNICIPAL COUNCIL
Kilimanjaro Christian Medical Centre	Kinondoni Municipal Council	Lindi Town Council
Management Sciences for Health	MARANGU LUTHERAN HOSPITAL	Mbozi Mission Hospital VCT Centre
Mennonite Church in Tanzania	Moravian Church, Tanzania	Mwambani Hospital VCT Centre
MWANZA CITY COUNCIL	NJOMBE DISTRICT COUNCIL	NYANGAO ST. WALBURG'S HOSPITAL
Peramiho Mission Hospital PMTCT Center	Seventh Day Adventist Church	SEVENTH DAY ADVENTIST EASTERN TANZANIA CONSULANCE
SHIRATI KMT HOSPITAL	Singida Town Council	Songea Municipal Council
ST. BENEDICT'S (NDANDA) HOSPITAL	Sumbawanga Municipal Council	SUPPORT FOR INTERNATIONAL CHANGE
TANZANIA MUSLIM	UHAI BAPTIST HEALTH	UMOJA WA VIJANA WA KIISLAM

PROFESSIONAL ASSOCIATION	CENTRE	UVIWANA
UNIVERSITY OF ARUSHA		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

Workplace Programs

Budget Code Information

Mechanism ID:	**9694**
Mechanism Name:	**Angaza Zaidi**
Prime Partner Name:	**African Medical and Research Foundation, South Africa**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	2,459,000	

Narrative:

Continue static and mobile CT support with increased focus on idividual risk counseling, alcohol and GBV abuse screening and increased support for individual and couples positive support group work. Coverage is National.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	

Narrative:

The HIV Early Infant Diagnosis (EID) program was piloted in October 2006 in the Lake Zone, with Bugando Medical Centre serving as the primary laboratory. The capacity of the zonal laboratories was

built and strengthened through renovations, the installation of polymerase chain reaction (PCR) equipment and the training of laboratory technicians. National EID program has been rolled out that enable all health facilities in the country to send their specimens to the closest zonal laboratory and receive results in a timely manner. Currently, over 528 facilities are providing HIV Early Infant Diagnosis (HEID) services throughout Tanzania. Between January and September 2009, some 9386 children were tested, and 1470 (15.6%) of these children tested positive (MOHSW EID Report September 2009). However, testing of children is not being conducted in a standardized way, prohibiting the use of resulting data for monitoring HIV transmission. Another challenge is the transportation of specimens and results, especially between lower level facilities and the district level. In FY10 PEPFAR TZ will focus on improving logistics for DBS transportation through various innovative approaches. AMREF will lead part of this innovation by deploying SWAT teams to will help diagnose implementation challenges and work with partners and district to identify and fix these problems so that a robust EID can finally be in place.Work in Ruvuma, with HIV ANC preve 7.4, High prev area), one of regions with good EID program response.AMREF will work with DOD to strenthen linkages between PMTCT and EID, initiate SWAT team to diagnose implementation gaps and identify local solutions, and provide feddback to USG. Will gradualy shift support from the four district back to DOD and assume this new role (150,000 PMTCT, engage EID/linkage in Ruvuma). The HIV Early Infant Diagnosis (EID) program was piloted in October 2006 in the Lake Zone, with Bugando Medical Centre serving as the primary laboratory. The capacity of the zonal laboratories was built and strengthened through renovations, the installation of polymerase chain reaction (PCR) equipment and the training of laboratory technicians. National EID program has been rolled out that enable all health facilities in the country to send their specimens to the closest zonal laboratory and receive results in a timely manner. Currently, over 528 facilities are providing HIV Early Infant Diagnosis (HEID) services throughout Tanzania. Between January and September 2009, some 9386 children were tested, and 1470 (15.6%) of these children tested positive (MOHSW EID Report September 2009). However, testing of children is not being conducted in a standardized way, prohibiting the use of resulting data for monitoring HIV transmission. Another challenge is the transportation of specimens and results, especially between lower level facilities and the district level. In FY10 PEPFAR TZ will focus on improving logistics for DBS transportation through various innovative approaches. AMREF will lead part of this innovation by deploying SWAT teams to will help diagnose implementation challenges and work with partners and district to identify and fix these problems so that a robust EID can finally be in place. Scale up use of SWAT teams to diagnose EID bottlenecks: Work with partners to Strenthen linkage between PMTCT and EID in areas with low or problematic EID/PMTC coverage. (Liason with Implementation partner. Target 4-5 regions: Rukwa, Mbeya, Ruvuma, Iringa).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9695	Mechanism Name: URC
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,050,000	
Funding Source	**Funding Amount**
GHCS (State)	2,050,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

URC will work within the existing framework to scale-up and improve the quality of PMTCT, ART , OVC and related MCH services, thereby improving the overall health and well-being of mothers and their children and increasing the number of babies born free of HIV.
One objective of the project is to provide support to IPs and MOHSW to strengthen and scale up partnership for ART/PMTCT QI in the demonstration collaborative. The URC Project will further consolidate its cross-cutting roles in influencing policy and provision of technical assistance in QI to both the MOHSW and implementing partners across all levels of care. Building on the foundation laid down in the last two fiscal years, (development of QI policy guidelines for ART/PMTCT and the QI training manual) the focus in this fiscal year will be directed to operationalizing the guidelines and capacity building across all levels of care. In addition, URC will assist the MOHSW to further develop and implement a national HIV/AIDS QI strategic plan for improving quality of care to PLHA based on experience obtained from running three demonstration ART/PMTCT improvements collaborative in Tanga, Morogoro and Mtwara regions.

Another objective is to provide TA to IP, NACP, RHMT and CHMT to spread the lessons learned from ART/PMTCT improvement collaborative to at least 6 additional regions. Documentation of the lessons learned and best practices achieved during the implementation of the Tanga Collaborative commenced at the end of FY9 and will be completed by the first quarter of the COP10. Thereafter, URC will provide technical assistance to IPs, NACP, RHMTs and CHMT to spread the innovations from Tanga to six

additional regions -Lindi, Iringa, Dodoma, Arusha, Manyara and Mwanza. URC will provide technical support to IPs to initiate the spread collaborative in respective regions and withdraw as the initiative takes hold to let the IP, RHMT lead the process. Activities in the spread regions will be funded by respective IPs. During COP10, URC will therefore facilitate;

The project will continue with national roll out of IF counseling training and IF QI. The goal is to finalize the IFC training and initiate an IF QI demonstration collaborative in Iringa region. By finalizing the IFC Training this will increase coverage of regional training on infant feeding counseling component of PMTCT.
Starting a IF QI demonstration collaborative in Iringa : Iringa region has conducted IFC training but recent studies revealed gaps to expectation in IF practices among HIV positive mothers. URC seeks to implement an IF QI collaborative in Iringa to improve IF and compile best practices in IF QI that could be spread to other areas with similar problems.

URC will work in collaboration with FHI/Tunajali to implement a demonstration OVC improvement collaborative in Iringa region drawing from the lessons learned from South to South Exchange visit to Ethiopia and experience gained from the ART/PMTCT collaboratives in Tanzania. The Iringa OVC collaborative will test and generate tools for implementation of OVC QI collaboratives and at the same time provide training site for QI teams.

These funds will be used to strengthen health systems by improving Quality Improvement standards and guidelines as relates to OVC and home based care services. URC will be the key TA partner for the QI work and they will collaborate with NACP and FHI (system Strengthening) partner in developing and supporting partners in adopting the QI framework. Where as in HBC we will develop QI improvement guidelines and work with partners to disseminate and adopt them.

In this endeavor, the URC Project will further consolidate its cross-cutting roles in influencing policy and provision of technical assistance in QI to both the MOHSW and implementing partners across all levels of care. Building on the foundation laid down in the last two fiscal years, (development of QI policy guidelines for ART/PMTCT and the QI training manual) the focus in this fiscal year will be directed to operationalize the guidelines and capacity building across all levels of care. In addition,

IM Strategy to become more cost-efficient over time (600) e.g. coordinated service delivery
URC will work with partners that provide grants to the district and gradually integrate these collaborative in routine plans. URC will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized and funding allocated through the Council Health Plans.

Geographic coverage and target populations
Tanga, Manyara, Arusha, Mwanza, Mtwara, Lindi Police and prison facilities

How IM links to PF goals
The Tanzania Partnership Framework focuses on six goals: service maintenance and scale-up; prevention; leadership, management, accountability and governance; sustainable and secure drug and commodity supply; human resources; and evidence-based and strategic decision making. PMTCT, ART, OVC and HBC activities are reflected within Goal One: Maintenance and Scale-up of Quality Services.

M&E Plans
By improving quality of service through data review and collaborative approach, URC will indirectly strengthen M&E in PMTCT, ART and OVC and will ensure guidelines are adhered to and M&E tools are available, improve data collection systems, and train service providers on filling of the PMTCT and ART monitoring tools.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	100,000
Human Resources for Health	300,000

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**9695**
Mechanism Name:	**URC**
Prime Partner Name:	**University Research Corporation, LLC**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	250,000	

Narrative:

These funds will be used to develop Quality Improvement standards and guidelines as relates to home based care services. URC will be the key TA partner for the QI work and they will collaborate with NACP and FHI (system Strengtherning) partner in developing and supporting partners in adopting the QI framework.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	350,000	

Narrative:

URC will use the funds to;
1) Provide mentoring and technical supervision on the QI to the national QI subtaskforce in collaboration with FHI . 2)Support roll out and document the QI national standards to individual partners to improve their performance in service provision. 3)Bridge the QI experience exchanges at national and global level. Conduct Impact assessement and documentation to track OVC and household improvements leading to outcomes for each standard.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	600,000	

Narrative:

URC will continue to work in the Quality Improvement (QI) of ART services through partnership and building QI capacity of both the Ministry of Health and Social Welfare (MOHSW) and that of implementing partners using the collaborative approach. Specifically, URC, MOHSW and partners will build an ART quality improvement system that is linked to National QI Framework using the QI collaborative approach. We will build on current experience and be guided by the revised ART guidelines, and the national QI framework developed by the inspectorate unit of MOHSW. URC will define quality of ART framework and simplified tools to rapidly assess quality and coverage at the national level will be adopted by partners. Based on the approaches designed in the earlier years, URC will work with MOHSW, the National AIDS Control Program (NACP) and partners to expand district capacities for continuous QI in ART services, monitor progress, and document and share experiences in learning sessions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	850,000	

Narrative:
URC will use the funds provided to ensure quality at scale for PMTCT, Infant Feeding (IF) and strengthen QI efforts using Improvement Collaborative approach. In particular we will continue and complete ongoing efforts to roll out IF Counseling Training in the context of PMTCT from the current regional coverage of 73% to 100%. In addition, we will work with PMTCT implementing partners to initiate a demonstration IF Quality Improvement Collaboratives and move to scale the lessons learned. URC will work with the MOHSW and partners in updating IF guidelines and job aids based on WHO recommendations. URC will assist USG to assess, measure and document quality of integrated PMTCT/RCHS services and other HIV related programs. In collaboration with IPs, we will roll out QI for PMTCT from the present 4 regions (16.6%) to additional 5 regions bringing to total population covered close to 50%. We will also work MOHSW and IP to assess the level of implementation of the MOHSW minimum package for integrated PMTCT/RCHS services and initiate a demonstration improvement collaborative to provide learning for scaling up efforts to close the gaps.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9702	Mechanism Name: ACQUIRE Project
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Engender Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,050,000	
Funding Source	**Funding Amount**
GHCS (State)	2,050,000

Sub Partner Name(s)

Mother 2 mother Programme		

Overview Narrative

Goals and objectives

ENGENDERHEALTH will work within the existing framework to scale-up and improve the quality of PMTCT and related MCH services, thereby improving the overall health and well-being of mothers and their children and increasing the number of babies born free of HIV.

Objective (1): Scale up PMTCT services to 80% coverage in assigned regions
The base funding will especially be used to increase quality of services related to mother and child health in a program which has already reached 80% geographical PMTCT coverage and in which 80% of all women who come to ANC are tested and receive results. For this reason, the additional funding will have a modest effect on the targets for the number of sites and the number of pregnant women tested and received results.
The program will scale-up PMTCT services to cover 70% of the facilities providing RCH services in Iringa and Manyara regions.

Objective (2): Improve quality of PMTCT and MCH services and strengthen service integration
ENGENDERHEALTH will provide respective districts with grants and to support services that include but are not limited to: HIV testing (in ANC, L&D), partner testing, counseling on infant feeding options (IF), strengthening counseling on FP methods and services to HIV+ mothers during postpartum visits, offering HIV testing at the FP clinic, offering referrals to CTC and vice versa, clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC

Objective (3): Improve PMTCT effectiveness for mothers and infants
Roll out of more efficacious regimen to facilities with the capacities, provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, provision of Cotrimoxazole to all eligible pregnant women and exposed infants, conduct PMTCT outreach services in hard to reach areas, quarterly supportive supervision by the RHMT to ensure quality of services.

Systems Strengthening:
The programs will renovate and equip facilities to provide space for offering integrated PMTCT services. ENGENDERHEALTH will ensure the availability of HIV test kits by procurement to fill gaps, ensure adequate supply of drugs for more efficacious regimen based on needs and support printing and distribution of IEC materials and job aids.
The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and stock outs and WHO staging. The program will carry out mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in the region. It will also strengthen and facilitate RHMT annual review meetings, the formation and integration of regional PMTCT task forces into Reproductive and child health, support regional quarterly partners meetings and strengthen linkages and referrals.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Child Survival Activities

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID:	**9702**		
Mechanism Name:	**ACQUIRE Project**		
Prime Partner Name:	**Engender Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	2,050,000	

Narrative:

Activities to be supported using Base Funding

The program will scale-up PMTCT services to cover 80% of the facilities providing RCH services in Manyara and 70% in Iringa regions. These services include but not limited to: HIV testing (in ANC, L&D), including partner testing, Counseling on infant feeding options (IF), Strengthen counseling on FP methods to HIV+ mothers during postpartum visits, offer HIV testing at the FP clinic and offer referrals to CTC and vice versa, Clinical staging of the HIV+ pregnant women at the RCH clinic by the PMTCT service providers with linkages to CTC, Rolling out of more efficacious regimen to facilities with the capacities, Provision of ART prophylaxis to HIV+ pregnant women who are not eligible for HAART, Provision of Cotrimoxazole to all eligible pregnant women and exposed infants, Conduct PMTCT outreach services in hard to reach areas, Quarterly supportive supervision by the RHMT to ensure quality of services. In collaboration with MOH,bi-annual supportive supervision will also be done in both regions. In Iringa region, EH will collaborate with Mother to Mother (M2M) program to form psychosocial support

groups, which will provide psychosocial support and increase adherence and retention to care. Expert patients will carry out non-medic chores in the facilities.
In addition, mother to mother programme and other partners within the regions will follow up mother-infant pairs in the community.
The programs will Renovations, procurement and materials as follows:
Renovate and equip 8 facilities to provide space for offering integrated PMTCT services. EH will ensure availability of HIV test kits by procuring to fill gaps, ensure adequate supply of drugs for more efficacious regimen, based on needs, support printing and distribution of IEC materials and job aids.
The program will also train nurses, nurse midwives and other cadres in PMTCT, IF, drug monitoring and stock outs, including WHO staging.
The program will carry out Mentoring of HCW and support use of retired nurses to provide integrated PMTCT services in Manyara region
It will ensure guidelines and M & E tools are available, improve data collection systems, and train service providers on filling of the PMTCT monitoring tool.
The program will strengthen and facilitate RHMT annual review meetings, formation and integration of regional PMTCT task forces into Reproductive and child health. Support regional quarterly partners meeting and strengthening linkages and referrals.
Activities to be supported using PF Funding
Working with the respective districts, EH will carry out facility infrastructure improvement after engaging facility audit; subsequently they will renovate and equip facilities to provide space for offering integrated PMTCT services at RCHC and L&D, FP, FANC and BEmoc
EH will Improve conditions in the maternity wards so as to attract more women to deliver at the facilities by procuring appropriate equipments such as delivery beds/kits, sunction machines, weighing scales, protective gears etc.

EH will strengthen PMTCT-ART Integration by supporting Hospitals, Health Centers and Dispensaries to develop capacity to provide more efficacious PMTCT regimen, training PMTCT HCP at RCH on ART so that they can refill ARV drugs at the RCH; Ensure availability of PMTCT guidelines and job aids; Support transportation of CD4 samples of HIV+ pregnant women; Ensure availability of PMTCT M&E tools and Integrate HIV counseling and testing in all the RCH services, including Pediatric wards
EH will focus on community and demand creation activities that include: sensitize the community through different media on the improved MCHC/RCHC services with emphasis on PMTCT, EID services and FP), Engage men through different avenues to participate in RCH services (use of invitation letters, priority treatment, through involvement of village authorities etc), Collaborate with Mother to Mother programme to establish psychosocial support groups in Manyara region. EH will also integrate its FP program and link with partners supporting Emergency obstetrics, new born and pediatric health and cervical cancer screening services.

EH will ensure program ownership and sustainability by working with districts to ensure that PMTCT/pediatric AIDS activities are planned and prioritized and funding allocated through the Council Health Plans.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9706	**Mechanism Name: Fogarty**
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: US National Institutes of Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 450,000	
Funding Source	**Funding Amount**
GHCS (State)	450,000

Sub Partner Name(s)

Baylor University	Duke University	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	450,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9706		
Mechanism Name:	Fogarty		
Prime Partner Name:	US National Institutes of Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	450,000	

Narrative:

Build HRH capacity in the area of medicine, research and the social sciences. Support long-term (two to three years) training of Tanzanian health professionals for Masters, MPH, PhD, and postdoctoral training at US and African based universities such as Duke, Makerere, and the Baylor College of Medicine.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9711	**Mechanism Name: Track 1.0**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: American Red Cross	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9713	**Mechanism Name: Track 1.0**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Adventist Development & Relief Agency	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9714	**Mechanism Name: Track 1.0 - IYF**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: International Youth Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9715	**Mechanism Name: Track 1.0**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Vision International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9728	**Mechanism Name: CRS**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 16,148,799	
Funding Source	**Funding Amount**
GHCS (State)	16,148,799

Sub Partner Name(s)

Amani-Bulwa Health Centre	Anglican church Tanga (ACT)	Babati Regional Hospital
Bombo Regional Hospital	Bugando Medical Centre	Bukima Health Centre
Bukumbi Mission Hospital	Bumbuli Mission Hospital	Bunda Designated District Hospital
Bungu Health Centre	Butiama Hospital	Buzuruga Health Centre
Bweri Health Centre	Bwisya Health Centre	Christian Social Services Commission
Coptic Medical Centre	Dareda Mission Hospital	Dongo Dispensary
Emboreti Hospital	Engusero Dispensary	Evangelical Lutheran church of Tanzania (ELCT) Arusha

Geita District Hospital	Hale Health Centre	Hanang-Tumaini District Hospital
Handeni District Hospital	Hindu Union	Hydom Lutheran Hospital
Ikizu Health Centre	Kabuku Health Centre	Katoro Health Centre
Katunguru Health Centre	Kharumwa Health Centre	Kiagata Health Centre
Kibara Mission Hospital	Kijungu Dispensary	Kilindi District Hospital
Kilombero Health Centre	Kinesi Health Centre	Kisesa Health Centre
Kisorya Health Centre	Kiteto District Hospital	Korogwe District Hospital
Kowak Health Centre	Kwangwa Dispensary	Kwediboma Health Centre
Lushoto District Hospital	Magoma Health Centre	Magu District Hospital
Makongoro Health Centre	Makorora Health Centre	Manyamanyama Health Centre
Maramba Health Centre	Matui Dispensary	Mbulu District Hospital
Menonite Church	Mererani Health Centre	Misasi Health Centre
Misungwi District Hospital	Mkata Health Centre	Mkinga Health Centre
Mkula Hospital	Mkuzi Health Centre	Mombo Health Centre
Msitu wa tembo Dispensary	Muheza Designated District Hospital	Murangi Health Centre
Musoma Regional Hospital	Mwananchi Hospiatal	Mwangika Health Centre
Mwera Health Centre	Naberera Health Centre	Nasa Health Centre
Ngamiani Health Centre	Ngorika Dispensary	Ngudu District Hospital
Nyakaliro Health Centre	Nyamagana District Hospital	Nyamongo Health Centre
Nyasho Health Centre	Nyerere Designated District Hospital	Nyumba ya Mungu Dispensary
Nzera Health Centre	Orkesemet KKT Hospital	Orkesemet Urban Hospital
Pangani District Hospital	Pongwe Health Centre	RAO Hospital
Safi Medics Health Centre	Sekou-Toure Regional Hospital	Sengerema Designated District Hospital
Shirati Mission Hospital	Sirari Health Centre	St. Raphael Health Centre
Sumve Mission Hospital	Tanga Central Health Centre	Tarime District Hospital
Tumaini Health Centre	Tunguli Health Centre	Ukerewe District Hospital

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Family Planning

Budget Code Information

Mechanism ID:	**9728**		
Mechanism Name:	**CRS**		
Prime Partner Name:	**Catholic Relief Services**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,104,569	
Narrative:			
Maintain and strengthen provision of integrated high-quality care and support for PLWHA aimed at extending and optimizing quality of life from the time of diagnosis throughout the continuum of illness. CRS will intergrate Positive prevention services, supporting nutritional assessment and counseling in all supported facilities, build the capacity of local government and civil society for sustainable delivery of services for PLWHA. Strengtherning coordination and collaboration mechanisms between partners and Ministry of Health. The services will be provided in 28 districts in Mwanza, Mara, Manyara and Tanga			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	8,309,052	
Narrative:			
Maintain Quality HIV services at existing sites and scaling up to regions with high prevalence and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism, capacity building to local partners in financial accountability, technical support, program oversight and M&E. Funds will also be used for facilities and community linkages. Partner works in 28 districts of Mwanza, Manyara, Mara and Tanga and currently covers 25153			

patients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	267,276	

Narrative:

Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in Mwanza , Tanga, Mara and Manyara.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,169,103	

Narrative:

Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. The work will occur in Manyara, Mwanza, Tanga and Mara. Reprogrammed funds will be used to support linkages between facilities and communities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,450,000	

Narrative:

Implement PMTCT activities to pregnant women in 3 regions (Tanga, Mara, & Mwanza). These regions have a total of 22 districts. Current facility coverage is 40% based on SAPR 2009. HIV prevalence: Tanga 3.8, Mara 5.3, & Mwanza 5.0. However, Low coverage, High HIV prevalence, potential to cover more, roll out MECR, implement new national M and E and computerise data system. Implement PMTCT and improve MCH PMTCT services (see PF package)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	448,799	

Narrative:

Support implementation of Lab quality system and accreditation by ISO 15189 process at Bugando hospital laboratory. Mentorship at District levels

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	400,000	

Narrative:
Continue implementing activities to reduce burden of TB among PLHIV, strengthen collaboration, refferal systems and linkages with other HIV related services e.g. PMTCT, VCT, HBC etc. This will be achieved through mentoring, on job training and regular supportive supervision. Additional $ 50,000 will be used to improve coverage in high HIV prevalence regions (Mwanza 5.6% and Mara 7.7%) and hard to reach areas (Mara and Manyara). Service will continue being provided in 28 districts in 4 regions (Tanga, Manyara, Mara and Mwanza)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9739	**Mechanism Name: Track 1.0 - EGPAF**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,006,215	
Funding Source	**Funding Amount**
Central GHCS (State)	5,006,215

Sub Partner Name(s)

AICC	ARUSHA DISTRICT COUNCIL	ARUSHA MUNICIPAL COUNCIL
Bariadi	Bukombe	Endulem
Gonja Lutheran Hospital	HAI DISTRICT COUNCIL	Igunga District Council
ISTHNA ASHERI HOSPITAL	Kahama District Council	KIBONG'OTO TB HOSPITAL
KIBOSHO MISSION HOSPITAL	KILEMA MISSION HOSPITAL	Kilimanjaro Christian Medical Centre
KILWA DISTRICT COUNCIL	KIPATIMU MISION HOSPITAL	KITETE REGIONAL HOSPITAL
LIWALE DISTRICT COUNCIL	LONGIDO DISTRICT COUNCIL	MACHAME LUTHERAN

		HOSPITAL
MARANGU LUTHERAN HOSPITAL	Maswa District Council	MAWENZI REGIONAL HOSPITAL
MEATU DISTRICT COUNCIL	MERU DISTRICT COUNCIL	MNERO MISSION HOSPITAL
MONDULI DISTRICT COUNCIL	MOSHI MUNICIPAL COUNCIL	MOSHI RURAL DISTRICT COUNCIL
MT. MERU REGIONAL HOSPITAL	Mwadui	MWANGA DISTRICT COUNCIL
NACHINGWEA DISTRICT COUNCIL	NDALA MISSION HOSPITAL	NGORONGORO DISTRICT COUNCIL
NGOYONI MISSION HOSPITAL	Nkinga Mission Hospital	NKOARANGA LUTHERAN HOSPITAL
Nzega District Council	Rombo	RUANGWA DISTRICT COUNCIL
SAME DISTRICT COUNCIL	SHINYANGA MUNICIPAL COUNCIL	Shinyanga Regional Hospital
SHINYANGA RURAL DISTRICT COUNCIL	SIHA DISTRICT COUNCIL	SIKONGE DESIGNATED DISTRICT HOSPITAL
SIKONGE DISTRICT COUNCIL	SOKOINE REGIONAL HOSPITAL	ST ELIZABETH HOSPITAL
ST WALBURGs HOSPITAL	TABORA MUNICIPAL COUNCIL	TPC HOSPITAL
Urambo District Council	Uyui District Council	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	**9739**		
Mechanism Name:	**Track 1.0 - EGPAF**		
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	5,006,215	

Narrative:

Maintain Quality HIV services at existing sites and take over Lindi (initially under CHAI), region with high prevalence and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents. Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Funds will also be used for community linkages and quality improvement activities. Partner works in 34 districts of Tabora, Shinyanga, Kilimanjaro, Arusha and Lindi and currently covers 31484 on treatment.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9740	**Mechanism Name: Track 1.0 - ICAP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,400,000	
Funding Source	**Funding Amount**
Central GHCS (State)	4,400,000

Sub Partner Name(s)

Bagamoyo District Council	Kibaha District Council	Kibaha Town Council
Kisarawe District Council	Mafia District Council	Mchukwi Hospital
Mkuranga District Council	RHMT Kagera	RHMT Kigoma
RHMT Pwani	Rufiji District Council	SHDEPHA+
Tumbi Regional Hospital	ZACP	ZANGOC
ZAPHA-Plus		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	225,000
Food and Nutrition: Policy, Tools, and Service Delivery	147,000
Human Resources for Health	90,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Malaria (PMI)

Child Survival Activities

Mobile Population

Safe Motherhood

TB

Workplace Programs

Family Planning

Budget Code Information

Mechanism ID:	**9740**

Mechanism Name:	Track 1.0 - ICAP		
Prime Partner Name:	Columbia University		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	4,400,000	
Narrative:			
Maintain Quality HIV services at existing sites, scaling up to sites with high prevalence and previously underserved areas, expansion of adherence and psychosocial support services to PLHA and promoting PWP. This will be accomplished through, provision of Technical support, regular supportive supervision, clinical and nutrition mentoring, patient monitoring, ensuring uninterrupted supply of drugs and reagents through central procurement mechanism,Capacity building to local partners in financial accountability, program oversight and M&E. Funds will also be used for facilities and community linkages. Partner works in 23 districts in Kigoma, Kagera, Pwani, Lindi and Zanzibar and currently covers 14457 patients on treatment			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9741	**Mechanism Name: Track 1.0 - Harvard**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Harvard University School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,786,072	
Funding Source	**Funding Amount**
Central GHCS (State)	6,786,072

Sub Partner Name(s)

Dar es Salaam City Council	Muhimbili University of Health and	

	Allied Sciences	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

TB

Family Planning

Budget Code Information

Mechanism ID:	**9741**		
Mechanism Name:	**Track 1.0 - Harvard**		
Prime Partner Name:	**Harvard University School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	6,786,072	

Narrative:

Maintain Quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism,Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Partner works in 3 districts of Dar-es-Salaam and currently covers 26215 on treatment. Maintain Quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism,Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Partner works in 3 districts of Dar-es-Salaam and currently covers 26215 on treatment.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9793	**Mechanism Name: Maisha Kikamilifu**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Mildmay International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 789,940	
Funding Source	**Funding Amount**
GHCS (State)	789,940

Sub Partner Name(s)

Anglican Diocese of Tabora; St. Phillips Health Center		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	8,204
Food and Nutrition: Policy, Tools, and Service Delivery	215,000
Human Resources for Health	6,800

Key Issues

Impact/End-of-Program Evaluation
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	9793		
Mechanism Name:	Maisha Kikamilifu		
Prime Partner Name:	Mildmay International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	789,940	
Narrative:			
Mildmay International will continue to provide high quality home based care services to people living with HIV/AIDS. In FY2010 Mildmay will focus more on QI and intergration of PwP services. Mildmay program is in Kilimanjaro and Tabora regions.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9795	**Mechanism Name: African Palliative Care Association**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: African Palliative Care Association	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

Tanzania Palliative Care Association (TPCA)		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9795**		
Mechanism Name:	**African Palliative Care Association**		
Prime Partner Name:	**African Palliative Care Association**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	
Narrative:			
Continue to provide organizational capacity and TA to the Tanzania Palliative Care Association (TPCA) to become a viable national palliative care association. APCA will continue to provide TA to support the development of palliative care guidelines and trainings. The funds have been reduced this year due to an existing puipeline. This is a national activity.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9798	**Mechanism Name: Axios**
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: Axios Partnerships in Tanzania	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 350,000	
Funding Source	**Funding Amount**
GHCS (State)	350,000

Sub Partner Name(s)

District Executive Director - Newala - Mtwara	District Executive Director, Kilwa-Lindi	District Executive Director, Lindi Town Council
District Executive Director, Nachingwea district - Lindi	District Executive Director, Tandahimba district - Mtwara	Please list a sub partner name

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Malaria (PMI)

Child Survival Activities

TB

Budget Code Information

Mechanism ID:	9798		
Mechanism Name:	Axios		
Prime Partner Name:	Axios Partnerships in Tanzania		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	350,000	
Narrative:			
Axios will continue to provide homebased care services in two districts of Lindi region. With the additional funds, Axios will initiate activities in two more districts of Mtwara region			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9799	**Mechanism Name: SCMS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Diarrheal diseases are the most common opportunistic infections (OIs) experienced by people living with HIV and AIDS (PLHIV) in Africa and elsewhere. HIV and side effects of medications can cause diarrhea, which is an underlying cause of malnutrition. Diarrhea rates are two to six times higher in HIV positive people and acute and persistent diarrhea rates are double in PLHIV populations. The immuno-compromised status of PLHIVs makes them more susceptible to opportunistic infections including those related to water, sanitation and hygiene diarrhea and skin diseases. Most of these diarrheal OIs are

water-related and cause significant loss of functional days (missed work and missed school days), loss of income, considerable human suffering, embarrassment, and isolation, increased burden on caregivers, weakening of general health, and eventually death.

There is an existing body of evidence to support the fact that a significant proportion of diarrheal diseases could be prevented by integrating water, sanitation, and hygiene (WASH) approaches (e.g., treating and safely storing drinking water, hand washing with soap, sanitation promotion, and food safety) into existing HIV/AIDS programs. These interventions are central to adult and pediatric care and support programs, with a strong evidence base supporting behavior change activities, reinforcement and follow-up, coupled with product distribution to achieve a positive health impact.

Access to safe water is considered a basic human need and a basic human right (Kamminga 2006) for all people. Yet this basic right remains unrealized for a large majority of people in developing countries, especially in rural communities. The negative impact of low access to necessary quantities of water, to water of reasonable quality, to basic sanitation and hygiene are magnified for HIV-infected, immuno-compromised individuals. The added burden affects not only the HIV infected, but the entire affected family, increasing risk of diarrheal disease and lost productivity. Therefore, PLHIV and households affected by HIV and AIDS have a substantially greater need for WASH services: more water; safe water; easy access to water and sanitation; proper hygiene.

PEPFAR/Tanzania recognizes the importance of safe water provision for PLHIVs in reducing diarrhea incidences. In FY 2010 USG will provide point of use drinking water treatment options using chlorine based agents for the households of PLHIVs. The TBD will procure the water purification tablets and distribute them to community care and support implementing partners to ensure that PLHIV households are receiving safe drinking water. TBD will also have to link with the new TBD on Communication for developing and disseminating messages relating to safe water treatment and storage at household level. USG will continue to explore other partnerships and modalities for provision of safe drinking water through social marketing and public-private partnerships (PPPs)

This will be a national activity, in support of both goal one and two of the partnership framework (PF) on "service maintenance and scale up" and "prevention goal" specifically as it is relating to prevention with positives interventions.

TBD will work with the service providing implementing partners and volunteers at community level to track the quantity of water treatment tablets distributed, determine the consumption patterns and collect evidence based information on health outcome before and after POU water treatment interventions at the household level.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9799		
Mechanism Name:	SCMS		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
These funds are for procurement of water treatment options for PLWHAs. The commodities are intendes to be distributed to all service delivery partners as part of PwP commodities. These funds will be given toTBD who will handle both the procurement and the distribution of the commodities to the implementing partners.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9801	**Mechanism Name: CME - PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Tanzania Chamber of Minerals and Energy (CME) represents the interests of private small, medium and large domestic and international mining companies. It has nearly 60 members and operates as a key mediator between the mining investment community and key stakeholders, most notably the Government of Tanzania and the public. The Chamber's structure is made up of the Executive Council, the Secretariat and nine Sub-committees. It is through the work of these subcommittees that new Chamber initiatives have been developed and, in this instance, the Occupational Health and Safety Sub-Committee will direct this activity.

The objectives of this activity are (a) to enable the district health system to deliver HIV/AIDS, TB, sexual and reproductive health, and malaria services to artisanal and small-scale miners and (b) to complement efforts to better integrate into the formal district economy artisanal miners and small-scale miners. This endeavor will contribute to the Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance. More specifically, it will to "build the capacity of non-state actors at national and local levels for these oversight functions."

Only a small percentage of men seeking employment are hired by larger mining companies that can afford to offer workplace HIV/AIDS programs. In Tanzania more than 4000 registered small-scale mining companies employ a labor force of 550,000 workers. A single small-scale mine might employ between 100 - 300 or more workers, but they cannot afford to provide HIV/AIDS services. Infected members of miner families are not receiving home-based care and treatment. Through this partnership with the Chamber and member mining companies, health services will be brought to this marginalized MARP group. District officials are part of the planning process, and it is hoped that district health workers will be assigned to a clinic that has already been constructed and equipped by the mining company and a mobile clinic that will be leased as a result of this partnership.

This activity leverages the for-profit private sector's economic clout, connections, and capacity to make things happen in a cost effective manner. By the end of this PEPFAR-funded activity, it is expected that the District officials will assume the staffing and management of the clinic and the routine of collaboration

will have been established with the Chamber. This PPP thus lays the foundation for PEPFAR's exit by securing the commitment of local government officials and large companies with local operations to collaboration in addressing HIV/AIDS. The Chamber is required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9801**		
Mechanism Name:	**CME - PPP**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

The response to the HIV/AIDS epidemic originally was considered to be the primary responsibility of the Government of Tanzania (GOT), but eventually it was recognized by both the GOT and the business community that the private sector needed to dedicate more of its expertise and resources to complement the work of the public sector and other civil society organizations.

In this activity the Chamber of Minerals and Energy will reach out to artisanal and small-scale mining (ASM) community, which is one of the most marginalized and isolated of MARP groups. An onsite clinic will be constructed or renovated and equipped by the CME with financial support from the mining company nearest to the ASM camp, and the district is to provide medical staff. Bridge2Aid (B2A), a charity providing dental care in Tanzania, has a mobile unit that it will loan to the project. The organization has granted permission to refit the unit as needed for the project at Chamber expense. Thus both facility-based and mobile clinic health care will be provided to ASM families. The mining company will make available its medical staff and facilities as needed and will partner with NGOs to help in

conducting a comprehensive outreach program in prevention, testing/counseling, care/treatment and home-based care.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10006	**Mechanism Name: ROADS II**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,773,286	
Funding Source	**Funding Amount**
GHCS (State)	3,773,286

Sub Partner Name(s)

Acha Tamaa, Badili Tabia, Chukua Tahadhari (ABC-Group)	Actions for Development Programs (ADP)-Mbozi	Ambassador HIV ROADS Project Assimilation
Bokolani Upendo Group	Chama Cha Kusaidia Watoto Yatima (CHASAWAYA)	Development Alternatives, Inc
Evangelical Lutheran Church in Tanzania, Southern Diocese (ELCT)	Howard University/PACE Center	JHPIEGO
Jielimishe Epuka Ukimwi Makambako	Johns Hopkins University Center for Communication Programs	Local Community Competence Building (LCCB)
New Happy Development Foundation	North Star Foundation	Program for Appropriate Technology in Health
SAREPTA Women group	Shirikal La Ushauri na Udhibiti wa Ukimwi Kahama (SHIUUKA)	Sisi kwa Sisi Women group
Solidarity Center	Tanzania Youth AIDS Control	Voice for Humanity

	Program (TYACP)	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**10006**		
Mechanism Name:	**ROADS II**		
Prime Partner Name:	**Family Health International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	450,000	
Narrative:			
FHI ROADS will continue to provide high quality home based care services to PLWHAs in Makambako and Tunduma. In FY 2010 ROADS will intergrate Positive with positives interventions into the programs. The decrease in funding is intended to bring them in line with other partners funding based on costs per			

beneficiaries reached.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	450,000	

Narrative:

1)Maintain/expand high quality programming along the transportation corridor with OVC and care programs. This will be accomplished through provision of quality OVC services,
2) linkages with health services and prevention programming, and innovative programming for economic strengthening. Partner works in 4 transportation corridor communities, with plans to expand to 2 additional sites yearly.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	500,000	

Narrative:

Continue to provide HCT services to higher risk populations including truckers, CSW etc.; program will strengthen linkages and referrals to prevention, care and treatment services; program coverage is in Mbeya, Iringa, Shinyanga and Dar.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	920,000	

Narrative:

Maintain/expand high quality programming along the transportation corridor with MARPS, linking with CT, OVC and care programs. This will be accomplished through provision of behavior change programs, linkages with health services, and innovative programming for truckers and corridor communities. Additional funds will be used to expand programs to other high-risk communities along the transportation corridor. Partner works in 4 transportation corridor communities, with plans to expand to 2 additional sites yearly.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,453,286	

Narrative:

Maintain/expand high quality programming along the transportation corridor with MARPS, linking with CT, OVC and care programs. This will be accomplished through provision of behavior change programs, linkages with health services, and innovative programming for truckers and corridor communities. Additional funds will be used to expand programs to other high-risk communities along the transportation

corridor. Partner works in 4 transportation corridor communities, with plans to expand to 2 additional sites yearly.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10007	**Mechanism Name: UJANA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,001,125	
Funding Source	**Funding Amount**
GHCS (State)	6,001,125

Sub Partner Name(s)

African Medical and Research Foundation, Kenya	American Red Cross	Anglican Church of Tanzania (ACT) - Mara
Anglican Church of Tanzania (ACT) - Zanzibar	Anti-Female Genital Mutilation Network	Centrol Mondiliata Sviluppo Reciproco (CMSR)
Chama Cha Uzazi na Malezi Bora (UMATI) - Arusha	Chama Cha Uzazi na Malezi Bora (UMATI) - Iringa	Chama Cha Uzazi na Malezi Bora (UMATI) - Mbeya
Chama Cha Uzazi na Malezi Bora (UMATI) - Pemba	Chama Cha Uzazi na Malezi Bora (UMATI) - Temeke	Chama Cha Uzazi na Malezi Bora (UMATI) - Unguja
Changombe Youth Center (CYT)	Christian Council of Tanzania	Community Concern of Orphans and Development Association
Eliza Youth Group	Family Life Action Trust	Faraja Trust Fund
Farm Africa	Femina HIP	Good Samaritan Mission
Grassroots Soccer	Health Action Promotion Group (HAPA)	Institute of Social Work

Instituto Promundo	Iringa Development of Youth, Disabled and Children Care (IDYDC)	Iringa Regional Commissioner's Office
Kilimanjaro NGO Cluster on STI, HIV/AIDS and RH Interventions (KINSHAI)	Morogoro ParaLegal Center	Mtwara Economical Development
Natonal Organisation for Peer Educators (NOPE)	Neighbours Without Borders (NWB)	PACT Tanzania
Parapanda Theatre Lab Trust	Partnership for Youth Development (PAYODE)	Patronage in Environmental Management and Health Care Worriors (PEMWA)
Private Nurses and Midwives Association in Tanzania (PRINMAT)	Service Health and Development of People Living Positively with HIV/AIDS (SHIDEPHA+)	St. Camillus Theater Group
Support Makete to Self Support	Taasisi ya Maendeleo Shirikishi ya Vijana Arusha (TAMASHA)	Tabora Development Foundation Trust (TDFT)
Tanga Aids Working Group	Tanzania Development and AIDS Prevention Trust	Tanzania Essential Strategies
Tanzania Scouts Mafinga	Tanzania Young Positive Ambassodors Living with HIV/AIDS (TAYOPA)	Tegemeo Arts Group Tanzania
Tomondo Youth Club	TRACE	Usawa Group
Walio Katika Mapambano na AIDS Tanzania (WAMATA)	Wings Environment and Education Transformation Unit (WEETU)	Youth Advisory and Development Council
Youth Serve Tanzania Trust	Zamzam Youth Center	Zanzibar Association of Information Against Drug Abuse and Alcohol (ZAIADA)
Zanzibar HIV NGO Cluster (ZANGOC)		

Overview Narrative

The FHI UJANA project's goal is to contribute to the USG and GOT aims of reducing or averting HIV infections among youth ages 10-24. The project objectives are to: 1) assist youth to reduce their risk of HIV infection; 2) build social and community support for HIV prevention; and 3) strengthen capacity and coordination of youth programs. UJANA works to build the capacity of over 50 local non-governmental organizations (NGOs) as implementing partners in the project. In addition, UJANA has a wide range of

technical assistance partners for specific focus areas, including Instituto Promundo (gender norms), NOPE (peer education), Pact (economic empowerment) and Grassroots Soccer (sports). Strategic partners include AMREF (youth-friendly services) and Femina Hip (popular youth-focused magazines, radio and TV). UJANA works to ensure that its partners implement evidence-based programming, through the application of global best practices and utilization of local research results, rapid assessments, and lessons learned.

UJANA contributes to health systems strengthening efforts through its focus on concerted capacity building of local NGOs and its continuing support of the youth-led ISHI campaign (a strategic youth-driven approach that relies on partnerships with youth and local NGOs and is led by over 500 youth volunteers). UJANA undertakes management and technical capacity building of its implementing partners and holds regular youth program coordination committee meetings. In addition, UJANA promotes use of its quality materials by a wide range of partners, including behavior change materials for youth, curricula and manuals, and peer education tools. UJANA works closely with the GOT in youth-related HIV prevention efforts. This includes collaboration with the MOHSW on peer education standards, with the MOEVT on a teachers training college assessment, with TACAIDS on THMIS youth results, and with the regional Iringa government on the development of an Iringa HIV strategy.

This program contributes to the Partnership Framework goal on Prevention. UJANA implements quality HIV prevention behavior change programs for youth, focusing on inter-personal communication and community mobilization efforts. Activities focus on raising risk perception of and building skills of youth, and address key drivers of the epidemic, including multiple concurrent partnerships, transactional and cross-generational sex, alcohol use, and low condom use. In addition to youth-focused efforts, UJANA works with communities to engage influential adults in efforts to raise awareness and build the skills of youth on HIV prevention and promote improved adult-child communication related to sexual and reproductive health (RH) matters. UJANA also focuses on addressing harmful gender norms, promoting gender equity, addressing gender-based violence, and linking young women with economic strengthening activities. In addition to successfully adapting Instituto Promundo's Program H and Program M manuals, UJANA works with Pact on young women and livelihoods, has integrated HIV prevention into traditional initiation activities for girls, and will begin a "safe schools" initiative for reducing gender-based violence in and around schools. Finally, UJANA works closely and deliberately with other USG prevention partners to ensure that efforts are coordinated, and that mass media and inter-personal communication is closely aligned.

UJANA aims to become more cost-efficient over time through its close coordination with other partners and its increasing use of local partners. HIV prevention programs are more effective and efficient through focusing on those at highest risk, addressing key drivers of the epidemic, and ensuring consistent

messages are used by all partners. In addition, UJANA aims to help OVC partners better and more strategically integrate HIV prevention activities into their OVC portfolios.

UJANA has national reach (all mainland regions plus Zanzibar and Pemba), but focuses on higher prevalence regions of Dar es Salaam, Iringa, Coast and Morogoro). The Ishi campaign has activities in at least one district in all regions. UJANA has shifted focus over the years to ensure higher risk youth are targeted. Local partners work with in-school youth (15-24), high-risk youth (drug users, sex workers, OVC, youth working on plantations), and/or out-of-school youth. Youth aged 10-14 make up a smaller but sizeable portion of those targeted.

Given the increasing emphasis on supporting the implementation, management, and monitoring of activities through local partner organizations, UJANA will place additional focus on building technical and organizational capacity, through supportive supervision and monitoring of performance through the use of established performance quality standards. All UJANA partners receive targeted capacity building in technical, financial, and monitoring and evaluation areas through on-site technical visits, regular communications, review and feedback on monthly financial and program reports, and sharing of data collection tools and technical resources.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	85,000
Education	200,000
Human Resources for Health	450,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Mobile Population

Budget Code Information

Mechanism ID:	**10007**		
Mechanism Name:	**UJANA**		
Prime Partner Name:	**Family Health International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	300,000	
Narrative:			
1)Intergrate prevention and RH services to OVC. 2) Provide technical assistance to OVC Implementing Partners on the intergration of prevention services 3) Review OVC partners' current manuals and develop guidelines for the delivery of age-appropriate life skills/HIV prevention information. Intergrate prevention and RH services to OVC(TA to OVC IPs and standardize lifeskills training-age based to OVC			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	4,201,125	
Narrative:			
Maintain quality HIV prevention programs for youth in line with USG priorities, including a focus on key epidemic drivers, gender norms, and strengthening community activities. Partner works closely with key GOT ministries and builds the capacity of over 55 local partners through sub-grants and continuous capacity building efforts. Additional funds will be used to off-set ending of Track 1 ABY programs, and expand work in highest prevalence regions, with highest risk youth. National, with work in all districts in Dar/Iringa, 3-5 districts in Morogoro/Coast/ Kilimanjaro, 2 districts in Mwanza/Mtwara, Zanzibar, and at least 1 district per other region.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	1,500,000	
Narrative:			
Maintain quality HIV prevention programs for youth in line with USG priorities, including a focus on key epidemic drivers, gender norms, and strengthening community activities. Partner works closely with key GOT ministries and builds the capacity of over 55 local partners through sub-grants and continuous capacity building efforts. Additional funds will be used to off-set ending of Track 1 ABY programs, and expand work in highest prevalence regions, with highest risk youth. National, with work in all districts in Dar/Iringa, 3-5 districts in Morogoro/Coast/ Kilimanjaro, 2 districts in Mwanza/Mtwara, Zanzibar, and at least 1 district per other region.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10008	**Mechanism Name: SPS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 699,999	
Funding Source	**Funding Amount**
GHCS (State)	699,999

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	450,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10008**		
Mechanism Name:	**SPS**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	OHSS	699,999	
Narrative:			
Provide technical assistance to NACP and MOH to strengthen site level pharmacies in stock dispensing and stock management abilities. Strengthen individual sites ability to do pharmacological vigilance. This work will be done at the health facility site level nation wide on a prioritized basis.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10010	**Mechanism Name: Pangea**
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: US National Institutes of Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

Muhimbili University School of Public Health		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10010		
Mechanism Name:	Pangea		
Prime Partner Name:	US National Institutes of Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	50,000	
Narrative:			
Work with JHPIEGO to ensure the existing CHW curriculum developed by JHPIEGO and MOH addreses the needs in the area of HIV/AIDS.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	150,000	
Narrative:			
Continuation of technical assistance for MAT services for both Tanzania mainland and Zanzibar stakeholders; mentorship and capacity building for DCC; partner was previously funded through two sub-contracts with DCC and ZACP respectively, now proposed for funding under existing direct funding mechanism to reduce loss of funds through transfers, and reduce administrative and management burden			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10044	**Mechanism Name: MUHAS-SPH**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Muhimbili University College of Health Sciences	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 650,000	
Funding Source	**Funding Amount**
GHCS (State)	650,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives:

The Muhimbili University of Health and Allied Sciences (MUHAS) includes the only School of Public Health (SPH) in Tanzania. The SPH offers eight degree programs: Master of Public Health; Master of Health Policy and Management; Master of Science Tropical Disease Control; Master of Medicine Community Health; MSc Applied Epidemiology; MSc Applied Epidemiology and Laboratory Management; MSc Parasitology and Medical Entomology; and BSc Environmental Health Sciences. Students who graduate from these programs go on to become key managers and leaders within the health sector both at the national and the district level.

The focus of USG support to MUHAS is to improve the quality of pre-service training and the number of overall students trained at the School of Public Health. This will contribute to an increase in highly training health care workers who can effectively lead and manage the response to the HIV/AIDS epidemic. Interventions supported include: faculty development; curriculum enhancement; classroom renovation; and provision of scholarships.

Based on an assessment of faculty recently undertaken, in FY2010 staff will be provided with additional training on teaching methods and HIV/AIDS knowledge as needed. Specific training will be provided on effective student supervision, teaching methods, adult learning, and lesson planning. In addition, new staff will be recruited for those technical areas most in need of experienced professors.

A gap analysis for the ongoing courses was conducted in FY2009. This review took into consideration the needs and requirements of key ministries that employ SPH graduates, the current policies prevailing in the country, and the needs of various governmental and non-governmental organizations. Following recommendations from this review the curricula for all eight degree programs will continue to be improved; this will include updating the HIV/AIDS sections, as well as the areas dealing with overall

leadership and management.

In FY2009 a new curriculum for the executive track of the MPH program was developed. This program offers health care workers the opportunity to work towards an MPH in the evenings on a module basis. In the program will begin in FY2010 once it is approved by the University management. This will increase enrollment in the MPH course from an average of 23 students to a total of 50.

Infrastructure and equipment will also be provided to MUHAS. Two classrooms will be renovated and furnished to provide extra teaching space. The library will be enhanced through linkages with the zonal and national resource centers. Most students and members of faculty do not have access to the current teaching materials and books that are necessary. Therefore the purchase of these will continue to be supported in FY2010. In addition, improvement of the e-learning platform will also be supported.

To increase the number of health care workers who have adequate management and leadership skills, scholarships will be provided to 15 students. In addition, several short courses will be offered from which health care workers can begin to earn credits towards a degree. The topics of these courses were identified through the gap analysis and include, but are not limited to: Data Management; Monitoring and Evaluation with focus to HIV/AIDS interventions; Operational Research Methods in HIV/AIDS; Leadership; and Management and Strategic Decision Making.

Health System Strengthening: Tanzania continues to face an acute shortage of health professionals, especially highly specialized cadres. Investing in the development of human resources for health lays the foundation upon which HIV/AIDS interventions are built and ultimately ensures the achievement of PEPFAR goals.
HSS:

Cross Cutting: The MUHAS program has close linkages with laboratory, epidemiology, strategic information, and medicine.

Cost-Efficiency: Expected outcomes of the activity include development of a cadre who can effectively lead and manage health programs within and outside of the government. Furthermore, the program is completely implemented by MUHAS itself and thus is quite sustainable.

Geography: This is a nationwide program.

Partnership Framework (PF): This activity will contribute towards achievement of key components of the PF HRH Goal. These components are: 1) increased production of health workers; 2) recruitment,

retention, productivity; and 3) optimizing the existing workforce through task shifting and improved performance. These are also key objectives and high priorities in the GOT HRH Strategy.

M&E: A comprehensive M&E plan is developed annually and closely monitored. One particular focus of the M&E plan is on tracking who receives training, what they have been trained on, and how their skills have improved.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	650,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10044**		
Mechanism Name:	**MUHAS-SPH**		
Prime Partner Name:	**Muhimbili University College of Health Sciences**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	650,000	

Narrative:

Support faculty development, curriculum enhancement, and classroom renovation to improve quality of pre-service training in the eight master's programmes at the Muhimbili University of Health and Allied Sciences (MUHAS). Based on an assessment of faculty, staff will be provided with additional training on teaching methods and HIV/AIDS knowledge and other content. In addition, new staff will be recruited for those areas most in need. Following recommendations from a review of curricula done by Gates/UCSF, the curricula will be improved. To increase the number of health care workers five students will be supported to complete the masters in public health course. With the additional FY2010 Partnership Framework funding the MUHSAS program will be able to provide a minimum of 20 more scholarships for students in three of the master degree programs (MPH, Policy and Management, and M. Med). Two new classrooms will be renovated. The procurement of books and teaching materials will be doubled. In addition, several of the planned short courses will be offered a second time during the year. Development

of training materials for the revised curricula will also be accelerated.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10062	**Mechanism Name: NRM Wrap Around**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10063	**Mechanism Name: Umbrella TA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10063**
Mechanism Name:	**Umbrella TA**

Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
Provide sustained, in-depth capacity building and institutional strengthening to new and/or local partners to maximize HIV/AIDS program effectiveness and impact. This will be accomplished through intensive, on-going technical and managerial capacity building efforts. Technical assistance efforts will initially focus on 5 wrap-around Natural Resource Management/Economic Growth partners.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10067	**Mechanism Name: PASHA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**10067**		
Mechanism Name:	**PASHA**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
Implement wrap-around activities in collaboration with the USAID Education Team to address the needs of students and teachers, with particular attention to issues that put these groups at risk of HIV. Will include a key focus on partnering with MOEVT/related bodies to ensure capacity building in coordination of HIV prevention efforts in this sector.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10070	**Mechanism Name: BIPAI-PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Baylor College of Medicine International Pediatric AIDS Initiative/Tanzania	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,200,000	
Funding Source	**Funding Amount**
GHCS (State)	3,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Malaria (PMI)

Child Survival Activities

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**10070** **BIPAI-PPP** **Baylor College of Medicine International Pediatric AIDS Initiative/Tanzania**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	500,000	

Narrative:

Baylor will a pilot Community Pediatric OVC program to ensure a better and meaningful referral linkages between HIV and OVC from both the facility to the community.
The program will link with the child survival wrap around programs to ensure comprehensive services to the under five children in the target districts.
To facilitate the process, the program will recruit a social worker to support community component of OVC care and engage him/her to ensure the pilot is drafted and executed.
The program will also train MVCC and other community IMCI service providers on the basic aspects of identification, caring and supporting HIV/ AIDS child.

Pilot Community Pediatric OVC program to ensure meaningful referral linkages. 1.Develop user friendly training guidelines and train MVCC and caregivers 2.Set up and support HIV+ OVC referral system			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	500,000	
Narrative:			
Maintain and improve quality of existing pediatric HIV Care services. This will be achieved through provisison of CTX, Screening and Treatment for OIs, Nutritional Assessment and support and Linkages with other programs such as OVC and HBC, PMTC, TB/HIV. The services will be provided in the Lake zones and Sourthern Highlands Zones			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	2,200,000	
Narrative:			
Maintain and improve quality of existing pediatric HIV services. This will be achieved through support supervision visits, inservice training including on site mentorship, infrastructure devolopment and supplies of essential commodities including drugs. The work will occur in Mbeya and Mwanza. The additional funding will be used to impove enrollment of children in Care and Treatment. This will be achieved through in-service training for the care providers to improve their skills and confidence in managing Pediatric cases focusing on onsite mentorship. The activity will be condued in the Lake & Southren highlands zones.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10073	**Mechanism Name: EGPAF**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10087	**Mechanism Name: FMP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tanzania Marketing and Communications Project	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 750,000	
Funding Source	**Funding Amount**
GHCS (State)	750,000

Sub Partner Name(s)

Orphans Relief Services	Wanawake Na Maendeleo (WAMA) - Mtwara	

Overview Narrative

This IM builds on Families Matter Program (FMP) which aims at increasing the ability of parents (caregivers/guardians) to communicate freely with their pre- adolescents about sexuality issues and sexual risk behaviors aiming to delay sexual debut and reduce exposure to sexual risk activities among adolescents.

Specific objectives include:
1. Increase the knowledge and skills of in and out of school youth to effectively practice abstinence and reduce sexual risk behaviors by using appropriate prevention methods.
2. Create a supportive environment that increases adolescents' self efficacy to delay sexual debut and avoid risk.
3. Build local human and material capacity to roll-out and scale-up the Families matter intervention.
Curricula based training will be conducted among in and out of school youth on comprehensive HIV prevention. The methodology will include class room and small group training sessions. These trainings are aimed to raise the level of comprehensive knowledge about HIV/AIDS among parents and young people as well.

Through these trainings the IM expects to increase youth self efficacy in making the right and informed choices. The strategy will target communities in hard to reach areas.
Training of parents and facilitators on FMP and partnerships with health related organizations will contribute to health systems strengthening by supporting a cadre of community workers who mobilize the community to participate and be mindful of their role in HIV prevention for their adolescents. Given the scarcity of health care workers in the target regions Mtwara and Ruvuma we anticipate that the trained community workers will play an important complementary role.

The FMP project works in partnership and collaboration with other NGOs to leverage on their existing structure and hence cut down some administrative costs. The project also will utilize the same facilitators utilized for FMP project as recruitment agents and mobilizers for youth to be trained, hence cut down the marginal costs. And finally the project trainings will be conducted in public places such as churches, local government offices and schools. TMARC will also continue working in collaboration with the local government authorities to ensure sustainability and build local capacity

The project will cover two regions of Mtwara and Ruvuma. Target is to cover all the districts in these regions. However, at the beginning we start with one district per region.

Target population is parents and guardians of children of 9 – 12 years of age, and in school and out of school youth engaged in risk behaviors.
The FMP project together with Healthy Choices supports and contributes to PEPFAR goals and the Government of Tanzania (GoT) goal by broadly preventing the spread of HIV/AIDS in Tanzania. The project aims to reduce HIV infection among youth by targeting their parents and guardians as well as the youth themselves. Its implementation will contribute to President's Emergency Plan for AIDS Relief and PEPFAR indicator numbers 2.1 (number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence) and 14.2 (number of local organizations provided with technical assistance for HIV related institutional capacity building). The IM is in line with PF goal to transfer implementation of program to local indigenous civil societies and the host government.
Routine data collected will reflect target populations reached with individual and/or small group level interventions. Process and output indicators will be regularly reviewed for project management purposes and summaries included in the project's quarterly, annual and interim progress reports.

Base line data will be collected using parent monitoring forms. The same form will be used to collect data six months after the training to gauge the parents understanding and whether or not they implement what they have been taught.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10087**		
Mechanism Name:	**FMP**		
Prime Partner Name:	**Tanzania Marketing and Communications Project**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	650,000	

Narrative:

Continuation of support for Families Matter Program (FMP). No increase in funding but exapnsion within 3 regions covered expected: Mtwara, Ruvuma. Support for Healthy Choices as FMP add-on. Health choices utilizes the same strauctureas FMP. Health choices project builds on FMP which aims at increasing the ability of parents (caregivers/guardians) to communicate freely with their pre- adolescents about sexuality issues and sexual risk behaviors aiming to delay sexual debut and reduce exposure to sexual risk activities among adolescents. Utilizing the same structure, health choices targets both in and out of school youth with a more compressive prevention approach

Specific objectives include:
1. Increase the knowledge and skills of in and out of school youth to effectively practice abstinence and reduce sexual risk behaviors by using appropriate prevention methods.
2. Create a supportive environment that increases adolescents' self efficacy to delay sexual debut and avoid risk.
3. Build local human and material capacity to roll-out and scale-up the Families matter intervention.
Curricula based training will be conducted among in and out of school youth on comprehensive HIV prevention. The methodology will include class room and small group training sessions.
These trainings are aimed to raise the level of comprehensive knowledge about HIV/AIDS among parents and young people as well.
Through these trainings the IM expects to increase youth self efficacy in making the right and informed choices. The strategy will target communities in hard to reach areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	

Narrative:

Funding for OP component of Healthy Choices. Aim is to work with out-of-school and at-risk youth to delay sexual debut and practice safer sex. Support for Healthy Choices as FMP add-on. Health choices utilizes the same strauctureas FMP. Health choices project builds on FMP which aims at increasing the ability of parents (caregivers/guardians) to communicate freely with their pre- adolescents about sexuality issues and sexual risk behaviors aiming to delay sexual debut and reduce exposure to sexual risk activities among adolescents. Utilizing the same structure, health choices targets both in and out of school youth with a more compressive prevention approach

Specific objectives include:
1. Increase the knowledge and skills of in and out of school youth to effectively practice abstinence and

reduce sexual risk behaviors by using appropriate prevention methods. 2. Create a supportive environment that increases adolescents' self efficacy to delay sexual debut and avoid risk. 3. Build local human and material capacity to roll-out and scale-up the Families matter intervention. Curricula based training will be conducted among in and out of school youth on comprehensive HIV prevention. The methodology will include class room and small group training sessions. These trainings are aimed to raise the level of comprehensive knowledge about HIV/AIDS among parents and young people as well. Through these trainings the IM expects to increase youth self efficacy in making the right and informed choices. The strategy will target communities in hard to reach areas.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10088	**Mechanism Name: DCC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Drug Control Commission	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

Mwananyamala Municipal Hospital		

Overview Narrative

Goal:

To contribute to the creation of a conducive environment for provision of effective HIV/AIDS prevention and care for drug using populations.

Objectives:
To sensitize the public including decision makers at Government level on needs and support for HIV prevention and care for drug using populations.
To review, formulate and operationalize policies, standards and guidelines for provision of HIV/AIDS prevention and care for drug using populations.
To increase capacity among stakeholders to effectively provide HIV/AIDS prevention and care services for drug using populations.
To increase the capacity of stakeholders to effectively engage in HIV/AIDS prevention and care for alcohol users.
To develop and maintain a system for monitoring and evaluating of HIV/AIDS prevention and care for drug using populations.
To strengthen project management, monitoring and evaluation.

This IM contributes to Health Systems Strengthening through development and dissemination of national policy frameworks and standard guidelines for prevention, care and treatment of drug dependence, including Medically Assisted Treatment (MAT) of opioid dependence and for comprehensive HIV services for drug users. As part of this initiative, health care providers will receive in-service training on treatment for drug dependence and on screening and brief motivational interviewing for alcohol and other drugs.

The project targets injection and non-injection drug users who have been identified as a most-at-risk population due to harmful injection practices coupled by harmful sexual practices within networks that overlap with the general population. The project plays a strong advocacy role with decision makers for appropriate HIV prevention and care initiatives for drug users.

The project is integral to existing structures of the Government of Tanzania. The Drug Control Commission (DCC), an inter-ministerial agency of the Prime Minister's Office works in close collaboration with the Department of Substance Abuse Prevention and Control (DSAPR) of the Ministry of Health and Social Welfare on this initiative. Implementation employs local expertise whenever possible, seeking technical assistance to strengthen local capacity as needed. By working within existing systems, the initiatives will require less external inputs over time.

While initially MAT will be provided in Dar es Salaam, the approved national frameworks and guidelines for services and treatment will be applicable to all 25 regions of Mainland Tanzania.

The project contributes to the PF goals on prevention, leadership and strategic decision making. DCC will exercise leadership in coordinating comprehensive services for HIV prevention and care for drug using

populations and by developing policy guidelines, building capacity among stakeholders, providing supportive supervision, coordination and networking among services providers, monitoring and evaluating. The guideline documents and minimum standards create an enabling environment for interventions and provision of services, including peer education and outreach, risk reduction counseling, condom (and lubricant) promotion and distribution, targeted information, education and communication, prevention and treatment of STIs, HIV testing and counseling and antiretroviral therapy, and MAT. Along with the guidelines, monitoring and evaluation tools will facilitate systematic collection of information by stakeholders to inform future decision-making.

DCC coordinates a multi-stakeholder IDU M & E working group to develop a framework with generic tools for incorporating into the national guiding documents for implementers. With an emphasis on participatory M & E, the framework will provide reliable information on HIV among drug users. Furthermore DCC employs mechanisms to track adherence to terms and conditions of the award as well as ensure effective implementation of stakeholders' initiatives.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10088**		
Mechanism Name:	**DCC**		
Prime Partner Name:	**Drug Control Commission**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	400,000	
Narrative:			
Support to DCC for HIV - DU/IDU program and service coordination; establishment of a framework that includes development and finalization of a strategic framework, guidelines for HIV - DU/IDU outreach and primary health care facility services, protocols and supporting documentation for introduction of			

Medication Assisted Therapy (MAT). DCC reports directly to the President's Office and has a board composed of members of various key ministries, and thus plays a key role in HIV-DU/IDU policy development for Tanzania mainland. Support to ZACP for the establishment of first for MAT service site on Zanzibar, including support for training of providers on MAT; TA and support for National MARPS DU/IDU working group fro development of tools for MAT M&E

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10090	**Mechanism Name: MARPS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

Department of Substance Abuse Prevention	TBD	ZAIADA
Zanzibar Youth Forum	ZAYEDESA	

Overview Narrative

In the United Republic of Tanzania, as in other sub-Saharan African countries, HIV transmission through injection drug use is acknowledged to contributing to the spread of the epidemic. Current data indicate that injection drug use is rapidly increasing in urban Tanzania and on the island of Zanzibar. Recent study data collected in Unguja Island of Zanzibar found 16.1% of injecting drug users (IDUs) are infected with HIV and unsafe behaviors, such as needle sharing, are common. Risk is heightened by unsafe sexual practices, in many instances associated with reliance on commercial sex to fund purchase of drugs.

Formal and informal commercial sex work extends beyond the link with injection drug use and is related to the growing lack of employment opportunities and impoverishment. This has resulted in an environment where urban residents of Zanzibar are increasingly trading sex for money. Another emerging risk population are men who have sex with men (MSM). A study conducted in Zanzibar identified a sizeable population of MSM and many were found to also inject drugs and/or trade sex for money, demonstrating the overlapping nature of some most at risk populations (MARPs). ICAP is the regional partner assigned to Zanzibar for clinical services, having the comparative advantage to deliver services to IDU and overlapping populations. ICAP's United for Risk Reduction and HIV/AIDS Prevention (URRAP) project builds upon data collected during a recent study to develop comprehensive programming for IDU and other MARPs. Interventions focus on risk reduction and referral to a range of services, including VCT and HIV care and treatment. URRAP brings together three local CBOs and in 2010 a fourth CBO, based on Pemba Island, for a collaborative intervention throughout Zanzibar. Additionally, ICAP works with the Ministry of Health and Social Welfare (MOHSW) on Zanzibar for introducing overdose prevention tools and Naloxone overdose treatment. Finally, as Medically Assisted Therapy (MAT) is approved and actualized on Zanzibar, ICAP will work with ZACP to support linking clients into MAT, provide technical assistance to initiate and manage MAT, and support quality improvement of MAT.

ICAP contributes to Health Systems Strengthening through training at different levels, including pre-service training for 90 MARPs outreach workers; in-service training for 99 health care workers and 24 pharmacists on harm reduction, management of PMTCT, HIV care and ART in MARPS, and STI screening and treatment; and in-service training for health care providers on MAT.

As indicated by current epidemiologic and behavioral data and anecdotal information, IDU, commercial sex workers (CSW) and MSM are MARPs with often intertwined risks. The increase in injection drug use, coupled with unsafe sexual behaviors associated with females and males selling sex to buy drugs, has resulted in increased HIV transmission. The changing epidemiology of HIV/AIDS risks associated with these MARP in Tanzania requires innovative HIV prevention approaches that are able to address multiple and changing levels of risks and contexts (e.g., social network, dyadic, family, community and structural).

Coordination of services and strengthened capacity among implementers renders cost efficiency over time. As an example, in 2010, activities are expanding to Pemba Island without budgetary increase in this IM. ICAP facilitates educational fora to foster greater understanding and awareness of injection drug use and liaison with appropriate governmental bodies in Zanzibar to increase collaboration. ICAP, through URRAP, works with many other partners in carrying out the program, including UNAIDS and UNODC (the latter based in Nairobi). MARPS are also in need of income generation, general health and education services, and ICAP through URRAP will seek opportunities for active linkages.

Direct program implementation is on the two Islands of Unguja and Pemba in Zanzibar, where the major target populations are IDUs, MSM and CSW, as well as health care workers. Furthermore, ICAP provides support to the Department of Substance Abuse Prevention and Rehabilitation (DSAPR) on Zanzibar in overall program strengthening. On mainland, ICAP supports the Drug Control Commission (DCC) in developing national IDU / MARPs M&E tools.

This mechanism links to the PF goals on prevention, leadership and strategic decision making by improving and scaling up strategies to avert new infections among an extremely high risk group. Working with policy-making entities and building capacity of local CBOs creates an enabling environment and contributes to improved leadership, management, accountability and governance. ICAP provides technical support in developing national M&E for MARPs, facilitating access to reliable information to guide strategies and decisions.

URRAP is taking the lead among USG partners to support development of national M&E tools for MARPS and IDUs, supporting the DCC on mainland Tanzania and the DSAPR in Zanzibar. It is envisioned that one set of tools will be adopted by all partners for use in government and NGO run programs. ICAP will support DSAPR to manage and use the national M&E system to improve services and program outcomes.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	62,169

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population
Family Planning

Budget Code Information

Mechanism ID:	**10090**
Mechanism Name:	**MARPS**

Prime Partner Name:	Columbia University		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	400,000	
Narrative:			
Support for MARPs/IDU peer education and outreach services, Voluntary HIV Counseling and Testing, screening for STIs and hepatitis, on Unguja and Pemba, incl. sub-grants to 3 local NGOs/CBOs for MARPs/DU outreach on Znz; support for referral of HIV-infected MARPs/IDU into HIV/AIDS services; training of health care workers to improve service provision for MARPs/IDU; TA for MARPs/DU M&E National working group developing National MARPS/IDU M&E tools and database. Support to ZACP for the establishment of first for MAT service site on Zanzibar, including support for training of providers on MAT; TA and support for National MARPS DU/IDU working group fro development of tools for MAT M&E			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10092	**Mechanism Name: Helpline & Youth**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tanzania Youth Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 850,000	
Funding Source	**Funding Amount**
GHCS (State)	850,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The IM goal is to contribute to the national goal of reducing HIV prevalence among 15-24 year olds from current 2.4% to 1.2% by 2015.It will scale up and complement implementation of the ongoing project

through the following objectives: (1) To scale up promotion of abstinence, delayed sexual debut, partner reduction and consistent condom use among adolescents and sexual active young people in and out of school in 10 districts by 2013, (2) To increase access to and provide targeted HIV preventive and service user helpline counseling services for the vulnerable population, most at risk population and mobile population in 10 districts of Tanzania by 2013 and (3) To increase low literate youth access to HIV preventive counseling, condoms outlets, treatment and sexually transmitted infections services in 10 districts by 2013. The IM will provide individual counseling level interventions through National Telephone AIDS Helpline through one-on-one information, education, communication (IEC) or behavior change communication (BCC), caller from targeted communities and special groups such as MSM, IDUs and FSW.

TAYOA will address male norms and behaviors, in particular reduction of multiple concurrent sexual partnerships. The focus will also be on male societal norms that put women and girls at greater risk of being infected with HIV compared to male partners. TAYOA will use helpline and outreach services for individual counseling, peer education, one-on-one Information, Education, Communication (IEC) and Behavior Change Communication (BCC) to address gender based violence and discourage norms that promote potentially harmful masculine attitudes among young people.
TAYOA will build on National AIDS Helpline Services partnerships with private telecommunication companies to reach sub-sets of youth who are likely to initiate or are having sex, MSM, CSW and IDUs, and other groups to enhance changes in norms and behaviors (e.g. peer norms that a real man must have multiple sexual partners). The companies will provide free airtime under a PPP agreement.

The IM aims to create linkage with the Local Council Multi-sectoral HIV/AIDS Committees (CMACS), and continue to build their capacity for accessing municipal/community funds for youth HIV prevention activities that will ensure long-term sustainability.

The IM links to partnership framework goals as it contributes to PEPFAR goals and the Government of Tanzania (GoT) goal by broadly preventing the spread of HIV/AIDS in Tanzania. The project aims to reduce HIV infection among youth by both in-school and out of school using a comprehensive BCC approach. Its implementation will contribute to President's Emergency Plan for AIDS Relief and PEPFAR indicator numbers P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required.

The IM is in line with PF goals to transfer implementation of programs to local indigenous civil societies and the government of Tanzania by building on and strengthening local response to HIV and AIDS. To address that TAYOA collaborates with the government and has signed an MoU with the ministry for

communication to exclusively provide HIV and AIDS prevention interventions through a toll free national helpline.

Routine data collection will take place with individual and/or small group interventions disaggregated by sex and age over the course of program activities. Process and output indicators will be reviewed for program use and summaries included in the project's progress reports. The IM will focus on quality improvement and monitoring of the activities through developing relevant M&E tools and protocols for data collection.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**10092**		
Mechanism Name:	**Helpline & Youth**		
Prime Partner Name:	**Tanzania Youth Alliance**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	350,000	
Narrative:			
Continue support for Tayoa helpline (National coverage) and youth program (Dar and surrounding areas). Significant Quality Improvement occurred in '09 by focusing on three behavioral outcomes which includes Delayed sexual debut for youth, Reduction of multiple concurrent partners (Being faithful) and use of preventive methods. The focus will also be introduction of new Monitoring and Evaluation and outcome evaluation for years 2010 and 2011.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVOP	500,000	

Narrative:

Continue support and scale up for Tayoa National Helpline service (National coverage) and OP component of youth program in Dar es Salaam and the surrounding areas. The aim is to utilize the Helpline service for general population and tailor interventions for special groups (MARPS). Tayoa plan to recruit and train Helpline counselor in specific areas including but not limited to MSM counseling and referral services, Prevention and referral services for people living with HIV and AIDS, referral services for IDUs and counseling services, referrals and prevention of gender based violence particularly for women and children.

TAYOA will address male norms and behaviors, in particular reduction of multiple concurrent sexual partnerships. The focus will also be on male societal norms that put women and girls at greater risk of being infected with HIV compared to male partners. TAYOA will use helpline and outreach services for individual counseling, peer education; one-on-one Information, Education, Communication (IEC) and Behavior Change Communication (BCC) to address gender based violence and discourage norms that promote potentially harmful masculine attitudes among young people.
TAYOA will build on National AIDS Helpline Services partnerships with private telecommunication companies to reach sub-sets of youth who are likely to initiate or are having sex, MSM, CSW and IDUs, and other groups to enhance changes in norms and behaviors (e.g. peer norms that a real man must have multiple sexual partners). The companies will provide free airtime under a PPP agreement.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10095	**Mechanism Name: CHAMPION**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Engender Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,360,000	
Funding Source	**Funding Amount**
GHCS (State)	3,360,000

Sub Partner Name(s)

Academy for Educational Development	Academy for Educational Development, Kenya	Agency for Cooperation and Research in Development - Mwanza
Huruma AIDS Concern and Care	Iringa Development of Youth, Disabled Children, Iringa Urban	Kiota Women's Health and Development - Ilala, Dar es Salaam
Patronage in Environment Management and Health Care Warriors - Lindi Urban	Tabora Development Foundation Trust	UMATI - Mbeya Urban
UMATI - Temeke, Dar es Salaam	Youth Advisory and Development Council	

Overview Narrative

The EngenderHealth CHAMPION project's goal is to promote a national dialogue about men's roles, increase gender equitable beliefs and behaviors, and, in doing so, reduce the vulnerability of men, women, and children to HIV/AIDS and other adverse reproductive health outcomes. CHAMPION has five objectives, to: 1) promote partner reduction and fidelity and reduce high-risk behavior; 2) create an enabling environment that promotes positive social norms including fidelity, non-violence, and respect for healthy relationships; 3) promote positive health-seeking behavior by men through participation in clinical health services; 4) mobilize workplace environments to advance gender equity and constructive male engagement in HIV prevention and reproductive health promotion; and 5) develop strategies for strengthening national, regional, and district laws and policies to engage men in HIV prevention and reduce the risk of both men and women. CHAMPION works to build capacity of local non-governmental organizations (NGOs) as implementing partners for the project. CHAMPION also works to ensure that its partners implement evidence-based programming, through the application of global best practices and utilization of local research results and lessons learned.

CHAMPION contributes to health systems strengthening efforts through its focus on capacity building of local NGOs and support of community action teams. CHAMPION trains organizations on use of their high-quality manuals and tools. CHAMPION's work with the private sector has also been pivotal, through integration of its Men as Partners workplace program in a wide range of industries, including gold mines and tea plantations. CHAMPION has further focused on solidifying the partnership of employers, workers, and government to successfully increase their capacity to promote comprehensive HIV

prevention programming at workplaces across the country.

This program contributes to the Partnership Framework goals on Prevention and Service Maintenance and Scale-Up. CHAMPION implements quality HIV prevention behavior change programs which use the internationally-recognized Men as Partners curricula, focusing on inter-personal communication and community mobilization efforts. Activities focus on raising risk perception and addressing key drivers of the epidemic, including multiple concurrent partnerships, transactional and cross-generational sex, alcohol use, couples communication, and low condom use. In addition, CHAMPION works community action teams and local NGOs to develop and implement community-focused activities as a follow-up to the curricula-based efforts. All CHAMPION work focuses on addressing harmful gender norms, promoting gender equity and addressing gender-based violence. CHAMPION will scale-up efforts to address gender-based violence (GBV), through its advocacy work and leadership and coordination of other partners to develop a holistic response to GBV. Finally, CHAMPION works closely and deliberately with other USG prevention partners to ensure that efforts are coordinated.

CHAMPION aims to become more cost-efficient over time through its close coordination with other partners and its increasing use of local partners. HIV prevention programs are more effective and efficient through focusing on those at highest risk, addressing key drivers of the epidemic, and ensuring consistent messages are used by all partners.

CHAMPION focuses its efforts in 13 districts in 10 regions. However, advocacy, workplace programming and a planned mass media campaign extend CHAMPION's reach beyond those regions. Programming primarily targets adult men who engage in high-risk behavior, but also targets women.

CHAMPION's M&E efforts aim to not only to provide good information for programmatic management and change of the project, but also to highlight nationally and internationally the lessons that are being learned by CHAMPION. Major M&E activities include baseline report development and dissemination, capacity-building for CHAMPION lead NGOs on M&E, and implementation of an ongoing technical assistance and supportive supervision plan.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Safe Motherhood
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**10095**		
Mechanism Name:	**CHAMPION**		
Prime Partner Name:	**Engender Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	3,060,000	
Narrative:			
Maintain/expand work to address harmful gender norms and reduce high risk behavior through working with men. This will be accomplished through use of the Men as Partners curricula for communities, promotion of positive health-seeking behavior by men, community mobilization to address harmful gender norms, and workplace programs. Additional funds will be used to expand workplace programs, and strengthen policy dialogue with GOT. National policy-level dialogue with implementation focused on 13 districts in 10 regions.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	300,000	
Narrative:			
Maintain/expand work to address harmful gender norms and reduce high risk behavior through working with men. This will be accomplished through use of the Men as Partners curricula for communities, promotion of positive health-seeking behavior by men, community mobilization to address harmful gender norms,and workplace programs. Additional funds will be used to expand workplace programs, and strengthen policy dialogue with GOT. National policy-level dialogue with implementation focused on 13 districts in 10 regions.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10119	**Mechanism Name: Community Services**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Deloitte Consulting Limited	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 10,188,647	
Funding Source	**Funding Amount**
GHCS (State)	10,188,647

Sub Partner Name(s)

Afya Women Group	Allamano	Alpha Dancing Group
Anglican Diocese of Mpwapwa, St Luke's	Anti Female Genital Mutilation Network	Baraza la Misikiti Tanzania
Diocese of Central Tanganyika	Evangelical Lutheran Church Tanzania - Makete	Evangelical Lutheran Church Tanzania - Mwanza
Faraja Centre	Faraja Trust Fund	Huruma AIDS Concern & Care
Ikwiriri Mission Clinic and Dispensary	Iringa Development of Youth, Disabled, and Children Care	Jipeni Moyo Women and Community Organisation
Kifaru Community Development in Tanzania	Kikundi cha Wanawake Wajane Kondoa	Lugoda Hospital
Mwanza Outreach Group	Roma Catholic Archdiocese of Mwanza	Roman Catholic Church
Roman Catholic Church, Diocese of Morogoro	Roman Catholic Diocese of Mahenge	Southern Highland Participatory Organization
Tanzania Home Economics Association	Tanzania Red Cross Society	Walio Katika Mapambano na UKIMWI Tanzania
Wanaoishi na Virusi vya UKIMWI	Zanzibar AIDS Association and Support of Orphans	Zanzibar Association of People Living with HIV/AIDS
Zanzibar Muslim Women	Zanzibar Nurses Association	

Association to Support Orphans		

Overview Narrative

The increase in funds on this implementing mechanism (IM) does not represent a real increase in the cumulative budget between the TUNAJALI home-based care and Orphans and Vulnerable Children (OVC) programs. The OVC activity has been realigned back to this mechanism and both activities are flat funded from their FY 2009 level.

The primary purpose of the Tunajali program is to increase the number of HIV-positive adults and children on palliative care and OVC services in Dodoma, Iringa, Morogoro, Coast, Mwanza, Singida regions and Zanzibar. This supports Partnership Framework goal 1 On service maintenance and scale up which will help to reduce morbidity and mortality due to HIV/AIDS.

In FY 2010, Tunajali will focus on quality improvement for both OVC and HBC programs using the national standard for OVC services and newly developed quality improvement (QI) framework for community home-based care. To ensure quality at the point of service delivery, volunteers will be trained using the facilitators guide for the OVC quality improvement. All new volunteers will be equipped skills on how to work with children, track children improvement using the child status index and undergo comprehensive training courses in HBC, using the Ministry of Health and Social Welfare (MOHSW) curriculum, and will understand the referral process for OVC. Efforts will continue to be made to include more children under care through linkages with care and treatment centers (CTCs), and improve case finding for HIV-exposed children in the homes of PLHA.

In FY 2010, Tunajali will continue to support the district capacity to coordinate the community services interventions. In FY 2009, thirty (30) District Continuum of Care Coordinating Committees (DCoCCCs) were established in the mainland and two in Zanzibar. These DCoCCCs are supported by Tunajali to meet quarterly to review progress and plan ways in which to enhance and monitor program performance. The program is starting to reap evidence of sustainability, with three district councils allocating resources within their budget for HBC services, and about seven more have promised to do the same allowing the program to become more cost efficient.

In FY 2010, there will be an increased focus on provision of prevention positives (PP) services for PLHA. PP interventions will be integrated into the HBC services and linkages will be formed with the facility care outlets for referral services. Tunajali will work with FHI UJANA project to support integrating of the youth friendly preventive services to the OVC, training of the volunteers and linking the adolescents OVC to the youth friendly reproductive health services. To ensure sustainability of OVC services, economic strengthening of the OVC household will be critical. Tunajali will work with the TBD economic

strengthening implementing partner to design and implement viable livelihood program as well as expanding the ongoing income generating activities to the vulnerable households. In addition, Tunajali will continue to work closely with the local government to ensure financial commitments from the local councils' budget to complement the planned OVC and HBC activities

Mapping of other children services and meaningful referral will be done to ensure comprehensive service to OVC and for PLHA referrals will be made for family planning, if appropriate.

Tunajali will ensure the provision of the basic prevention package with supplies procures centrally by USG/Tanzania. These includes; promotion, education and distribution of point of use (POU) water treatment safe water and hygiene practices, distribution of insecticide-treated bed nets to PLHA and promotion on their correct usage. Tunajali will ensure that all eligible PLHA are linked to the facilities to receive Cotrimoxazole for prevention of opportunistic infections. Tunajali will provide community based nutritional assessment and counseling with appropriate linkages to food by prescription (FBP) program and other community based food security and livelihood programs.

Tunajali will continue to provide refresher training on the national MVC data management and the tools to the sub grantees and community volunteers, ensure OVC entry to the national data management system. In 2010, the new emphasis will be on the dissemination utilization of the collected data for development plans. Through the child status index training the volunteers will be given household checklist to support their monitoring role.

Tunajali will continue to utilize the national M&E systems for OVC and the new system for HBC, and will continue to support districts and other relevant local authorities into the use of data for decision making. Tunajali will also support the USG/Tanzania program to improve the financial management capacities for indigenous Civil Society Organizations (CSOs), Non-Government Organizations (NGOs) and LGAs through a technical assistance mechanism from Health Systems 20/20.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10119**		
Mechanism Name:	**Community Services**		
Prime Partner Name:	**Deloitte Consulting Limited**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	5,188,647	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	5,000,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10123	**Mechanism Name: APHFTA - PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Association of Private Health Facilities of Tanzania (APHFTA) represents more than 400 private, primarily for-profit, health facilities in the country. Since 2005 APHFTA has participated in the HIV and AIDS response as a sub-recipient of Global Fund for HIV/AIDS, TB and Malaria and has trained nearly 275 health care providers from 40 private health facilities in HIV and AIDS care and treatment, VCT, PMTCT and HBC for people living with HIV/AIDS. In collaboration with Wharton Business School, local consulting and training expertise, and PharmAccess International, APHFTA will establish (a) a business training program that will enable medical practitioners to establish sustainable private practices, (b) an upgraded IT network connecting its membership, and (c) a revolving loan fund that will be used primarily to upgrade laboratory facilities and train staff.

This endeavor will contribute to the Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance. More specifically, it will to "build the capacity of non-state actors at national and local levels for these oversight functions." It also supports Goal 1: Service Maintenance by "strengthening facility-based care (ART, PMTCT, and TB/HIV)" and Goal 6: Evidence-based and Strategic Decision Making by enabling APHFTA members to use improved IT for two-way medical reporting. This is a nationwide program that has far-reaching impact. First, it will improve AIDS care and treatment services provided by private physicians through upgraded laboratory facilities and training of staff. Second, IT upgrades and installation of modems will result in improved medical reporting to APHFTA and, in turn, APHFTA's ability to provide critical medical information and support to its members. Third, the organization will be able to play a more influential leadership role in the health care system as its members improve their capacity to provide quality healthcare that is customer oriented.

This activity will stimulate the use of for-profit private sector financial and human resources in the HIV/AIDS response, thus relieving the burden on the public system. It will enable private physicians to profitably manage for-profit private practices, thereby laying the foundation for PEPFAR's exit by having developed sustainable medical practices that are addressing the HIV/AIDS epidemic. APHFTA is required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10123**		
Mechanism Name:	**APHFTA - PPP**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted

Narrative:

In 1991, the 1977 law proscribing private medical practice in the United Republic of Tanzania was repealed. Since then, the private healthcare sector in Tanzania has experienced significant growth. Today, more than 2,000 private health facilities, most of which are faith-based organizations, deliver more than 50% of patient care. However, there still exists a long shadow of more than 25 years of socialism during which medical care was provided free of charge and for-profit private entrepreneurs were labeled "profiteers" and "saboteurs" of the economy.

The Association of Private Health Facilities of Tanzania (APHFTA) cautiously began in 1994 as a forum for medical professionals to discuss the implications of the change in the legal and policy environment. Since 2005 APHFTA has participated in HIV and AIDS relief as a sub-recipient of Global Fund for HIV/AIDS, TB and Malaria and has trained nearly 275 health care providers from 40 private health facilities in HIV and AIDS care and treatment, VCT, PMTCT and HBC for people living with HIV/AIDS. More than one-half of the facilities have been assessed by the government and have been registered as HIV/AIDS care and treatment centers for the national HIV/AIDS program. Tthe organization now has become a major advocate of for-profit healthcare with more than 400 members and a national network structured around six zonal offices. This activity further strengthens the association and its members who will receive business management training and low-income loans to upgrade their laboratories and IT systems. It is anticipated that APHFTA members, like other private sector entities, will model cost effective medical practice by providing prompt customer service and fully utilizing and carefully maintaining their laboratories.

PPPs inherently are targeted leveraging mechanisms. PEPFAR funding for this activity is being used to leverage APHFTA member membership fees and technical assistance and funds provided by the Global Fund, ParmAccess International and several other donors. This activity supports an organization that plays a vital symbolic and substantive role in the transformation of Tanzania's health sector.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10130	**Mechanism Name: Track 1.0 treatment follow on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this award is to expand avenues for indigenous organizations to compete for new funding opportunities. Average first year funding for successful awardees is expected to be under $500,000.00, and all awardees will receive substantial capacity building and programmatic oversight.

USG Tanzania is committed to building the capacity of the local government and district health management teams to expand and improve services for PLWHA. Currently, implementing partners are working closely with district teams to jointly plan, implement, monitor and support programs at the facility level. While existing contract mechanisms with some major implementing partners are ageing, there is a clear recognition that support to the districts for various aspects of program management needs to continue. USG Tanzania, through its implementing partners, is fully supportive of the district network model and sees this approach as an essential component for sustainability.

Objectives:
FY2010 funds will be used to issue an FOA for local organizations (public or private hospitals, faith-based organizations, or non-governmental organizations) who either have already demonstrated their capacity as sub-recipients under prime partners or have a history of operating successfully in national strategies

for HIV prevention, treatment, care and support. This mechanism will provide for a range of HIV services supporting one or more of the following: the provision of Prevention of Mother to Child Transmission (PMTCT) services; linkage to HIV services for individuals infected with tuberculosis (TB/HIV); expansion of HIV counseling and testing (C&T) services; linkages between community-based and facility-based care for HIV-infected or affected persons; and comprehensive HIV services for target populations, including pediatric services.

Specific requirements will be laid out to ensure that the organizations have systems in place to qualify for direct funding from the USG, that the organizations have appropriate linkages and referrals for an effective continuum of care, and that the direct funding arrangement will contribute to USG scale-up goals. Targets will be set at the time of award.

Cross - cutting: The awardee will partner with other stakeholders and the Government of Tanzania in the establishment of regionally integrated programs that will satisfy PEPFAR care and treatment objectives. All programs are intended to build on and not duplicate existing services.

Target Population:
Patients with HIV and their families in selected regions are the main target population.

Geographic Coverage:
For the first year of the award in the program areas of HIV Treatment, HIV clinical care, and PMTCT, the geographic focus will be: Arusha, Pwani (Coast), Dar es Salaam, Kagera, Kigoma, Kilimanjaro, Lindi, Manyara, Mara, Mtwara, Mwanza, Shinyanga, Tabora, Tanga, and Zanzibar.

IM link to PF goals:
The awardee will working with regional and district authorities in the day to day activities of the program within the existing system. Planning, implementation and monitoring of activities will be done jointly with district staff. All awardee activities will be in line with Tanzania's HIV AIDS Strategy. The awardee will hire local technical staff and build the capacity of infrastructure and human resources. Financial and program management system capacities will be strengthened through training and technical assistance.

M&E:
A formal and comprehensive monitoring and evaluation (M&E) plan will be developed prior to program implementation. The M&E plan will also delineate responsibilities for data collection, reporting, analysis, and dissemination. Standardized processes for quality assurance (e.g., record keeping, data management, adherence to procedures and policies) and for quality control of service delivery will also be put in place.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10130		
Mechanism Name:	Track 1.0 treatment follow on		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted

Narrative:

Build capacity of the local government and district health management through training and technical assistance to maintain quality HIV services for PLHWA. This will be accomplished through issuing an RFA for local organizations to work with Region and District authorities in the day to day activities of HIV Program management. Build capacity of the local government and district health management through training and technical assistance to maintain quality HIV services for PLHWA. This will be accomplished through issuing an RFA for local organizations to work with Region and District authorities in the day to day activities of HIV Program management.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10131	**Mechanism Name: Track 1.0 treatment follow on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USG Tanzania is committed to building capacity of the local government and district health management teams to expand and improve clinical services for PLWHA. Implementing partners are working closely with the district teams to jointly plan, implement, monitor and support programs at the facility level. While existing contract mechanisms with some major implementing partners are ageing, there is a clear recognition that support to the districts for various aspects of program management needs to continue. USG Tanzania, through its implementing partners, is fully supportive of the district network model and sees this approach as an essential component for sustainability.

Objectives:
FY2009 funds will be used to issue an RFA for international organizations (public or private hospitals, faith based organizations, or non-governmental organizations) who either have already demonstrated their capacity as sub-recipients under treatment partners or have a history of successfully operating international HIV care and treatment programs. The purpose of the RFA is to fund a limited number of programs through CDC/Tanzania to scale up HIV/AIDS services. Specific requirements will be laid out to ensure that recipient organizations have systems in place to qualify for direct funding from the USG, that the organizations have appropriate linkages and referrals for an effective continuum of care, and that the direct funding arrangement will contribute to USG scale-up goals.

Targets will be set at the time of the award.

Cross - cutting: The awardee will partner with other stakeholders and the Government of Tanzania in the establishment of regionally integrated programs that will satisfy PEPFAR care and treatment objectives. All programs are also intended to build on and not duplicate existing services.

Target Population: Patients with HIV and their families in selected regions are the main target population.

IM link to PF goals
The awardee will work with regional and district authorities in the day to day activities of the program within the existing system. Planning, implementation and monitoring of activities will be done jointly with district staff. All awardee activities will be in line with Tanzania's HIV AIDS Strategy. The awardee will hire local technical staff and build capacity of infrastructure and human resources. Financial and program management system capacities will be strengthened through training and technical assistance.

M&E: A formal and comprehensive monitoring and evaluation (M&E) plan will be developed prior to program implementation. The M&E plan will also delineate responsibilities for data collection, reporting, analysis, and dissemination. Standardized processes for quality assurance (e.g., record keeping, data management, adherence to procedures and policies) and for quality control of service delivery will also be put in place.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10131**		
Mechanism Name:	**Track 1.0 treatment follow on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			
Build capacity of the local government and district health management through training and technical assistance to maintain quality HIV services for PLHWA. This will be accomplished through issuing an RFA for International organizations to work with Region and District authorities in the day to day activities of HIV Program management.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10351	**Mechanism Name: UHAI-CT**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,640,000	
Funding Source	**Funding Amount**
GHCS (State)	2,640,000

Sub Partner Name(s)

Africare	Alpha Dancing Group	Ilula Orphans Program
MASUPA	MISO	SHISO
T-MARC Company	Tumaini University	

Overview Narrative

JHPIEGO, a nonprofit affiliate of The Johns Hopkins University (JHU) that has been working in Tanzania for over 15 years, is implementing the Universal HIV/AIDS Intervention for Counseling and Testing (UHAI-CT) Program to deliver an innovative, cost-effective, and results-oriented program to support USAID and GoT HIV Counseling and Testing (HCT) objectives. UHAI, meaning "LIFE" in Swahili, promotes the philosophy that knowing one's HIV status can literally mean saving one's life, and oftentimes the lives of others as well.

JHPIEGO implements the UHAI program in partnership with Africare and the T-MARC Company. The UHAI-CT technical approach is guided by the principles of innovation, rapid expansion, diversity of strategies, quality, sustainability, strong links to HIV care and treatment, and cost effectiveness. As such, UHAI-CT expects over the life of the program to rapidly increase access to quality of HIV CT for all Tanzanians, particularly those at high risk, including HIV-exposed children, through national implementation of provider-initiated testing and counseling (PITC) and sub-granting to local civil service

organizations (CSOs) including faith-based, nongovernmental (NGO), and community-based organizations—for targeted outreach CT services. The program is also focused on strengthening providers' skills for quality HIV CT service delivery by using a new onsite training approach for facility-level service providers, strengthening quality improvement (QI) systems and advocating for and supporting the shift of CT duties to community (lay) counselors. A primary objective of the UHAI program is to establish critical links to prevention, care, and treatment services for adults and children, and to strengthen and expand community care and support for HIV-positive clients through close coordination with PEPFAR-supported prevention, care and treatment partners. It also invests in HCT demand creation and in the sensitization and mobilization of high-risk communities for HIV CT using interpersonal communication channels. National health strategies and policies guide UHAI-CT's multi-faceted approach and UHAI staff are actively involved in partnerships with the GOT to adapt and roll-out updated and appropriate HCT
policies and guidelines and in strengthening national management and information systems (MIS) related to CT. In addition, UHAI-CT is actively engaged in strengthening the sustainability of these services by building GoT and CSO capacity at the national, regional, district, and community levels.

By September 30th 2009, only five months after initiating HCT service delivery, UHAI-CT had provided 47,761 individuals with counseling and testing services and had trained 509 services providers in PITC clinical skills. In addition, through its sub-partner TMARC, 623,587 individuals were reached with demand creation communications, including for couples counseling and promotion of disclosing one's status to one's partner. In its fiscal year of operation, UHAI CT offered PITC services in Iringa and Tabora and CT outreach services in Dar es Salaam, Pwani, Morogoro, Tanga, Arusha, Manyara, Shinyanga, Singida, Dodoma, Ruvuma, Rukwa, Mtwara, Lindi, Mbeya, Kagera and Kilimanjaro. UHAI-CT has been coordinating closely with numerous USG implementing partners such as AMREF, IntraHealth, ICAP, Elizabeth Glazier and FHI to ensure harmonized and synergistic in HCT service delivery. In FY 2010, Jhpiego has been asked by PEPFAR/Tanzania to expand PITC coverage to Dodoma, Singida, Tanga and Kilimanjaro and estimates that it will reach a total of 95,950 individuals through PITC and outreach CT. In FY 2011 this target increases to 144,000 individuals counseled, tested and received results. In addition, the UHAI-CT program will reach 6,250 MARPs with individual and/or small group level prevention interventions in FY 2010 and almost twice this number in FY 2011. Finally, UHAI-CT will continue to train health care workers and auxiliary supervisors in PITC. These providers will also be trained in TB screening in alignment with national and international guidelines.

Cross-cutting programs and key issues: UHAI-CT provides outreach CT services to higher risk populations including mobile and migrant populations; it contributes to health wrap around programming through the integration of TB into its PITC clinical skills training program and estimates that approximately $507,370 of COP 2010 funding is attributable to human resources for health. Through its community

sensitization and mobilization, and through its training program, issues of gender equity and gender norms are directly addressed. Though this is still a very new program, Jhpiego is actively looking for ways to partner with other PEPFAR and non-PEPFAR actors in order to find efficiencies overtime through increased technical focus and targeting. The UHAI-CT program supports the Partnership Framework Prevention Goal and provides critical support to the biomedical and behavioral components of the USG's combination prevention strategy.

M&E plans: Jhpiego has developed a robust performance monitoring plan that has been approved by USAID/Tanzania. Program monitoring data are collected systematically through service delivery sites, supervisors of HCT providers, or monitoring systems from partner and grantee organizations and reported on a quarterly basis.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	507,369

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population
TB

Budget Code Information

Mechanism ID:	**10351**		
Mechanism Name:	**UHAI-CT**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	2,640,000	
Narrative:			
Continue and expansion of PITC and mobile CT services. Services are focused in Iringa, Dodoma, Tabora, Singida, Tanga, Mtwara and Kilimanjaro. Jhpiego will continue to provide technical assistance to			

the NACP and regional and district officials in data collection and management.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10628	**Mechanism Name: tmark**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10807	**Mechanism Name: Futures Group**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: The Futures Group International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,775,000	
Funding Source	**Funding Amount**
GHCS (State)	2,775,000

Sub Partner Name(s)

Association of Journalists Against AIDS in Tanzania (AJAAT)	PACT Tanzania	Tanzania Network of Religious Leaders Living with or personally Affected by HIV (TANERELA)
Tanzania Parliamentarians AIDS Coalition (TAPAC)		

Overview Narrative

Comprehensive Goals and Objectives: The Health Policy Initiative (HPI) seeks to build an enabling environment for effective prevention, care, and treatment of HIV and AIDS in Tanzania. HPI generates momentum for change by working with parliamentarians, the media, religious leaders, civil society organizations, and people living with HIV and AIDS (PLHIV) to hold the Executive Branch accountable for implementing the most effective possible response to HIV and AIDS in Tanzania. In so doing, HPI builds the capacity of (1) parliamentarians to advocate on HIV and AIDS within the government and to the people; (2) the media, to report accurately on HIV and AIDS issues so that ordinary Tanzanians can expect the best possible public response to HIV and AIDS and play their part in reducing stigma and discrimination; and (3) people living with HIV to extend the authority and reach of their voice as ambassadors for change and accountability in all matters concerning HIV and AIDS.

Linkage to Partnership Framework: HPI will support the Partnership Framework (PF) by promoting public

accountability, a key component of one of the six PF goals. HPI will direct the development and training of grassroots-level public expenditure tracking committees, a USG PF commitment. HPI will also support the establishment of a policy forum to address and help coordinate Global Fund, PF and domestic program implementation. Finally, HPI, which has formed a close relationship with Parliament's HIV/AIDS Committee (PAC), will play a vital role in linking the PAC to the PF implementation plan negotiation and PF implementation process which will enhance the accountability and transparency of the PF and its credibility in the eyes of key stakeholders such as PLHIV.

Geographic Coverage: HPI's programs are national in scope.

Key Contributions to Health Systems Strengthening: HPI makes a key contribution to health systems strengthening by advocating for policy change on two issues currently hindering health systems efficacy: task-shifting and the national HIV resource gap. On task shifting, HPI advocates for change with opinion leaders including MPs and the media in order to encourage the MOHSW to liberalize certain policies which currently do not allow particular cadres to provide services contributing to efficiency, e.g., nurses prescribing anti-retroviral treatment and help ameliorate the impact of the shortfall of qualified medical personnel. HPI will work with partners involved in the implementation of the Human Resources for Health Strategy, treatment partners, and the WHO to advocate for changes to the current guidelines including plans for appropriate training and supervision. On the national HIV resource gap, HPI works with MPs, the media, and PLHA groups to create greater awareness of the Tanzania's UNGASS commitments, and to encourage greater ownership of the HIV response on the part of the Government of Tanzania through the cultivation of non-traditional financing sources such as public-private partnerships and budget rationalization.

Cross-Cutting Mechanisms and Key Issues: HPI works with opinion leaders including religious groups, MPs, the media and groups of people living with HIV and AIDS to increase understanding of the relationships between gender-based violence, HIV incidence, and stigma and discrimination and encourage policy and legislative reform to address gender-based violence as a vector for HIV transmission and an aggravating factor in stigma and discrimination. HPI also works closely with legal aid groups and the Commission on Human Rights and Good Governance to collect statistics on gender-based violence and conduct training and advocacy campaigns.

Strategy for Cost Efficiency: HPI conducts organizational and management capacity building activities for key groups of people living with HIV and AIDS and legal aid societies. It is envisaged that as their capacity grows, these groups will be able to attract external funding, enabling them to support independently activities such as advocacy for legislative and policy reform. As stakeholder groups on certain policy issues solidify and become accustomed to working together, HPI will encourage financially

able stakeholders, e.g., established religious groups, private sector partners, etc., to make contributions to the cost of moving the policy agenda forward, e.g., contributing to meeting costs, sponsoring meetings on a rotating basis, etc.

Monitoring and Evaluation Plans: HPI/Futures is required to submit quarterly progress reports documenting results achieved and a semi-annual report showing results against its approved monitoring and evaluatio

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**10807**		
Mechanism Name:	**Futures Group**		
Prime Partner Name:	**The Futures Group International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	2,775,000	
Narrative:			
Advocacy for policy changes with opinion leaders including MPs, PLHA groups, religious leaders and the media; stigma and discrimination reduction. Expansion of public expenditure tracking,; support for increased linkages between Parliamentary AIDS Committee and national organs such as TACAIDS; support for building advocacy capacity among groups carrying out public expenditure tracking; policy support for task shifting;			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10808	**Mechanism Name: University of Maine**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10809	**Mechanism Name: AFENET**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Field Epidemiology Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,035,000	
Funding Source	**Funding Amount**
GHCS (State)	1,035,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,035,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10809**		
Mechanism Name:	**AFENET**		
Prime Partner Name:	**African Field Epidemiology Network**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	1,035,000	
Narrative:			

Build the capacity of the MOHSW to provide a masters program focused on field epidemiology and lab training. Support 21 students in the two year master program. Support outbreak investigations as needed.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10811	**Mechanism Name: FXB**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Francois Xavier Bagnoud Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 831,523	
Funding Source	**Funding Amount**
GHCS (State)	831,523

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FXB is one of several US Universities selected to provide training and technical assistance to HIV/AIDS programs domestically and internationally. Using this mechanism, PEPFAR countries are afforded a direct mechanism to support the transfer of HIV/AIDS expertise across continents and countries.

Objectives

Through technical assistance (TA) to the MOHSW, the FXB Center aims to support the national scale-up and strengthening of PMTCT programs and services. Strategies will be informed by a needs assessment that builds on existing knowledge and experience of the MOHSW and the PMTCT implementing partners. Four objectives have been identified for FY 2010-11:

1. Conduct a national needs assessment to further define barriers and gaps in the delivery of comprehensive PMTCT services, and identify strategies to address them. (Mainland)
2. Support the MOHSW to develop and conduct annual meeting with implementing partners for the

purpose of enhancing communication, disseminating materials and tools, sharing experiences and best practices, refining strategies for scale-up of programs using the most efficacious ARV regimens for PMTCT, and effectively linking mothers, infants and families to care and treatment. (Mainland)
3. Using information gained from the needs assessment, along with scientific updates and updated WHO guidance, provide support to the PMTCT TWG to review, update, pilot test and support dissemination of the national: PMTCT guidelines, PMTCT training package, PMTCT support tools, stand-alone training toolkit for PMTCT. (Mainland)
4. Conduct refresher trainings on PMTCT for HCWs and orientation on updated PMTCT training package and guidelines. (Zanzibar)

Contribution to Health System Strengthening
The FXB Center aims to continue to strengthen the capacity of the national PMTCT program to achieve its goals by expanding PMTCT services through system linkages with the national pediatric HIV program and integration of these services in routine reproductive and child health services nationally. Specific activities include:
1. Establish sustainable linkages between the pediatric unit of the NACP and the MOHSW RCH Division
2. Facilitate coordinated work planning and operational activities with the PMTCT and pediatric units of the NACP
3. Strengthen linkages with and between implementing partners
The PMTCT guidelines and clinical support tools will be developed first. The guidelines will inform the content of training materials, and training on the use of clinical support tools will be included in the training package to ensure healthcare workers know how to use the tools to best effect.

Cross cutting issues
Key issues such as gender, family planning and child survival will be addressed with MOHSW and partners as FXB works with them to update and improve guidelines and training materials.

Cost efficiencies
The FXB Center's approach to technical assistance is to strengthen existing capacity and foster new skills development. As FXB develops the skills of local, in country staff, the need for on-site technical assistance from US-based staff will be dramatically reduced. With that in mind, the FXB Center has developed a "strategic withdrawal" as opposed to an exit strategy to ensure project continuation.
Geographical coverage

By providing TA directly to the MOHSW, FXB's work will have an impact at the national level. The national needs assessment will inform strategies for improving PMTCT service delivery throughout the country. With a focus on PMTCT and EID, FXB will be targeting women and infants.

Link to Partnership frame work

Goal 1 of the PF addresses service maintenance and scale-up, with quality improvement considered an integral part of the goal. FXB, by updating and revising PMTCT guidelines as well as training materials for HCW involved in
PMTCT service delivery, will contribute to this goal of quality service provision.
Goal 2 focuses specifically on prevention, which is the primary goal of PMTCT programs. The Framework emphasizes increasing the efficacy of programming for prevention and enhancing the enabling environment for the provision of prevention services. FXB will be enhancing the environment in which PMTCT services are delivered. Improvements in national guidelines, including a focus on standardizing the implementation of these guidelines will enable HCW to more effectively provide PMTCT services. FXB's second objective of developing an annual partners meeting will allow for and encourage the exchange of experiences, tools and materials, which speaks to increasing prevention programming efficacy.
Goal number 6 emphasizes the use of evidence in planning and decision making. The national needs assessment will provide MOHSW with evidence that will inform their decision-making processes regarding PMTCT and EID programs at the national level.

Monitoring and Evaluation
Monitoring and evaluation is facilitated by a detailed workplan that identifies project outputs and corresponding performance measures for each objective. The findings of the needs assessment will help define work plan targets and outcomes.
The FXB Center Country Manager will hold regular meetings with CDC-Tanzania and CDC-Atlanta to report on the status on work plan activities and seek guidance as needed. The FXB Center will hold frequent consultations with the MOHSW to seek continued guidance, feedback and input on the TA provided. Adjustments to the work plan will be made accordingly.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10811**		
Mechanism Name:	**FXB**		
Prime Partner Name:	**Francois Xavier Bagnoud Center**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	831,523	

Narrative:

Support to the MOHSW mainland to review, update, pilot test and support dissemination of the national: PMTCT guidelines, PMTCT training package, PMTCT support tools and stand alone training tool kit for PMTCT update training and onjob mentorship Conduct a national needs assessment (at representative sites)for mainland to identify capacity and barriers for delivery of comprehensive PMTCT services.this will be based on outcomes of FY 2009 desk review and feedback from implementing partners and MOHSW.Support MOHSW mainland to Update PIT guidelines for mainland to enrich paediatric component Support the MOHSW mainland to develop and conduct annual meeting with implementing partners for the purpose of enhancing communication, disseminating materials and tools, sharing experiences and best practices, and refining strategies for scale-up of programs using the most efficacious ARV regimens for PMTCT and effectively link mothers, infants and families to care and treatment. Conduct refresher trainings for PMTCT TOTs and orientation on updated PMTCT training package and guidelines for ZanzibarConduct a national needs assessment (at representative sites)for mainland to identify capacity and barriers for delivery of comprehensive PMTCT services.this will be based on outcomes of FY 2009 desk review and feedback from implementing partners and MOHSW.Support MOHSW mainland to Update PIT guidelines for mainland to enrich paediatric component Support the MOHSW mainland to develop and conduct annual meeting with implementing partners for the purpose of enhancing communication, disseminating materials and tools, sharing experiences and best practices, and refining strategies for scale-up of programs using the most efficacious ARV regimens for PMTCT and effectively link mothers, infants and families to care and treatment. Conduct refresher trainings for PMTCT TOTs and orientation on updated PMTCT training package and guidelines for Zanzibar

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10970	**Mechanism Name: Grants**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10970**		
Mechanism Name:	**Grants**		
Prime Partner Name:	**U.S. Department of State**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	OHSS	150,000	

Narrative:

TITLE: Ambassador's Fund for HIV and AIDS

The Ambassador's Fund for HIV and AIDS in Tanzania will use PEPFAR funds to support some of Tanzania's most promising small community- and faith-based organizations (CBOs and FBOs) that are making significant contributions to the fight against HIV and AIDS, including organizations of persons living with HIV/AIDS (PLWHAs). The Fund for HIV and AIDS will complement grants provided under the Ambassador's Self Help Fund which focuses on water projects, healthcare projects (excluding medicine or
counseling), solar/energy efficiency/environmental projects, and income generating projects. The Fund will also complement the Democracy and Human Rights Fund. Activities funded through this program will target PLWHAs as well as their families and caregivers, community volunteers, CBOs, and FBOs.

The Fund for HIV and AIDS will be administered by the existing Ambassador's Special Self-Help Fund Coordinator. Working with the PEPFAR Country Coordinator's Office, the Self-Help Fund Coordinator will establish guidelines and review procedures to ensure that strong applications are considered for funding through a fair, transparent process. Criteria for selection include: improvement of basic conditions at the community level; benefit a substantial number of people in the community; be within the means of the local
community to operate and maintain; and quick implementation of the grant within one-year agreement period. The Self-Help Fund Coordinator will be responsible for ranking and evaluating all unsolicited proposals prior to review by a full committee comprised of representatives from the PEPFAR interagency team and the Mission's Humanitarian Assistance Coordination Board. This broad committee will meet with the Self-Help Fund Coordinator on a quarterly basis to review final applicants and to share lessons learned
on community grants program implementation. The Self-Help Fund Coordinator will also be responsible for keeping a database of received proposals, identifying organizations that may be appropriate for consideration, and sending timely and appropriate replies to organizations whose proposals fall outside the parameters of consideration. It is expected that between 15 and 30 grants will be issued, with most grant awards being $10,000 or less. The Self-Help Fund Coordinator is under the supervision of the Mission's Deputy Chief of Mission.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10973	**Mechanism Name: JGI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Jane Goodall Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

Frankfurt Zoological Society	Kigoma Vijana Development Association (KIVIDEA).	Ministry of Natural Resources and Tourism, Forestry and Beekeeping
PACT Tanzania	TACARE	The Nature Conservancy

Overview Narrative

Since 2005, with the support of USAID and other major donors, the Jane Goodall Institute for Wildlife Research, Education and Conservation (JGI) has implemented community-centered conservation projects focused on the Greater Gombe Ecosystem (GGE) around Gombe National Park and the Masito-Ugalla Ecosystem (MUE) directly to the south.

Despite many program successes, the landscape of Western Tanzania is still seriously threatened by unchecked development, unsustainable farming techniques and a lack of local capacity to establish and enforce more environmentally friendly land use policies and practices. The spread of HIV/AIDS among farmers, fisherman and other workers in the region has also started to noticeably affect productivity and increase the impact on natural resources, as afflicted individuals and families are forced to adapt their income generation strategies: losing work time to sickness and treatment, pulling children from school, cultivating less productive fields to avoid travel to more distant ones, and adding responsibilities to already overstressed household workloads.

To address these ongoing concerns, JGI and its partners have used the lessons learned through GGE and MUE initiatives to design a larger, integrated program that will address both preserving key

threatened ecosystems and protecting and improving the health and livelihoods of the local population. JGI has significant experience in implementing HIV/AIDS activities in Tanzania and has reached over 22,443 people with "Abstinence and be faithful" messages and provided Home Based Care (HBC) to 6,100 clients. Based on lessons learned through past PEPFAR support, JGI will expand high quality HIV prevention and care activities to cover the entire Greater Gombe landscape.

Specific activities will include targeting individuals involved with agricultural production and natural resource management with high quality behavior change communication initiatives channeled through local partners such as forest management CBOs, coffee and honey producer associations, farmers' unions, and cooperatives of village extension workers. The program will work to clarify misconceptions related to HIV prevention, care and treatment and to reduce stigma. It will also highlight the potential impact of the disease on household health/wellbeing, earning power, the immediate environment, and the overall ecosystem. HIV/AIDS prevention and care activities will also target JGI staff members, it's network of community volunteers, and the staff of it's local partners to mitigate the impact of HIV/AIDS and reduce loss of local capacity in the areas of natural resource management and economic growth. The Roots & Shoots program will continue to be used as a vehicle to reach youth with high quality HIV prevention and gender messaging. The program will also directly target individuals and families affected by HIV/AIDS with activities focused on increasing incomes and channeling benefits resulting from advances in natural resource management and agricultural productivity. Examples of activities in this area include: the promotion of commercial crops for export markets, the establishment of tree seedling, agro-forestry, and medicinal plant nurseries, the establishment of Savings and Credit Cooperatives and the introduction of locally relevant labor saving agricultural techniques.

The JGI program will cover rural communities living in the Greater Gombe Ecosystem (GGE) of western Tanzania and will tailor HIV/AIDS activities to specific target populations such as adult agricultural and natural resource management workers, individuals and families infected and/or affected by HIV/AIDS and youth. Activities will include specific workplace programs, general economic strengthening programs and programs that increase vulnerable women's access to income and productive resources.

Linking PEPFAR programs to the NRM/EG program area contributes directly to the Partnership Framework goals of Prevention and Service Maintenance and Scale-Up. This wrap-around program will expand the reach of PEPFAR's prevention and care portfolios and build upon NRM partners' existing collaborations with rural populations. This multi-sectoral activity will leverage both human and financial resources to complement PEPFAR goals and maximize the effectiveness and efficiency of programs.

Awards made under the NRM/EG program are subject to standard monitoring and evaluation protocols. This includes an M&E program design that will be part of the initial partner proposal and final cooperative

agreement or contract. Partners are expected to provide quarterly progress reports which track data on established indicators under the Performance Monitoring Plan and Operational Plan, as well as to measure progress against established program goals. NRM/EG staff will conduct field visits and data quality assessments in collaboration with USG PEPFAR colleagues. Annual progress will be presented at the NRM/SO Team meeting to all partners and Government of Tanzania SO Team representatives.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's access to income and productive resources

Workplace Programs

Budget Code Information

Mechanism ID:	**10973**		
Mechanism Name:	**JGI**		
Prime Partner Name:	**Jane Goodall Institute**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	
Narrative:			
JGI will provide home based care services in Kigoma rural district, Will link with both treatment partner ICAP / Columbia and the other community care partner Balm In Gilead (BIG) in 2010 and the follow on partner in providing care services. JGI will provide services in accordance to the current guidelines and also integrate into the program PwP interventions.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	100,000	
Narrative:			
Expand HIV prevention activities into Natural Resource Management partner activities, including mainstreaming into CBO conservation plans. Efforts will focus on building local capacity and ensuring			

sustainability of prevention activities. Gombe/Mahale regions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10987	**Mechanism Name: NPI Grantee- CAMFED**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: CAMFED	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Bomalang'ombe Primary	Chumbi Primary	Fikano Primary
Hanga Primary	Idegenda Primary	Idodi Primary
Idodi Seconday	Ifuwa Primary	Igula Primary
Iguluba Primary	Ihimbo Primary	Ihomasa Primary
Ikungwe Primary	Ikuvala Primary	Ikuvilo Primary
Ikwiriri Seconday	Ilamba Primary	Ilambilole Primary
Ilandutwa Primary	Ilula Itunda Primary	Image Primary
Imalutwa Primary	Itagutwa Primary	Italula Primary
Itengulinyi Primary	Iyanika Primary	Jaja Primary
Kalenga Primary	Kaning'ombe Primary	Kiasi Primary
Kibiti Primary	Kidamali Secondary	Kiecheru Primary
Kihanga Primary	Kilalakidewa Primary	Kilimani Primary
Kilolo Seconday	KiloloPrimary	Kilulatambwe Primary
Kimala Primary	Kimande Primary	Kinywang'anga Primary
Kiongoroni Primary	Kipaduka Primary	Kipera Primary

Kiponzelo Primary	Kiponzelo Seconday	Kisanga Primary
Kising'a Primary	Kitapilimwa Primary	Kitowo Primary
Kitumbuka Primary	Kivinja A. Primary	Kiwalamo Primary
Luganga Primary	Lukosi Seconday	Lulanzi Primary
Lulanzi Seconday	Lumuli Primary	Lundamatwe Primary
Lupalama Bprimary	Lyandembela Seconday	Machipi Primary
Madege Primary	Magome Primary	Magunga Primary
Mahege Seconday	Mahenge Primary	Mahuninga Primary
Makatapola Primary	Makuka Primary	Malagosi Primary
Mangawe Primary	Mapinduzi Primary	Masisiwe Primary
Mazombe Seconday	Mbigili Primary	Mbunju Primary
Mbwera Primary	Mchukwi Primary	Mdeke Primary
Mgama Primary	Mgama Seconday	Mgomba Primary
Mhwana Seconday	Mibikimitali Primary	Mkoga Primary
Mkongo Primary	Mkongo Seconday	Mlanzi Primary
Mloka Primary	Mohoro Primary	Mohoro Seconday
Motomoto Primary	Msafiri Primary	Msafiri Seconday
Msifini Primary	Mtandika Primary	Mtawanya Primary
Mtitu Primary	Mtitu Seconday	Mtunda Primary
Mwaseni Primary	Mwaya Primary	Ndiwili Primary
Ndolela Primary	Ng'ang'ange Primary	Ngorongo Primary
Nyakavangala Primary	Nyamahana Primary	Nyamakonge Primary
Nyambili Primary	Nyamihuu Primary	Nyamisati Primary
Nyamwage Primary	Nyanjati Primary	Nyanzwa Primary
Pawaga Seconday	Pombwe Primary	Pomerini Primary
Ruaruke Primary	Ruwe Primary	Sadani Primary
Selebu Seconday	Siasa Primary	Tawi Primary
Udekwa Primary	Udumuka Primary	Udzungwa Seconday
Uhominyi Primary	Ukombozi Primary	Ukumbi Primary
Ukwega Seconday	Umwe Primary	Utengule Primary
Utete Seconday	Utunge Primary	Vitono Primary
Wangama Primary	Weru Primary	Zimbwini Seconday

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10988	**Mechanism Name: NPI Grantee- FHSSA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Hospices in Sub-Saharan Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10989	**Mechanism Name: FANTA II**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 800,000	
Funding Source	**Funding Amount**
GHCS (State)	800,000

Sub Partner Name(s)

Tanzania Food and Nutrition Centre	TBD	The Centre for Counselling for Nutrition and Health

Overview Narrative

Access to food and food security is one of the major challenges of households with orphans and vulnerable children (OVC) and people living with HIV/AIDS (PLHA) in Tanzania. Some 34 percent (12.9 million Tanzanians) fall below the basic needs poverty line and 17 percent (6.5 million Tanzanians) are under the food poverty line. An important component of comprehensive care and support for OVC and PLHA is to provide nutrition interventions and food support. To strengthen the integration of nutrition and food into HIV care and treatment services and OVC programs nationwide, USG/Tanzania is working with FANTA-2 to assist the Tanzania Food and Nutrition Centre (TFNC), the Centre for Counseling for Nutrition and Health (CONCENUTH), the Supply Chain Management System (SCMS), the Government of the United Republic of Tanzania (GOT) and U.S. President's Emergency Plan for AIDS Relief (PEPFAR) implementing partners (IPs) on how to integrate these services.

The goal of this activity is to improve the quality of care for PLHAs and OVCs. This activity will help reduce morbidity and mortality due to HIV & AIDS and improve the quality of life for People Living with HIV/AIDS and those affected by HIV & AIDS (OVCs).The objectives are to strengthen the capacity of GOT providers and PEPFAR IPs to provide nutrition assessment, counseling, and sustainable approaches for nutritional support at HIV care and treatment (palliative care, OVC, ART, and PMTCT) sites and to improve HIV care and treatment through the integration of nutrition and food components.

In FY 2009, FANTA-2 designed a plan for the most effective method of getting nutritional support to PLHA and OVC by collaborating with the Implementing Partners group. The care and treatment partners piloted the food supply and distribution system using the Food by Prescription model to 8 health facilities.FANTA-2 provided Technical Assistance (TA) by integrating nutrition education, assessment, counseling and food support. The health facilities include: Mbeya Referral hospital, Iringa, Sekouture and Shinyanga regional hospitals. Other sites are Mufindi, Kahama and Temeke districts hospital, and PASADA, Almano, Lugoda and Lunguya health centre. Several key foundational steps were taken to enable sites to assess nutritional status of clients and allow access to nutrition support. This included development of training and counseling materials, training and sensitization of region and districts health management team and healthcare providers and determining supply chain logistics and provision of food supplements.
The first Technical Working Group (TWG) on Nutrition and HIV/AIDS was formed and held its first meeting in July 2009. Representatives from Tanzania Food and Nutrition Centre (TFNC), Tanzania Commission for AIDS (TACAIDS), USG, UNAIDS, UNICEF, Clinton Foundation, Ministry of Health and Social Welfare-Department of Social Welfare and PEPFAR Implementing Partners attended this TWG meeting.
In FY 2010, FANTA-2 will continue to 1)strengthen the capacity of TFNC, CONCENUTH and PEPFAR implementing partners to coordinate nutrition and food activities for PLHAs and OVCs and document progress of the activity sharing their lessons learned, 2) build the capacity of CTC and PMTCT staff in nutrition and HIV services including FBP 3) build the capacity of OVC and HBC partners to integrate

nutrition and food services into OVC and HBC programs 4) provide technical support for the implementation of FBP in the pilot sites 5) demonstrate and support effective linkages and wraparound activities that benefits PLHAs and OVCs by working with other donors e.g. UNICEF, WFP, Clinton Foundation, Global Fund and the private sector and other line ministries e.g. the Ministry of Agriculture and Food Security and linkage to the Global Hunger and Food security initiative.
In FY 2010, emphasis is to bridge the gap between facility and community based nutrition services for PLHAs and OVCs. The creation of an effective referral system will connect the facility and community based nutrition interventions. Strong partnerships will be forged with district management teams and community services organizations to create effective linkages and wrap around program activities to benefiting PLHAs and OVCs and tracking these linkages to demonstrate impact. The activity will provide TA in creating linkages to other donor supported nutrition programs and linkages to the Global Hunger and Food Security and Global health initiative at community level.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000
Food and Nutrition: Policy, Tools, and Service Delivery	150,000
Human Resources for Health	50,000

Key Issues

Increasing women's access to income and productive resources
Child Survival Activities

Budget Code Information

Mechanism ID:	**10989**		
Mechanism Name:	**FANTA II**		
Prime Partner Name:	**Academy for Educational Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	400,000	
Narrative:			

AED through FANTA II is the National nutritional TA partner for USG, Tanzania. In FY 2010 FANTA-2 will continue to provide TA to other implementing partners to include community based partners. FANTA-2 will expand nutritional assessment and counselling to other sites in Dar es Salaam, Iringa, Mwanza, Shinyanga and Mbeya FBP region. Nutrition and wrapparounds using community as an entry level to responsing to the nutrition need of PLHAs and OVCs will be emphased. Coordination with UNICEF Community Based Management of Malnutrition (CMAM) and WFP food assistance will be increase, and there will be joint programming at implementation level for supplies, trainings, education and sensitizations. FANTA-2 will print necessary tools to aid nutrition assessment, classification and counselling at facility and community level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	

Narrative:

1) Provide TA on Food and nutrition for OVC IPs 2) Develop simple and user friendly nutrition and food security assessement tools to be used by the OVC service providers 3)Strengthen two way referral systems for OVCs between facility and community

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	

Narrative:

Nutrition support to HIV-exposed children, other OVCs, malnourished PMTCT mothers, and linkages to food security and economic strengtherning in regions with low PMTCT coverage and high OVCs caseload. FANTA-II will program from community level, create links between the facility and the community interventions. Also, technical assistance (TA) will be provided to individuals/groups and networks interested in agriculture value chain for food security and income generation, bringing the private sector involvement into focus to solving nutrition problems in Tanzania. Wraparounds with UNICEF, WFP and Global Fund community based nutrition intervention will be coordinated and increased.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11528	Mechanism Name: US Peace Corps
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core

Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 199,500	
Funding Source	**Funding Amount**
GHCS (State)	199,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**11528**		
Mechanism Name:	**US Peace Corps**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	75,600	

Narrative:			
Continuation of the work in the existing Peace Corps Volunteers (PCV) sites in the communities, through promotion of community permaculture gardens. PCVs will continue to provide trainings to family carers and promote good practices relating to PwP like: Safe drinking water treatment, hygiene, use of condoms among PLWHAs, use of ITNs and Nutrition. Peace Corps will link with implementing partners at the district to support the roll out of National recording and reporting systems. These funds will enable PC/T to expand the number of PVCs.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	46,400	
Narrative:			
1) PC/T continue to implement Emergency Plan (EP) activities through the actions of its 133 Peace Corps Volunteers (PCV) in 15 of 21 regions on mainland 2)Facilitate PC/T to support the national DMS through ensuring quality of data from cmoomunity level (generation point) to the management of the system and district level. 3) PC/T will continue to conduct permaculture workshops with environment and heath education PCV and their HCN counterparts ans link with OVC IPs in the regions.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	25,000	
Narrative:			
Funds to be used for Peace Corps Grants			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	52,500	
Narrative:			
Funds to be used to support Peace Corps grants			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11776	**Mechanism Name: New BPE**
Funding Agency: U.S. Department of State/Office of the Global AIDS Coordinator	Procurement Type: USG Core

Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FY 2010 NEW COP IMPLEMENTING MECHANISM FOR BASIC PROGRAM EVALUATION

Objectives

Prevention of Mother to Child Transmission (PMTCT) programs in Tanzania aim to reach pregnant women visiting antenatal clinics (ANC) and those delivering in health care facilities with HIV counseling and testing services and, for those found to be HIV positive, with interventions to prevent mother-to-child HIV-transmission.

Two PMTCT program evaluations will be conducted. The first one will determine whether routine data collection systems are double-counting pregnant women who are counseled and tested or receive an intervention. Because some women come for repeated ANC visits and around 40% deliver at a health facility, they may be counted repeatedly at the different occasions and therefore artificially inflate the numbers reported and used for decision making.

The second evaluation will compare the outcomes of three different service provision programs for HIV-positive women in PMTCT. The study will compare three service delivery strategies, looking at the uptake of ART by HIV positive pregnant women identified through PMTCT and are eligible for treatment of their own disease. One service provision model is currently being piloted in a few sites and directly integrates ART into RCH – women are able to receive ART and PMTCT services at the same time, in the same clinic if eligible. In the second model, ART is provided at the same facility as PMTCT services, but in a different part of the facility. Women have to be referred from the RCH clinic to the care and treatment clinic. In the third model women are referred to a different facility for care and treatment services.

Contributions to the system strengthening

The results of these evaluations will be shared with the MOHSW as well as implementing partners to inform policy and strategic scale-up plans for PMTCT services. The results of the first evaluation will be used to improve the tools used to monitor the number of pregnant women being tested for HIV, and the proportion of those found to be positive who are receiving an intervention. The second evaluation will

contribute to knowledge regarding the most effective service delivery model, which can be used to strengthen PMTCT service delivery on a national scale.

Cross cutting issues

These evaluations focus on PMTCT, but also touch on a variety of program areas like RCH (reproductive and child health) and safe motherhood. With a more accurate understanding of the numbers of HIV+ pregnant women served with different PMTCT model of care, CDC TZ and its partners will be able to identify efficiencies and linkages that will lead to better integration of PMTCT into routine RCH services. Confidentiality of data will be assured at all times throughout these evaluations.

Cost efficiencies

With more accurate estimates of the numbers of women in need of these services and better understanding of the most effective way to deliver them, resources can be targeted more strategically. Tanzania is still in the scale up of programs with about 65% of pregnant women being counseled and tested and about 50% of HIV-infected pregnant women receiving an intervention. Funding is directed according to results achieved to assure maximum efficiency and coverage.

Geographic Coverage

The first evaluation will be conducted in 10 sites in 3 regions out of 21 regions on Tanzania mainland. The number of sites for the second evaluation to be determined.

The target population will be women receiving ANC services at these sites.

Links to Partnership framework

The evaluations are linked to Goal 1 of the PF: maintenance and scale-up of quality services. Results of these evaluations will help identify efficiencies and inform strategic scale up of services.

Goal 2 of the PF focuses on prevention, including PMTCT efforts. This evaluation is directly in line with this goal, as it will strengthen CDC Tanzania's understanding of the current coverage as well as the most effective way to deliver PMTCT interventions.

Goal 6 of the PF aims to ensure evidence-based decision making and strategic planning. The first evaluation addresses data quality and its use for informed decision making. The second evaluation will inform decision making around the most effective way to deliver PMTCT services.

Monitoring and evaluation

CDC Tanzania is working to improve the quality of data reported from partners in the field and the uptake of ART by pregnant women. The first evaluation will contribute to a better understanding of the work being carried out by PMTCT programs, and will improve data collection and monitoring and evaluation of PMTCT activities. The second evaluation will determine best practices for integrating ART and PMTCT programs which can be shared with all implementing partners.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**11776**		
Mechanism Name:	**New BPE**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			
ART Costing study will continue to conduct detailed cost analyses at identified HIV treatment clinics, adopting a programmatic perspective and taking account of all resources devoted to supporting HIV treatment at the clinic over a 12-month period. Information obtained will be used for proper planning of HIV programs in Tanzania. The following BPE will be conducted 1.Pre Art/Art lost to follow up in rural district hospital in Tanzania basic program evaluation will help understanding the reasons for lost to follow up and therefore come up with appropriate interventions on patient retention. 2. Lost to follow up in children compared to adult. The results will help in improving the adult adherence and retention.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
BPE (1) in ART-PMTCT Integration (2) assess data quality in PMTCT program. Two PMTCT program evaluations will be conducted. The first one will determine whether routine data collection systems are double-counting pregnant women who are counseled and tested or receive an intervention. Because some women come for repeated ANC visits and around 40% deliver at a health facility, they may be counted repeatedly at the different occasions and therefore artificially inflate the numbers reported and used for decision making. The second evaluation will compare the outcomes of three different service provision programs for HIV-positive women in PMTCT. The study will compare three service delivery strategies, looking at the uptake of ART by HIV positive pregnant women identified through PMTCT and are eligible for treatment of their			

own disease. One service provision model is currently being piloted in a few sites and directly integrates ART into RCH – women are able to receive ART and PMTCT services at the same time, in the same clinic if eligible. In the second model, ART is provided at the same facility as PMTCT services, but in a different part of the facility. Women have to be referred from the RCH clinic to the care and treatment clinic. In the third model women are referred to a different facility for care and treatment services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12192	**Mechanism Name: MCHIP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,301,078	
Funding Source	**Funding Amount**
GHCS (State)	1,301,078

Sub Partner Name(s)

Iringa Regional Hosptial	Iringa Rural DDH	Kilolo DDH
Ludewa DDH	Makete DDH	Mufindi DDH
Njombe DDH	TBD	

Overview Narrative

Mehanism developed in August reprogramming.

Jhpiego has provided leadership on Male Circumcision (MC) programs since 2002, when the organization co-sponsored an international meeting on MC and HIV prevention with USAID and PSI. Jhpiego's most extensive and demonstrative program is in Zambia, which has focused on making high-quality, comprehensive MC services safe and accessible, and integrating MC into the compendium of HIV prevention activities. Jhpiego has subsequently worked with the Zambia MoH to scale up MC service delivery in the country and is active in MC in Botswana, Ethiopia, Lesotho, Mozambique and South Africa.

Jhpiego also plays a leadership role in MC at the global level, assisting WHO and UNAIDS in December 2005 to develop the MC reference manual, Male Circumcision under Local Anesthesia, and associated training materials. Jhpiego also collaborated with WHO and UNAIDS to develop the MC SA Toolkit and is a key partner of WHO in the development of performance standards to guide quality assurance of MC services. In collaboration with WHO, Jhpiego has conducted three regional MC courses in Zambia.

Given Jhpiego's significant technical leadership in MC both in the region and globally, the PEPFAR/Tanzania team has decided to have this partner assume the technical lead and quality assurance role for a handful of USG partners involved in expanding access to MC services in Tanzania.

Jhpiego's MCHIP program is currently working closely with the MoHSW, WHO, the national Male Circumcision Technical Working Group (MCTWG) and other key partners to develop the necessary resources to support the roll out of the Tanzania national MC program. This support includes the development of operational guidelines, training and quality assurance packages, as well as other tools as requested by the MCTWG and PEPFAR/Tanzania. In addition, MCHIP is implementing a MC demonstration project in Iringa region, and supporting the other USG MC partners in the roll out of their demonstration projects in Mbeya, Kagera, and Dar es Salaam through training, technical assistance and tools development. The MCHIP team also works closely with regional partners and the T-MARC Company preparing communities for the availability of services and developing materials and tools for client education and motivation. These activities taken together are laying the foundation in terms of national documents and tools for program expansion. Finally, MCHIP is integrating other male health issues into client counseling and community activities, including support for family planning (contraceptives and birth spacing), and promotion for male involvement in antenatal care and prevention of mother-to-child transmission of HIV.

With COP 2010 funds, Jhpiego has been requested by the PEPFAR/Tanzania team to extend MC service delivery throughout Iringa, and to expand services to Tabora. In addition, Jhpiego will continue to provide technical assistance, training and tools/materials development support to the other USG MC partners in the further roll-out of MC services in Mbeya, Shinyanga and Rukwa. Jhpiego will also continue to provide technical support to existing USG MC partner operations in Kagera and Dar es Salaam as needed. Jhpiego will continue to collaborate with the MCTWG and WHO on the development of a strategic framework for MC in Tanzania. Jhpiego estimates that it will be able to perform 1,680 MCs in FY 2010 and 5,640 MCs in FY 2011. It estimates that it will train a total of 77 health care workers (in-service) in FY 2010 and 126 in FY2011.

Contributions to Health Systems Strengthening: Emphasis will be put on sustainability of MC services

within the public health care sector.

Cross-cutting programs and key issues: Jhpiego will integrate messages on family planning and safe motherhood into MC counseling and counseling curricula and addresses male gender norms and issues of gender equity in its counseling and in both its individual and community level behavior change communications and materials. Jhpiego estimates that it will spend approximately $185,644 of COP 2010 funds in the human resources for health budget attribution category.

Jhpiego's MCHIP program directly contributes to the Partnership Framework Prevention Goal, in operationalizing and providing a key component of PEPFAR/Tanzania's comprehensive prevention portfolio.

M&E Plans: Jhpiego has developed a robust performance management plan that has been approved by USAID. Jhpiego is currently providing the GOT with technical assistance for the development and piloting of MC M&E tool

Cross-Cutting Budget Attribution(s)

Human Resources for Health	185,644

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**12192**		
Mechanism Name:	**MCHIP**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	CIRC	1,301,078	
Narrative:			
Continuation of TA for National MC Working Group and USG MC implementing partners (including guideline and training material development, development and piloting of M&E tools and system, training of trainers for MC implementing partners etc.); Continuation of support for safe MC services at Iringa & Tabora Regional Hospitals. Expansion of MC support in Iringa region & continuation of support for Tabora Regional Hospital			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12193	**Mechanism Name: Africare**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Africare	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,698,742	
Funding Source	**Funding Amount**
GHCS (State)	1,698,742

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Mehanism developed in August reprogramming.

Tanzania is among the top ten countries affected by HIV in the world. Overall national prevalence is 6% (2007 THMIS) with large regional variations. With the increasing realization of the inadequacy of institutional management of HIV and AIDS, the government has long recognized the important role of home-based care for PLHIV. In response to the scope of need for expanded HBC services in Tanzania. Africare will holistically work and link households with community care networks through Community Home Based Care providers, local Civil Society Organizations, and health unit extension staff. This

Implementing Mechanism (IM) seeks Africare to continue providing and scale up home based care (HBC) services to PLHIV in two regions while strengthening the links between communities, Community Health Management Teams (CHMTs) and health service outlets in the regions of operations.

The main objectives for this project will include: (i) Strengthen coordination by District Councils for HIV continuum of care; (ii) Increase capacity of district authorities to implement HBC and HBCT activities in coordination with District Health Management Teams (iii) Scale-up family centered HBC programs to support PLHIV in nursing care and psychosocial support; and (iv) strengthen dual referral networks between households and health units and decrease barriers to accessing antiretroviral therapy for PLHIV.

During the second year (FY2010) the project will continue providing support to HBC beneficiaries served in the two regions of Manyara and Mara simultaneously, undertake a needs assessment and strategically scale up services in high prevalence districts with low HBC coverage. Services will be scaled-up to Kagera region with phased approach of home based ART services linked to static Care and Treatment Centers (CTC). The direct beneficiaries include the population living in rural and urban communities of the three regions. Indirect beneficiaries are health care workers from local NGOs, home based organizations (HBOs) and community based organizations (CBOs) who are the target group for capacity building.

This program contributes to PF goals because it addresses the gap in involvement of non health care workers by building the capacity of communities, CHMTs, CHBCPs, HBC Supervisors, NGOs and CBOs and thus ensure PLHIV are provided with quality community based HBC. Africare will provide sub grants to key stakeholders to strengthen community and family structures to enhance networking and referral systems. PLHIV will be linked to ART services; screened for TB and linked to TB services, linked to support groups or peer-led interventions; provided with prevention services including a package for positive prevention and positive living.

Africare will identify, select and perform capacity assessment of local organizations (CSO/FBO/CBO) for partnership; strengthen their capacity to manage, implement, and supervise HBC programs including assisting them to develop monitoring and reporting systems.
Africare will facilitate the formation of PLHIV support groups and link households to microfinance credit services and livelihood support (community savings and loans) provided by NGOs. PLHIV support groups will be the focal point for engendering stigma reduction within the community using innovative inputs such as music, art, and Community Theater.

Partners will be facilitated with essential management information systems requirements such as software, computers; and will provide technical skills to relevant staff (including districts) in M&E to ensure that the management information systems are fully functioning to produce key required programmatic and

financial reports at all levels.

Africare will assess the M&E capacity of each sub-grantee and address knowledge gaps through training and fixing other systems gaps as part of the systems strengthening package. Critical program indicators will be measured and collected.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	10,500
Food and Nutrition: Policy, Tools, and Service Delivery	6,717
Human Resources for Health	110,000
Water	27,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12193**		
Mechanism Name:	**Africare**		
Prime Partner Name:	**Africare**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,698,742	
Narrative:			
Maintain and strengthen provision of integrated, high-quality care and support for PLWHA in two existing			

regions. This will be accomplished through building the capacity of local government and civil society for sustainable delivery of services for PLWHA, training of health care, community providers and empowering PLHIV, supportive supervision, procurement of supplies and effective referral and linkages between communities and health facilities. Strengthen coordination and collaboration mechanisms.The services will be provided in seven districts with in two regions of Mara and Manyara. With these additional FY2010 resources, Africare will strengthern quality of the programs in all three regions (Mara, Manyara and Kagera), and strengtherning linkages with other services and building capacity of the local governments to coordinate care and support programs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12194	**Mechanism Name: PROMIS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Northrup Grumman	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 850,000	
Funding Source	**Funding Amount**
GHCS (State)	850,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Mehanism developed in August reprogramming.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12194 Mechanism Name: PROMIS Prime Partner Name: Northrup Grumman			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	850,000	
Narrative:			
?PEPFAR Tanzania has a requirement to report data to OGAC for SAPR and APR in line with NGI guidance. ?PROMIS will be the country system that provides partners with ability to enter data directly to eliminate manual tabulation of data.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12195	**Mechanism Name: RTI-PHE**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Research Triangle Institute, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000	
Funding Source	**Funding Amount**
GHCS (State)	250,000

Sub Partner Name(s)

Ifakara Health	Tanzanian Essential Strategies Against AIDS (TANESA)	

Overview Narrative

Mehanism developed in August reprogramming.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12195**		
Mechanism Name:	**RTI-PHE**		
Prime Partner Name:	**Research Triangle Institute, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	250,000	
Narrative:			
Support PEPFAR's public health evaluation activities to achieve high quality and timely outputs, as well as provide capacity building.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12196	**Mechanism Name: UNICEF**
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: UNICEF	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 944,000	
Funding Source	**Funding Amount**
GHCS (State)	944,000

Sub Partner Name(s)

mother2mothers organisation		

Overview Narrative

Mehanism developed in August reprogramming.
UNICEF implementing mechanism for "Establishing PMTCT peer education and support services in Tanzania"
Project Title: Establishing PMTCT peer education and support services in Tanzania
The project aims to improve the effectiveness of PMTCT services in Iringa and Dar es Salaam regions, through the provision of peer-based education and support to HIV-positive pregnant women and new mothers. This project will be implemented through sub grantee funding to mothers2mothers organization (m2m). M2m, a South African based NGO operating in many East and Southern Africa countries. UNICEF is supporting m2m to start operations in Tanzania.

Project Objectives:
1) Establish capacity of the mothers2mothers program and staff to provide comprehensive peer-based education and support to pregnant women and new mothers at selected PMTCT sites in Iringa and Dar es salaam regions
2) Improve the uptake of key PMTCT services and actions among HIV positive Clients.
3) Facilitate access to HIV diagnosis, care and treatment services for HIV+ mothers and their children.

The program will identify and recruit HIV-positive mothers with recent PMTCT experience to be mentor mothers and site coordinators and equip them with comprehensive knowledge and skills to provide peer

education and support to PMTCT clients through one-on-one and group sessions. Mother mentors will promote and link clients to key services for PMTCT and HIV care such as CD4 testing, early infant testing, cotrimoxazole prophylaxis, ART for mothers and infants, family planning, infant feeding and maternal nutrition. They will also conduct active client follow-up to encourage women to return for medical care for both themselves and their infants. The hired PLHIV will also be able to undertake non-medical tasks like data collection, filling registers and directing clients to the CTC clinic. Task shifting of non-medical actions will help to relieve medical personnel who are usually overworked thereby improving their effectiveness.

This project has a strong component on greater involvement of PLHIV. Further to the involvement of PLHIV in health facility activities, the peer educators will also be able to engage in HIV activities at community level.
The project will employ three strategies to improve cost effectiveness overtime: capacity building at all level; partnership with other organizations; and integration in existing PMTCT services. UNICEF will support finalization of the guidelines for psychosocial support and build capacity of MoH for implementation of the programme. UNICEF will partner with other NGOs working in the two regions and in so doing build their capacity for implementation. Lessons learned from the m2m project will be shared and advocacy made with government and partners supporting PMTCT for integration of psychosocial support services as an essential component of care for clients receiving PMTCT.
The project will be implemented in 6 regions with of Iringa , Dar es Salaam, Mwanza, Mbeya, Mtwara and Kilimanjaro . Over the first year, the project will recruit and train 250 PLHIV who will provide peer education and support at 100 PMTCT outlets and reach up to 90,000 pregnant women and new mothers with services.
The project contributes to goals 1, 2, 5 and 6 of the PF. Through improving access and uptake of PMTCT, care and treatment for HIV positive pregnant women and new mothers, the project will contribute to reduction of morbidity and mortality and improve their quality of life as well that that of their spouses and children. The project will contribute to reduction of Mother to Child HIV transmission (MTCT), the second mode of HIV transmission in Tanzania. The project will pilot and share lessons on task shifting, one of the best practices for addressing human resource constraints in the health sector. Lessons learned from the project will be documented and shared to inform the national AIDS control programme.
A logic framework is attached to the proposal showing the activities for each objective with expected outputs, outcomes and indicators. A baseline and end of year project review will be conducted. Site coordinators and mother mentors trained on M&E will collect data routinely using existing M and E tools and where necessary new tools will be adapted. The M and E coordinator will supervise sites regularly to ensure quality data management and timely reporting.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	110,000

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**12196**		
Mechanism Name:	**UNICEF**		
Prime Partner Name:	**UNICEF**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	944,000	

Narrative:

Scale up thepeer education and support services (m2m) from initial 30 to 60.

During the first year of the project (FY09) 30 PMTCT sites located in the two regions with HIV high prevalence (Dar es Salaam and Iringa) will be supported to integrate peer eduction and psychosocial support services. In FY1, tjhe programme will be scaled up to more districts in the above two regions two additional districts and also in to 4new regions (Mtwara ,Mbeya , Mwanza and Kilimanjaro region). The project will reach a targeted 60,000 New ANC mothers with peer education and support services attending both the old and new sites..

In total there will be 60 sites by the end of FY10 using base fund . Scale up will require the hiring of 1 site coordinator and, on average, 2 mentor mothers per site. Each cadre of field staff will be trained at a central location within Tanzania prior to service commencement using a structured curriculum that has been adapted to the Tanzanian context.

Document peer education and support groups and share experience,also will scale up peer support by 40 new sites makes the total of 100 sites in 6 regions but this might increase depend on the review of the budget. Using this fund will increase the number of clients by 30,000 women with their partners.

Scale up to 20 new sites Document project implementtion and share experinces with MOHSW and other partners. Explore initiatives for increasing disclosure to partnes and male involvement in PMTCT. Project implementation will be documented and the report shared with PMTCT partners and stakeholders in the 6 regions and at national level. In addition project staff will participate in c.onferences conducted in the Sub Saharan region to share experinces from other countries . Lessons learned will be used to inform the national scale up process. (The Government of Tanzania is developing guidelines for psychosocial support and implementation is expected to start towards the end of FY2010).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12197	**Mechanism Name: Fintrac**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Fintrac Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 430,000	
Funding Source	**Funding Amount**
GHCS (State)	430,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Fintrac program is managed by USAID's Natural Resource Management/Economic Growth (NRM/EG) Team. The overall objective of Fintrac's Tanzania Sustainable Horticulture Program is to increase small-scale farmers' incomes through sustainable production of new horticultural crops and products, and by increasing employment in the wider horticulture industry. Fintrac will reduce critical value chain constraints and increase smallholder participation by: supporting crop diversification; developing stronger and more inclusive market linkages; training to achieve more efficient production practices;

introducing new technologies; and encouraging public/private sector partnerships. It is envisioned that Fintrac will collaborate with the EngenderHealth CHAMPION project for workplace HIV/AIDS activities and with other PEFPAR prevention and OVC/home-based care partners for integrating HIV/AIDS prevention, support and mitigation activities into the program.

This program contributes to the Partnership Framework goals on Prevention and Service Maintenance and Scale-Up. Fintrac will incorporate HIV/AIDS prevention and awareness training into its project through a wide range of activities. Specific participation targets for HIV/AIDS/OVC-affected farm households will be set; such households will be identified in collaboration with HIV/AIDS organizations. Fintrac will further work with relevant organizations to establish demonstration plots for farms, assist in crop selection for nutrition and income, and provide market linkages. In addition, Fintrac will ensure that farms include indigenous vegetables and other target crops high in micronutrients, and/or having synergistic properties with ARVs. Nutrition education will focus on communicating with children and youth about good nutrition practices. As part of Fintrac's overall agronomic training package, basic labor saving technologies will be introduced that have a positive impact on women and HIV/AIDS-affected households. These include mulching (significantly reducing time-consuming weeding requirements and water loss), water management (drip and other water-saving irrigation techniques) and low-cost greenhouses. Finally, Fintrac will work with the private sector to provide HIV/AIDS prevention, awareness and nondiscrimination training alongside smallholder group agronomic training activities.

Fintrac employs a seven-step approach to increase participation among women, youth and other disenfranchised groups in income-generating activities by: 1) setting outreach and participation targets; 2) incorporating gender sensitivity factors into product/activity selection; 3) training staff, clients, and counterparts in gender-sensitive methodologies; 4) facilitating women's access to savings accounts, health awareness education, leadership opportunities; 5) contributing to the strengthening of policy and institutional environments where appropriate; 6) partnering with women and youth-managed groups and companies; and 7) monitoring and evaluating results on a gender-disaggregated basis.

Linking PEPFAR programs to the NRM/EG program area will allow for a comprehensive approach to HIV/AIDS in the affected communities that these programs serve. PEPFAR will expand its reach to underserved populations, building upon NRM/EG partners' access to and partnership with rural populations. This wrap-around activity will leverage both human and financial resources as well as NRM/EG funding sources and partners, to complement PEPFAR goals and maximize the effectiveness of programs. A value-chain approach is used by
NRM/EG to develop production capacity and quality improvement in profitable agricultural enterprises and to ensure long-term market connectivity. By utilizing these platforms, PEPFAR interventions will also become sustainable, as integrated parts of these programs.

Fintrac's project will be implemented in Arusha/Moshi/Hai/Lushoto, Morogoro, Iringa, Mbeya, Coast and Zanzibar. Target populations include adult men and women, and vulnerable households including those affected by HIV/AIDS.

Awards made under the NRM/EG program are subject to standard monitoring and evaluation protocols. This includes an M&E program design that will be part of the initial partner proposal and final cooperative agreement or contract. Partners are expected to provide quarterly progress reports which track data on established indicators under the Performance Monitoring Plan and Operational Plan, as well as to measure progress against established program goals. NRM/EG staff will conduct field visits and data quality assessments in collaboration with USG PEPFAR colleagues.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**12197**		
Mechanism Name:	**Fintrac**		
Prime Partner Name:	**Fintrac Inc.**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	300,000	
Narrative:			
Facilitate linkage of NRM/EG &HIV/AIDS; buy in to the new procurement to tap into Horticulture opportunities to the OVC households. The activities will be implemented in Iringa, Morogoro, Arusha, Tanga and Pwani regions. Fintrac will ensure that 5% of the beneficiaries participating in their horticultural activities are HIV/AIDS/OVCs-affected households, by linking and coordinating with OVCs			

implementing partners in the selected regions. Fintrac will work with OVC implementing partners to effectively target households with OVCs and reducing or avoiding duplication of economic strengthening activities with existing OVCs partners in respective regions through increased coordination and linkages. Also, Fintrac will work with OVCs partners to establish demonstration plots and farms, and will select crops for nutrition and income generation and promote market linkages. Fintrac will promote new farming techniques and agricultural technologies that promote increase food security and income while reducing workload among HIV/AIDS affected households.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	30,000	

Narrative:

Expand HIV prevention activities into Natural Resource Management partner activities. Efforts will focus on building local capacity (including working through agricultural associations), implementing HIV prevention workplace programs, and ensuring sustainability of prevention activities. Arusha/Lushoto/Morogoro/Coast regions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	

Narrative:

Expand HIV prevention activities into Natural Resource Management partner activities. Efforts will focus on building local capacity (including working through agricultural associations), implementing HIV prevention workplace programs, and ensuring sustainability of prevention activities. Arusha/Lushoto/Morogoro/Coast regions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12198	**Mechanism Name: Health Systems 20/20**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Health Systems 20/20	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000	
Funding Source	**Funding Amount**
GHCS (State)	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USG community care portfolio has about 29 service delivery partners working in both Community based care and support for People Living with HIV/AIDS (PLWHA) and care for Orphans and Vulnerable Children (OVC). Majority of these implementing partners are implementing through sub-partners of which most of them are local civil society organizations (CSOs) and Non-Government Organizations (NGOs). There are approximately over 100 sub-partners implementing community projects in Tanzania.

The goal of Health Systems 20/20 is to increase the use of priority population, health, and nutrition (PHN) services, especially by the disadvantaged. Towards this goal, it implements activities to improve health system performance in four key areas (1) health financing, (2) governance, (3) operations, and (4) local capacity. The project team brings together an exceptional pool of professionals with depth and experience in the project's results areas plus significant field presence and experience to link health system improvements to increased service access and use. Abt Associates Inc., the prime recipient, is joined by the Aga Khan Foundation USA, Bitrán y Asociados (Chile), BRAC University (Bangladesh), Broad Branch Associates, Deloitte Consulting, LLP, Forum One Communications, RTI International, Training Resources Group, Inc. (TRG), and Tulane University's School of Public Health. Health Systems 20/20 is a Leader with Associates Cooperative Agreement awarded by the U.S. Agency for International Development (USAID)'s Global Health Bureau for the period September 30, 2006 to September 29, 2011. United States Government (USG)/Tanzania through USAID will be buying into this mechanism in FY2010.

HS 20/20 objective is to provide coaching and mentoring to management teams of selected implementing partners of Community Care Services (Care and Support of people living with HIV and AIDS and OVC Services) reaching multiple regions of Tanzania. HS 20/20 will help strengthen partner's management capacity and ability to respond adequately to all financial management requirements of PEPFAR. In order for these NGO partners to be sustainable, even beyond the period of their partnership with PEPFAR, it is vital that they apply sound management practices that provide an operating environment where staff can be productive, assets are safeguarded and are used efficiently, clients receive high quality service and external stakeholders' interests are respected.

This endeavor will contribute to the Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance by building "the capacity of non-state actors at national and local levels for these oversight functions." The main objective of this activity is to; build the capacity of the USG implementing partners to effectively build, manage and monitor financial systems capacity building for their sub-partners, in support of the USG strategy to build local institutional capacity for sustainability.

Health system strengthening related to HIV/AIDS is a key element of the Partnership Framework. HS 20/20's has a commitment to country ownership and the development of local capacity in order to ensure sustainability of activities initiated under the agreement. Furthermore, HS 20/20 is dedicated to improving governance and financial management of HIV/AIDS related activities, two important components of the Partnership Framework. HS 20/20's vision for both strengthening health systems and making them more efficient over time relies on the project's success in its core intervention areas, which include strengthening of financial systems, operations, and governance and building capacity. The project's results framework calls for improvements in these areas.

At its onset, HS 20/20 drafted a set of program indicators to benchmark its performance. We will apply them to each of the activities proposed for Tanzania in order to both monitor and evaluate performance and create opportunities for learning. In addition, we will partner with MOHSW to collect information on the COP10 core indicators activities and report on targets that have been met. The data quality for program monitoring will be ensured through data validation exercises undertaken in conjunction with the Monitoring and Evaluation Officer at USAID. HS 20/20 will also strengthen data feedback loops and dissemination mechanisms by working with our implementing partners in MOHSW to share infrastructure strengthening policies widely among stakeholders as well as district, regional, and national level health system administrators and managers.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12198**

Mechanism Name:	Health Systems 20/20		
Prime Partner Name:	Health Systems 20/20		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	150,000	
Narrative:			
These funds will buy into the Health Systems 20/20 mechanism, for provision of TA on financial management for the HBC partners and to strengthern the management of sub-grantees and local government financial management systems.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	100,000	
Narrative:			
1)Provide technical assistance on financial managment and costing to OVC IPs 2)Build capacity of th OVC IPS-based on the program cost effectiveness assessment report			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12199	**Mechanism Name: SHIFT**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TEC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The TechnoServe project is managed by USAID's Natural Resource Management/Economic Growth (NRM/EG) Team. Focusing on high value crops that include tomato, pineapple and avocado in Tanzania's Southern Highlands, the TechnoServe project has four objectives: 1) Increase marketing opportunities for smallholder farmers in terms of volume and price by strengthening market linkages and increasing processor demand; 2) Increase sale-able volumes and quality of fresh fruit and vegetables from target farmers through improved sustainable methods of production, harvest, and post-harvest handling; 3) Strengthen the role of women in the value chain and increase HIV awareness and prevention; and 4) Enhance the enabling environment for smallholder fruit and vegetable farmers. It is envisioned that TechnoServe will collaborate with the EngenderHealth CHAMPION project for workplace HIV/AIDS activities and with the FHI ROADS project for integrating HIV/AIDS prevention and mitigation activities as part of workforce capacity development and value chain analysis.

This program contributes to the Partnership Framework goal on Prevention. The program will leverage three key points of intervention – producer business groups, market services centers and processors – to deliver HIV/AIDS education, stigma reduction, and increased access to services such as counseling and testing. TechnoServe will partner with local HIV/AIDS organizations to identify households that are affected by HIV/AIDS. These households will be targeted for recruitment into project activities, and link farmers with markets. Further analysis will be undertaken with OVC households or those affected by HIV/AIDS to investigate barriers to productivity on-farm as well as participation in commercial marketing. Once these barriers are well understood, TechnoServe will facilitate the development of appropriate techniques and less-labor intensive cropping strategies that can enable these households to both improve their nutrition through increased production of fruits, and strengthen food and economic security. TechnoServe will ensure that their Business Advisors develop and deliver training that will increase awareness of HIV/AIDS and prevention strategies, and reduce the stigma of infection among farmer and farm family members. For example, HIV training modules focused on prevention, mitigation and stigma reduction will be developed and delivered to employees of participating food processors each season. As noted above, TechnoServe will work closely and deliberately with other USG prevention partners to ensure that efforts are coordinated, and that TechnoServe has access to other partners' high quality materials and expertise.

Women's participation in and benefit from the project will be maximized, including through participant recruitment and group formation, establishment of group governance rules and processes, and processor improvements. In addition, TechnoServe will undertake a gender analysis in selected participating communities in order to identify gender issues, determine how gender relations will affect the achievement of sustainable results, and assess how proposed results will affect the relative status of men and women.

Linking PEPFAR programs to the NRM/EG program area will allow for a comprehensive approach to HIV/AIDS in the affected communities that these programs serve. PEPFAR will expand its reach to underserved populations, building upon NRM/EG partners' access to and partnership with rural populations. This wrap-around activity will leverage both human and financial resources as well as NRM/EG funding sources and partners, to complement PEPFAR goals and maximize the effectiveness of programs. A value-chain approach is used by
NRM/EG to develop production capacity and quality improvement in profitable agricultural enterprises and to ensure long-term market connectivity. By utilizing these platforms, PEPFAR interventions will also become sustainable, as integrated parts of these programs.

TechnoServe's project will be implemented in Iringa and Mbeya. Target populations include adult men and women in rural and peri-urban areas, including HIV/AIDS affected households.

Awards made under the NRM/EG program are subject to standard monitoring and evaluation protocols. This includes an M&E program design that will be part of the initial partner proposal and final cooperative agreement or contract. Partners are expected to provide quarterly progress reports which track data on established indicators under the Performance Monitoring Plan and Operational Plan, as well as to measure progress against established program goals. NRM/EG staff will conduct field visits and data quality assessments in collaboration with USG PEPFAR colleagues.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**12199**

Mechanism Name:	SHIFT		
Prime Partner Name:	TEC		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	100,000	
Narrative:			
Expand HIV prevention activities into local Natural Resource Management partner activities. Efforts will focus on building local capacity (including working through agricultural associations), implementing HIV prevention workplace programs, and ensuring sustainability of prevention activities. Iringa and Mbeya regions.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	100,000	
Narrative:			
Expand HIV prevention activities into Natural Resource Management partner activities. Efforts will focus on building local capacity (including working through agricultural associations), implementing HIV prevention workplace programs, and ensuring sustainability of prevention activities. Iringa and Mbeya regions.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12200	**Mechanism Name: UNAIDS-M&E TA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: UNAIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 123,151	
Funding Source	**Funding Amount**
GHCS (State)	123,151

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Joint United Nations Programme on HIV and AIDS, or UNAIDS, is the main advocate for accelerated, comprehensive and coordinated global action on the HIV epidemic. UNAIDS' mission is to lead, strengthen and support an expanded response to HIV and AIDS. UNAIDS is responsible for providing strategic leadership and advocacy for effective action on the epidemic, strategic information and technical support to guide efforts against AIDS worldwide and tracking, monitoring and evaluation of the epidemic and of responses to it

The Governments of the United States of America (USG) and United Republic of Tanzania (URT) through the Partnership Framework strive to ensure the integrated, durable response to the HIV and AIDS crisis in Tanzania over a five-year period. The framework is working towards sustainability of the programs. In this direction, there is a need to bring more players who are playing key roles in the fight against HIV/AIDS so as to have a joint effort towards the fight against HIV and AIDS

Under the sixth goal in the partnership framework (Evidence-based and Strategic Decision-making goal), USG will strengthen URT capacity in the following areas:

• Strengthen and coordinate multi-Sectoral M&E systems to ensure quality vertical and horizontal flow and use of data through the HIV & AIDS, Health, and Social Service sectors

• Increase national capacity to implement key national and sub-national population surveys, studies, and evaluation activities

• Improve measures of HIV incidence

• Adopt best practices in evidence-based and strategic decision-making

UNAIDS will collaborate with URT, USG and other partners to provide effective national leadership and strategic management of HIV/AIDS country programmes. This will be done through facilitating and supporting the development and/or strengthening of national systems and national capacity to monitor and evaluate HIV/AIDS situations and responses and to utilize data for programme planning and implementation. The efforts are aiming at improving the quality of HIV/AIDS monitoring and evaluation and build national capacity to support the achievement of the third "One" - one country-led and country-owned monitoring and evaluation system (M&E).

UNAIDS, URT, USG and other partners will work together to harmonize monitoring and evaluation approaches which will generate reliable and timely information on the epidemic and the response. The focus will to be on driving evidence-informed action towards results and accountability for results across

partners and stakeholders at all levels. Monitoring and evaluation is of crucial importance to support Tanzania in her move towards universal access. The era of performance-based management and increasing accountability continues to evolve, and believable, timely and useful data is at its critical need.

UNAIDS will provide technical assistance on strengthening the national Monitoring and Evaluation systems through:
• Supporting appropriate mechanisms for harmonization and effective synergy among key stakeholders.
• Enhancing the adaptation of relevant indicators for monitoring the national situation and response;
• Putting science and data to work and assisting countries to translate strategic data into evidence for country situations and responses. On this, UNAIDS will provide support on evidence-based strategies aimed at better understanding of the epidemic in Tanzania through implementation of data triangulation/synthesis studies and other specifically tailored activities
• UNAIDS will support a national level monitoring and evaluation system and ensuring national level data requirements are utilized in regional, district and council level reporting systems.
• Facilitating and supporting the collation and utilization of data to inform policy and strategy on HIV/AIDS and improving the utilization of such data for advocacy and the mobilization and strategic allocation of resources
• Enhancing and supporting strategic planning processes generally, including the conduct of government-led participatory reviews of national programmes;
• Facilitating and supporting the preparation, collation and dissemination of major national HIV/AIDS reports and other information with respect to the HIV/AIDS situation and responses eg UNGASS country reports
• Providing technical guidance to government and civil society on appropriate data collection and reporting processes, data management systems and data analyses for the provision of accurate and timely information for HIV/AIDS policy and strategy development and related programme planning, with emphasis on the Provincial and District levels
• In collaboration with national government and civil society partners, advocate the importance of effective systems for the provision of essential data

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12200		
Mechanism Name:	UNAIDS-M&E TA		
Prime Partner Name:	UNAIDS		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	123,151	

Narrative:

UNAIDS will provide technical assistance to GoT on strengthening the national HIV/AIDS Monitoring and Evaluation systems through:
• Supporting appropriate mechanisms for harmonization and effective synergy among key stakeholders.
• Enhancing the adaptation of relevant indicators for monitoring the national situation and response;
• UNAIDS will provide support on evidence-based strategies aimed at better understanding of the epidemic in Tanzania through implementation of data triangulation/synthesis studies and other specifically tailored activities
• UNAIDS will support a national level monitoring and evaluation system to ensure national level data requirements are utilized in regional, district and council level reporting systems.
• Facilitating and supporting the preparation, collation and dissemination of major national HIV/AIDS reports and other information with respect to the HIV/AIDS situation and responses eg UNGASS country reports
• Providing technical guidance to government and civil society on appropriate data collection and reporting processes, data management systems and data analyses for the provision of accurate and timely information for HIV/AIDS policy and strategy development and related program planning, with emphasis on the Provincial and District levels

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12201	**Mechanism Name: coordinated ovc care-RFA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The TBD's objective is to provide services to improve OVC well being by empowering OVC households and communities to provide care and support in the 21 regions where USAID is the prime implementer. This is a follow on mechanism to OVC Track One which ends June 2010; and the scope has been extended to cover other USAID bilateral mechanisms ending September 2011. The TBD is expected to provide up to about five or less implementing mechanism (IM) as there will be five geographic zones to be covered. The five IMs for this TBD (one IM for each "zone" of 2-4 regions) will be responsible for direct service provision; coordination and collaboration with GoT entities and donors involved in the zones; and linkages with national level service entities. Another IM has responsibility for supporting national policies and coordination. The five IMs for this TBD will work closely with that IM to ensure that GoT policies are implemented at the LGA level and, equally, to provide data on the impact of those policies and the needs of OVC households.

The IMs will achieve the TBD's objective through the use cost-efficient, integrated, sustainable and interrelated strategies including provision of comprehensive OVC services; stimulation of beneficiary and community ownership, coordination of stakeholders, local capacity building, focus on the household rather than individual OVC, linkages and referrals to other AIDS, health and development services, and gender and age specific programming.

Priority age and gender based services will include health, prevention, education, food and nutrition, protection and care, psychosocial support, shelter, and economic strengthening. New approaches will replace direct material supports (e.g. food) with sustainable, community controlled interventions meeting a wider range of OVC needs. The TBD will also focus on better linkages to other AIDS services that reach into communities, e.g. home based care, the secondary and vocational school scholarship IM, as well as focusing on non-AIDS specific services, e.g. wrap-around programming with the school feeding and Cash/Food for Work programs.

The focus on capacity building of beneficiaries, communities, GoT entities and the for-profit sector plus devolution of technical and managerial support from international to local institutions will ultimately lower

costs and stimulate ownership and use of local resources, thus promoting sustainability. The increased focus on coordination of donors, USG programs in multiple sectors, and stakeholders will increase efficiency and reduce duplication.
TBD will support direct OVC services in the 21 regions (mainland and island) in which USAID is the prime PEPFAR OVC program implementer. Its primary target populations are OVC and their households, regional and local GoT entities, national NGO, and other service providing institutions including CBO and FBO. Due to the need for coordination, secondary targets include other donors and stakeholders. PEPFAR II emphasizes local institutional capacity building, government ownership, and sustainability. It also emphasizes a focus on outcomes rather than outputs. In terms of OVC, outcomes are achieved when their needs are not just recognized and then met, but met in a sustainable fashion. A one-off donation of commodities such as food or educational support, for instance, does not generally address the actual issues underlying OVC or household needs. TBD has been specifically designed to strengthen the capacity of GoT entities and local institutions to support OVC and their households in a comprehensive, sustainable manner aligned to OVC and household needs. It is also designed to strengthen the capacity of families, communities and OVC themselves to support OVC care over the long term.

TBD will contribute to the service maintenance and scale-up goal agreed upon in the Partnership Framework as a result of its investments in care and support services, including quality of OVC life improvements. As a result of implementation, several data and OVC supporting models will be developed which will inform strategic decision making on OVC support in different social economic settings.
TBD will monitor and report the three OVC indicators outlined in PEPFAR guidelines and specific country indicator on nos of household receiving economic strengthening support will be added to support household centered care approach. Given the emphasis on local capacity development and sustainability, TBD will also report the following indicators: Number of local organizations with management and financial systems in place that meet requirements for direct USG funding and number of local organizations assuming roles and responsibilities of international partners.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Malaria (PMI)
Child Survival Activities

Budget Code Information

Mechanism ID:	12201		
Mechanism Name:	coordinated ovc care-RFA		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
Scale up provision of quality and sustainable and coordinated OVC service (To be added to the Follow on OVC RFA)			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12202	**Mechanism Name: Gen Mills/JHFC - PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The objectives of this activity are to (a) meet the nutritional needs of PLWA, (b) develop prescription food processing capacity in Tanzania, and (c) improve the economic well-being of individuals in the production

and distribution value chain. This endeavor will contribute to the Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance. More specifically, it will to build the capacity of non-state actors at national and local levels in the HIV/AIDS response.

This activity will have significant health and economic development impact. Maize, soya beans and possibly other grains will be sourced from all smallholder farmers in the country, and the fortified food will be distributed to needy individuals throughout the country. Because HIV patients may have a weak appetite, they need a food that is palatable, easily digestible, and which provides maximum nutrition in small quantities. Thus fortified flour that can easily cooked or that can be further processed into more complex fortified foods and drinks can greatly improve the health of HIV infected people. Currently fortified flour is purchased from a Kenyan firm that sources grains from Tanzania.

This activity leverages the for-profit private sector's economic clout, connections, and capacity to make things happen in a cost effective manner. In September 2009, General Mills, one of the world's leading food companies with more than 150 years of experience in the food industry, entered into an agreement with OGAC and USAID to transfer technical and business expertise to 15 sub-Saharan countries; Tanzania is the first country to participate in the initiative. This partnership may lead to investment in long-term partnerships between General Mills and local millers. This PPP thus lays the foundation for PEPFAR's exit by having secured the attention and commitment of business leaders to addressing HIV/AIDS. General Mills is required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12202**		
Mechanism Name:	**Gen Mills/JHFC - PPP**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	Redacted	Redacted

Narrative:

The Tanzanian agro-processing industry consists of 614 food processing plants in Tanzania that range from micro to large scale food process plants. Micro, small and medium sized plants represent 89.1% of food processors in Tanzania, but they are unable to adopt and institutionalize Good Manufacturing Practices (GMPs) and to produce fortified flour and foods required by PLWHA. This nationwide activity will build that capacity through technology transfer from General Mills to local millers. PPPs inherently are targeted leveraging mechanisms and, in this instance, will leverage the business acumen, food technology expertise and global recognition of General Mills International in the fight against HIV/AIDS. It is expected that this activity in the long-term will lead to the profitable production of a range of nutritious foods for the general public, which will be used to subsidize the more expensive production of fortified, prescription foods for PLWHA. This PPP thus lays the foundation for PEPFAR's exit by developing sustainable, domestic capacity to respond to the HIV/AIDS epidemic.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12203	**Mechanism Name: Prevention Scenario Model**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: NASTAD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This central mechanism provides for technical assistance by National Alliance of State and Territorial AIDS Directors (NASTAD) to increase the capacity of resource-constrained countries to plan, implement and manage HIV prevention and care activities as a response to the HIV/AIDS pandemic. Relying on NASTAD members' extensive experience in strategic information and associated policy and program development, NASTAD responds to identified needs and priorities through peer-based technical assistance, delegation visits, and workshops/trainings.

Objectives:

The objectives of this activity are to:

• Improve the use of data for decision-making in Tanzania;
• Enable improved capacity for evidenced-based decision-making;
• Develop static and dynamic epidemiologic models and projections based on data from Tanzania;
• Stimulate policy and programmatic discussion at the national level on programmatic priorities and investments for HIV/AIDS based on scenarios.

Through the use of both short- and long-term technical assistance to local entities, NASTAD will assist in building capacity on use of evidence-based national-level projection and epidemiological models and scenarios to inform strategic planning and program implementation.

Contributions to Health System Strengthening:

In the process of negotiating the PF with URT colleagues, a request was made by URT to the PF design team to use existing data to develop long-term scenarios to explore possible programmatic and policy considerations on the trajectory of the HIV/AIDS epidemic in Tanzania. USG Tanzania will use NASTAD and its affiliated resources to develop a joint work plan with URT specialists to develop scenarios and sets of investment options which can ensure informed planning recommendations for both USG and URT. USG Tanzania will build on NASTAD's network of specialists and technical guidance provided for similar work in Zambia where USG examined the impact of treatment programs and prevention effects on population-level dynamics of the HIV/AIDS epidemic in Lusaka.

Cross-cutting issues:

Evidence-based scenarios using data disaggregated by sex and age will allow for scenarios which can consider needs and program priorities based on age and gender.

Cost-efficiencies:
On many occasions, NASTAD team members' time and professional costs are covered by the state office sponsoring the provider. This reduces the costs to PEPFAR and ultimately the national program by ensuring additional resources for other activities.

Geographic coverage:

Stakeholders will be drawn from the national level to prepare and consider national level scenarios.

Links to Partnership Framework:

The Governments of the United States of America (USG) and United Republic of Tanzania (URT) through the Partnership Framework (PF) strive to ensure the integrated, durable response to the HIV and AIDS crisis in Tanzania over a five-year period

The Framework is consistent with Tanzania's National Multisectoral Framework 2008-2012 and the Health Sector Strategic Plan III (2009-2015), and is intended to align the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with Tanzania's national priorities. Under the sixth goal in the partnership framework (Evidence-based and Strategic Decision-making goal), USG will strengthen URT capacity in the following areas:
• Strengthen and coordinate multi-Sectoral M&E systems to ensure quality vertical and horizontal flow and use of data through the HIV & AIDS, Health, and Social Service sectors
• Increase national capacity to implement key national and sub-national population surveys, studies, and evaluation activities
• Improve measures of HIV incidence
• Adopt best practices in evidence-based and strategic decision-making

Monitoring and Evaluation Plans:

NASTAD will build capacity of at least 10 Tanzanians on use of models and scenarios for planning and assessment. NASTAD will count and report the number of people trained.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	12203		
Mechanism Name:	Prevention Scenario Model		
Prime Partner Name:	NASTAD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	300,000	

Narrative:

After the rapid scale up of ART program, there is a need to undertake program implementation and scenario modelling for prevention areas. The aim is to determine the synergies between the two interventions in reducing HIV infections. The funding will be used by NASTAD to provide technical assistance to implement this activity. It is an importance in the Partnership Framework.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12204	**Mechanism Name: P4H**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: CDC Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,173,099	
Funding Source	**Funding Amount**

GHCS (State)	1,173,099

Sub Partner Name(s)

Voxiva		

Overview Narrative

CDC foundation became a USG partner in the August 2009 Reprogramming.

Objectives:

Despite significant investments made over the past decade in improving global health, health workers in Tanzania primarily rely on manual processes and ineffective tools to communicate information to government, donor agency, and NGO officials. These communication constraints have left the Ministry of Health and Social Welfare lacking timely, complete, and useful data needed to make decisions and respond to health needs. In addition, health workers remain limited in their ability receive data and feedback to improve the quality of services and ultimately improve health outcomes.

The prevalence of mobile phones and emerging investment in the internet makes it feasible to relay important health information directly to health authorities' computer systems, via mobile phones and other technologies, allowing rapid interventions. Health workers in remote areas can also quickly learn of emerging pandemics and take necessary preventative actions in their communities.

This award to the Centers for Disease Control Foundation (CDCF) is to manage and coordinate Phones for Health (P4H) public private partnership (PPP) to improve data collection, reporting, feedback and use. This award will build on the work completed over the last two years by the P4H partnership which has been managed by Voxiva. The P4H partnership has put in place an enterprise class web based information system to support a range of mobile data collection and reporting applications. As of the end of COP 08 the P4H system has a functional voice prompted surveillance system with consistent 80% reporting rates in Urambo, the first pilot district.

The long-term vision for Phones for Health – Tanzania is to make timely, relevant information available to service providers, government and supporting partners in support of treatment and prevention of HIV/AIDS and other diseases, in an accountable, cost-effective and sustainable way. Phones for Health will facilitate evidence-based planning and decision-making within the health sector and the MOHSW – Tanzania.

Contributions to Health System Strengthening:

The presence of timely, relevant and accurate information is vital to any long term health system strengthening effort. Health Systems must use this empirical evidence to achieve continuous improvement by basing and justifying all decisions, budget allocations, policies and strategies on empirical evidence.

The MOHSW has established an HMIS vision that makes use of DHIS software to improve data flow

between the district, region and national levels. The P4H PPP managed by CDCF will compliment this vision and focus on the data flow between the district and the facility.

Cross-cutting Issues:

Timely and accurate reporting of data from facilities is a key issue for all HIV/AIDS programs and health programmes in general. CDCF mechanism will receive funds from Care and Treatment, Strategic Information, PMTCT and Blood Safety and the infrastructure and systems that are being established by this mechanism can provide support to all health programmes in the future.

The P4H mechanism implementers will work closely with the MOHSW and the HMIS unit in particular to ensure that its activities are integrated with the DHIS vision.

Cost Effectiveness over Time:

The CDCF Implementing Mechanism (IM) has two major strategies to become more cost efficient over time. The overall purpose of the mechanism is to manage the P4H initiative as a PPP and create an environment where a broad range of partners make meaningful contributions over the long term. The second strategy is to ensure that P4H systems are not considered a solution on their own but are a part of a wider strategy to implement improved M&E tools and train health workers. Toward this aim CDCF and its partners will be expected to work closely with MOHSW to leverage the position and resources of PEPFAR implementing partners and District offices. Within this mechanism, CDCF will establish a long term sustainability strategy and monitor its implementation throughout the award.

Geographic Coverage:

The CDCF P4H mechanism includes activities across different programmes and each has a slightly different geographic coverage and target population. The long term goal is to create systems that support all regions and districts. In the short term coverage for each will be dependent on MOHSW priorities and scale up plans.

Links to Partnership Framework:

The CDCF IM is an effort to achieve the sixth goal of the partnership framework which is 'Evidence-based and Strategic Decision-making goal'. The implementing mechanism relates directly to the first area of focus to 'Enhance and coordinate multi-Sectoral M&E systems to ensure quality vertical and horizontal flow and use of data through the HIV & AIDS, Health, and Social Service sectors.' Additionally the IM will also contribute to the 'adoption of best practices in evidence-based and strategic decision-making.'

Monitoring and Evaluation Plans:

Overall monitoring and evaluation of the district will focus on annual outputs which demonstrate increased reporting and feedback and seek out evidence of medium term health outcomes which demonstrate enhanced data use across all levels. CDCF will explore options to implement baseline and post intervention studies to produce evidence of long term impact on the delivery of health services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12204**		
Mechanism Name:	**P4H**		
Prime Partner Name:	**CDC Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	200,000	
Narrative:			
The care and treatment funds will be used create a P4H interface for facilities to report their care and treatment data directly into the DHIS and therefore help move towards an environment where the government reporting system meets the needs of all stakeholders. P4H will also provide the feedback on collected data to the facility via SMS. The initial deployment of the P4H - CTC system will focus on the coastal region in line with the HMIS consortium plans to pilot a range of data collection interventions in this region.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	397,099	
Narrative:			
?To support MOSHW's national vision and plan for data flow based on DHIS. P4H is planned to bring data from the facility to the district and provide the feedback required to the facility itself. ?This will be done through exploring the feasiblity of bringing either the CT/STI, PMTCT or CTC reporting into the P4H functionality and thereby contributing to the goal of supporting GOT data collection system to eventually reduce the need for the parallel reporting lines. ?Also IDSR system will be expanded to include more facilities and test the ability for the system to provide national coverage disagregated to the district level.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	176,000	

Narrative:
In COP 2010 the CDCF will be tasked with improving the SMS messaging functionality deployed in COP 2009 to support automated integration with the e-delphyn blood management system. The integration with the e-delphyn system is expected to result in targeted SMS messages to support donor retention.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	400,000	

Narrative:
"CDCF will make use of MTCT funds to create a P4H interface for facilities to report priority indicators related to MTCT and provide feedback on collected data to the facility via SMS."

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12205	Mechanism Name: GAME - PPP
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The objectives of this planned activity are to (a) provide training and onsite coaching of bio-medical technicians in the use of lab equipment, (b) develop job aids that will help reinforce what trainees have learned, (c) establish maintenance protocols that will be institutionalized, and (d) identify needed repair

parts and consumables that might be sourced from the U.S. These objectives contribute to Partnership Framework Goal 1: Service Maintenance in that they strengthen facility-based care activities (ART, PMTCT, and TB/HIV).

The anticipated primary implementing partner of this PPP will be Global Assistance in Medical Equipment (GAME). With offices in Atlanta GA near the CDC international headquarters, GAME is a voluntary coalition of global medical device experts who began their work in Kosovo in October 2005. In February 2009, GAME entered into a partnership with the World Health Organization (WHO) and the ministries of health of Tanzania, Uganda and Kenya to conduct a training program that included lab training and technology support management on equipment such as CD4 counters, chemistry and hematology analyzers.

PPPs inherently are targeted leveraging mechanisms. In this instance it is envisaged that GAME, as appropriate, will mobilize expertise from the American College of Clinical Engineering and secure assistance from MedShare International, which has provided high quality, donated medical equipment and supplies to 80 developing countries since 1998. In Tanzania GAME enjoys a working relationship with the Department of Continuing Education and Professional Development at Muhumbili University of Health and Allied Sciences and with Orbis International and its partner, the Dar-es-Salaam Institute of Technology (DIT). While the provision of seed financial assistance is an important contribution of PEPFAR, the more important aspect of this activity is facilitating the renewal and strengthening of these linkages, including those already formed in the February 2009 with the Ministry of Health and Social Work (MOHSW).

The national laboratory services (NHLS) testing platform consists of low, medium to high volume automated equipment. The MOHSW currently does not have sufficiently competent biomedical engineers who can appropriately design an efficient equipment maintenance scheme for the program. Most of this automated equipment is under service contract between MOHSW and a commercial vendor. However, the non-automated and non-HIV/AIDS equipment like centrifuges, incubators, fridges etc. are not in the contract. Strengthening capacity of the five zonal workshops through training of biomedical/technicians and provision of spare parts and tools will greatly improve NHLS equipment viability. This activity will also include the transfer of skills to the MOHSW in how to negotiate service contracts with equipment manufacturers. GAME is required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12205		
Mechanism Name:	GAME - PPP		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted

Narrative:

Medical equipment in developing countries often lacks the appropriate monitoring, maintenance and operation to maximize its planned lifetime use. WHO estimates that 20-40% of sophisticated medical equipment in developing countries is underutilized or never used at all due to the lack of sufficient operating staff, installation and maintenance capacities, and medical expertise. WHO also estimates that 30-80% of medical equipment potential lifetime use is never realized due to inexperienced operators and the lack of repair and maintenance. The anticipated primary implementing partner of this PPP will be Global Assistance in Medical Equipment (GAME). It is envisaged that GAME, as appropriate, will mobilize expertise from the American College of Clinical Engineering and secure assistance from MedShare International, which has provided high quality, donated medical equipment and supplies to 80 developing countries since 1998. While the provision seed financial assistance is an important contribution of PEPFAR, the more important aspect of PEPFAR is facilitating the renewal and strengthening of these linkages, including those already formed in the February 2009 with the Ministry of Health and Social Work. Through the provision of training and creation of technical manual job aids, GAME will develop a cadre of bio-medical technicians that can better operate and maintain medical equipment in both public and private facilities. In this way PEPFAR lays the foundation for its exit.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12206	**Mechanism Name: OVC Scholarship**

Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

Action for Development	Caritas Development Office, Diocese of Mbeya	Christian Council of Tanzania
Community Care Trust	Evangelical Lutheran Church of Tanzania	Help Age International-Tanzania (HAIT - SAWAKA)
Igogwe Roman Catholic Mission Hospital	Jikomboe Integra Development Association	Karagwe District Education Fund
Kikundi cha Huduma Majumbani Mbeya (KIHUMBE)	Missenyi AIDs and Poverty Alleviation Crusade (MAPEC)	Planet Vision
Rulenge Diocesan Development Office	SAIDIA	Shangwe Couselling Centre
St. Johns Hus Moravian Centre	Tabora Development Foundation Trust (TDFT)	Tanzania Development and AIDS Prevention (TADEPA)
Tanzania Red Cross Society	Tanzania Self Employment Promotion (TAPSE)	The Mango Tree Orphan Support (THT)
Umoja Social Support & Counseling Association (USACA)	Walio Katika Mapambano ya Ukimwi Tanzania (WAMATA)	Women Economic Groups Coordinating Council (WEGCC)
Women Emancipation Development Agency (WOMEDA)	Youth Advisory Development Council (YADEC)	Youth Advisory Development Council (YADEC, Shingyanga)

Overview Narrative

The Tanzanian "OVC National Costed Plan of Action" identifies education as a priority need of OVC and states that "Securing OVC access to secondary education as well as livelihood training is important for building their capabilities and resilience". Educational support is also perceived as an OVC empowering

tool, helping to prevent early marriages reducing the risk of HIV infection and contributing to household livelihood support. During PEPFAR I, several promising education support models were developed but had only limited implementation. These and other effective, scalable models such as block grants (process whereas partners support refurbishing or equipping schools in return for the enrollment of a set number of OVC), direct provision of tuition fees or school materials, and those incorporating public-private partnerships are needed to provide qualified OVC with advanced education. The model must also bring together and coordinate all stakeholders including GoT entities and OVC households to address the educational needs of older OVC

Despite past education support efforts, the challenges include the increasing number of OVC needing advanced training, the lack of a tracking system for secondary education and vocational training beneficiaries, and the lack of linkages with the relevant Ministry of Education and Vocation Training. In response, the objective of this IM is to increase access to quality vocational training and secondary and higher education opportunities by providing scholarships to 1,200 OVC in the 2011 academic year. The scholarships will cover tuition fees, school supplies, boarding cost, and research fees where applicable, cost of practicum, and other miscellaneous costs such as transport, medical fee and ,stipend. The vocation education graduates will also receive initial business "capital or Job starts up tool kit" and be linked to PPP for business mentorship

The TBD should partner with PPP to leverage the resources and business skills for the vocation education component; and will work in collaboration with the MOEVT to establish a systematic mechanism to track the OVC who need scholarships and increase collaboration and coordination between relevant GoT entities. Presently, there is no coordinated national strategy to ensure OVC access secondary or vocational education support due to limited collaboration between the MOHSW with the mandate to care for OVC and the MOEVT, the custodian of educational support to all children. There are no data on OVC who require advanced education or on the GoT allocated budget for their support. On the other hand, data collected from all stakeholders conclude that although the increase in the number of OVC provided with critical services including education has been commendable, the manner in which these services have been provided is generally unsustainable in the long run. They also suggest that household strengthening including vocational training with initial capital, mentoring and business skills for older OVC is part of the key for long term, sustainable OVC support.

This activity will be linked with the Ambassadors' Girls Secondary School and Other Ongoing Education Support in the USAID's Education program.
The TBD strategy will bring together stakeholders including relevant GoT entities, the OVC services TBD, and the for-profit sector to identify issues and coordinate services. Integral to the TBD will be collaboration with other donors to strengthen the capacity of the MOHSW and MOEVT to work in a concerted fashion

on advanced education issues. Models will be implemented that stress long term sustainability including those providing block grants to relevant secondary and vocational schools and those which include leaders from the for-profit sector as mentors for OVC in vocational training.
This TBD will target 1,200 qualified OVC enrolled in the OVC service TBD for advanced educational services in the 21 regions throughout the country in which USG is the prime program implementer. Secondarily, it will also target national and local level GoT entities involved in providing education and other OVC services as well as business sector leaders.
This TBD is directly linked to the PEPFAR goal to provide care and support for people infected and affected by HIV/AIDS and to one of the core services to be provided to eligible OVC. PEPFAR also emphasizes local institutional capacity building, government ownership, and sustainability. This TBD is designed to address these three issues and those addressing underlying OVC needs. It also supports the GoT and the USG "Five-Year Partnership Framework in Support of the Tanzanian National Response to HIV and AIDS, 2009-2013", one of whose goals includes the maintenance and expansion of prioritized support services. In this document, the USG also commits to fund and/or support the introduction of innovations and new support services, including OVC services.

Those OVC receiving only scholarships will be reported under the standard care and support indicator to avoid double counting with the OVC services TBD. The scholarship TBD will also monitor and report on the following indicators: current and cumulative number of OVC receiving scholarship support, proportion of OVC entering the program who successfully graduate, and income and social changes associated with education received.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12206**		
Mechanism Name:	**OVC Scholarship**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HKID	Redacted	Redacted

Narrative:

1. Provide quality vocational training and secondary and higher education opportunities by providing scholarships to 1,200 OVC in the 2011 academic year
2.Provide the vocation education graduates with initial business "capital or Job starts up tool kit" and link them to PPP for business mentorship
3.work in collaboration with the MOEVT to establish a systematic mechanism to track the OVC who need scholarships and increase collaboration and coordination between relevant GoT entities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12207	**Mechanism Name: BCC Specialist**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Manila Consulting - GHC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 60,000	
Funding Source	**Funding Amount**
GHCS (State)	60,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IM's comprehensive goals and objectives under the award, reflecting breadth across technical areas GHC-Manila will be providing a range of behavior change communication (BCC) and IEC technical assistance to NACP and ZACP. Presently, both agencies generate IEC messages at the behest of content area specialists (those working in care and treatment, sexually transmitted infections, etc.). A primary concern is both tracking the use of materials they or their partners produce and assessing, even

informally, their impact. The needs in the area of BCC are much greater. GHC-Manila will provide training to the IEC units of both ZACP and NACP in the difference between communication for the purpose of informing and education vs. the goal of supporting efforts at behavior change. These trainings will include unit members, but also key staff in the content areas who generate the request for materials, and members of other coordinating bodies (e.g., ZAC and TACAIDS). BCC trainings cover topics such as setting behavior change targets for communication activities, how to facilitate bottom-up communication from target populations, and how to design and monitor behavior change interventions. GHC-Manila will also assist NACP in developing their capacity to work with scriptwriters to produce "behaviorally sound narratives" for television or radio. Behaviorally sound narratives integrate behavior change theoretical concepts as well as epidemiological research and surveillance relating to risk behavior.

Contributions to Health Systems Strengthening

The GHC-Manila implementing mechanism is relevant to health system strengthening in two sub-areas: 2 and 6. Sub-area 2 focuses on Human Resources for Health whereas sub-area 6 addresses Health Systems Governance. The majority of this training and support mechanism's target population is within the government coordinating bodies. In addition, GHC-Manila support will enable NACP and ZACP to work in a more structured manner with their numerous governmental and civil partners. At present, a unified framework for this collaboration is unavailable and is seen as a priority.

Cross-cutting programs and key issues:

Moreover, as indicated above, the GHC-Manila implementing mechanism is a cross-cutting program addressing Human Resources of Health. By working with NACP and ZACP, this program ensures that the IEC Unit staff members are capable of fulfilling their obligations to the HIV/AIDS community in vetting, approving and disseminating IEC and BCC materials. The program will also facilitate the development of a government-partner framework in which respective roles and responsibilities are clarified and mechanisms for enforcement are identified.

IM strategy to become more cost-efficient over time

As the GHC-Manila implementing mechanism is primarily a training and technical assistance mechanism, we do not envisage many opportunities to reduce costs over time. Trainings and support will always be provided on an 'as needed' basis. It may be possible to reuse or revise materials developed for earlier trainings in subsequent training but as this is not a high-cost activity that can be 'brought to scale,' costs reductions may not be a relevant issue.

GHC-Manila will offer technical assistance and training largely in Dar es Salaam and Zanzibar. Although our primary partners will be NACP and ZACP's IEC Units, the content area specialists in NACP and ZACP are also important target audiences. In addition, the Zanzibar AIDS Commission (ZAC) and Tanzanian Commission for AIDS (TACAIDS) will be invited to participate in trainings as determined by NACP and ZACP along with key local NGOs.

How IM links to PF goals

A key goal of PEPFAR II and PF is to increase local capacity in a way that decreases reliance on external expertise. In the area of BCC this is especially critical as few academic courses or trainings focus on the theory and design dimension of BCC practice. GHC-Manila's focus targets precisely this need. The aim of all technical assistance and training will be to enable NACP and ZACP to design behavior change interventions consistent with best practices derived from BCC theory and science. GHC-Manila will support NACP and ZACP IEC Units in not only acquiring practical knowledge, but in supporting them as they undertake new activities reflecting their new capacity

M&E plans

GHC-Manila will monitor its technical support and training in two ways: 1) evaluations of activities implemented by NACP and ZACP (as a result of training) using a standardized framework for "best practices," and 2) pre-post training tests of conceptual knowledge. Products resulting from training NACP to work with scriptwriters will also be evaluated using the "speech acts" typology from Pathways to Change; a typology developed in conjunction with CDC-Atlanta.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12207**		
Mechanism Name:	**BCC Specialist**		
Prime Partner Name:	**Manila Consulting - GHC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	30,000	
Narrative:			
TA through BCC Specialist for capacity building and mentorship for NACP & ZACP IEC/BCC Units. This technical assistance aims at capacitating the National AIDS Control Program and Zanzibar AIDS control program IEC units to move away from being implementers of IEC/ BCC to being coordinators of the			

interventions in Tanzania. The units will also be given necessary skills and knowledge to do quality assurance and quality control of IEC materials and BCC interventions. The TA will focus on mentorship of the current team by jointly developing BCC activities and implement it as pilots. Also through interactions with the teams, various short term and longer term training opportunities for the unit staff will be recommended based on the need and context. In longer term the TA will also outsource best ways and approach to transfer behavior change and communication into Tanzanian institutions with the aim oflocalizing the knowledge source. Other topics for trainings for this population include faciliation techniques, and designing behavioral interventions. FY11: Approximately 20 members of the IEC/BCC units from NACP and ZACP along with content area staff that assign them communication tasks, TACAIDS and ZAC advocacy staff, and Ministry of Health/Health Promotion staff will be trained in creating appropriate knowledge. BCC trainings cover topics such as setting behavior change targets for communication activities, how to facilitate bottom-up communication from target populations, and how to design and monitor behavior change interventions. GHC-Manila will also assist NACP and ZACP in developing their capacity to work with scriptwriters to produce "behaviorally sound narratives" for television or radio

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	30,000	

Narrative:

TA through BCC Specialist for capacity building and mentorship for NACP & ZACP IEC/BCC Units. This technical assistance aims at capacitating the National AIDS Control Program and Zanzibar AIDS control program IEC units to move away from being implementers of IEC/ BCC to being coordinators of the interventions in Tanzania. The units will also be given necessary skills and knowledge to do quality assurance and quality control of IEC materials and BCC interventions. The TA will focus on mentorship of the current team by jointly developing BCC activities and implement it as pilots. Also through interactions with the teams, various short term and longer term training opportunities for the unit staff will be recommended based on the need and context. In longer term the TA will also outsource best ways and approach to transfer behavior change and communication into Tanzanian institutions with the aim oflocalizing the knowledge source. Other topics for trainings for this population include faciliation techniques, and designing behavioral interventions. FY11: Approximately 20 members of the IEC/BCC units from NACP and ZACP along with content area staff that assign them communication tasks, TACAIDS and ZAC advocacy staff, and Ministry of Health/Health Promotion staff will be trained in creating appropriate knowledge. BCC trainings cover topics such as setting behavior change targets for communication activities, how to facilitate bottom-up communication from target populations, and how to design and monitor behavior change interventions. GHC-Manila will also assist NACP in developing their capacity to work with scriptwriters to produce "behaviorally sound narratives" for television or radio

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12208	**Mechanism Name: donor mobilization**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goal and objective:

The goal of this new mechanism is to make funds available to a national or international organization to provide technical assistance (TA) to build NBTS' capacity in blood mobilization and recruitment and retention of eligible blood donors to increase the safe donor pool to sufficient levels to meet national transfusion targets. The TA will include blood mobilization as well as formation of blood donor clubs at schools and training institutions. As results, the TA will develop effective collaboration with the Ministry of Health and Social Welfare, the Ministry of Education and Higher Learning and other education institutions.

One of the challenges for NBTS services in the past years has been to develop effective IEC material to attract different categories of blood donors to donate blood voluntarily and regularly. Currently, NBTS is managing to elicit minimum support from different cooperates, NGOs and public and private institutions towards blood donation activities. Blood donors need to be recognized and appreciated, and. current strategies toward this end are weak. These funds will assist the TA provider to work with blood transfusion programs to develop and produce more effective IEC materials and develop and strengthen incentive and recruitment strategies that keep blood donors in different settings motivated.

The partner will contribute directly to the safe units of blood collected by NBTS through directly mobilizing donation drives for NBTS. These will serve as examples of effective mobilization as well train NBTS staff on mobilization. Working in collaboration with NBTS recruitment and counseling teams, the TA will arrange post test result notification to blood donors thus contributing to improved blood test results notification.

The partner will work in different NBTS zonal centers as agreed by NBTS. The goal will be to ensure availability of safe blood especially in the hard to reach regions and districts. Since NBTS has also been experiencing challenges in procurement of blood safety equipment and supplies, some of the NBTS PF procurement funds will be directed through this partner to facilitate faster procurement processes.

The expected outcomeis the achievement of acceptable national safe blood coverage and equitable distribution of safe blood to transfusion services, thus contributing to prevention of the transmission of HIV and other transmissible transfusion infections (TTIs) through blood.

Contribution to health systems strengthening:

The funds support the strengthening of NBTS blood mobilization capacity through training and direct mentorships, assist in the establishment of blood donor clubs, as wells as improve NBTS skills in IEC development, production and use annexing cooperates and NGOS to support for blood safety activities. The other contribution to the health system strengthening is through availability of safe adequate blood coverage. The partner will be used to procure equipment that support blood processes at different levels which includes hard to reach regions and districts.

Crosscutting program
The availability of safe and adequate blood and the procurement of safe blood equipment to service blood centers as well as regional and district transfusion services, cross cut to all programs. Maternal and child health, care and treatment and other medical and surgical services are strengthened through the availability of safe blood.

IM strategies to become more cost efficient over time:

More cost efficient strategies to develop a pool of low risk VNRBD and establishment of blood donor clubs. Development of strategies for engaging adult donors to leverage public-private partnership with workplace institutions, non government organizations, and cooperates to offset decline in blood during the school holidays and after graduation also brokerage of public private partnerships that yield institutional

commitments to support donor motivation and recognition initiatives.

Geographic coverage & target population

This activity will occur nationwide.

Linkages with the PF funds:

The funds will be used to implement the PF goal of preventing new HIV infection through unsafe blood by developing a sufficient pool of low-risk donors.

M&E plans:
M&E will be through supportive visits, quarterly and semi annual reports, also by measurable program outcomes related to the quality and quantity of blood collected. Other monitoring indicators will be as specified in the notice of award and set targets.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12208**		
Mechanism Name:	**donor mobilization**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted
Narrative:			
New partner to support NBTS blood mobilization and donor club formation and procurement. This is to supplement GOT sytems so as to increase blood supply and national coverage. The partner is also			

reponsible for building NBTS mobilization capacity. Partner will support both mainland and Zanzibar national blood programs. Production of IEC for mobilizatiobn and recruitment, procure equipment for NBTS to improve blood mobilization and processing , stenghen districts and regions on rational use of blood& blood products, transfusion committee (national wide coverage).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12209	**Mechanism Name: TIBU HOMA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

Action for Development	Caritas Development Office, Diocese of Mbeya	Christian Council of Tanzania
Community Care Trust	Evangelical Lutheran Church of Tanzania	Help Age International-Tanzania (HAIT - SAWAKA)
Igogwe Roman Catholic Mission Hospital	Jikomboe Integra Development Association	Karagwe District Education Fund
Kikundi cha Huduma Majumbani Mbeya (KIHUMBE)	Missenyi AIDs and Poverty Alleviation Crusade (MAPEC)	Planet Vision
Rulenge Diocesan Development Office	SAIDIA	Shangwe Couselling Centre
St. Johns Hus Moravian Centre	Tabora Development Foundation Trust (TDFT)	Tanzania Development and AIDS Prevention (TADEPA)

Tanzania Red Cross Society	Tanzania Self Employment Promotion (TAPSE)	The Mango Tree Orphan Support (THT)
Umoja Social Support & Counseling Association (USACA)	Walio Katika Mapambano ya Ukimwi Tanzania (WAMATA)	Women Economic Groups Coordinating Council (WEGCC)
Women Emancipation Development Agency (WOMEDA)	Youth Advisory Development Council (YADEC)	Youth Advisory Development Council (YADEC, Shingyanga)

Overview Narrative

TITLE: Child Support Wrap around -Comprehensive care for OVC Under 5 Support
Mechanism ID # New 034

Although the 2004/5 Demographic Health Survey showed decline in under-five and infant mortality by 24% and 31% respectively to 112 and 68 per 1,000 live births, these rates are still unacceptably high. Most deaths are due to preventable diseases: e.g. malaria, pneumonia, and diarrhea. Other factors contributing to high morbidity and mortality of children are poor quality of health services, poverty, ignorance and low utilization of services. The situation is even more challenging for the under five OVC often in the care of the elderly or in child headed households. According to national MVC data management system, about 11.6% of OVC are aged 0-5 but analysis of service data indicates little is done for them compared to school-age OVC. In the communities, strong referral linkages both to community and facility care are lacking and the under-five OVC are out of the loop in terms of accessing other services.

This (New# 034)'s goal is to provide technical assistance to all OVC service providers partners on how to provide quality and comprehensive care to the under five OVC. The IM is a response to the identified national OVC responses gaps in supporting the under five OVC. It was therefore recommended by GOT and other stakeholders that there is a need of the technical assistance and specific implementation strategies to support the under five OVC activities in order to ensure their needs are well addressed. The IM will support to develop the national under five OVC support strategy and to pilot a model for strengthened comprehensive community care. The emphasis will be on strengthening local GoT entities and the community based OVC care groups on case management, supportive supervision and provision of integrated management of the childhood illness (IMCI) skills to ensure household and community practices that promote child survival, growth, and development.

The pilot will be implemented in two regions: one in the lake zone and the other in a coastal region where there are few facility service outlets. The implementation will be done in collaboration with local government. In the lake zone, this activity will be linked to a proposed USAID health program on malaria diagnosis and fever management in children under five to ensure comprehensive support and functional

referral with the facilities. In this region PEPFAR is already supporting a pediatric HIV care and treatment program and critical malaria interventions are being rolled out through the PMI.

Prior to implementation in these regions, there will be a mapping of the nutrition, health and social services provided to HIV+ pregnant/lactating women and OVC aged 0-5 in the community. The exercise will include a situational assessment of the under five OVC, the number and type of partners providing services to this group including food, water and hygiene, and information on infant and young child feeding practices.

Under this (New# 034), groups of 10-15 OVC households will be organized with a literate volunteer as the "Leader Mother" and a community volunteer (1 community volunteer for each 10-household care group). The community volunteer will work in collaboration with the MVCC and the village health workers providing MCH outreach services (i.e. growth monitoring) to build capacity of the Leader Mothers in the weighing of infants and young children, counseling on healthy feeding practices, and promoting community-Integrated Management of childhood Illnesses (C-IMCI) practices (e.g. immunization, Insecticide Treated Nets use, home management of diarrhea). These community volunteers will also monitor linkages between their Care Groups and programs providing sanitation, food security, and other social supports. Monthly Care Group meetings will provide a venue for assessing infant/child growth, nutritional status, and health. Based on these assessments, Leader Mothers will refer families as needed to services, e.g. community-based management of acute malnutrition, HIV testing, PMTCT, pediatric HIV services. The creation of an effective referral system will connect the community to facilities and vice versa.

Strong partnerships will be forged to ensure coordinated care with local government authorities from district to community level through implementing joint planning and reviews and other. At the community level, there will be intensive collaboration with ward committees and existing community-based service providers (e.g. agricultural extension workers, malaria volunteers, village health week volunteers, MVCC lay counselors, home-based care providers, and mother mentors).

The (New# 034) will contribute to one of the goals of the GoT/USG partnership framework wherein the two governments expect to reduce HIV/AIDS morbidity and mortality and improve the quality of life for those affected and infected.

The (New# 034) will be reported under the PEPFAR OVC indicator which is part of the umbrella care group "number of eligible adults and children provided with a minimum of one core care service disaggregated by age and sex" and "the number of eligible clients who received food and/or other nutritional services." The coordination will be done with OVC implementing partners at the selected

regions to avoid duplication of reporting. At national level, the data will be reported to the national OVC Data management system. When the model pilot is developed, other indicators to assess the program will be developed and the model will be rolled out nationally.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Malaria (PMI)
Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID:	**12209**		
Mechanism Name:	**TIBU HOMA**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
1. Provide technical assistance to all OVC service providers partners on how to provide quality and comprehensive care to the under five OVC. 2. Support to develop the national under five OVC support strategy and to pilot a model for strengthened comprehensive community care 3. Strengthen local GoT entities and the community based OVC care groups on case management, supportive supervision and provision of integrated management of the childhood illness (IMCI) skills to ensure household and community practices that promote child survival, growth, and development			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12210	Mechanism Name: Donor Mobilization
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goal: To strengthen organizational capacity on improving Home Based Care services delivery
Objectives are:
1) To empower partners with knowledge and skills on organizational and financial management and costing. 2) To improve quality of Home Based Care (HBC), 3) to facilitate roll out of national recording and reporting system for palliative care
Health Systems Strengthening
This program will support four local organizations which are SONGONET, RODI, KIHUMBE and Mbeya HIV Network Tanzania (MHNT) to facilitate trainings that will build their capacity on management (planning, leadership, costing, performance improvement, staffing, and finance. HBC trainings will be conducted to organizational staff that will include reporting and recording systems. However, this program will support purchase of equipments such as computers and other devices.
IM Strategy to become more cost-efficient over time
TBD will assist LGA and other stake holders in DOD supported regions to leverage resources that will bring about cost effective as well as sustainable environments. This can be reached through strategic scale up which will align with comprehensive trainings to providers. Providers whom will be capacitated by TBD will avail to provide a contribution in council's plans, decisions and other program implementations.
Geographic coverage & target population
TBD will work in three regions of Southern highlands of Tanzania (Mbeya, Rukwa and Ruvuma). Population and HIV prevalence vary by regions;
Mbeya – population 4,328,955 , prevalence 9.2, Rukwa population 1,141,743, prevalence 4.9 and Ruvuma population 1,117,166 prevalence 5.9(population according to 2002 national census and

prevalence according to HIV/AIDS Malaria Indicator survey 2007-08).This program is targeting all DOD partners in these respective regions.

Partnership Framework

This program will adhere to PF Goal number five which is (To ensure human resource capacity necessary for achievement of quality health and social services at all levels). TBD will Increase number of qualified human resources by conducting regular comprehensive trainings to local partners this will help to optimize manpower to address health and HIV & AIDS needs and expansion of integrated HRMIS to districts to allow them to manage workforce. Trained health workers, community health workers, and PLHIV will contribute to supplementation of health and social workforce. This program will support task shifting approaches that have been demonstrated to be effective

Monitoring and Evaluation plans.
Through prime partners, TBD will continue to support trainings on monitoring and evaluation, and utilizing the trained staff on M&E to collect, compile, analyze, utilize data for program decisions and reporting. Further trainings will be conducted to more M&E persons aiming at maintaining data accuracy, integrity, reliability and precision. TBD will play a greater role of ensuring that established National Data Management Systems are properly used..

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12210**		
Mechanism Name:	**Donor Mobilization**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	Redacted	Redacted
Narrative:			
With the one off funding DOD will strengthern the implementing partners, KIHUMBE, MHN, Songonet and RODI on organizational, financial, technical and management capacities. All these four are local partners, and they will greatly benefit from this strengtherning activity as they are receiving PE{FAR funds from multiple program areas and they are implementing programs in high prevelence regions of Mbeya, Ruvuma and Rukwa.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12211	**Mechanism Name: IPC TA MOHSW**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Title: Strengthening Infection Prevention and Control (IPC) through Technical Assistance provided to the Ministry of Health and Social Welfare (MOHSW) in the United Republic of Tanzania Under the President's Emergency Plan for AIDS Relief (PEPFAR)

Goals and objectives:
The purpose of this program is to provide technical assistance to Tanzania's Ministry of Health and Social Welfare (MOHSW) in reviewing, updating, and institutionalizing standard procedures for infection

prevention and control (IPC) and injection safety (IS) at all health facilities located on mainland Tanzania and Zanzibar. The program activities will include: a) Coordination with the National IPC-IS task force and working group that is chaired by the MOHSW with USG and other IPC stakeholders as members; b) Supporting the mission and goals of the MOHSW in IPC-IS and utilize lessons learned over the last five years (under PEPFAR I); c) Supporting the MOHSW's efforts to conduct baseline assessments on IPC-IS; d) Collaborate with other development and implementing partners to review, up-date, and make available relevant policies, guidelines and training materials on recommended IPC-IS practices, including guidance for safe phlebotomy measures in laboratories during the first year; e) Supporting the MOHSW in-service capacity building efforts and train-the-trainer activities, specifically, at sites where in-service training materials have been reviewed and new materials and/or new approaches may need to be piloted; g) Support the MOHSW with maintenance of quality standards, implementation and monitoring of quality improvements, identification of and support for local and sustainable solutions; h) Collaborate with MOHSW, Medical Stores Department (MSD), and Prime Ministers Office of Regional Administration and Local Government (PMO-RALG) to advocate with health facility managers to incorporate IPC-IS supply forecasts into their annual plans.

Contributions to health Systems Strengthening

This program will reinforce country ownership and strengthen the capacity and sustainability of partners to manage IPC-IS programs by strengthen quality assurance controls and improving the MOHSW coordination with stakeholders. The result will be significant improvements in the quality and safety of health services and a measurable reduction in the risk for transmission of infectious disease in healthcare settings. Special emphasis will be placed on developing safe practices for the phlebotomy program; assisting the MOHSW with roll-out and monitoring of Post-Exposure Prophylaxis (PEP); and establishing a comprehensive strategy for managing medical waste and sharps.

Cross-cutting programs and key issues

The program will collaborate with MOHSW, Medical Stores Department (MSD), and Prime Ministers Office of Regional Administration and Local Government (PMO-RALG) to advocate with health facility managers to incorporate IPC-IS supply forecasts into their annual plans and submit a budget to the district and municipal councils so that they can procure supplies from the local market. The program will link with the environmental health department of the MOHSW to sensitize the district and municipal councils to the hazards of health care waste and the need for resources to manage waste at health facilities. Disseminate relevant policies and guidelines regarding integration of IPC-IS into existing health services including HIV counseling and testing and clinical servises to members of the regional health management teams (RHMT) and officials from various health programs

Strategy to become more cost-efficient

The program will work with the local government authorities and Regional/District Health management teams (R/DHMTs) to include budgets for the IPC-IS activities into their Comprehensive Council health Plans. In collaboration with MOHSW using the existing health structures the program will conduct orientation workshops for R/DHMT, and hospital management teams (HMT) on supportive supervision and integrate IPC-IS into the supervision checklist and tools used by the teams.

Geographic coverage and target populations
The program will provide TA to MOHSW who will be covering the National, regional and district levels of the health infrastructure. The target populations will be health care workers (HCWs) in public, private and faith based health facilities. The community will be targeted through behavior change and educational information on IPC in general.

Links to PF goals
The project will contribute towards achievement of 1) service maintenance and scale up goals through the development of IPC quality improvement tools and strengthening systems for supportive supervision, 2) Prevention goals through provision of TA to the MOHSW for introduction of new post-exposure indicators and monitoring PEP availability and roll-out; 3) Human resources goals through contributions to In service training of HCWs and integration of IPC-IS training into pre-service training curricula; 4) evidence-based and strategic decision making through using the results for the Health care workers safety and restrictions record review studies for program improvements.

M&E plans
Provide technical assistance and collaborate with USG Tanzania and the MOHSW to jointly develop a performance evaluation tool to enable national, regional, district and health facility authorities to gather and manage IPC-IS and health care waste management data in a timely manner; thereby enhancing data analysis and decision-making at all levels. This will include the review and adaptation of existing tools, while also addressing the need for inclusion of PEPFAR II new generation indicators.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12211		
Mechanism Name:	IPC TA MOHSW		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	Redacted	Redacted

Narrative:

New mechanism to continue support for MOH IPC TA: Provision of TA to MOH IPC program for all aspects of quality IPC implementation and roll-out, including planning, guideline development/review & in-service training material up-dates when needed, training of trainers, standard setting, M&E. M&E support will include the introduction of new PEPFAR indicators and monitoring for PEP. Special attention will be paid to improved health care waste management. Joint MOHSW, USG and partner IPC program review conducted in Jan '09 also concluded that more TA to assist MOHSW to institutionalize and improve functioning of health facility IPC committees will be needed. New mechanism to continue support for MOH IPC TA: Provision of TA to MOH IPC program for all aspects of quality IPC implementation and roll-out, including planning, guideline development/review & in-service training material up-dates when needed, training of trainers, standard setting, M&E. M&E support will include the introduction of new PEPFAR indicators and monitoring for PEP. Special attention will be paid to improved health care waste management. Joint MOHSW, USG and partner IPC program review conducted in Jan '09 also concluded that more TA to assist MOHSW to institutionalize and improve functioning of health facility IPC committees will be needed.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12212	**Mechanism Name: ABCT- PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The AIDS Business Coalition of Tanzania (ABCT) plays a leadership role in representing the private sector in the fight against the HIV/AIDS epidemic. In addition to promoting comprehensive workplace prevention programs among its members, the ABCT also will collaborate with the Tanzania Chamber of Commerce, Industry and Agriculture (TCCIA) and the International Senior Executive Corps (ISEC) to establish ISEC's reputable BizAIDS program that integrates prevention and counseling/testing promotion with small business development. ABCT has entered into an MOU with the TCCIA, which avails ABCT to TCCIA regional offices in all 21 regions of mainland Tanzania and to 90 TCCIA offices in district centers.

The goal of this nationwide activity is to increase the for-profit private sector's involvement in HIV/AIDS prevention. The objectives are (a) to promote comprehensive workplace programs among the ABCT membership, (b) to enable ABCT to deliver the BizAIDS program as one of its services its members as well as to small and medium-sized enterprises (SMEs), (c) to train master trainers and to test and modify the program so that it will be an ABCT revenue earning service by the end of one year, and (d) to increase awareness about how HIV impacts directly on ABCT members and on SMEs in their supply chain and on the economic viability of the surrounding communities upon which ABCT members and SMEs rely to sustain their businesses. Because membership fees and revenue earning activities at this juncture are insufficient to cover staffing costs of ABCT, PEPFAR funds also will be used to complement funds from the Global Fund and GTZ that are providing funds to top-up salaries of staff and a foreign technical expert in HIV/AIDS program management. This endeavor also will contribute to the Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance by building the capacity of non-state actors at national and local levels in the response to HIV/AIDS. It will also contribute to Goal 2 by bringing to scale prioritized prevention interventions and enhancing the enabling environment though sustained leadership.

This activity leverages the for-profit private sector's economic clout, connections, and capacity to make things happen in a cost effective manner. This activity will stimulate the use of the for-profit private sector's financial resources and marketing expertise in HIV/AIDS prevention, thus relieving the burden on the public system. By the end of this PEPFAR-funded activity, it is expected that ABCT members will

commit significant resources to continuing the BizAIDS program and to HIV/AIDS prevention in general as business leaders recognize how these interventions impact positively on the business supply chain. This PPP thus lays the foundation for PEPFAR's exit by securing the commitment of business leaders to addressing HIV/AIDS. ABCT is required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**12212**		
Mechanism Name:	**ABCT- PPP**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted

Narrative:

The response to the HIV/AIDS epidemic originally was considered to be the primary responsibility of the Government of Tanzania (GOT), but eventually it was recognized by both the GOT and the business community that the private sector needed to dedicate more of its expertise and resources to complement the work of the public sector and other civil society organizations.

A June 2009 survey among 62 of 74 AIDS Business Coalition of Tanzania member companies revealed that only 2% of the companies conduct annual surveys to gather data on HIV and AIDs trends and likewise only 2% actively popularize and promote participation in a workplace HIV and AIDS program. Only one-quarter of the companies have an HIV and AIDS committee/team that meets regularly to report to management, and only 35% of the companies distribute condoms. This activity also will reach out nationwide to small and medium enterprises (SMEs), many of whom are in the supply chains that provide

products and services to ABCT members. The BizAIDS program will be tailored to meet the inter-related prevention, counseling and testing and business strengthening needs of SMEs, which require more personalized attention and support than larger corporations.The four components of the BizAIDS program are:(a) HIV/AIDS Information & Workplace Training: This component provides health and HIV/AIDS information and emphasizes prevention, (b) Counseling & Testing: This entails the provision of information and referral to counseling and testing services to their employees and family members. (c) Business Planning: The emphasis is on the importance of responding appropriately to absenteeism due to employee affected by HIV/AIDS, decreased productivity of HIV infected employees, cross-training, asset management and planning for the future such as inheritance planning, will development, and succession planning, and (d) Legal Rights & Opportunities Assistance: This component increases awareness of the legal issues that business owners face regarding healthcare issues, particularly those related to the identification, hiring, retention and separation of employees with HIV/AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

The response to the HIV/AIDS epidemic originally was considered to be the primary responsibility of the Government of Tanzania (GOT), but eventually it was recognized by both the GOT and the business community that the private sector needed to dedicate more of its expertise and resources to complement the work of the public sector and other civil society organizations.

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succession planning, and (d) Legal Rights & Opportunities Assistance: This component increases awareness of the legal issues that business owners face regarding healthcare issues, particularly those related to the identification, hiring, retention and separation of employees with HIV/AIDS. It is anticipated that ABCT-member workplace HIV prevention programs will target adult men in the workplace and provide them with appropriate and clear HIV prevention messages around multiple concurrent partnerships, cross-generational sex, condom use, etc. These types of sessions will be in small groups in the workplace, and follow the EngenderHealth CHAMPION Men as Partners model. ABCT and EngenderHealth currently have a partnership MOU, which focuses on the provision of technical assistance from CHAMPION to ABCT.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12213	**Mechanism Name: TBD-JHPIEGO**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Documenting and Addressing Obstacles in PMTCT: Poor ARV Prophylaxis Uptake, Limited Facility Deliveries, and Lack of Integration of PMTCT with MCH Platform - Analysis, Recommendations, Technical Assistance

The Prevention of Mother-to-Child Transmission (PMTCT) program in Tanzania aims to reach pregnant women with quality PMTCT services during antenatal clinic visits and labor and delivery. These services are best provided in the Maternal-Child Health (MCH) platform and in an integrated manner. The specific

services include HIV counseling and testing services and, for those found to be HIV positive, ARV and other interventions to prevent mother-to-child HIV-transmission.
The PMTCT program in Tanzania has scaled up, and PEPFAR Tanzania has recorded impressive results in terms of site coverage and women counseled, tested, and received results. However, the coverage of ARV prophylaxis has not been satisfactory. At the same time, the proportion of facility deliveries are below 50%; considerably lower in some remote locations. The program is still struggling to understand and address factors influencing facility delivery and its impact on ARV prophylaxis uptake. Also, while several initiatives to integrate PMTCT with MCH, there is little documentation of successes related to the provision of PMTCT on to the Maternal Child Health platform and its impact on patient outcomes and the district. In the light of the Global Health Initiative, it is important to document and understand the interventions that work best for effective service delivery so that best practices can be understood and shared.
Objectives: The PMTCT program in Tanzania plans to:
1. conduct a study to understand why women fail to access ARV prophylaxis, and why they deliver outside the health facility (precluding prophylaxis for the infant), including identification of barriers to these interventions;
2. document approaches for the provision of PMTCT on the MCH platform and
3. use the information collected in objective 1 and 2 above to target technical assistance needs and interventions that will help increase facility-based deliveries and the uptake of prophylaxis, reduce mother-to-child transmission, increase the sustainability of the PMTCT program, and further the goals of the Global Health Initiative for more comprehensive and integrated programs.
4. Scale up the most effective interventions to achieve increased facility-based deliveries and uptake of prophylaxis for broader scale.

Technical advisors from USAID/Washington, working through an implementing partner (TBD), will provide technical assistance to the Tanzania interagency PMTCT team up to three times a year with the following objectives:
1. Identifying and sharing best practices in PMTCT interventions;
2. Relating the goals of the Global Health Initiative with the ongoing PMTCT programs, documenting opportunities and recommendations;
3. Assisting the country team to address some of the bottlenecks facing ARV uptake in PMTCT, identifying areas for operational research to further improve program quality.
Contributions to system strengthening
The study will build on the previous efforts to identify challenges related to the limited use of facilities for deliveries. Results of the study and documentation will be shared with the Ministry of Health and Social Welfare (MOHSW), as well as implementing partners to inform policy and strategies for effective scale-up of PMTCT services and increased uptake of ARV prophylaxis. The technical assistance will help to

identify the most effective service delivery model, which will also have spill over effect of increasing facility-based deliveries and reduce maternal and infant mortality.

Geographic Coverage

The program will be conducted in TBD sites in selected regions on Tanzania mainland. The target population will be HIV+ women receiving PMTCT services at RCH and maternity wards.

Links to Partnership Framework

The study is linked to Goal 1 of the PF: maintenance and scale-up of quality services. Results of this program will help identify obstacles to service and inform strategic scale up of services.

Goal 2 of the PF focuses on prevention, including PMTCT efforts. This program is directly in line with this goal, as it will strengthen PEPFAR Tanzania's current understanding of the barriers and help to target more effective PMTCT interventions.

Goal 6 of the PF aims to ensure evidence-based decision making and strategic planning. The program will inform decision making around the obstacles to deliver PMTCT services especially ARV prophylaxis and delivery services so that more infants can be reach with prophylaxis.

Monitoring and evaluation

PEPFAR Tanzania is working to improve the quality of services and the uptake of prophylaxis by pregnant women. The program will contribute to a better understanding of the most effective deployment of ARV interventions in PMTCT programs, while the technical assistance will inform how to improve measurement of quality of service delivery in PMTCT in Tanzania.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12213**		
Mechanism Name:	**TBD-JHPIEGO**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted

Narrative:

The Prevention of Mother-to-Child Transmission (PMTCT) program in Tanzania aims to reach pregnant women with quality PMTCT services during antenatal clinic visits and labor and delivery. These services are best provided in the Maternal-Child Health (MCH) platform and in an integrated manner. The specific services include HIV counseling and testing services and, for those found to be HIV positive, ARV and other interventions to prevent mother-to-child HIV-transmission.

The PMTCT program in Tanzania has scaled up, and PEPFAR Tanzania has recorded impressive results in terms of site coverage and women counseled, tested, and received results. However, the coverage of ARV prophylaxis has not been satisfactory. At the same time, the proportion of facility deliveries are below 50%; considerably lower in some remote locations. The program is still struggling to understand and address factors influencing facility delivery and its impact on ARV prophylaxis uptake. Also, while several initiatives to integrate PMTCT with MCH, there is little documentation of successes related to the provision of PMTCT on to the Maternal Child Health platform and its impact on patient outcomes and the district. In the light of the Global Health Initiative, it is important to document and understand the interventions that work best for effective service delivery so that best practices can be understood and shared.

Objectives: The PMTCT program in Tanzania plans to:

1. conduct a study to understand why women fail to access ARV prophylaxis, and why they deliver outside the health facility (precluding prophylaxis for the infant), including identification of barriers to these interventions;
2. document approaches for the provision of PMTCT on the MCH platform and
3. use the information collected in objective 1 and 2 above to target technical assistance needs and interventions that will help increase facility-based deliveries and the uptake of prophylaxis, reduce mother-to-child transmission, increase the sustainability of the PMTCT program, and further the goals of the Global Health Initiative for more comprehensive and integrated programs.
4. Scale up the most effective interventions to achieve increased facility-based deliveries and uptake of prophylaxis for broader scale.

Technical advisors from USAID/Washington, working through an implementing partner (TBD), will provide technical assistance to the Tanzania interagency PMTCT team up to three times a year with the following objectives:

1. Identifying and sharing best practices in PMTCT interventions;
2. Relating the goals of the Global Health Initiative with the ongoing PMTCT programs, documenting opportunities and recommendations;
3. Assisting the country team to address some of the bottlenecks facing ARV uptake in PMTCT, identifying areas for operational research to further improve program quality.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12214	**Mechanism Name: blood IT**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NBTS blood computer information System

The major goal for this funding is to continue supporting the implementation of the blood computer information system whose actual implantation started in 2009 in Eastern zone, to cover all blood zones in the mainland and Zanzibar.

The major objective is to support the quality system by ensuring accurate donor information from vein to vein through generation of a unique donor identification number to every blood donor.

The system will enable NBTS to identify and trace blood donors across several donations and across several years. Also the unit of blood to be traced across the number of products manufactured from that units, and trace this to place of issue (facilities) and the recipient (s) of blood and blood products from that unit. Moreover the system will help NBTS reinforce blood safety by making it possible to link information of blood units which are unsafe (found reactive for one or several blood transfusion transmissible infections (TTIs) thus rendering the donor unsafe and hence deferral.

Through this mechanism, NBTS will be able to trace blood donors nationally across all zones. This will assist the NBTS to establish the safe blood donor pool for easy recall for repeat blood donation especially

in emergences and when NBTS is low in blood units. Currently this is not possible.
The system will also make it possible for NBTS to communicate with blood donors through e. mail, phone massages or letter by linkages of information with other computer and telephone technology such as Phones for Health to deliver educational as well as motivational massages. The system will allow blood facilities which have internet connectivity to document and share with NBTS information on received blood units and those of the blood recipient thus completing the circle of vein to vein and leading to proper haemovigelence.

The blood computer information system will contribute greatly to system strengthening through the development of safe blood donor pool who are voluntary, reaping and non remunerated. This will contribute a lot toward attaining sustainable blood collections.
The system cut across donor processes from recruitment to issuing within NBTS and outside NBTS in recipient facilities. Also it cuts across other programs such as Phones for health.

Currently about 10 to 12% of blood units collected by NBTS zones is discarded mainly due to reactivity for one or more TTIs. The establishment of a safe blood donor pool who are motivated to repeating blood donation and living a low risk life style in relation to TTIs, will lead to a reduction of discard rate. This will decrease the resource wasted through discarded blood (blood bags, test kits etc).
The PF, funds will be used to procure equipment needed for functionality of the computer system.
The blood computer information system will lead to quality system
System strengthening especially those related to safety of blood and blood products and good manufacturing process. This system will help NBtS to monitor blood donor processes once implemented. Its implementation will be monitored through the number of zones linked to this system according to contractual agreements .

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12214**

Mechanism Name: blood IT Prime Partner Name: TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted
Narrative:			
The funds will continue to support the overall implementation of the blood computer information system stared in 2009. The computer system will be implemented in all blood transfusion zones mainland and Zanzibar.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12215	**Mechanism Name: Data Warehouse Infrastructure**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Objectives:

The objective of this budget line is to make use of a separate existing Implementing Mechanism to provide procurement and infrastructure support to the Data Warehouse Implementing Mechanism. The budget line is marked as 'tbd' since the exact type of infrastructure or procurement support required will

be identified in discussion with the MOHSW over the coming months. The main data warehouse activity is a new FOA, currently funded using Partnership Framework 09 funds. This Implementing Mechanism makes use of Partnership Framework 2010 funds.

The overall goals and objectives will be to provide required infrastructure to the Health Management Information System (HMIS) unit of the Government of the Republic of Tanzania's (GoT) Ministry of Social Health and Welfare (MOHSW) in order to:

• Improve the capacity of the MOHSW to collect, manage, and analyze aggregate program monitoring and evaluation.
• Support the creation of a data warehouse, which brings together information from aggregate data collection systems, surveillance and evaluation studies, transactional systems and National Bureau of Statistics (NBS). This collection of data must be designed to enable data mining and detailed longitudinal and population-based analysis of multiple concurrent data sets to inform policy formulation, resource allocation, and decision making processes.
• Support application of data analysis in dissemination papers, abstracts, and report cards.
• Support the use of policy analysis, projections, and modeling techniques to build evidence-based policy formulation, programmatic resource allocation, and decision making across the health sector and at all levels.

Infrastructure includes the physical construction or rental of office space to house servers and communications equipment, office space for HMIS or data warehouse employees, information technology hardware, software, switches, routers etc or any other infrastructure related procurements required for the Data Warehouse activities.

Contributions to Health System Strengthening:
The ability to access timely, relevant and accurate information and carry out analysis of the sector as a whole is vital to any long term health system strengthening effort. Health Systems must aim to achieve continuous improvement by basing and justifying all decisions, budget allocations, policies and strategies on empirical evidence.

Cross-cutting Issues:
Building on investments in HIV-specific systems, the USG SI Team will ensure that its data warehousing activity works closely with GoT to establish a strong unit within the MOHSW that can help bring multiple data sources together and create meaningful feedback products for the sector as a whole. Information sources include internal and external data sources (from an MOHSW perspective, aggregate data systems and operational data systems from all vertical programs, and link with other GOT entities like

President's Office-Public Service Management (POPSM) Prime Minister's Office, Regional Administration and Local Government, (PMO-RALG), and National Bureau of Statistics (NBS).

Cost Effectiveness over Time:
The IM will focus on the initial set up costs and work on achieving a cost efficient service model that can be sustained by the MOHSW over the long term. This IM will focus on building capacity within the MOHSW to maintain the data warehouse environment and to manage external contractors or suppliers to provide technical assistance in the future. The long term objective is to help create a unit within the MOHSW that can sustain the warehouse and have expertise to increase use by providing a service to all other vertical programmes

Geographic Coverage:
The data warehouse will include data from all districts and be designed to serve the data analysis needs of the all levels. Dissemination strategy must specifically have plans to provide information to all levels and include national coverage.

Links to Partnership Framework:
This IM is a direct implementation of the sixth goal of the partnership framework (Evidence-based and Strategic Decision-making goal) and contributes to the following areas of support:
• Enhance and coordinate multi-Sectoral M&E systems to ensure quality vertical and horizontal flow and use of data through the HIV & AIDS, Health, and Social Service sectors
• Adopt best practices in evidence-based and strategic decision-making

The Data Warehouse IM is primarily an effort to increase use of data by ensuring the data is accessible and presented in a way that meets the needs of the separate disease programs and directorates. The infrastructure IM will be ensuring the MOHSW and the new partner have access to the infrastructure hardware, software and space within the MOHSW HQ required to achieve the Data Warehouse IM objectives.

Monitoring and Evaluation Plans:
As a system building activity the monitoring of performance for the data warehouse mechanism will be based on the achievement of milestones. Monitoring and Evaluation of the procurement and related infrastructure work will be based on the timely delivery and overall quality of procured items.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12215		
Mechanism Name:	Data Warehouse Infrastructure		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
?Infrastructure, rent, or training funds to support Datawarehouse effort			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12216	**Mechanism Name: Evaluation of Permaculture**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The quality and quantity of food produced near homes is a major factor influencing the quality of life of HIV-affected individuals and caregivers. Caregivers often lack time and energy to tend distant farms with a resultant decline in local food production creating a dependency on outside food relief. In an effort to increase sustainable household food security for Orphans and Vulnerable Children (OVC) and for People Living with HIV/AIDS (PLWHA), Peace Corps Tanzania embarked on an innovative Training of Trainers program for all current Environment, Health and Education Volunteers and their Host Country National (HCN) counterparts in Permaculture and Bio-Intensive Gardening. Results thus far have proven the method's effectiveness to increase household food production and income from smallholdings with a high probability of replication by other partnering outreach workers. The method involves only local materials, fits within accepted gender roles and social values and strengthens the local environment in an economically viable manner. Not only is the method easy to learn, it is also easy to teach and will adapt to local conditions.

Regional, technical workshops were conducted on this evidence-based, low input, farming/income generation method. Sessions focused on sustainable adoption among resource-poor, risk-averse populations: simple methods to improve water retention; increasing soil depth/health to enhance growth; the role of family labor constraints; and, the value of permanent and perennial cropping systems as a means to develop a sustainable dietary cycle. A key theme has been the promotion of "small, doable actions" that can be easily replicated and adapted to meet local needs. By workshop end, key food growing and income generating concepts had been demonstrated such that replication at the local level was seen as feasible and achievable.

Rural families have seen yield increases of over 400%, when compared to traditional farming methods in semi arid central Tanzania. This simple, visual technique is suitable for low literacy populations; requires little to no external funding; and has been accomplished with local tools. Resultant local trainings, conducted by Peace Corps Volunteers and their Counterparts, partnering with local NGOs and PLWHA Groups, has lead to adoption by hundreds of rural families in only a few months. High quality food is now grown near homes where none had grown before. The method requires an initial increase in labor for soil preparation but this applies only to the first growing season. With proper planting and care, weed growth and water loss are reduced by 80%, significantly cutting overall labor requirements while at the same time increasing home food and income potential. While the method has been focusing on home based gardens, the principles have been applied successfully on sloping farm plots of up to one acre with significant yield increases.

The goal of the evaluation activity is to assess the impact of Permaculture and Bio-Intensive Gardening on food security and income generation for targeted households/individuals. The objectives are to (a)

assess the impact of Permaculture on household food security and household income, (b) note benefits, shortcomings, and recommendations for improvement of Permaculture, and (c) determine whether the project will be beneficial to Tanzania and at what scale. Quarterly reports will be required on the progress of the evaluation.

Partnership Framework goal (1) is to reduce morbidity and mortality due to HIV/AIDS and improve the quality of life for people living with HIV and those affected by HIV and AIDS. The quantity and quality of food produced near the home is a major factor influencing the quality of life of HIV-affected individuals, OVC and caregivers. People living with HIV/AIDS, OVC and caregivers often lack time and energy to tend to distant farms resulting in the decline of local food production. The combined effect of reduced working capacity and agricultural production has created a dependency on outside food relief.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12216**		
Mechanism Name:	**Evaluation of Permaculture**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
The TBD will evaluate the effectiveness and impact of biointensive gardening (Permaculture) for income generation and improving food security among HIV/AIDS affected households. Recommend specific actions on biointensive gardening. Publish and disseminate the findings of the evaluation to inform other implementing partners who are currently supporting this practice as well as the wider audience.This activity will be conducted among households, that undertakes permaculture in Dar es Salaam, Morogoro, Arusha, Iringa, Mbeya and Mwanza regions.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12217	**Mechanism Name: BOCAR**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of the Building Organizational Capacity for Results (BOCAR) activity is to strengthen the ability of Civil Society Organizations (CSOs) and CSO networks to produce and report on measurable results in combating HIV/AIDS.The goals and objectives of this activity are: Goal 1: To enable CSOs to monitor and report on the results of their HIV and AIDS activities. Objective 1.1: To ensure that 100% of target CSOs submit accurate, timely and complete Tanzania Output Monitoring System for HIV and AIDS (TOMSHA) reports to the Tanzania Commission for AIDS (TACAIDS). Objective 1.2: To ensure that 100% of target CSOs submit accurate, timely and complete PEPFAR reports. Goal 2: To nurture HIV/AIDS CSOs into becoming self-sustaining organizations, meaning that they eventually will derive most of their revenue from the successful sales of their products and services to domestic public and private sector customers. Objective 2.1: To strengthen 4-6 large CSOs currently working in the health sector or in HIV/AIDS response. Objective 2.2: To strengthen 50-75 small CSOs by providing them capacity building grants through the Rapid Funding Envelope mechanism. Goal 3: To strengthen networks among organizations working in the HIV/AID response. Objective 3.1: To promote 2-3 more durable networks between Dar es Salaam or regional CSOs and district or rural CSOs that are working in the HIV/AIDS response. Objective 3.2: To promote 2-3 more durable networks between CSOs in the health sector and CSOs in other sectors that are working in the HIV/AIDS response. Objective 3.3: To

promote 2-3 more durable linkages between CSOs or CSO networks working in the HIV/AIDS response and GOT agencies. This nationwide activity also is to contribute to Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance, namely to build the capacity of state and non-state actors at national and local levels in the provision of the provision of well-coordinated, effective, transparent, accountable, and sustainable leadership and management for the HIV and AIDS response. It will also contribute to Project Framework Goal 2 by bringing to scale prioritized prevention interventions and enhancing the enabling environment though sustained leadership.

By strengthening the CSO sector's ability to address the HIV/AIDS epidemic, this nationwide activity will relieve pressure on the GOT to deliver services. This activity builds on the previous activity, which since 2002 funded the capacity building of 140 small CSOs through the Rapid Funding Envelope (RFE). Since its inception PEPFAR has provided approximately Redacted for the management of the program through two different implementing mechanisms, which has leveraged Redacted from Department for International Development of the U.K., Canadian Agency for International Development, Embassy of Ireland, Ireland Aid, Bernard Van Leer Foundation, Royal Danish Embassy, Royal Netherlands Embassy, Embassy of Norway, and the Swiss Agency for Development and Cooperation. Their funds support grants that are used by small CSO to conduct HIV/AIDS activities. Grants range in value from Redacted for projects to be implemented over a period of 6-12 months. Awards have been granted to organizations in every region of the country. All organizations have been registered and operational for at least three years, although many are only beginning to develop appreciable capacity.

Since 2003 more than 580,000 individuals have been reached by these RFE-supported organizations through community HIV/AIDS prevention programs and 175,000 adults have been tested and received results and counseling. In addition 42,000 orphans and vulnerable children have received primary and supplemental services, 28,000 people living with HIV/AIDS have received palliative care services, 1,500 most vulnerable children have received vocational training and support, and 900 persons affected or infected by AIDS have received legal support.

The RFE has funded, for example, the translation of the National AIDS Policy into Braille, the creation and publication of a manual and curriculum on nutrition used nationally for training PLWHA and HIV+ mothers, the development of two booklets on HIV nutrition that were distributed by TACAIDS to care and treatments centers throughout the country, and the establishment of a national toll-free hotline for HIV/AIDS information and counseling that receives over 400 calls/day.

This new activity places greater emphasis on building capacity throughout the CSO system in contrast to the previous activity that concentrated more on increasing the number of small CSOs receiving grants. The new activity (a) uses a single implementing mechanism instead of two, (b) continues PEPFAR

funding for the management of the implementing mechanism in order to leverage from other donors contribute that are directly invested in HIV/AIDS activities, (c) continues the provision of capacity building assistance to small CSOs involved in HIV/AIDS and, as a new aspect, extends capacity building assistance to large CSOs involved in HIV/AIDS and (d) also as a new aspect, develops linkages between large and small CSOs and fosters stronger ties to government agencies, particularly TACAIDS and ZAC. The capacity builder will be required to submit quarterly reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**12217**		
Mechanism Name:	**BOCAR**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

In this activity nationwide application solicitation, transparent grant-making, and organizational development assistance are used to mobilize and strengthen a broad range of CSOs involved in the HIV/AIDS. Historically most of the grants have supported prevention and testing/counseling activities, followed by support to OVC and PLWHA. Because government is an influential participant in the grant-making process, it has been able to guide the priority setting.

PEPFAR funds, which are used to support the management of the grant-making mechanism, have leveraged other donor funds 6:1. Therefore this activity only generates indirect target results for PEPFAR because other donor funds are used for HIV/AIDS projects, except for certain OVC PEPFAR funds. However, this endeavor contributes significantly to building better ties between government and donors.

For example, this activity is one of the few vehicles in the country in which both donors and government participate together in reviewing applications and granting awards. Secondly, it is a major systems strengthening endeavor by networking large CSOs, which tend to be urban-based and better at advocacy, and small CSO, which tend to be rural-based and better at service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

In this activity nationwide application solicitation, transparent grant-making, and organizational development assistance are used to mobilize and strengthen a broad range of CSOs involved in the HIV/AIDS. Historically most of the grants have supported prevention and testing/counseling activities, followed by support to OVC and PLWHA. Because government is an influential participant in the grant-making process, it has been able to guide the priority setting.

PEPFAR funds, which are used to support the management of the grant-making mechanism, have leveraged other donor funds 6:1. Therefore this activity only generates indirect target results for PEPFAR because other donor funds are used for HIV/AIDS projects, except for certain OVC PEPFAR funds. However, this endeavor contributes significantly to building better ties between government and donors. For example, this activity is one of the few vehicles in the country in which both donors and government participate together in reviewing applications and granting awards. Secondly, it is a major systems strengthening endeavor by networking large CSOs, which tend to be urban-based and better at advocacy, and small CSO, which tend to be rural-based and better at service delivery. In this activity nationwide application solicitation, transparent grant-making, and organizational development assistance are used to mobilize and strengthen a broad range of CSOs involved in the HIV/AIDS. Historically most of the grants have supported prevention and testing/counseling activities, followed by support to OVC and PLWHA. Because government is an influential participant in the grant-making process, it has been able to guide the priority setting.

PEPFAR funds, which are used to support the management of the grant-making mechanism, have leveraged other donor funds 6:1. Therefore this activity only generates indirect target results for PEPFAR because other donor funds are used for HIV/AIDS projects, except for certain OVC PEPFAR funds. However, this endeavor contributes significantly to building better ties between government and donors. For example, this activity is one of the few vehicles in the country in which both donors and government participate together in reviewing applications and granting awards. Secondly, it is a major systems strengthening endeavor by networking large CSOs, which tend to be urban-based and better at advocacy, and small CSO, which tend to be rural-based and better at service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

Build the capacity of CSOs so they may contribute more fully in the health system in Tanzania; - nationwide in scope

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

This activity is intended to encourage widespread participation of civil society organizations (CSOs) in combating HIV/AIDS. Secondly, it is intended to institutionalize a practice of transparent and objective selection of grant recipients of HIV/AIDS funds. Thirdly, it is to develop the capacity of CSOs to effectively utilize and report on the results realized. This is to be accomplished by developing stronger linkages between small and large CSOs and between CSO networks and the government. This will be facilitated by a Tanzanian capacity builder that is likely to be a consortium possibly comprised of a education or training institution, a private consulting or accounting firm, an NGO, a consortium of independent consultants, or a combination of these types of entities. This activity builds on the previous activity, which funded 140 HIV/AIDS project implemented by small CSOs. PEPFAR has provided approximately $ Redacted for the management of the program through two different implementing mechanisms, which has leveraged Redacted from other donors for HIV/AIDS activities. This new activity (a) uses a single implementing mechanism, (b) provides capacity building assistance to large and small CSOs involved in HIV/AIDS, and (c) develops linkages between large and small CSOs and stronger ties to government agencies, particularly TACAIDS and ZAC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

In this activity nationwide application solicitation, transparent grant-making, and organizational development assistance are used to mobilize and strengthen a broad range of CSOs involved in the HIV/AIDS. Historically most of the grants have supported prevention and testing/counseling activities, followed by support to OVC and PLWHA. Because government is an influential participant in the grant-making process, it has been able to guide the priority setting.

PEPFAR funds, which are used to support the management of the grant-making mechanism, have leveraged other donor funds 6:1. Therefore this activity only generates indirect target results for PEPFAR

because other donor funds are used for HIV/AIDS projects, except for certain OVC PEPFAR funds. However, this endeavor contributes significantly to building better ties between government and donors. For example, this activity is one of the few vehicles in the country in which both donors and government participate together in reviewing applications and granting awards. Secondly, it is a major systems strengthening endeavor by networking large CSOs, which tend to be urban-based and better at advocacy, and small CSO, which tend to be rural-based and better at service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

In this activity nationwide application solicitation, transparent grant-making, and organizational development assistance are used to mobilize and strengthen a broad range of CSOs involved in the HIV/AIDS. Historically most of the grants have supported prevention and testing/counseling activities, followed by support to OVC and PLWHA. Because government is an influential participant in the grant-making process, it has been able to guide the priority setting.

PEPFAR funds, which are used to support the management of the grant-making mechanism, have leveraged other donor funds 6:1. Therefore this activity only generates indirect target results for PEPFAR because other donor funds are used for HIV/AIDS projects, except for certain OVC PEPFAR funds. However, this endeavor contributes significantly to building better ties between government and donors. It is one of the few mechanisms in the country in which both donors and government participate together in reviewing applications and granting awards. Secondly, it supports sustainability by providing leadership and financial and operational capacity building to both large and small CSOs responding to the HIV/AIDS epidemic. Thirdly, it is a major systems strengthening endeavor by networking large CSOs, which tend to be urban-based and better at advocacy, and small CSO, which tend to be rural-based and better at service delivery. It is anticipated that duplication and working at cross-purposes will be reduced and instead CSOs with paricular niche strength will be enhanced through the through networking and sharing of experiences as part of the systemwide grant-making mechanism.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12218	**Mechanism Name: BizWomen- PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this activity is to mobilize businesswomen and women managers in the private sector in the fight against HIV/AIDS. It is anticipated that the Federation of Associations of Women Entrepreneurs in Tanzania (FAWETA), which is the largest and oldest women entrepreneurs' association in Tanzania with 3,500 members, is expected to be the partner in this activity. The BizAIDS program, developed and widely tested in sub-Saharan Africa by the U.S.-based International Senior Executive Corps (ISEC), integrates prevention and counseling/testing promotion with small business development. The objectives are (a) to enable FAWETA to deliver the BizAIDS program as one of its services to women-owned small and medium-sized enterprises (SMEs) and to women managers in the private sector who have interest in beginning their own businesses, (b) to train master trainers and to test and modify the program so that it will be a FAWETA revenue earning service for the organization by the end of one year, and (c) to increase awareness about how HIV impacts on the efficiency of SMEs and on the economic viability of the surrounding communities upon which SMEs rely to sustain their business.

This endeavor also will contribute to the Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance by building the capacity of non-state actors at national and local levels in the response to HIV/AIDS. It will also contribute to Goal 2 by bringing to scale prioritized prevention interventions and enhancing the enabling environment though sustained leadership. This is a nationwide program that focuses on prevention and counseling and testing. This activity will stimulate the use of for-profit private sector financial and human resources for HIV/AIDS prevention, thus relieving the burden on the public system.

This activity leverages the for-profit private sector's economic clout, connections, and capacity to make things happen in a cost effective manner. As a result of this activity it is expected that FAWETA members will commit significantly more resources in the future to continuing the BizAIDS program and to HIV/AIDS

prevention in general as they begin to realize how these interventions impact positively on their businesses. This PPP thus lays the foundation for PEPFAR's exit by marshalling the expertise and commitment of women business leaders and managers to addressing HIV/AIDS. FAWETA will be required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**12218**		
Mechanism Name:	**BizWomen- PPP**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted

Narrative:

Women managers and business owners often confront stereotypes that they are best at being followers, not leaders. Furthermore, they frequently face expectations of colleagues, staff and family that their primary responsibility is that of fulfilling their role as caregivers, which is exacerbated by increased care demands stemming from the HIV/AIDS epidemic. Not only are women perceived as better caregivers than their male counterparts, they also bear the harsher impact of the epidemic with higher rates of infection that is biologically and socially linked, the latter again related to male attitudes and behavior. It is for this reason that the Federation of Associations of Women Entrepreneurs in Tanzania (FAWETA), which is the largest and oldest women entrepreneurs' association in Tanzania with 3,500 members, will be implementers of the BizAIDS program.

The BizAIDS program will be tailored to meet the inter-related prevention, counseling and testing and business strengthening needs of business women and women managers. HIV prevention workplace

activities will target the female business owners/entrepreneurs as well as employees at their workplaces.The four components of the BizAIDS program are:(a) HIV/AIDS Information & Workplace Training: This component provides health and HIV/AIDS information and emphasizes prevention, (b) Counseling & Testing: This entails the provision of information and referral to counseling and testing services to their employees and family members. (c) Business Planning: The emphasis is on the importance of responding appropriately to absenteeism due to employee affected by HIV/AIDS, decreased productivity of HIV infected employees, cross-training, asset management and planning for the future such as inheritance planning, will development, and succession planning, and (d) Legal Rights & Opportunities Assistance: This component increases awareness of the legal issues that business owners face regarding healthcare issues, particularly those related to the identification, hiring, retention and separation of employees with HIV/AIDS. It is anticipated that this program will become a revenue earning service that will be offered on a cost-recovery basis for members and at a nominal increased margin for non-members. Workplace programs will use quality behavior change activities (part of the BizAIDS program) and also draw from the EngenderHealth CHAMIPION workplace model programs, as relevant.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12219	**Mechanism Name: BPA Furniture and Computers**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TBD Blanket Procurement Agreement (BPA) Implementing Mechanism Narrative
Given continued large investments in infrastructure and the lack of efficient GOT or partner mechanisms to procure furnishings and equipment, the need for a cost-efficient nonmedical procurement mechanism is clear. This activity provides funds to negotiate a Blanket Purchase Agreement (BPA) with several pre-competed vendors to expedite nonmedical procurement. A BPA, which operates in a manner similar to an indefinite quantity contract, allows rapid procurement of furniture and equipment with funds from any budget code. It therefore provides a convenient buy-in mechanism for all PEPFAR program area teams to provide for the rapid procurement of these goods.
Contributions to Health Systems Strengthening: The particular focus of this FY2010 funding will be on non-medical procurements related to furnishing and equipment in support of USG infrastructure strengthening. To this end; office, classroom and dormitory furniture including desks, work benches, tables, and beds, etc may be procured. Procurement may also include computers, PowerPoint projectors, audio visual equipment and other teaching aids as needed. The selected vendor(s) will be expected to provide delivery and service for procured items in the sites identified by the USG.
Becoming More Cost Efficient: Due to the benefits of bulk procurement through negotiated bulk rates, PEPFAR cost on furniture and equipment will be better managed and coordinated, resulting in greater efficiencies.
Coverage and Target Populations: This work supports infrastructure strengthening at all levels (local, district, regional and national) of the health care delivery system.
Links with Partnership Framework: This work is directly linked to the following 2009 and 2010 Partnership Framework goals. Goal 1: Service maintenance and scale-up. Goal 2: Prevention. Goal 4: Sustainable and secure HIV drug and commodity supply. Goal 5: Human resources.

M&E Plans: Procurements will be tracked and reported on a quarterly basis.

Cross-Cutting Budget Attribution(s)

Education	Redacted
Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12219**		
Mechanism Name:	**BPA Furniture and Computers**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
The selected provider will procure none medical commodities for pre-service training program. Procuments may include teaching equipment, teaching aids, computers, PowerPoint projectors and other classroom teacher supported teaching aids. Classroom furniture including desks, work benches, tabes etc may be procured. In additional to support staff and student house needs household furnishing may also be procured under this BPA. These materials will support pre-service training and health system strengthening objective to scale up as part of the stated OHSS ITT goals. The selected vendor is expected to provide delivery, training and service for procured items in the sites identified by the Laboratory program			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
The selected provider will procure none medical commodities for the PMTCT program. Procuments may include teaching equipment, teaching aids, computers, PowerPoint projectors and other classroom teacher supported teaching aids. The selected provider may be asked to procure additional training and teacher aids based on program implementation requirements. These materials will support MTCT program pre-service training and health system strengthening objective to scale up MTCT services to reach 80 % of the target population. The selected vendor is expected to provide delivery, training and service for procured items in the sites identified by the MTCT program			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
The selected provider will procure none medical commodities for the Laboratory pre-service training program. Procuments may include teaching equipment, teaching aids, computers, PowerPoint projectors and other classroom teacher supported teaching aids. Classroom furniture including desks, work			

benches, tabes etc may also be procured. These materials will support Labortory program pre-service training and health system strengthening objective to scale up laboratory services to reach the target population. The selected vendor is expected to provide delivery, training and service for procured items in the sites identified by the Laboratory program

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12220	**Mechanism Name: PLHA**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Family Support Groups for People Living with HIV/AIDS

Goal: To improve treatment adherence and retention of patients into care and treatment
Objectives:
The objectives of the Family support Groups (FSGs) are for members to help each other to:

1. Disclose to each other, friends, relatives, partners and children in order to build a support group.
2. Accept and understand their HIV sero- status and learn how to live positively
3. Encourage each other and other family members to get tested for HIV
4. Learn how and when to access cotrimoxazole prophylaxis and ART
5. Prepare for adherence to ARVs
6. Link to and access HIV prevention, care, treatment and support services, including community social

services.

Target population

FSG members consist of (1) HIV-positive individuals, their partners and children, (2) Caretakers of orphans born to HIV positive mothers.

The newly enrolled patients will be actively recruited for the FSG, for they are the ones who may need the most assistance in accepting their diagnosis and as a result they may become lost to follow-up

Description:

The United Republic of Tanzania faces many economic and social development challenges, including those posed by a generalized AIDS epidemic and other communicable diseases. Adult HIV prevalence in the country is estimated at six percent and an estimated 1,400,000 Tanzanians are living with HIV/AIDS (THMIS 2007/08), while about 440,000 are in need of treatment. DOD supported regions have high prevalence of the disease compared to other regions in the country; Mbeya has a prevalence rate of 9.2% Rukwa 4.9% while Ruvuma has 5.9%.

Although strategies for HIV prevention and a continuum of care for people living with HIV and AIDS (PLHIV) are now better understood, the burden of disease and suffering continues. Critical impediments to strengthening health outcomes include the inadequacy of trained human resources, inadequate infrastructure, inadequate community involvement (especially people living with the disease) and overburdened logistics systems and supply chains.

Many lessons have been learned and gaps identified. One of them is the lack of psychosocial support for HIV positive individuals and their families. Stigma and disclosure difficulties compound the situation. Due to the staffing shortage, there is a limited time for post-test counseling services and on-going psychosocial support. Ashamed and afraid, beset by denial and depression, HIV-positive individuals keep away from healthcare facilities after testing. The uptake and adherence to ART services, including HIV-assessments, ARV therapy and Cotrimoxazole usage where appropriate, education regarding feeding options and nutrition, and HIV-testing for exposed partners falters significantly when individuals are psychologically incapable of coping with their status. As a result, there are several challenges in the implementation of the ART interventions. These include among others lack of psychosocial support, access to and poor uptake of services.

Trained PLWA support groups will take care of each other and other HIV/AIDS infected individuals and get them engaged in educational and training activities meant to increase awareness and stop the epidemic of HIV/AIDS in the southern highlands. Trained PLWA volunteer help will be highly useful in the following activities:

• Care and encourage HIV/AIDS affected individuals

• Support each other for treatment adherence and track and provide counselling to treatment non-compliant patients.

• Counseling and education in hospitals and communities

• Raise personal risk perception among the youth, men and women by involving them to actively participate in HIV/AIDS preventive education.
• Help various HIV/AIDS organizations in their community outreach programs with information on the virus within their local community
Linkage to PF:

Efforts to improve ART quality of service is a key element for achieving the Partnership Framework between the GOT and the USG. One of the objectives in the PF document is to expand prioritized care, treatment, and support services, dependent on available resources and the USG is committed to fund/support introduction of innovations/new care, treatment, and support services, as well as agreed upon priority requests. Use of FSG to improve ART quality of services is one of the innovative methods to achieve PF objectives.
M&E
DOD through the RMOs will continue to promote outreach services/supervisory visits from the facilities to the communities. Each facility will have lists of FSGs involved in HIV/AIDS psychosocial support, indicating geographical coverage. These lists will be displayed so that health staff can refer clients to them. These referrals will be further strengthened through facility staff serving as Point of contact for the FSGs.
M&E data activities for all the supporting CTC and FSGs will be supported by TA from the DoD SI team. A standardized data collection tool will be developed for use by the FSG and the supporting health facility. CTC1 and CTC2 forms will continue to be used at the CTC, based on NACP and facility data needs, entered into the electronic medical record system (EMRS) and transported to the DoD data center located at Mbeya Referral Hospital for synthesis, and produce USG reports as well as to provide feedback to reporting CTC and the FSGs for use in improving quality of services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12220**

Mechanism Name:	PLHA		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			
Funds will be used to strengthened integration of peer education (PE) activities within ART services. PEs in all ART partners-supported regions will be trained to support ART services on adherence to treatment. Based upon the evaluation PE data collection tools in CTC sites will be developed. The expected output is PEs will enhance quality service.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12221	**Mechanism Name: MOHSW Blood**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health and Social Welfare, Tanzania	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,150,000	
Funding Source	**Funding Amount**
GHCS (State)	3,150,000

Sub Partner Name(s)

Tanzania Peoples Defence Force(TPDF)	Tanzania Red Cross Society	

Overview Narrative

Agreement with USG ends in FY2010 and will be renewed for another year.

Goal and objective:

This mechanism will strengthen MOHSW oversight in the provision of safe and adequate blood and blood products, help address blood quality and quantity issues related to coverage, improve component production, rational use and equitable distribution of safe blood to health facilities in Tanzania mainland. The funds will enhance rational blood usage especially components through training of physician and nurses, improve blood information capture by supporting the implementation of a blood computer system to capture repeat blood donors to develop a safe donor pool which is low (25%) in 2009.

One of the challenges facing the National Blood Transfusion Service (NBTS) since its inception in 2005 has been inability to provide enough blood to cover transfusion facilities needs. The collection in 2009 was 120,000 units which is equivalent to (34%) population coverage. The funding will assist NBTS to step up blood mobilization, recruitment, transportation, component production, track repeating donors through the blood computer system, and continue training of hospitals and orient hospital transfusion committees in component and rational blood use.

Quality systems and processes are very important aspects of blood transfusion; NBTS has reduced the prevalence of HIV in donated blood from 7% in 2005 to less than 3% in 2009. This fund supports the strengthening of the quality systems including review of policy ,guideline and other standards, to further reduce the HIV prevalence and other TTIs to the internationally acceptable and support measures that leads to NBTS laboratories accreditation. The funding will support human resource and management capacity development across all blood processes.

MOHSW will provide leadership and TA in assuring highly functional and operational national blood transfusion services while assuring sustainability and quality systems integration for the support of the HIV/AIDS prevention, care and treatment in Tanzania.

Contribution to health system strengthening:

MOHSW will promote sustainability through building the capacity of local indigenous organizations to carry out blood donor advocacy, recruitment, mobilization and sensitization activities.

To avoid the overdependence on a sole donor, NBTS will be expected to diversify the funding base by applying for GOT MTEF funding, orient districts an regions to budget for blood safety activities in their comprehensive district plans, apply for the Global Fund and other donors, implement cost recovery measures, foster private public partnerships and solicit additional grants from other international development and national funding agencies.

Cross-cutting program and key Issues:

Cornerstone to success of the program is linkages with HIV prevention program that integrate prevention education into donor recruitment, counseling and results notification and the in corporation of sexual prevention groups into the pool of low risk donors and formation of donor clubs. Linkages with Care and treatment program, health facilities to establish strong referral of HIV and other TTI positive donors to proper treatment and care. Collaboration with Malaria (PMI) program, to develop malaria prevention

massages for VNRBD. Also, joint prevention strategies to prevent malaria thus decrease malaria related anemia and need for transfusion. linkage to Phones (P4H) for health to send massages to blood donors helps to retain repeat donors helps to build safe donor pool

Strategies to become more cost efficiencies over time:
To facilitate efficiency of the service, the funding will be used to promote component production, appropriate utilization of blood and blood products, donor clubs formation for repeat blood donors, integration of safe blood activities within regional and district plans and strengthening of transfusion committees. Part of sustainability plan, MOHSW NBTS will ensure a gradual transition from donor funding to Government of Tanzania reliance. One strategy will be the establishment of NBTS as a semi autonomous agency and the promotion of public private partnerships.

Geographical Coverage and targeted populations:
This is a national wide program focusing on national coverage with safe blood. The program targets all groups of people, some as VNRBD (especially youth), others to support blood activities such as mobilization and motivational incentive for donors. The funding will enable MOHSW NBTS improve on previous achievement by expanding in scope and increased geographical coverage for the provision of safe blood as part of the HIV prevention, care, treatment,.,

Linkages to Partnership Framework:
The funds will be use to implement the Government of Tanzania's and USG PEPFAR HIV/AIDS and Partnership Framework strategies and HIV/AIDS prevention goals of preventing new HIV infection through unsafe blood by selecting and maintaining of low risk donor pool (VNRBD), counseling and testing of potential donors and testing of donated blood to exclude transfusion transmissible infections (TTIs) especially HIV.

Monitoring and Evaluation Plans:
NBTS will monitor the implementation to ensure quality donor selection, testing, storage, transportation and transfusion services. NBTS will evaluate its achievement on adequate coverage, reduction in HIV and other TTIs amongst donors and national safe blood coverage. This will necessitate employing evidence based strategies and improving on program management and evaluation.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12221		
Mechanism Name:	MOHSW Blood		
Prime Partner Name:	Ministry of Health and Social Welfare, Tanzania		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	3,150,000	
Narrative:			
The ammount for NBTS mainland is reduced to fund NBTS Znz under ZACP (the 2 minisstries will be fundaded separately)			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12222	**Mechanism Name: CIDR - PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Centre for International Development and Research (CIDR) is a French international NGO that has successfully established its insurance program in Mbozi District, Tanzania, where the attendance rate at medical facilities by members of the Community Health Insurance Fund (CHIF0 is five times higher than the uninsured. The annual re-enrolment rate is nearly 90%, indicating satisfaction with the quality of health care provided by Moravian Church Mbozi Hospital, which is the facility of choice. This activity supports the replication of the CHIF program in Kyela District. The objectives of this activity are (a) to raise awareness and change behaviours among community members in relation to HIV/AIDS, sexual and reproductive health, and malaria, (b) to establish a health insurance fund that is governed by members and that gives them a choice of medical providers and optional pre-paid health packages, and (c) to contribute to the policy dialogue at the national level on health financing and HIV/AIDS risk management strategies.

This activity contributes to Partnership Framework Goal 1: Service Maintenance by aiming "to reduce morbidity and mortality due to HIV and AIDS and improve the quality of life for PLHIV and those affected by HIV and AIDS. Care, treatment, and support services include services for OVC, community and home-based care, and facility-based care (ART, PMTCT, and TB/HIV). Supporting quality improvements is an integral part of this goal." This endeavor also will contribute to the Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance. More specifically, it will to build the capacity of non-state actors at national and local levels in the response to HIV/AIDS.

After more than 25 years of socialism during which medical care was provided free of charge, the government introduced a nominal fee structure and a Community Health Fund intended to create a pre-pay health finance pool. However, it is generally recognized that the government's Community Health Fund (CHF) does not adequately develop the understanding and ownership of the CHF by its members or the community at large, which is reflected in the low enrolment rates in the country. First, membership on the Council Health Service Boards and Health Facility Governing Boards do not automatically include enrolled CHF members. In fact, most of the board members have not even joined the scheme. Second, most districts are not actively providing opportunities for current or potential CHF members to learn about their rights and the benefits of the program. Finally, there is a general lack of transparency on how the CHF operates. In contrast, CIDR establishes representative structures and convenes regular assemblies that allow members to take ownership of their self-managed health insurance schemes. At the same time, CIDR takes great care to involve government officials and influential community leaders in the development of the CHIF so that they understand how the CHIF works. In the long-term it is hoped that the CHF will be transformed into the CHIF, which operates as a broker between insurance members and health providers without undue influence on the part of district authorities. It is anticipated that the Lutheran Church's Matema Hospital will be the facility of choice.

PPPs inherently are targeted leveraging mechanisms. The CHIF is a community-owned program that will relieve the state of having to fully finance the health care system. PEPFAR funding for this activity is being used to leverage funds from Biolands Ltd, one of the major coco traders that supplies Kyela production to markets in Europe, which has pledged Redacted in contributions per year for five years to the CHIF. GTZ, which has provided technical assistance to government's CHF in Kyela, is also contributing funds to actively recruit low-income families into the CHIF. The Elton John AIDS Foundation is funding the HIV re-insurance component. CIDR is required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12222**		
Mechanism Name:	**CIDR - PPP**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
It is estimated that Tanzanians pay over 60% of their total healthcare costs out-of-pocket. For a variety of reasons, the government-led Community Health Fund (CHF) has realized very low enrolment rates, leaving the bulk of the population vulnerable to unexpected health expenses that may empty financial reserves or, worse, prevent families from accessing quality health care. In contrast the Community Health Insurance Fund (CHIF) will demonstrate the viability and benefits of member-owned and managed health insurance schemes. More importantly it will model how insurance programs should function as an intermediary between healthcare providers and consumers. By choosing health plans and providers that offer quality healthcare, CHIF members channel their pooled pre-pay funds to facilities that provide the best service, thereby raising the general level of healthcare. Intermittent formal evaluations will be			

conducted and the resultant studies will be shared with national policy makers and legislators. The CHIF includes an HIV reinsurance component to the general insurance scheme to provide additional fundsso that PLWHA receive adequate care and treatment.

PPPs inherently are targeted leveraging mechanisms. PEPFAR funding for this activity is being used to leverage funds from Biolands Ltd, one of the major coco traders that supplies Kyela production to markets in Europe. The company has pledged $60,000 per year for five years to help capitalize the CHIF. GTZ, which has provided technical assistance to the district government to establish the CHF in Kyela, is contributing funds to be used for actively recruiting low-income families into the CHIF. The Elton John AIDS Foundation is funding the HIV re-insurance component.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

It is estimated that Tanzanians pay over 60% of their total healthcare costs out-of-pocket. For a variety of reasons, the government-led Community Health Fund (CHF) has realized very low enrolment rates, leaving the bulk of the population vulnerable to unexpected health expenses that may empty financial reserves or, worse, prevent families from accessing quality health care. In contrast the Community Health Insurance Fund (CHIF) will demonstrate the viability and benefits of member-owned and managed health insurance schemes. More importantly it will model how insurance programs should function as an intermediary between healthcare providers and consumers. By choosing health plans and providers that offer quality healthcare, CHIF members channel their pooled pre-pay funds to facilities that provide the best service, thereby raising the general level of healthcare. Intermittent formal evaluations will be conducted and the resultant studies will be shared with national policy makers and legislators. The CHIF includes an HIV reinsurance component to the general insurance scheme to provide additional fundsso that PLWHA receive adequate care and treatment.

PPPs inherently are targeted leveraging mechanisms. PEPFAR funding for this activity is being used to leverage funds from Biolands Ltd, one of the major coco traders that supplies Kyela production to markets in Europe. The company has pledged $60,000 per year for five years to help capitalize the CHIF. GTZ, which has provided technical assistance to the district government to establish the CHF in Kyela, is contributing funds to be used for actively recruiting low-income families into the CHIF. The Elton John AIDS Foundation is funding the HIV re-insurance component.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12223	**Mechanism Name: TCT - PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The objectives of this nationwide activity are to (a) establish HIV/AIDS prevention programs that target tourists, tourism employees, and communities surrounding tourist destinations and (b) mobilize funds from tourists to support work place and community-based HIV/AIDS prevention, care and mitigation activities. This endeavor will contribute to the Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance. More specifically, it will build the capacity of non-state actors at national and local levels in the response to HIV/AIDS. It will also contribute to Goal 2 by bringing to scale prioritized prevention interventions to high-risk populations and enhancing the enabling environment though sustained leadership and leveraging the efforts of other sectors.

There are three partners envisaged for implementing this activity. First is the Tourism Confederation of Tanzania (TCT), which is the umbrella organization representing private businesses involved in the travel and tourism industry in Tanzania. TCT engages the government and other private sector associations on legislative, regulatory, environmental, infrastructure, taxation, and other sector development issues. TCT is made up of nine Member Associations: Tanzania Association of Tour Operators, Hotel Association of Tanzania, Tanzania Society of Travel Agents, Intra-Africa Travel & Tourism Association, Tanzania Air Operators Association, Tanzania Hunting Operators Association, Tanzania Professional Hunters Association, Tanzania Tour Guides Association, and Zanzibar Tourism Investors Association. Among its many activities, TCT conducts education and awareness programs on HIV for its members and organizes support campaigns for HIV-positive individuals.

The other two partners are expected to be the Center for Responsible Travel (CREST) and LifeAction Ltd. CREST, an international NGO that was founded in 2003 at Stanford University, conducts research on and is involved in projects that use tourism and international travel as a tool for promoting socio-economic empowerment, poverty reduction and biodiversity conservation. LifeAction is a Tanzanian registered company that has extensive experience in South Africa in workplace and community-based programs through collaborative partnerships with community leaders, local business, bilateral and multilateral donors (e.g. CDC, USAID, DFID, WHO), financial institutions (e.g. ABSA) and international firms (e.g. The Xstrata Group, Anglo American, DeBeers). LifeAction works with a mix of public and private health service providers at the regional, district and local levels and typically brokers financial and in-kind support of public and private sponsors. The sister company in South Africa, Re-Action (Responsible Action for Health and Sustainability), has worked on prevention programs with the small and medium sized tour operators, small hotels, bed-and-breakfasts, and back-packers there. The programs focused on staff, guests and the surrounding communities with HIV/AIDS projects (e.g. refurbish clinics using funds given by guests).

PPPs are inherently targeted leverage mechanisms and, in this instance, one of the expected implementing partners, LifeAction, specializes in forging public-private partnerships as an operating business principle, thereby laying the foundation for PEPFAR's exit. LifeAction will be required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12223**		
Mechanism Name:	**TCT - PPP**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVOP	Redacted	Redacted

Narrative:

Tourism, which attracts 750,000 tourists per year in Tanzania, has the potential to exacerbate the HIV/AIDS epidemic around and en route to tourist destinations. Tourism also has the potential for raising consciousness about HIV/AIDS issues and marshalling resources to improve the lives of people in communities adjacent to and people working in tourist centers. This nationwide activity will (a) establish HIV/AIDS prevention programs that target tourists, tourism employees, and communities surrounding tourist destinations and (b) mobilize funds from tourists to support work place and community-based HIV/AIDS prevention, care and mitigation activities. HIV prevention programs will utilize quality behavior change techniques and focus on key drivers of the epidemic, relevant to the target groups (such as transactional sex, condom usage, alcohol and sexual risk taking, etc.).

PPPs are inherently targeted leverage mechanisms. The Tourism Confederation of Tanzania (TCT), which is the umbrella organization representing private businesses involved in the travel and tourism industry in Tanzania, is expected to be a key contributor in terms of cash and in-kind contributions. The expected implementing partner is LifeAction, which is a for-profit company that specializes in work place and community HIV prevention and specializes in forging public-private partnerships as an operating business principle, thereby transferring management and financial ownership to the private sector and laying the foundation for PEPFAR's exit. Efforts will be undertaken to link prevention activities with those of other partners in the same region, to ensure complmentary efforts. This activity will also utilize the tools being developed under the collaboration with Natural Resource Management/Economic Growth partners.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12224	**Mechanism Name: Communications**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The TBD Communications program is being developed and awarded in response to the completion of the AED/TMARC program, and as a new mechanism to expand behavior change communication activities, coordination and capacity building. The program is being developed as a joint Health and HIV/AIDS team award, to ensure complementarities, be cost effective, and build common systems. The goal of the new Tanzania Capacity and Communications Project (TCCP) is to increase the adoption of safer behaviors by Tanzanian adults and higher risk populations to prevent or manage HIV infection and other health issues. In support of this goal, the TCCP has the following objectives: 1) To reinforce systems for coordinating and delivering communications for health; and 2) To execute evidence-based, coordinated communications initiatives to scale. A clear expectation of the TCCP is that results will be achieved together with PEPFAR/Tanzania's prevention partners, the GOT, other donors, and multi-sectoral institutions. The TCCP is also expected to draw upon global best practices in communications and utilize local research and lessons learned.

This program will contribute to health systems strengthening efforts through its two inter-related capacity building objectives: 1) social and behavior change communications effectively coordinated at the national, regional, and district levels; and 2) social and behavior change communications skills measurable transferred to Tanzanian institutions and organizations. As such, the TCCP will be expected to build on past USG investment in local organizations and collaboration with the GOT. The TCCP will support the GOT in the provision of technical and coordination leadership that is essential to strengthen the quality and robustness of behavior change interventions. This includes the use of up-to-date behavioral theories and models in design and the incorporation of evidence-based approaches into programming. The TCCP will work closely with the GOT to identify existing networks with which organizations engaged in health communications can collaborate. Finally, the TCCP will work with multi-sectoral Tanzanian organizations and institutions to strengthen capacity in social and behavior change communications. Core areas in capacity building include the appropriate use of behavioral theories and models in communications design and delivery, participatory methodologies for community engagement, and quality assurance.

This program contributes to the Partnership Framework goals on Prevention, Service Mainteance and

Scale-Up, Leadership, and Human Resources. The TCCP will design, execute, and coordinate highly innovative, state of the art, and results-driven national level communications programs that address main HIV/AIDS and health issues. Any mass media will be national in coverage, with community mobilization and interpersonal communications focused in the eight regions with the highest HIV prevalence. Campaigns will focus on HIV prevention, addressing key drivers of the epidemic including multiple concurrent partnerships, and develop male circumcision BCC support for PEPFAR-supported MC sites and surrounding communities. In the area of PMTCT, the TCCP will address and increase demand for MCH/PMTCT/EID services via media promotion and communications efforts.

The TCCP will be expected to utilize program and managerial efficiencies to create economies of scale and streamline implementation. The TCCP will work in close partnership with the GOT to establish sustainable systems to support and enhance the effectiveness of social and behavior change communications. A keystone of the TCCP's work is collaboration. The TCCP is expected to work closely with the GOT, USG- and non-USG funded implementing partners and the civil and private sectors. These stakeholders will have a sense of ownership and participate fully in the design and execution of the program throughout the life of the project. The TCCP is expected to create innovation collaborations that garner grassroots participation in health communications.

TCCP will be expected to have a national reach, with a focus on highest HIV prevalence regions for inter-personal and community mobilization efforts. Research and on-going monitoring will ensure that programs are segmented appropriately and reach the appropriate target groups.

The TCCP implementing partners will be expected to develop a set of indicators that measure the results of each objective's activities that go beyond the input level or output levels, including innovative methods to monitor or assess the effectiveness and/or outcomes for each of the program objectives.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities

Family Planning

Budget Code Information

Mechanism ID:	**12224**		
Mechanism Name:	**Communications**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	Redacted	Redacted
Narrative:			
Continuation of MC IEC/BCC support through materials design and development of materials for use at first PEPFAR supported MC sites. Follow-on Award to scale-up evidence-based communication programs and best practices for behavior change in line with USG priorities; and to measurably transfer social and behavior change communication skills to Tanzanian institutions and organizations. The project will design, execute, and coordinate highly innovative and results-driven national level communications programs that address main HIV/AIDS and health issues. Campaigns will focus on HIV prevention, addressing key drivers of the epidemic including multiple concurrent partnerships, as well as develop male circumcision BCC support for PEPFAR-supported MC sites and surrounding communities. In the area of PMTCT, the project will address and increase demand for services via media promotion and communications efforts. Finally, the project will work with a wide range of Tanzanian organizations and institutions to strengthen capacity in social and behavior change communications. National-level with community mobilization and interpersonal communications activities focused on the 8 regions with the highest HIV prevalence. Targets are indicative and will be assessed when project awarded and workplan developed. USG will potentially use new mass media Indicator when developed by OGAC. Sexual prevention efforts will include MC and potentially PMTCT promotion for "numbers reached".			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
New Communications RFA (AED/T-MARC follow-on "plus"). Follow-on Award to scale-up evidence-based communication programs and best practices for behavior change in line with USG priorities; and to measurably transfer social and behavior change communication skills to Tanzanian institutions and organizations. The project will design, execute, and coordinate highly innovative and results-driven national level communications programs that address main HIV/AIDS and health issues. Campaigns will			

focus on HIV prevention, addressing key drivers of the epidemic including multiple concurrent partnerships, as well as develop male circumcision BCC support for PEPFAR-supported MC sites and surrounding communities. In the area of PMTCT, the project will address and increase demand for services via media promotion and communications efforts. Finally, the project will work with a wide range of Tanzanian organizations and institutions to strengthen capacity in social and behavior change communications. National-level with community mobilization and interpersonal communications activities focused on the 8 regions with the highest HIV prevalence. Targets are indicative and will be assessed when project awarded and workplan developed. USG will potentially use new mass media Indicator when developed by OGAC. PSexual prevention efforts will include MC and potentially PMTCT promotion for "numbers reached".

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

New Communications RFA (AED/T-MARC follow-on "plus"). Follow-on Award to scale-up evidence-based communication programs and best practices for behavior change in line with USG priorities; and to measurably transfer social and behavior change communication skills to Tanzanian institutions and organizations. The project will design, execute, and coordinate highly innovative and results-driven national level communications programs that address main HIV/AIDS and health issues. Campaigns will focus on HIV prevention, addressing key drivers of the epidemic including multiple concurrent partnerships, as well as develop male circumcision BCC support for PEPFAR-supported MC sites and surrounding communities. In the area of PMTCT, the project will address and increase demand for services via media promotion and communications efforts. Finally, the project will work with a wide range of Tanzanian organizations and institutions to strengthen capacity in social and behavior change communications. National-level with community mobilization and interpersonal communications activities focused on the 8 regions with the highest HIV prevalence. Targets are indicative and will be assessed when project awarded and workplan developed. USG will potentially use new mass media Indicator when developed by OGAC. Sexual prevention efforts will include MC and potentially PMTCT promotion for "numbers reached".

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

New Communications RFA will be a follow-on to AED/T-MARC . Focus will be to scale-up evidence-based communication programs and best practices for behavior change in line with USG priorities; and to measurably transfer social and behavior change communication skills to Tanzanian institutions and

organizations. These funds will be used to develop and implement quality BCC materials for promotion of PMTCT services. National-level with community mobilization and interpersonal communications activities focused on the 8 regions with the highest HIV prevalence. It will build on Mama Ushauri Address both PMTCT and FP through our health program. Follow-on Award to scale-up evidence-based communication programs and best practices for behavior change in line with USG priorities; and to measurably transfer social and behavior change communication skills to Tanzanian institutions and organizations. The project will design, execute, and coordinate highly innovative and results-driven national level communications programs that address main HIV/AIDS and health issues. Campaigns will focus on HIV prevention, addressing key drivers of the epidemic including multiple concurrent partnerships, as well as develop male circumcision BCC support for PEPFAR-supported MC sites and surrounding communities. In the area of PMTCT, the project will address and increase demand for services via media promotion and communications efforts. Finally, the project will work with a wide range of Tanzanian organizations and institutions to strengthen capacity in social and behavior change communications. National-level with community mobilization and interpersonal communications activities focused on the 8 regions with the highest HIV prevalence. Targets are indicative and will be assessed when project awarded and workplan developed. USG will potentially use new mass media Indicator when developed by OGAC. Sexual prevention efforts will include MC and potentially PMTCT promotion for "numbers reached". Communications activities will increase demand for MCH/PMTCT/EID services via radio media promote use of these services and will promote use of MECR, EID and demand for integrated MCH/PMTCT services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12225	**Mechanism Name: RPSO**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Infrastructure IM Narrative –
21-Jan-2010

Objectives:
This mechanism will enhance health care service delivery, help address the human resources needs and improve the capacity of the host government to respond to urgent health requirements. One of the underlying problems facing many Tanzanian communities is the weak infrastructure supporting the delivery of health care. Most of the district hospitals in Tanzania were constructed in the 1950s or 1960s and while some have been improved in response to urgent needs, general planned rehabilitation and maintenance of the infrastructure has been limited. Electrical and mechanical installations therefore need urgent repair or replacement, and many physical structures need upgrades to existing building space or the addition of building space to contribute to quality patient care and enhance delivery of care and treatment services. Infrastructure improvements are also needed for entities that provide the critical support necessary to maintain the health care delivery system, such as diagnostic laboratories, datawarehouse, staff housing and training institutions.

Contributions to Health System Strengthening:
USG will increase the number and/or quality of service delivery providers and supporting institutions, including care and treatment clinics (CTCs), reproductive and child health clinics, laboratories, and pre-service training institutions, to enhance the Government of Tanzania's ability to meet patient needs. One example of strengthening contributions includes increasing the capacity of pre-service training institutions to increase enrollment by providing additional space as many health training institutions have exceeded their current capacity. Another example is to increase the number of available laboratories which provide essential diagnostic services for CTCs and district hospitals around the country.

Cross-cutting Issues:
Infrastructure investments cross-cut all other program goals. Investments in specific disease programs will be linked to the broader goals of strengthening health systems and infrastructure. For example, in order to meet PMTCT goals, renovations of RCH clinics as well as labor and delivery wards, creation of child friendly facilities for the provision of HIV/AIDS- and RCH-related services, and establishment of "maternity homes" where women with high-risk deliveries can reside in close proximity to their service provider will contribute to broader RCH efforts.

Cost-Efficiencies:
Efficiencies are realized by utilizing a centralized mechanism for infrastructure projects which will reduce administrative expenses and make it easier to ensure activities are closely coordinated with host government so infrastructure projects are cost efficient, fit local needs and are within the average standard. Projects will help better utilize health care resources to meet patient needs. Efficiencies to be gained by developing floor plans that improve patient flow. Assessments are being done to make sure dollars are spent in areas where they can have the most significant impact.

Geographic Coverage:
This is a nationwide activity. USG interagency workgroup will propose standardized procedures for reviewing, prioritizing and making decisions on USG supported site selection, with input from existing or future USG mechanisms.

Links to Partnership Framework:
This investment will permit the USG to achieve key components of the Partnership Framework, including service maintenance and scale up and human resources for health (HRH) goals. By investing in service delivery through this mechanism, the USG will improve the delivery and quality of services by providing for new/renovated facilities and supporting critical functions, such as projects to expand diagnostic laboratory capabilities. This mechanism will also improve efforts to prevent mother to child transmission with an emphasis on ensuring cross cutting linkages on RHC. Under the HRH goal, this mechanism will include: increased production of health workers; recruitment, retention, productivity; and optimizing the existing workforce through task shifting and improved performance. These are also key objectives and high priorities in the GOT HRH Strategy. A data warehouse will also be supported which ties to Goal 6 of the PFIP, improving data use for decision making.

Monitoring and Evaluation Plans:
USG infrastructure projects will be closely monitored and evaluated to make the most efficient use of the American people's contribution. Assessments of infrastructure projects, including identifying any benefits to HIV service delivery and other outcomes, challenges and best practices will be budgeted for with part of these funds.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12225**		
Mechanism Name:	**RPSO**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			
Funds will be priorities for renovation/constraction of 1.Identified established Care and Treatment Centres; 2.Six Nursing and Medical Schools domitories and classroom; 3. Fifteen District Hospitals Laboratories identified and assessed.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
Support construction at a minimum of four pre-service training institutions to provide capacity for additional students. Support pilot retention program with the construction of five housing units for health care workers in remote locations. Location TBD based on prioritized institutions.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
Construction (and major renovations) of RCH clinic, Labor and Delivery wards, nursing schools and domitories. Make facilities baby friendly (RPSO) , number TBD			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12226	**Mechanism Name: P4H**

Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PEDIATRIC AIDS CASE RETENTION ON CARE AND TREATMENT - RMO MBEYA and RUKWA REGION

Goal

Improving Quality in Pediatric HIV Care and Treatment Program

Objectives

1. To strengthening continuum of care to HIV infected infants
2. To Train HBC providers, community health workers and volunteers on pediatric HIV services.
3. To Facilitate movement of community HBC providers, community health workers and volunteers n the community by providing means of transport (Bicycles)
4. To provide district teams with proper skills to orient and supervise community and facility HBC providers on pediatric follow up.
5. To Establish and keep service providers motivated

Target Population:

(1) HIV exposed and HIV-positive children and their families, (2) HBC providers, Community Health workers and volunteers.

Description

Over 90% of children acquire HIV from their mothers; currently only 5% of HIV infected pregnant women in the African countries receive ARV for prevention of MTCT. In the absence of ARVs for PMTCT 25-40% of infants born to HIV infected women acquire the virus vertical, and those who are infected are at risk of rapid disease progression and early death. It is documented that, without treatment, more than 50% of HIV infected infants will die before their second birthday and 75% will be dead by age five. ART is increasingly available and children respond well when treated. Mbeya has an estimated population prevalence of 9.2% while Rukwa has an estimated prevalence of 4.9%. In Mbeya HIV prevalence in ANC

is approximately 14.7%, which translate into 7,144 HIV infected women delivering annually. Assuming a 40% transmission rate, an estimated 2,858 will become HIV infected each year in the absence of any intervention. More than 50% (1,429) of the HIV infected children are likely to die by the age of 24 months if not provided with proper care and treatment. Prompt diagnosis of HIV infected infants is important in saving the lives of infants. In both regions the diagnosis, which was formerly done using tests that look for HIV antibodies in the infant's blood, is currently done using DNA PCR machine which is located and accessible at Mbeya Referral Hospital.

Mbeya region currently has 43 functioning Care and Treatment Clinic (CTC) sites, while Rukwa has 19. 146 functioning Prevention of Mother-to-Child Transmission of HIV (PMTCT) sites and Rukwa has 103 functioning PMTCT sites. Of now, a total of 31 health facilities in Mbeya and 32 in Rukwa offer HIV Early Infant Diagnosis (HEID) services. All these sites have an integration of CTC, PMTCT and RCH services. Currently the proportion of children provided with ART services among adult is estimated at 9% against the National target of 20%. While scaling up HEID, the retention of HIV positive children into care and treatment needs to be addressed by improving linkage and referral system between facility and community. To improve retention we need to effectively use the community HBC providers, community health workers and volunteers to regularly conduct longitudinal follow up of children on ART and all HIV exposed children whose parents will agree to be followed up.

Implementation

Ensuring adherence to HIV care and treatment amongst the pediatric population has been a great challenge to health programs. Care of children mainly relies on the abilities of the caregivers who more often may not be the parents.

To improve adherence and follow-up, DOD will adopt a community approach to pediatric HIV care and treatment. All patients seeking treatment will be linked to a HBC provider, community health worker (CHW) or volunteer for follow-up and continuum of care.

CHWs and volunteers will be selected and nominated by their communities for training guided by pre-determined criteria. They will receive intensive training followed by 6 month field mentorship. Key activities will include awareness campaigns/meetings, tracking loss to follow-up, referral and follow-up of pediatric patients in their homes.

Linkage to PF

Efforts to improve pediatric ART quality of service are a key element for achieving the Partnership Framework between the GOT and the USG. One of the objectives in the PF document is to expand prioritized care, treatment, and support services, dependent on available resources and the USG is committed to fund/support introduction of innovations/new care, treatment, and support services, as well as agreed upon priority requests. Use of HBC workers, community health workers and volunteers to improve pediatric ART quality of services is one of the innovative methods to achieve PF objectives.

M&E

DOD through the RMOs will continue to promote outreach services/supervisory visits from the facilities to the communities. Each facility will have lists of pediatric ART service supporters involved in HIV/AIDS linkages and referral of children to care and treatment, indicating geographical coverage and types of services offered. These lists will be displayed in the MCH units so health staff can refer clients to them necessary.
M&E data activities for all the supporting CTC and care and support groups will be supported by TA from the DoD SI team based at the Mbeya Referral Hospital. A standardized data collection tool will be developed for use by the care and support groups and the supporting health facility. CTC1 and CTC2 forms will continue to be used at the CTC, based on NACP and facility data needs, entered into the electronic medical record system (EMRS) and transported to the DoD data center located at Mbeya Referral Hospital for synthesis, and produce USG reports as well as to provide feedback to reporting CTC and the care and support groups for use in improving quality of services

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12226**		
Mechanism Name:	**P4H**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	Redacted	Redacted
Narrative:			
The additional funding will be used to strengthen linkages and refferal between facility and communities to improve retention of children in HIV care and treatment services.This will be achieved through advocacy and awareness campaigns, training of care providers, improving recording and tracking of loss to follow-up, home visits and provision of insentives to care providers. Activivties will be implemented in high prevalence regions			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12227	**Mechanism Name: Tanzania Social Marketing Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The TBD Social Marketing program is being developed and awarded in response to the completion of the AED/TMARC program. The program is being developed as a joint Health and HIV/AIDS team award, to ensure complementarities, be cost effective, and build common systems. The goal of the new Tanzania Social Marketing Project (TMSP) is to improve the health status of Tanzanian families. To support this goal, TSMP has two anticipated results: 1) Aggressively expanded impact of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival, and malaria; and 2) Local capacity (civil, public, and private) to sustain social marketing activities in Tanzania strengthened to achieve public health outcomes. In addition to improved and expanded social marketing efforts for key HIV/AIDS and Health products, a clear aim of the TSMP is to continue past efforts to build Tanzanian capacity to implement project activities. The TSMP is also expected to draw upon global best practices in social marketing and utilize local research and past experiences.

This program will contribute to health systems strengthening efforts through its three inter-related capacity building objectives: 1) capacity of one or more Tanzanian organizations to implement social marketing programs and provide leadership in social marketing at the national level strengthened; 2) substantive

partnerships with the civil, public, and commercial sectors and donors to promote a wider public health impact established and maintained; and 3) capacity of public sector institutions to promote and regulate social marketing activities in Tanzania ensured.

This program contributes to the Partnership Framework goals on Prevention, Service Maintenance and Scale-Up, Human Resources, and Leadership. The TSMP is expected to achieve three inter-related goals for social marketing: 1) access to HIV/AIDS, FP/RH, child survival, and malaria social marketing products dramatically scaled up through a targeted approach; 2) consumer and trade understanding of the underlying public health issues and correct use of HIV/AIDS, FP/RH, child survival, and malaria products significantly increased; and 3) sales and use of socially-marketed health products measurably increased. This program will scale-up the social marketing of male and female condoms to those at highest risk, expand the reach of targeted condom sales, and increase their penetration in high-risk settings based on systematic mapping of high-transmission areas, the behavioral determinants of high-risk subgroups, and identification of venues. All activities promoting consistent condom use and realistic risk perception and partner reduction will be coordinated with other relevant communications campaigns. In addition, funds will be used to ensure the availability of condoms for people living with HIV and the promotion of positive prevention efforts through the home-based care system.

The TSMP will be expected to utilize program and managerial efficiencies to create economies of scale and streamline product social marketing implementation. The TSMP implementing partner will be expected to undertake a wide range of substantive partnerships, to leverage existing resources from the public, private, and civil sectors, and partnership in social and commercial marketing activities. The TSMP will provide leadership on a national level in health and HIV/AIDS and social marketing. This leadership might include participation in technical working groups, the GFATM, and other task forces in order to ensure consistency and appropriateness of interventions, and anticipate and participate in new directions and developments in the sector.

TSMP will be expected to have a national reach, with a focus on highest HIV prevalence regions and high-risk venues and hot-spots for condom promotion. Condom programming will be targeted specifically for most-at-risk populations, including for those who engage in commercial and transactional sex. HIV-positive persons will also be targeted and linked to broader positive prevention efforts.

The TMSP implementing partner will be expected to propose strategies to measure the programmatic inputs and results of specific marketing and communication efforts. This will include mechanisms to analyze the technical elements of the social marketing program, analysis and tracking of distribution channels and communications inputs, and inputs related to capacity development. The TSMP will also develop strategies to measure the behavior impact of social marketing activities within specific target

audiences.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Family Planning

Budget Code Information

Mechanism ID:	**12227**		
Mechanism Name:	**Tanzania Social Marketing Program**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
The TBD Social Marketing program is being developed and awarded in response to the completion of the AED/TMARC program award. The program is being developed as a joint Health and HIV/AIDS team award, to ensure complementarities, be cost effective, and build common systems. The goal of the new Tanzania Social Marketing Project (TMSP) is to improve the health status of Tanzanian families. To support this goal, TSMP has the following two intermediates results: 1) Aggressively expanded impact of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival, and malaria; and 2) Local capacity (civil, public, and private) to sustain social marketing activities in Tanzania strengthened to achieve public health outcomes. TSMP will be expected to have a national reach, with a focus on highest HIV prevalence regions and high-risk venues and hot-spots for condom promotion. Condom programming will be targeted specifically for most-at-risk populations, including for those who engage in commercial and transactional sex. HIV-positive persons			

will also be targeted and linked to broader positive prevention efforts. Branded communications efforts will be linked with supportive HIV prevention interventions to provide target groups with comprehensive prevention messages for high-risk groups in the general population. These funds will be used to procure and ensure availability of condoms for PLWHAs through the home-based systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

The TBD Social Marketing program is being developed and awarded in response to the completion of the AED/TMARC program award. The program is being developed as a joint Health and HIV/AIDS team award, to ensure complementarities, be cost effective, and build common systems. The goal of the new Tanzania Social Marketing Project (TMSP) is to improve the health status of Tanzanian families. To support this goal, TSMP has the following two intermediates results: 1) Aggressively expanded impact of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival, and malaria; and 2) Local capacity (civil, public, and private) to sustain social marketing activities in Tanzania strengthened to achieve public health outcomes. TSMP will be expected to have a national reach, with a focus on highest HIV prevalence regions and high-risk venues and hot-spots for condom promotion. Condom programming will be targeted specifically for most-at-risk populations, including for those who engage in commercial and transactional sex. HIV-positive persons will also be targeted and linked to broader positive prevention efforts. Branded communications efforts will be linked with supportive HIV prevention interventions to provide target groups with comprehensive prevention messages for high-risk groups in the general population.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

The TBD Social Marketing program is being developed and awarded in response to the completion of the AED/TMARC program award. The program is being developed as a joint Health and HIV/AIDS team award, to ensure complementarities, be cost effective, and build common systems. The goal of the new Tanzania Social Marketing Project (TMSP) is to improve the health status of Tanzanian families. To support this goal, TSMP has the following two intermediates results: 1) Aggressively expanded impact of targeted social marketing initiatives that are aligned to measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival, and malaria; and 2) Local capacity (civil, public, and private) to sustain social marketing activities in Tanzania strengthened to achieve public health outcomes. TSMP will be expected to have a national reach, with a focus on highest HIV prevalence regions and high-risk venues and hot-spots for condom promotion. Condom programming will be targeted specifically for most-at-risk

populations, including for those who engage in commercial and transactional sex. HIV-positive persons will also be targeted and linked to broader positive prevention efforts. Branded communications efforts will be linked with supportive HIV prevention interventions to provide target groups with comprehensive prevention messages for high-risk groups in the general population.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12228	**Mechanism Name: EID - PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The objective of this activity is to develop fast, affordable, reliable and sustainable Early Infant Diagnosis (EID) transport and reporting systems. This endeavor also will contribute to the Partnership Framework Goal 1: Service Maintenance by "strengthening facility-based care (ART, PMTCT, and TB/HIV)."

The Tanzania Communications Regulatory Authority (TCRA) has issued the following license categories: 5 International Courier Services, 2 East Africa Courier Services, 8 Domestic Courier Services, 2 Intracity Courier Services, and 37 Intercity Courier Services. TCRA is developing a new addressing and postcode system that uses an identifier with several numeric or alphanumeric characters, which can be electronically recorded, tracked and readily identified with the physical location of the intended mail recipient. The TRCA will be asked to consider developing a unique identifier for EID recipient laboratories. Special envelopes will be developed so they can be readily identified by the public in the event that they

are misplaced. This will be combined with awareness raising broadcast and print media publicity. It is anticipated that this activity will be able to tap into the financial resources and expertise of international couriers such as the UK-based, TNT, which already is providing support to OVC in Tanzania through the World Food Program.

The real challenge is transporting the EID specimen from the rural facility to the district level where most courier services end. A partnership will be explored with a number of local bus owner associations in the country and with the Tanzania Bus Owners Association (TABOA), which represents these associations at the national level. Very localized, informal daladala associations will also be invited to participate.

In Tanzania there are nearly 15 million mobile phone subscribers and the ubiquity of mobile phones offers an opportunity to text EID results back to the rural facilities. It is anticipated that this activity will be able to tap into the financial resources and expertise from different types of companies in this sector, such as mobile phone equipment manufacturers, software application developers and telecommunications service providers. Engaging the TCRA will be the critical public component to making this a successful PPP.

McKinsey & Company is a partner with the Touch Foundation, which is providing significant health systems strengthening assistance in Tanzania, particularly in the area of pre-service training. It is anticipated that under this activity through the existing Touch Foundation relationship, McKinsey & Co., which is the world's largest general management consulting firm, may be able to source experts to build public-private partnerships across the health and telecommunications sectors in Tanzania to create effective EID specimen and reporting delivery systems. McKinsey & Co. will be required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12228**

Mechanism Name:	EID - PPP		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	Redacted	Redacted

Narrative:

It is estimated that as many as 125,000 newborn babies in Tanzania are exposed to HIV each year. Nearly one-half of these HIV positive babies die before their second birthday because they are not provided appropriate care and treatment. This can be prevented through Early Infant Diagnosis (EID), which uses dried blood spots that are put on to a card to dry, yields samples that are stable for relatively long periods without refrigeration and are simple to transport. The objective of this nationwide activity is to develop fast, affordable, reliable and sustainable EID transport and reporting systems. PPPs are inherently targeted leveraging mechanisms. In this instance, Tanzania Communications Regulatory Authority (TCRA) is a critical partner, and it is anticipated that through the existing Touch Foundation relationship, McKinsey & Company, which is the world's largest general management consulting firm, will draw upon its network of 7,000 experts to build public-private partnerships across the health and telecommunications sectors in Tanzania to create effective EID specimen and reporting delivery systems.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12229	**Mechanism Name: Kilicafe - PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Kilicafe OVC Scholarship Fund will pay the educational expenses of an anticipated 100 OVC to attend public secondary schools. The objectives of this activity are (a) to provide an opportunity for OVCs, who are performing well in primary school, to attend secondary school and (b) to involve coffee cooperative members in HIV/AIDS mitigation. This endeavor will contribute to the Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance. More specifically, it will to build the capacity of non-state actors at national and local levels in the response to the HIV/AIDS epidemic.

OVCs living in the coffee growing areas of Arusha, Kilimanjaro, Manyara, Mbeya and Mbinga will be beneficiaries of this activity. This is because the Kilicafe OVC Scholarship Fund is being established by the Association of Kilimanjaro Specialty Coffee Growers (AKSCG), which is a registered association comprised of 35 farmer groups in the Kilimanjaro, Arusha and Manyara area, 109 groups in the Mbinga area and 2 groups in the Mbeya area. Kilicafe is both the brand name of their premium coffee and the name of the company that exports AKSCG's coffee to roaster companies abroad.

This activity will be linked to USAID/Tanzania's new OVC Secondary and Vocational School Scholarship Program. In addition, the Kilicafe OVC Scholarship Fund will be coordinated with the OVC programs in the various coffee growing areas of the AKSCG.

This activity provides relief to both the Ministry of Education and Ministry of Health and Social Welfare by mobilizing resources and organizational expertise from community-based for-profit cooperatives. Through PPPs such as this, PEPFAR lays the foundation from its exit by engaging the private sector in the response to the HIV/AIDS epidemic. Kilicafe is required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12229		
Mechanism Name:	Kilicafe - PPP		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted

Narrative:

OVCs are the innocent victims of the HIV/AIDS epidemic, and many good performing learners dropout of the educational system because their guardians simply cannot afford the school expenses. The Kilicafe OVC Scholarship Fund will pay the educational expenses of OVC to attend public secondary schools. The scholarships will vary from Redacted per year and require contributions from parents, guardians or others for any additional miscellaneous expenses not covered by the grant. The individual parent or guardian of the child submits an application that requires certification by the Head Teacher that the child has passed his/her primary examinations. The Head of a public secondary school must also certify on the application that the child is admitted into that school. The completed application then is submitted to the manager or secretary of the primary cooperative where the parent or guardian is a member.

PPPs inherently are targeted leveraging mechanisms. The Association of Kilimanjaro Specialty Coffee Growers (AKSCG), which is a registered association involving 170 farmer groups comprising 12,000 smallholder members, sell their premium coffee, known as Kilicafe, to roasters abroad through a company also called Kilicafe. In 2004/2005 ten containers of specialty coffee, under the brand name of Kilicafe, were exported by AKSCG directly to roasters such as VolCafe, Gepa Fairtrade, Lister & Beisler, Peet's Coffee & Tea and Starbucks Coffee. By the 2008/09 season the association was able to secure a market for 48 containers of Kilicafe coffee from Starbucks alone. Some of these overseas roasters have expressed interest in contributing to the scholarship fund, thus laying the foundation for PEPFAR's exit after the roasters solidify their partnership with Kilicafe OVC Scholarship Fund as a routine investment in corporate social responsibility.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12230	**Mechanism Name: PRINTING**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Non-government organizations (NGOs) and implementing partners often use printed materials to distribute information such as new guidelines, registers and data collection tools. Employing one central organization (to avoid duplication) to identify, develop, print, and distribute an accurate arsenal of printed materials would create a cost-effective national infrastructure to disseminate accurate information. This would alleviate each organization having to develop materials, differing information circulating the nation, and enable all providers to have access to information for all patients.

Some partners were requested by the Ministry of Health and Social Welfare to provide printed materials of new guidelines, registers and data collections tools. This became quite taxing and costly for the implementing partners. The goal of this activity is to create a more efficient and cost effective way of providing printed materials by assign this responsibility to a central partner.

To be able to provide quality care and treatment to clients it is a must to provide materials that inform providers of new national guidelines and to provide materials that help providers document care and treatment received. This activity allows partners to print and disseminate HIV/AIDS guidelines, registers and data collection tools which strengthens the quality of care patients receive at health facilities. This corresponds to the Partnership Framework Goal (1) by improving the quality of life for People living with HIV/AIDS by providing current guidelines and documentation materials for clients to providers and allowing providers to give a better quality of treatment to their clients.

The TBD will be responsible for printing and distributing HIV/AIDS program guidelines, registers, and data collection tools. In order to ensure consistently accurate and salient information, the organization, TBD, will conduct monitoring and evaluation (M&E) of the printed materials in accordance with Government of Tanzania (GoT) guidelines, current empirical scientific information, and culturally sensitive methods of disseminating information.

The organization undertaking the major activities will ensure communication and collaboration with NACP and all key stakeholders and implementing partners involved with conducting and providing HIV/AIDS care in Tanzania. There are no targets indicated because the recipients are not unduplicated.

Printed materials would be prepared for a full spectrum of users, both literate and non-literate. Pictures and alternative methods of information sharing would apply to the entire population of Tanzania.

M&E: Printed material will be reviewed by the implementing partner and NACP on a continual basis to ensure accuracy and comprehensiveness. Measures will be adopted to plan for ongoing review of the materials for accuracy and relevance to the nation of Tanzania.

The NACP will be intimately involved with the monitoring and evaluation of these HIV/AIDS printed materials. Enlisting buy-in from the GoT is instrumental in assuring sustainability. Consistent partnerships with the GoT and USG partners will result in sustainable programs with regard to printed

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12230**		
Mechanism Name:	**PRINTING**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			
Partners have been experiencing problem of receiving printed HIV/AIds program new guidelines, registers and data collection tools. Some of the partners were requested by MOHSW to print materials			

and this led to inefficiency. These Funds will be used to perform central printing of new gudelines, registers and data collection tools by a compitent partner on behalf of the MOHSW.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12231	**Mechanism Name: RMO**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Objective:

The purpose of this investment is to enhance local leadership and ownership in the Government of Tanzania's efforts to effectively maintain and scale-up HIV/AIDS clinical services throughout the country. The mechanism will build the managerial, financial, and technical capacity of Regional Health Management Teams (RHMTs), under the direction of Regional Medical Officers (RMO), enabling them to better fulfill their roles overseeing regional health sector responses to HIV/AIDS and supervising the performance of district authorities.

Currently, implementing partners are largely responsible for regional program management, budgeting, and planning activities. Many RMOs have not been trained in how to carry out these activities, and RHMTs are often inadequately staffed, with several positions either vacant or held by individuals working on a part-time basis. In addition, HIV/AIDS programs receive limited direct funding to support

coordination activities. These challenges result in several RHMTs lacking the ability to effectively serve as technical and managerial backstops to the districts they oversee. This creates a serious bottleneck in the effort to transition the responsibility for support, management and coordination of HIV/AIDS activities to the regions. USG recognizes the need to actively assist with capacity building at this critical coordination level.

This investment provides for technical and managerial assistance to build the capacity and sustainability of RMOs and RHMTs to effectively lead, manage and coordinate district authorities in their efforts to carry out services for people infected and affected by HIV/AIDS. This would include, among other things, staff training in program management, including financial planning and resource projection, support for strategic planning meetings, supportive supervision visits, and provider training. With these critical skills, RHMTs will be able to progressivly take over the work currently mainly being done by implementing partners as these partners will transition out of their current roles and responsibilities over time.

Contributions to Health System Strengthening:
One of the USG goals in FY2010 is to develop and strengthen collaboration between USG ART partners and regional health authorities in the planning and monitoring of treatment activities. This mechanism will enhance these relationships and improve the ability of RMOs and RHMTs to manage all health activities in their regions.

Cross-cutting Issues:
This investment cuts across all program areas and will promote better regional planning, oversight, and improvement of HIV/AIDS activities. It largely focuses on technical assistance, as well as coordination and country ownership of HIV/AIDS activities at the regional level.

Cost-Efficiencies:
This investment will promote cost efficiency by enhancing the capacity of regional authorities to plan, budget, and manage resources to meet goals established by the Government of Tanzania in its National Care and Treatment Program.

Geographic Coverage:
The geographic focus under this award will be: Arusha, Pwani (Coast), Dar es Salaam, Kagera, Kigoma, Kilimanjaro, Lindi, Manyara, Mara, Mtwara, Mwanza, Shinyanga, Tabora, Tanga and Zanzibar.

Links to Partnership Framework:
This investment will permit USG to achieve key components of the Partnership Framework. The Framework emphasizes capacity building to strengthen the ability of Tanzanian stakeholders to plan,

manage, and continuously improve a sustainable national response to HIV and AIDS. The long-term plan of USG is to transition ownership as well as coordination and management of programs to local authorities and organizations and to shift the role of current international implementing partners to provision of technical assistance rather than direct service delivery. Building and strengthening regional management and support capacity is a key element of this.

This program is intended to build the capacity of regional management to provide well coordinated, effective, transparent, accountable, and sustainable leadership and management for the HIV and AIDS response. It will help empower the Government of Tanzania to track progress of the national response with a rational, data-driven approach and transparency in resource allocation and expenditures.

Monitoring and Evaluation Plans:
The RHMT links the MOHSW with district efforts, providing technical and programmatic oversight to ensure district authorities have comprehensive health plans that address national health priorities and are in compliance with national guidelines. This includes regular data collection at the district level and reporting of those data up to the national level, as well as using data for district and facility feedback and overall program planning and improvement. This investment will enhance monitoring and evaluation by providing training for regional authorities to use data for direct planning and managerial action, focused external technical assistance and the development of protocols for related evaluations.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12231**		
Mechanism Name:	**RMO**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted

Narrative:
As part of USG Tanzania's focus on sustainability, our plan, through this activity, is to help strengthen the regional medical office and its management teams. One vital strategy is to transition away from indirect assistance provided by external US-based organizations toward direct funding of these regional health authorities. They would receive financial management support from the USG in managing this new funding relationship. With this direct funding, they would in turn fund activities to enhance their skills and to carry out basic coordination tasks. A Funding opportunity announcement will be developed which will be aimed at regional health authorities nationwide. In the first year, two regions would be selected based on the strength of their application. If a selected region already has a USG ART partner, that partner would concentrate on ensuring that the RHMTs receive focused training on HIV/AIDS, such as clinical management and supportive supervision; they would involve the RHMTs within these supportive supervision visits, and consult with both the RHMTs and District Health Management Teams (DHMTs) in planning the expansion of services. The services of other USG partners will be made available to these regional authorities in assuring quality of training and preceptorships respectively; and project planning and financial management.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12232	Mechanism Name: RMO- Southern Highlands
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goal: To ensure yield of quality data for decision- making that will ensure the long- term capability of

HIV/AIDS response.

The objectives for this Implementing Mechanisms are; 1) To strengthen and coordinate multi- sectoral M&E system; 2)To improve data flow vertical and horizontal; 3) To improve data use, HIV/AIDS data triangulation through health and social service sectors; 4) Strengthen capacity to partners on Monitoring and Evaluation activities; 5) Improve HIV incidence measures; 6) To adopt best practices on evidence-based and strategic decision making

System strengthening:

To support the GoT efforts, DOD SI Team will work collaboratively with local partners, USG SI Team and other stakeholders on establishing the M&E program for district health workers to address some of the M&E challenges arise in the districts. This will provide access to trainings which develop a solid understanding M&E and how can be used to improve planning, budgeting and policy formulation processes. Also to ensure that data analysis and the use of data to improve service delivery is included in existing Pre-Service and/or In-Service programmes. DOD SI team will ensure that the deployment of M&E systems and training fits with national visions. DOD SI Team will undertake Data Quality Assessments aiming at improving the data and capacity of the implementing partners and the GoT counterparts. DQA will be done to both Treatment and Community outreach Partners.

Cross-Cutting programs and key issues (policy and tools)

Good policies and comprehensive monitoring and evaluation tools will contribute to overall strengthening of national AIDS response in Tanzania under the principle of the "Three Ones": one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; one National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate; one agreed country-level Monitoring and Evaluation System, in order to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management. DOD SI Team will build capacity on policy development to implementing partners, and also will ensure that Monitoring and Evaluation tools are available at all levels.

IM strategy to become more cost-efficient over time

DOD SI Team will work hand-in-hand with GoT through partners to establish strong units within the MOHSW (RMOs, and DMOs) and TACAIDS that can help bring all the various data sources together and create meaningful feedback products for the sector as a whole. Information Sources include internal and external data sources (from an MOHSW perspective, aggregate data systems and operational data systems from all vertical programs, and link with other GOT entities like POPSM, PMORALG, National Bureau of Statistics (NBS). This coordination will help to bring about cost effectiveness status.

Geographic coverage and target populations

DOD is serving three regions of southern highlands these are; Mbeya region, Rukwa and Ruvuma. DOD supports both treatment as well as community services. For treatment DOD has four major (Prime) partners which are Mbeya Regional Medical Office, Mbeya Referral Hospital, Rukwa Regional Medical Office and Ruvuma Medical Office and for Community services DOD supports four major partners (prime)

KIHUMBE and Mbeya HIV network in Mbeya, RODI in Rukwa and SONGONET in Ruvuma but each prime works closely with sub-partners, number of sub-partners vary from one major partner to other. DOD SI Team has a responsibility of supporting all these partners on M&E/SI issues. So in this case targeted population is data managers, M&E officers and decision makers at various levels.

How IM links to PF goals

This Implementing Mechanism adheres directly to sixth goal in the partnership framework which is (Evidence-based and Strategic Decision-making goal). DoD SI will build capacity of its implementing partners on M&E issues ranging from understanding the indicators, data collection tools, data collection procedures and data compilation, analysis and interpretation then dissemination of results for use. DOD SI Team will make sure that data flow is consistent and partners understand reporting timelines, but also more emphasis will be put on yielding quality data and data triangulation practices.

M&E plans

DOD SI Team will continue to build a sustainable M&E plan in DOD supported regions (Mbeya, Rukwa and Ruvuma) to address M&E issues through regular comprehensive trainings and strong supportive supervisions. The above mentioned activities aiming on harvesting quality data that will avail on better planning and proper decision making. DoD SI Team will work on harmonizing data collection tools, make use of established National Data Management Systems. Data Quality Assessment will be conducted (DQA) to ensure yield of accurate, reliable and precise informations.

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Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12232		
Mechanism Name:	RMO- Southern Highlands		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted

Narrative:

DOD SI Team will support SI activities to partners in all three regions which are under DOD support (Mbeya, Rukwa and Ruvuma). SI/M&E activities in these regions are carried out by both Treatment as well as Community services partners. FY 10 DOD SI Team will ensure that intensive capacity building activities are done in regular bases through comprehensive trainings which will avail to develop a solid understanding M&E and how can be used to improve planning, budgeting and policy formulation processes, trainings will align with strong regular supportive supervisions that will be complemented by Technical Assistance component. The above planed activities will help to ensure that the deployment of Monitoring and Evaluation systems fits with national visions for data flow and work towards the goal of being able to use Government of Tanzania reporting system for PEPFAR reporting within the regions. SI Team will work hand-in-hand with University Computing Center to expand use of electronic CTC-2 database with corresponding equipment within sites; this activity involves supply of computers and other devices, trainings with technical assistance. DOD SI Team is aiming to fulfill PF goal 6 (Evidence based decision making) which is driven by quality data, so Data Quality Assessment (DQA) will be undertaken by DOD SI Team in their sites

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12233	**Mechanism Name: TA Coordination**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and objective:

The intent of this new mechanism is to make funding available for an international institution to provide technical assistance (TA) to mainland and Zanzibar National Blood Transfusion Services and MOHSW to strengthen safe blood supply and services to ensure adequate coverage and equitable distribution in the country. The ultimate goal is build a sustainable blood program with continued high quality and evidence based interventions through local and indigenous organizations in collaboration with the Tanzania MOHSW.

The TA provider will work in collaboration with NBTS in mainland and Zanzibar and HHC/CDC Tanzania office to achieve program outcomes that improves the breath, scale and quality of blood safety program, particularly in areas of mobilization of low risk voluntary non remunerated blood donors (VNRBD), collection, transportation, cold chain maintenance, testing for transfusion transmissible infection(TTIs) HIV, HBV,HCV and syphilis in a quality assured manner, strengthening of national quality systems and improve monitoring and evaluation program.

Furthermore, to work with NBTS to facilitate the distribution of blood and blood products to facilities, coordinate and monitor the appropriate use of clinical use of blood and monitor outcomes of transfusion (haemovigelance) and the establishment of a comprehensive quality system covering the entire transfusion process from donor recruitment to the follow up of recipients of transfusions.

The TA provider will also be responsible for coordinating other TA providers that are funded to support NBTS implementation in blood safety. The TA provider will assist NBTS to develop and implement strategies for securing other financial support for the program and program development toward autonomous.. Will work with NBTS to develop annual Country operation plan for Tanzania both mainland and Zanzibar which focuses on identifying the most cost effective methods of undertaking blood safety services.

Contribution to Health system strengthening:

Training of NBTS staff directly and through mentorship programs will build NBTS short-term and long term capacity. The TA provider will work with NBTS towards strengthening the quality systems through

development/update of guidelines, SOPs and tools, strengthening and implementation of blood information system to involve regional and district transfusion facilities, to encourage and support formation of transfusion committees, training of physicians and other health care workers at regional and districts in rational use of blood and blood products. TA provider will work with NBTS to develop orientation packages and orient regions and districts management team to budget for blood transfusion activities such as procurement of cold chain blood equipment and to ensure availability of transportation facilities for safe blood to facilities and collection from zonal centers. The ultimate goal is build NBTS into a self sustaining autonomous organization with an adequate budget and sound financial systems.

Cross cutting programs and key issues:
Strengthening of NBTS laboratories services and staff cut across all laboratory services that applies the same quality elements and similar accreditation process

IM strategy to becoming more cost efficient over time:
Orientation and training of regional and district management teams in blood safety and rational use of blood aims at integrating blood safety activities in to the regional and district plans and budgets, this will enable regions and district use their own basket funding and comprehensive council budget for blood safety activities and promote , ownership cost efficiency and sustainability

Geographical coverage and targeted population:-

The TA provision for blood safety program aims at national coverage to ensure quality and quantity of safe blood. The programs targets different groups of people including youth in and out of schools, NGOs and cooperates both private and public to directly donate blood or support blood safety activities

How IM links to PF goals:

The PF goals are full filled through the investments in leadership and management training, and mentorship which build the capacity of national and local level program oversight and the human capacity towards achieving quality health and social services.

M&E plans:

The program achievement will be monitored by program outcome goals which are related to the percentage of time in a year the blood supply for NBTS is above emergency as per set targets, the decline in TTIs levels in collected blood, meeting the set collection targets through out the year and timely submission of various key reports which includes annual and semiannual, quarterly and COP

plans by both NBTS programs are among the selected targets.
The IM is funded to provide TA and coordination of TA provision to NBTS through different funding. This aspect will also be monitored and evaluated during yearly implementation

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12233**		
Mechanism Name:	**TA Coordination**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted
Narrative:			
The assumption is that TA providers will be centrally funded in the form of task orders. (funds not included here) .This budget is additional country funds to facilitate NBTS TA coordination of centrally and country funded activities. This TA also is responsible for overall TA provision and coordination to blood safety program mainland and Zanzibar.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12234	**Mechanism Name: TACAIDS-M&E**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
GHCS (State)	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TBD: USG proposes to establish a direct cooperative agreement with the Tanzania Commission for AIDS (TACAIDS) in FY10 to enable the successful implementation of strategic information activities outlined in the Partnership Framework. TACAIDS is the central coordinating structure for the National Response to HIV/AIDS interventions in Tanzania. TACAIDS is responsible for providing strategic leadership and coordination and strengthening efforts of stakeholders involved in the fight against HIV/AIDS. This includes supporting a national level monitoring and evaluation system and ensuring national level data requirements are utilized in regional, district and council level reporting systems. Through the second National Multi-Sectoral Strategic Framework on HIV/AIDS (NMSF) 2008-2012, TACAIDS guides the approaches, interventions and activities which will be undertaken by all actors in the country.

One of the goals under the NMSF is to ensure the use of relevant and comprehensive evidence provided in a timely manner in HIV-related planning and decision-making. Through this goal TACAIDS will facilitate an enabling environment for HIV monitoring and evaluation and create and maintain strong national HIV M&E partnerships amongst all actors through the strengthening of the national HIV M&E technical working group as a standing committee of TACAIDS to coordinate all HIV M&E activities in Tanzania.

The Governments of the United States of America (USG) and United Republic of Tanzania (URT) through the Partnership Framework strive to ensure the integrated, durable response to the HIV and AIDS crisis in Tanzania over a five-year period

The Framework is consistent with Tanzania's NMSF 2008-2012 and the Health Sector Strategic Plan III (2009-2015), and is intended to align the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with Tanzania's national priorities.

Under the sixth goal in the partnership framework (Evidence-based and Strategic Decision-making goal),

USG will strengthen URT capacity in the following areas:
• Strengthen and coordinate multi-Sectoral M&E systems to ensure quality vertical and horizontal flow and use of data through the HIV & AIDS, Health, and Social Service sectors
• Increase national capacity to implement key national and sub-national population surveys, studies, and evaluation activities
• Improve measures of HIV incidence
• Adopt best practices in evidence-based and strategic decision-making

The purpose of this funding is to improve the efficiency and effectiveness of the national HIV/AIDS response through the strengthening of the National Multi-sectoral HIV Monitoring and Evaluation System and the strategic use of data collected and analyzed in a systematic manner. TACAIDS will provide ongoing coordination and strategic guidance in the overall implementation of the multi-sectoral response, through training, mentoring, support, and supervision of national and district authorities and their staff to build capacity for the planning and implementation of monitoring and evaluation programs.

TACAIDS will support the National Monitoring and Evaluation System, Strategic Information Coordination, Data Synthesis, and Data Use for the Multi-Sector HIV/AIDS Response in the United Republic of Tanzania. This will be done through implementation of the following activities:
1. Develop and implement a project-specific participatory monitoring and evaluation plan by drawing on national and U.S. Government requirements and tools, including the strategic information guidance provided by the Office of the U.S. Global AIDS Coordinator;
2. Work with stakeholders and relevant authorities to support improved supervision for M&E systems, include an annual review and performance plan to ensure compliance with national standards;
3. Support the collection and analysis of routine data reporting at national and district levels;
4. Develop and implement a program to strengthen non-health M&E components;
5. Provide education and training on M&E systems and national standards to Council and District Health Management Teams;
6. Utilize the data platform developed for strategic planning

The activities listed will contribute to overall strengthening of national AIDS response in Tanzania under the principle of the "Three Ones": one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; one National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate; and one agreed country-level Monitoring and Evaluation System, in order to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management. The proposed activities aim to strengthen the overall health system in Tanzania by providing training and support to build the capacity of the health care workforce, improve surveillance and data collection systems, and providing training and education on utilization of strategic information for

guiding program design, planning and improvement, and for targeting resources to areas of greatest need. This activity links with all other activities in the SI section given TACAIDS key leadership role. More specifically, it provides TACAIDS with critical resources to partner effectively with other initiatives and partners (e.g. UCSF) such as on data synthesis in several regions throughout the country.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12234 Mechanism Name: TACAIDS-M&E Prime Partner Name: TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
The funding will support TACAIDS to coordinate of M&E activities and national/regional data triangulation, surveillance and surveys			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12235	**Mechanism Name: Wrap around iWASH**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The iWASH goal is to support sustainable, market-driven water supply, sanitation, and hygiene services to improve health and increase economic resiliency of the poor in targeted rural areas. This activity will wraparound the USAID funded integrated water, sanitation and hygiene program (iWASH) within the Natural Resource and Economic Growth Strategic Objective. iWASH implementers will implement a multiple-use water services (MUS) approach. MUS is a consumer-oriented approach to water service delivery, which takes domestic and productive water needs as the starting point for planning, financing, and managing integrated water services. MUS also emphasizes self-supply, by which households make informed decisions about the most effective way to provide for their water needs.

The iWASH Program aims to reach 140,070 people through direct interventions, and inform policies and development strategies through implementation of innovative and cross-cutting approaches to break the cycle of poverty as it revolves around access to safe and clean water. This is an opportunity to ensure the water needs of the HIV/AIDS affected population which addresses goal one of the Partnership Framework which reduces morbidity and mortality due to HIV and AIDS and improves the quality of life for People living with HIV/AIDS and those affected by HIV/AIDS.

This activity will support People Living with HIV/AIDS (PLHAs) and Orphans and Vulnerable Children (OVC) participation iWASH activities, particularly the formation of water user associations to run water businesses for sustainable water supply and income generation. This program activity will not only improve income of vulnerable HIV/AIDS affected households, but also improves access to safe and clean water supply among individuals and communities heavily impacted by HIV/AIDS.

The iWASH Program will be implemented in selected target areas of two critical river basins in Tanzania—the Wami-Ruvu and the Great Ruaha. iWASH activities will boost the palliative care interventions being performed by organizations such as KIHUMBE in the Ruaha River Sub-basin and

Tunajali in the Ruaha and Wami-Ruvu River Basin. By providing multiple-use water systems and targeted sanitation and hygiene interventions within the context of ongoing programs, quality of life could be greatly enhanced for HIV/AIDS affected populations.

We expect that, through this wraparound programming, PEPFAR will be able to leverage significant resources from USAID funded integrated water and sanitation program and reach more clients in a cost effective way reducing duplication of activities in areas where iWASH is already being implemented. Also, taking the advantage of the presence of PEPFAR partners in the iWASH geographical area, it will be easy for partners to work with USAID iWASH to implement activities, document best practices, and share with other PEPFAR partners and replicate best practices elsewhere.

Partners in the iWASH geographical areas will complete a wraparound report. Semiannual and annual reports will be required, according to PEPFAR reporting schedule.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID:	**12235**		
Mechanism Name:	**Wrap around iWASH**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
Improve access to adequate, clean and safe water among community highly affected by HIV/AIDS by wrapping around with USAID integrated water, sanitation and hygiene program (iWASH) and Water and Development Alliance (WADA). Support formation of Water User Associations and entrepreneurs groups			

among PLHAs/PwP, OVC and their caregivers and mother-to-mother support groups so that they can participate in market driven iWASH and WADA program activities. The iWASH Program will be implemented in selected target areas of two critical river basins in Tanzania—the Wami-Ruvu and the Great Ruaha. iWASH activities will boost the palliative care interventions being performed by PEPFAR partners such as KIHUMBE in the Ruaha River Sub-basin and Tunajali in the Ruaha and Wami-Ruvu River Basin

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12236	**Mechanism Name: HIF-PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: HIF	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The majority of the population in Tanzania (i.e. low-income formal sector workers, informal sector workers, the unemployed and the poor) is dependent on public health services which are insufficiently funded through tax revenue and user fees. The Health Insurance Fund (HIF) subsidizes premiums so that low-income workers can assess clinics that provide the best care. Provision of premium subsidies through the HIF will directly impact on impact on the ability of low-income families to access quality health care. In the long-term the program will increase revenue to quality health providers through greater volumes of patients, which in turn will lower costs/patient and will attract more people to the insurance scheme. As the number of people contribute to risk pool fund, the subsidy element will be reduced and offset by profit-making through premiums paid by higher-income and healthier insurance members. It is anticipated that

private health insurers and government schemes will take over part of the program in the long-term.

The Health Insurance Fund (HIF) is an independent foundation, based in the Netherlands, which provides private health insurance to low income African workers, and in Tanzania operates through the local Strategis Insurance Company, with technical support from PharmAccess International, a non-profit Dutch NGO involved HIVIAIDS prevention, care and treatment in Tanzania

This activity contributes to Partnership Framework Goal 1: Service Maintenance by aiming "to reduce morbidity and mortality due to HIV and AIDS and improve the quality of life for PLHIV and those affected by HIV and AIDS. Care, treatment, and support services include services for OVC, community and home-based care, and facility-based care (ART, PMTCT, and TB/HIV). Supporting quality improvements is an integral part of this goal." This endeavor also will contribute to the Partnership Framework Goal 3: Leadership, Management, Accountability, and Governance. More specifically, it will to "build the capacity of non-state actors at national and local levels for these oversight functions. Progress in this goal area is necessary for the success of all other Partnership Framework goals." The HIF will relieve the state of having to fully finance the health care system.

The HIF will target 2,000 registered worker households at the Kivukoni Fish Market in Dar es Salaam, 11,000 PRIDE micro-loan client households in Dar es Salaam, and 44,000 Kilimanjaro Native Cooperative Union organic coffee farm families in Arusha. The HIF is required to submit quarterly progress reports that document the results being achieved.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12236**		
Mechanism Name:	**HIF-PPP**		
Prime Partner Name:	**HIF**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HKID	200,000	

Narrative:

The beneficiaries of the Health Insurance Fund (HIF) programs are organized groups of previously uninsured, low-income workers, such as women's associations, farmer organizations, or people participating in micro-loan schemes. These groups have at least some income but they do not have sufficient earnings to access quality healthcare. Under the HIF program they must pay part of the (reduced) premium themselves. A growing number of studies and HIF's experience in Nigeria, the first country to participate in the program, show that these groups are able and willing to pay for such insurance schemes.

Research shows that children from low-income households that lack assets are less likely to attend school or go to health care facilities than children from higher-income households with assets. The HIF targets this segment of the population, thus providing relief for some of the most vulnerable children in society.

The insurance package consists of primary and limited secondary care, including HIV/AIDS treatment and care, and medication. Payment of insurers and providers is related to performance, measured in terms of the quality of medical care delivered and the number of people enrolled in the schemes. Prices and profit margins of the insurers are contractually fixed. The HIF also will upgrade medical and administrative capacity of the insurers and health providers contracted under the program.

PPPs inherently are targeted leveraging mechanisms. In 2006 the HIF received a €100 million grant from the Dutch Ministry of Foreign Affairs to launch the program in sub-Saharan Africa. Tanzania is the second country in sub-Saharan Africa and the first country in East Africa to participate in the HIF program. As a result, the country will receive priority attention by the HIF and should be able to leverage a significant amount of funds in the early years before other countries join the insurance scheme.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	200,000	

Narrative:

The beneficiaries of the Health Insurance Fund (HIF) programs are organized groups of previously uninsured, low-income workers, such as women's associations, farmer organizations, or people participating in micro-loan schemes. These groups have at least some income but they do not have sufficient earnings to access quality healthcare. Under the HIF program they must pay part of the (reduced) premium themselves. A growing number of studies and HIF's experience in Nigeria, the first

country to participate in the program, show that these groups are able and willing to pay for such insurance schemes.

HIF resources will be used to upgrade medical and administrative capacity of twenty health providers, most of them that are private, for-profit entities, in Dar es Salaam and Marangu where the target population lives. Quality and efficiency will be enforced through independent audits of medical and administrative standards. In addition, independent bio-medical and socio-economic operational research measures the effectiveness of the facility performance.

The insurance package consists of primary and limited secondary care, including HIV/AIDS treatment and care, and medication. Payment of insurers and providers is related to performance, measured in terms of the quality of medical care delivered and the number of people enrolled in the schemes. Prices and profit margins of the insurers are contractually fixed. The HIF also will upgrade medical and administrative capacity of the insurers and health providers contracted under the program.

PPPs inherently are targeted leveraging mechanisms. In 2006 the HIF received a €100 million grant from the Dutch Ministry of Foreign Affairs to launch the program in sub-Saharan Africa. Tanzania is the second country in sub-Saharan Africa and the first country in East Africa to participate in the HIF program. As a result, the country will receive priority attention by the HIF and should be able to leverage a significant amount of funds in the early years before other countries join the insurance scheme.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12237	**Mechanism Name: Sex Work**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The TBD Sex Work program is being developed to strengthen the USG Portfolio's focus on sex workers and women engaged in transactional sex. In addition, the program will target fishing communities responding to the linkages between fishing and sex ("fish for sex"), based on the outcomes of anticipated formative research. The goal of the new initiative ("SWP") will be to address key risk behaviors for high-risk populations, notably sex workers, women engaged in transactional sex, and fishing communities. Objectives include to: 1) provide high-risk groups with an expanded set of interventions; and 2) build capacity of local Tanzanian organizations to implement a compendium of services for these groups. The SWP is also expected to draw upon global best practices in addressing HIV prevention and sex work, and utilize local research and past experiences.

This program will contribute to health systems strengthening efforts through its efforts to build local Tanzanian organization capacity to implement high-quality comprehensive interventions for high-risk groups. In addition, the SWP will be expected to work with the GOT to address policy barriers and create a more conducive enabling environment to work with most at-risk populations.

This program contributes to the Partnership Framework goals on Prevention and Strategic and Evidence-Based Decision-Making. The SWP is expected to provide a comprehensive package of risk reduction services which includes peer outreach and education (e.g., correct and consistent condom use, sexual health, empowerment), mass media, condom distribution, CT, STI/RH/FP referrals, and linkages with care and treatment. Targeted media, community outreach, and inter-personal communication activities will address the continuum of formal sex work and women engaging in transactional sex. Linkages will be made with mobile CT efforts targeting high-risk groups. Clients of sex workers will also be addressed. The priority will be to increase coverage for key high-risk groups and for transmission "hot spots", such as with sex workers in cities, along transport corridors and in mining areas and fishing communities, particularly around Lake Victoria. Issues around alcohol and gender-based violence will also be given priority.

The SWP will be expected to utilize program and managerial efficiencies to create economies of scale and streamline implementation. The SWP implementing partner will be expected to undertake a wide range of substantive partnerships, including with the GOT and local partners. Deliberate and systematic use of peer education models and existing private sector venues for program activities (such as hair salons) will allow for cost efficiencies.

SWP will focus on highest HIV prevalence regions, transportation corridor and lake region, and high-risk venues. Programming will be targeted specifically for most-at-risk populations, including for those who engage in commercial and transactional sex, fishing communities and clients of sex workers.

The SWP implementing partner will be expected to propose strategies to measure programmatic success. The program will adopt a systematic, strategic approach to addressing at-risk populations, including mapping of high-transmission areas, size estimations (if needed), and identification of gaps in coverage. Qualitative, formative studies will be undertaken.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**12237**		
Mechanism Name:	**Sex Work**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
The TBD Sex Work program is being developed to strengthen the USG Portfolio's focus on sex workers and women engaged in transactional sex. In addition, the program may target fishing communities, and the linkages between fishing and sex ("fish for sex"), in response to the outcomes of formative research. The goal of the new initiative will be to address key risk behaviors for high-risk populations, notably sex workers, women engaged in transactional sex, and fishing communities. Objectives include to: 1) provide high-risk groups with an expanded set of interventions; and 2) build capacity of local Tanzanian			

organizations to implement a compendium of services for these groups. Best practices in HIV prevention among high-risk groups will be utilized, including provision of a comprehensive package of risk reduction services which includes peer outreach and education (e.g., correct and consistent condom use, sexual health, empowerment), mass media, condom distribution, CT, STI/RH/FP referrals, and linkages with care and treatment. The project will focus on highest HIV prevalence regions, transportation corridor and lake region, and high-risk venues. Programming will be targeted specifically for most-at-risk populations, including for those who engage in commercial and transactional sex, fishing communities and clients of sex workers. New Award to strengthen USG Portfolio's focus on sex workers and women engaged in transactional sex. Will include a key focus on building capacity of local Tanzanian organizations to implement a compendium of services for sex workers. Focus on key venues and hot-spot regions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12238	**Mechanism Name: FBO Networks**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This IM seeks to continue contributing toward reducing spread and impact of HIV/AIDS and provide care and support for those affected by the pandemic by providing resources directly to the local implementers. Through the Tanzania Interfaith partnership (TIP) FBO network the mechanism aims at graduating local indigenous organization to become prime recipients of PEPFAR funds in line with PEPFAR II goals and

objectives.
The mechanism brings support that complements the voluntary spirit already in place in faith-based community institutions; the main purpose being to continue support for Tanzanian Interfaith Networks to implement comprehensive HIV prevention, care and support activities. Through experienced indigenous faith-based organization networks the IM shall implement recognized evidence based and effective prevention interventions, expand promotion and provision of community-based HIV Counseling and Testing (HCT) services and maintain and improve existing faith-based community care and support for Orphans and Vulnerable Children (OVCs) provided through well established Tanzania Interfaith Partnerships and Networks in the United Republic of Tanzania.

Brief Motivational Interviewing (BMI) will be incorporated into home-based palliative care and prevention programs to help address alcohol use and drug abuse among youth and adults.

The project will help to alleviate economic hardships for those affected by AIDS at the household level by enhancing income generating activities, and with vocational training skills. Leading community actors include Social Action Fund, SACCOs, faith-based institutions, and micro-lending institutions

Also, societal norms that put women at greater risk of getting infected with HIV will be addressed by the project. Specifically the IM will focus on addressing gender norms that promote gender based violence and inhibits women and girls decision making ability on sexuality issues.

In achieving cost-effectiveness, the mechanism relies on programs becoming sustainable community social actions. Faith-based institutions and community-based organizations are most cost effective as they are already in places of point of need as well as part and parcel of community. Thus, these institutions require minimal indirect costs to carry out an array of work that supports assessed needs.
The FBO network shall be at national level operating in both side of the union. Through this program, the main regions will be in Dodoma, Iringa, Shinyanga, Mtwara, Lindi, Kigoma, Mara, Singida and Tanga on mainland, and Zanzibar and Pemba isles.
This program contributes greatly to PF goals because it recognizes that rightful ownership belongs to those service providers who are interwoven with community members, such as faith-based institutions. Families are one avenue for promoting healthy behavior, sexuality, and life skills and ensuring appropriate care and support. As the program endeavors to equip them with resources, it is expected that knowledge, which is accessible within families, has a greater chance of being passed along within the family extended structure. Hence, when families are positively impacted through imparted best practices, the results will roll up to impact the entire society. Essentially the aim of PF is to transition the implementation and direct service provision to GOT and local civil societies an aim which links with this IM.

The Inter-faith Partnership endeavors to help meet the overall goal to provide general care for all. It coordinates and supports MOH Department of Social Welfare and NACP national monitoring systems. This mechanism shall be able assist with M&E through FBO service outlets using computerized data systems. The coordinators conduct first level data analysis subsequently rolled up to the program M&E manager who reviews information, conducts quality assurance, and provides technical assistance and consultation.

Data use for decision-making is emphasized at all levels. This ensures that evaluated services conform to National standards, that overall quality of services are being met and frequency of services are acceptable.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12238**		
Mechanism Name:	**FBO Networks**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
TBD will implement integrated quality HBC services to people living with HIV/AIDS that include provision of psychological, spiritual and social services. Integrate prevention services in the HBC package including prevention with positives. This will be accomplished through identification and mapping of beneficiaries, building capacity of community providers including PLHIV and health care providers, strengthen collaboration and coordination mechanism with Local Gorvenment Authorities and other implementing partners. Providing mentoring, supportive supervision and improving referral and linkages between community and health services. The services will be provided in Kigoma region.			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

TBD will implement quality and comprehensive OVC services through strengthened household approaches and community based referral systems. Support the councils to provide OVC services by strengthening referral and linkages with focus on 0VC household economic strengthening to ensure sustainability. Facilitate referral and linkage of exposed OVC to other services including food, nutrition, care and treatment support. Build capacity of OVC Committees and community volunteers. Provide mentoring, supportive supervision, monitoring and evaluation of the program. Strengthen coordination and collaboration mechanisms with Local Government Authorities (LGA) and other implementing partners. The services will be provided in with in Kigoma region. These funds will support the partner to bridge into new agreement. TBD will implement quality and comprehensive OVC services through strengthening of household approaches and community based referral systems. Support the councils to provide OVC services by strengthening referral and linkages with focus on 0VC household economic strengthening to ensure sustainability. Facilitate referral and linkage of exposed OVC to other services including food, nutrition, care and treatment support. Build capacity of OVC Committees and community volunteers. Provide mentoring, supportive supervision, monitoring and evaluation of the program. Strengthen coordination and collaboration mechanisms with Local Government Authorities (LGA) and other implementing partners. The services will be provided in Kigoma region.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

The FOA continuation focuses on increasing access and create demand for Counseling and Testing services. The activities are partly planned to be carried out by the Faith based organisation (FBO) network of which comprises the following, Roman Catholic Council (TEC) The Protestant Council (TPC) Muslim Council of Tanzania (BAKWATA,) and the office of chief Mufti of Zanzibar (OCMZ) . This activities will be carried out in line with the following key objectives. 1 Using US based domestic good practice model which has proven rffectivefor engaging faith communities in promoting HCT, 2 Strengthening local FBO capability to promote counseling and testing in rural communities in five regions namely Shinyanga, Kigoma, Singida, Iringa and Zanzibar 2. Expand access to quality testing to underserved community areas 3 Support referal system for HIV-Positive person through care and treatment process. The proposed activities include CT community mobilization and CT campaigns in underserved areas in Shinyanga, Singida. It will also include using CT mobile facility targeting remote areas and faith based facilities such as schools , mosque, churches etc. In addition, the HCT activities

will include establishing and streighteining faith community post -test support groups. The activities will operate under the NACP-CSSU that all the implementation meet the established standards

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

New FOA for continuation of prevention activities through FBO Networks including continuation of Sasa Tuzungumze which aims at reduction of multiple concurrent partners among couples. The FBO network comprises of four main faith based umbrellas in Tanzania namely the Muslim Council of Tanzania mainland (BAKWATA), the Protestant Council (TCC), the Office of the Chief Mufti of Zanzibar (OCMZ) and the Roman Catholic Council (TEC). This program area intends to scale up HIV prevention through Abstinence and Being Faithful in 7 regions of Tanzania and Zanzibar. The objectives are to 1) Increase FBOs contextual participation in community activities that combat spread of AIDS; 2) Incorporate adaptive evidence-based best practices for HIV prevention and behavior change; 3) Build upon FBO learning foundations and dissemination systems. Among faith-based institutions, much diligence will be given to educating couples, adolescents, youth and other congregants about risk factor and drivers of HIV/AIDS in Tanzania with main focus on reducing multiple concurrent partnerships. Although families are the natural training grounds for moral behavior and life skills, religious leaders are entrusted with the task of imparting intimate social behaviors and codes of ethics. This is because sexuality is traditionally a taboo subject of discussion between couples, parent and child. As such, the FBO network shall step in the forefront of intervening through teaching and counseling congregants, youth and young adults by using evidence based religious curricula, in a culturally appropriate context for Christian and Muslim communities, with integrated education pertaining to abstinence and being faithful, stigma reduction and caring for people affected by AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

New FOA for continuation of prevention activities through FBO Networks including continuation of Sasa Tuzungumze which aims at reduction of multiple concurrent partnerships among couples. The FBO network comprises of four main faith based umbrellas in Tanzania namely the Muslim Council of Tanzania mainland (BAKWATA), the Protestant Council (TCC) , the Office of the Chief Mufti of Zanzibar (OCMZ) and the Roman Catholic Council (TEC). This program area intends to scale up HIV prevention through comprehensive sexual transmission prevention in 7 regions of Tanzania and Zanzibar. The objectives are to 1) Increase FBOs contextual participation in community activities that combat spread of AIDS; 2) Incorporate adaptive evidence-based best practices for HIV prevention and behavior change; 3)

Build upon FBO learning foundations and dissemination systems. Among faith-based institutions, much diligence will be given to educating couples, adolescents, youth and other congregants about risk factor and drivers of HIV/AIDS in Tanzania with main focus on reducing multiple concurrent partnerships and use of appropriate prevention methods including condoms. Although families are the natural training grounds for moral behavior and life skills, religious leaders are entrusted with the task of imparting intimate social behaviors and codes of ethics, the intervention aims at encouraging those religious institutions that would like to implement comprehensive HIV prevention program beyond AB to do so. The FBO network members interested in comprehensive preventionincluding condom use shall step in the forefront of intervening through teaching and counseling congregants, youth and young adults on the same using evidence based religious curricula, in a culturally appropriate context for Christian and Muslim communities, with integrated education pertaining to condom use, abstinence and being faithful, stigma reduction and caring for people affected by AIDS.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12239	**Mechanism Name: FBO TA Provider**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IM's comprehensive goals and objectives under the award, reflecting breadth across technical areas

From the fifth year of the Tanzania HIV/AIDS Inter-faith Partnership (TIP) consortium work in HIV prevention care and support, This IM seeks to continue contributing toward reducing spread of HIV/AIDS and provide care and support for those affected by the pandemic by building capacity of faith-based institutions. Capacity building remains the cornerstone for the success of the established FBO network.

The partnership brings support that complements the voluntary spirit already in place in faith-based community institutions. As such, the technical assistance provider shall hone practical skills, and brings together faith initiatives with private and public interests in meeting the myriad needs of their communities.

Contributions to Health Systems Strengthening
Mainly the aim is to enhance and strengthen the capacity of the Tanzania Interfaith Partnership (TIP) network to provide an effective and sustainable response to the HIV/AIDS epidemic in Tanzania. The program will provide technical assistance (TA) to the national faith based organization (FBO) networks operating under the umbrella of TIP.

An experienced faith-based organization (FBO) shall provide support and build the capacity of the local network through technical assistance in program coordination, organizational and data management, and monitoring and evaluation.
Cross-cutting programs and key issues:
The FBO network shall be assisted to integrate Brief Motivational Interviewing (BMI) into home-based palliative care and prevention programs to help address alcohol use and drug abuse among youth and adults.

The project will help to alleviate economic hardships for those affected by AIDS at the household level by enhancing income generating activities, and with vocational training skills. Leading community actors include Social Action Fund, SACCOs, faith-based institutions, and micro-lending institutions

Also, societal norms that put women at greater risk of getting infected by HIV will be addressed by the project. Specifically the IM will focus on assisting indigenous FBOs to addressing gender norms that promote gender based violence and inhibits women and girls decision making ability on sexuality issues.

IM strategy to become more cost-efficient over time
In achieving cost-effectiveness, the mechanism relies on programs becoming sustainable community social actions. Faith-based institutions and community-based organizations are most cost effective as they are already in places of point of need as well as part and parcel of community. Thus, these institutions require minimal indirect costs to carry out an array of work that supports assessed needs.

Geographic coverage & target populations
The TA provider will be assisting a network which has a nationwide coverage and operates in both sides of the union. Through this program, the main regions will be in Dodoma, Iringa, Shinyanga, Mtwara, Lindi, Kigoma, Mara, Singida and Tanga on mainland, and Zanzibar and Pemba isles
How IM links to PF goals?

This program contributes greatly to PF goals because it recognizes that rightful ownership belongs to those service providers who are interwoven with community members, such as faith-based institutions. Families are one avenue for promoting healthy behavior, sexuality, and life skills and ensuring appropriate care and support. As the program endeavors to equip them with resources, it is expected that knowledge, which is accessible within families, has a greater chance of being passed along within the family extended structure. Hence, when families are positively impacted through imparted best practices, the results will roll up to impact the entire society. Thus by assisting local indigenous organizations to deliver quality services through technical assistance the program not only links to PF but also GOT and PEPFAR goals at large

The Inter-faith Partnership endeavors to help meet the overall goal to provide general care for all. It coordinates and supports MOH Department of Social Welfare and NACP national monitoring systems thus the IM focus shall be to assist both the MOH and Network to update and develop effective tools and systems.
M&E plans
This mechanism shall assist with M&E through FBO service outlets with computerized data management. The coordinators conduct first level data analysis subsequently rolled up to the program M&E manager who reviews information, conducts quality assurance, and provides technical assistance and consultation.

Data use for decision-making is emphasized at all levels. This ensures that evaluated services conform to National standards, which overall qualities of services are being met and frequencies of services are acceptable.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12239**		
Mechanism Name:	**FBO TA Provider**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
Provide TA to FBO to implement quality service implementation. The TBD will provide TA to Faith Based Organization (FBO) to implement quality service. TBD will provide technical expertise and build capacity to FBO that are implementing Home Based Care (HBC) activities in program management, monitoring, evaluation, coordinate, collaborate and establishment of a sustainable HBC program. The TBD will also provide TA for FBO on how to implement quality and integrated services, integrate prevention with positive activities in to HBC package, and improve referral and linkages to HIV and non HIV related services			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
Provide TA to FBO to implement quality OVC sevices. TBD will provide technical expertise and build capacity to Faith Based Organizations (FBO) that is implementing OVC activities including economic empowerment program. Building capacity for FBO in implementing quality and sustainable OVC through improved program management and sustainability, monitoring and evaluation, improved coordination and collaboration The TBD will also provide TA for FBO on how to improve referral and linkages to HIV and non HIV related services and focus more on 0VC household economic strengthening.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
The fund will partly be used to provide Technical Assistance to the Faith Based Organisation (FBO) network. The FBO network include Muslim Council of Tanzania (BAKWATA) The protestant Council (TCC) The office of Chief Mufti of Zanzibar (OCMZ) and Roman Catholic Council (TEC). The prime objectives will be to strenghten local FBO capability to promote Counseling and Testing in rural			

communities in five regions of Shinyanga, Kigoma, Singida, Iringa and Zanzibar.2. To use US based domestic good practice model which has proven effective for engaging faith communities in promoting HIV counseling and Testing..The 3,TA will also provide FBOs with the knowledge on Community mobilization, post test support groups as well as effectively utilization of mobile facilities. The fund will partly be used to provide Technical Assistance to the Faith Based Organisation (FBO) network. The FBO network include Muslim Council of Tanzania (BAKWATA) The protestant Council (TCC) The office of Chief Mufti of Zanzibar (OCMZ) and Roman Catholic Council (TEC). The prime objectives will be to strenghten local FBO capability to promote Counseling and Testing in rural communities in five regions of Shinyanga, Kigoma, Singida, Iringa and Zanzibar.2. To use US based domestic good practice model which has proven effective for engaging faith communities in promoting HIV counseling and Testing..The 3,TA will also provide FBOs with the knowledge on Community mobilization, post test support groups as well as effectively utilization of mobile facilities

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

TA provider for the new FOA for continuation of prevention activities through FBO Networks, including continuation of Sasa Tuzungumze which aims at reduction of multiple concurrent partners among couples. The FBO network comprises of four main faith based umbrellas in Tanzania namely the Muslim council of Tanzania mainland (BAKWATA), the protestant council (TCC) , the office of the chief mufti of Zanzibar (OCMZ) and the Roman catholic council (TEC). This Implementing Mechanism intends to provide TA to the indigenous FBO's in scaling up HIV prevention through Abstinence and Being Faithful in 7 regions of Tanzania and Zanzibar. The objectives are to 1) Assist Network to increase their contextual participation in community activities that combat spread of AIDS; 2) Provide TA to the FBO network to incorporate adaptive evidence-based best practices for HIV prevention and behavior change; 3) Build upon FBO learning foundations and dissemination systems. Among faith-based institutions, much diligence will be given to educating couples, adolescents, youth and other congregants about risk factor and drivers of HIV/AIDS in Tanzania with main focus on reducing multiple concurrence partnership and use of appropriate prevention methods including condoms. Although families are the natural training grounds for moral behavior and life skills, religious leaders are entrusted with the task of imparting intimate social behaviors and codes of ethics, the intervention aims at assisting and encouraging those religious institutions that would like to implement comprehensive HIV prevention program beyond AB to do so. The FBO network member interested in comprehensive prevention initiative including condom use will be assisted to step in the forefront of intervening through teaching and counseling congregants, youth and young adults on the same using evidence based religious curricula, in a cultural context for Christian and Muslim communities, with integrated education pertaining to condom use, abstinence and

being faithful, stigma reduction and caring for people affected by AIDS

New FOA for providing TA in continuation of prevention activities through FBO Networks, including continuation of Sasa Tuzungumze which aims at reduction of multiple concurrent partners among couples. The FBO network comprises of four main faith based umbrellas in Tanzania namely the Muslim council of Tanzania mainland (BAKWATA), the protestant council (TCC) , the office of the chief mufti of Zanzibar (OCMZ) and the Roman catholic council (TEC). This Implementing Mechanism intends to assist the network in scaling up HIV prevention through Abstinence and Being Faithful in 7 regions of Tanzania and Zanzibar. The objectives are to 1) Increase FBOs contextual participation in community activities that combat spread of AIDS; 2) Incorporate adaptive evidence-based best practices for HIV prevention and behavior change; 3) Build upon FBO learning foundations and dissemination systems. Among faith-based institutions, much diligence will be given to educating couples, adolescents, youth and other congregants about risk factor and drivers of HIV/AIDS in Tanzania with main focus on reducing multiple concurrence partnership. Although families are the natural training grounds for moral behavior and life skills, religious leaders are entrusted with the task of imparting intimate social behaviors and codes of ethics. This is because sexuality is traditionally a taboo subject of discussion between couples, parent and child. As such,

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

TA provider for the new FOA for continuation of prevention activities through FBO Networks, including continuation of Sasa Tuzungumze which aims at reduction of multiple concurrent partners among couples. The FBO network comprises of four main faith based umbrellas in Tanzania namely the Muslim council of Tanzania mainland (BAKWATA), the protestant council (TCC) , the office of the chief mufti of Zanzibar (OCMZ) and the Roman catholic council (TEC). This Implementing Mechanism intends to provide TA to the indigenous FBO's in scaling up HIV prevention through Abstinence and Being Faithful in 7 regions of Tanzania and Zanzibar. The objectives are to 1) Asist Network to increase their contextual participation in community activities that combat spread of AIDS; 2) Provide TA to the FBO network to incorporate adaptive evidence-based best practices for HIV prevention and behavior change; 3) Build upon FBO learning foundations and dissemination systems. Among faith-based institutions, much diligence will be given to educating couples, adolescents, youth and other congregants about risk factor and drivers of HIV/AIDS in Tanzania with main focus on reducing multiple concurrence partnership and

use of appropriate prevention methods including condoms. Although families are the natural training grounds for moral behavior and life skills, religious leaders are entrusted with the task of imparting intimate social behaviors and codes of ethics, the intervention aims at assisting and encouraging those religious institutions that would like to implement comprehensive HIV prevention program beyond AB to do so. The FBO network member interested in comprehensive prevention initiative including condom use will be assisted to step in the forefront of intervening through teaching and counseling congregants, youth and young adults on the same using evidence based religious curricula, in a cultural context for Christian and Muslim communities, with integrated education pertaining to condom use, abstinence and being faithful, stigma reduction and caring for people affected by AIDS

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12240	**Mechanism Name: NBTS -Zanzibar (ZACP)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goal and objective

This implementing mechanism will support Zanzibar National blood transfusion Service to provide oversight and coordination of blood safety activities in Zanzibar so as to improve the availability of safe blood and blood products to all health facilities conducting transfusion in Zanzibar. The range of activities includes but are not limited to improve community mobilization, donor recruitment and selection, develop

safe donor pool from repeating and voluntary non remunerated blood donors (VNRBD), transportation and cold chain, storage, testing and component production and ensure availability of safe blood in the Pemba island.

Also the fund will support capacity building activities of NBTS Zanzibar management as well as health care workers, training of transfusion facilities on rational use of blood and blood component. The funds will support partner coordination and guide activities of partners and Technical Assistance provider (TA) in different blood activities and processes.

Although Zanzibar has show good progress in safe blood facility coverage, the major challenge is to ensure quality systems so as to lower the prevalence of HIV in donated blood. This funding will assist Zanzibar BTS to step up quality measures which include, review guideline, policy and standard operation procedures (SOP), implement the blood computer which helps to track donors from vein to vein and develop o safe donor pool, oversees their proper utilization of guidelines so as to further lower the prevalence of HIV in donated blood.. Training of staff build the staff capacity to correct perform procedures, carry out the blood processes as required from donor recruitment, testing and processing and implant of quality measures that leads to laboratory accreditation. MOHSW Zanzibar will provide leadership and TA assuring highly functional and operational blood transfusion services while assuring sustainability and quality system integration for the support of HIV/ AIDS prevention care and treatment.

Contribution health system Strengthening:

For sustainability, the NBTS –Zanzibar will continue seeking government for its budgetary support and recognition as a sole entity with necessary registration/ regulations, responsibility and mandate for blood transfusion services. Zanzibar. Continued high quality and evidence based interventions (such as blood donor clubs) through local and indigenous organization.

NBTS will foster development and implementation of budgeting and finance systems to ensure a sustainable blood program through costal recovery and contributions from the government funding and other national and international donors

Crosscutting program and key issue

Linkages to HIV prevention activities to integrate prevention education into donor recruitment, counseling and notification of test result with appropriate referral for the TTIs positive to care and treatment services. Linkages with care and treatment and other hospitals /facilities for TTIs positive donors to ensure sound referral mechanism, Linkages with Malaria program to develop malaria interventions for blood donors. Linkages with Phones for health to deliver massages to blood donors as motivational

IM strategies to become more cost efficient overtime

To facilitate efficiency of the service, the funding will be used to promote component production, appropriate utilization of blood and blood products, donor clubs formation for repeat blood donors, integration of safe blood activities within regional and district plans and strengthening of transfusion committees. Part of sustainability plan, MOHSW NBTS Zanzibar will ensure a gradual transition from donor funding to Government of reliance.

Geographical coverage
The program activities covers Zanzibar island (Pemba and Zanzibar) and targets the general population but especially youth.
How IM links to PF goal
The funds will be use to implement the Government of Tanzania's and USG PEPFAR HIV/AIDS and Partnership Framework strategies and HIV/AIDS prevention goals of preventing new HIV infection through unsafe blood by selecting and maintaining of low risk donor pool (VNRBD), counseling and testing of potential donors and testing of donated blood to exclude transfusion transmissible infections (TTIs) especially HIV
M&E plan
The partner to ensure coordination and monitor the appropriate clinical use of blood and blood outcomes of transfusion (haemovigalence) and the establishment of a comprehensive quality system covering the entire transfusion process which includes use of blood computer system. The emphasis is to have quality systems in place while at the same time implementing evidence based strategies and improving on program organization, management and monitoring and evaluation
The program outcome to be monitored through program outcomes, that ensures increased safe blood supply, equitable distribution, as well as TTIs levels are going down. The progress to be monitored through supervision site visits, quarterly and annual reports.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12240**		
Mechanism Name:	**NBTS -Zanzibar (ZACP)**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted
Narrative:			

This fund is for Zanzibar NBTS program overal blood safety management and implementation, but passing through ZACP coag. The partner used to receive funding from MOHSW NBTS mainland whose coag is ending in March 2010. So this is a new partner mechanism thus the partner said to have an increase of funds. However this partner used to receive more than the current funding.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12241	**Mechanism Name: MHIC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Muhimbili University College of Health Sciences	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 950,000	
Funding Source	**Funding Amount**
GHCS (State)	950,000

Sub Partner Name(s)

TBD	University of Texas at Huston	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	285,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**12241**		
Mechanism Name:	**MHIC**		
Prime Partner Name:	**Muhimbili University College of Health Sciences**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	400,000	
Narrative:			
Continue support for VCT, PITC in Dar, mobile CT for MARPs in Dar; integration of alcohol screening & counseling into CT setting; PITC training support for all health facilities in Dar es Salaam			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	550,000	
Narrative:			
Support for MARPs/IDU peer education and outreach services, Voluntary HIV Counseling and Testing, screening and treatment for STIs, in Dar es Salaam, incl. sub-grants to 3 local NGOs/CBOs for MARPs/DU outreach; HIV-DU/IDU service provision at Muhimbili facility as well as collaboration with Harvard University for referral of HIV-infected MARPs/IDU into clinical HIV/AIDS services; training of health care workers to improve service provision for MARPs/IDU; capacity building and involvement in DU/IDU trainings and outreach of selected MSM organizations/networks. Support for establishment and functioning of first Medication Assisted Therapy (MAT) service site for Injection Drugs Users (IDUs) in Dar es Salaam			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12242	**Mechanism Name: Fellows**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Association of Schools of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 660,000	
Funding Source	**Funding Amount**
GHCS (State)	660,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IM's comprehensive goals and objectives under the award, reflecting breadth across technical areas

The goal of this mechanism is to provide technical assistance across various program areas to support PEPFAR programming. The mechanism will support six program advisor/fellows that will provide technical assistance and analysis to in-country PEPFAR team on several activities. The goal of the fellowship is to enhance the training of future public health professionals who are interested in addressing public health issues globally. The support offered through this program fosters the USG field public health workforce by allowing fellows to apply theoretical knowledge to real world public health situations and gain practical, first-hand experience on the front lines while mentoring/cross-training and building skills of local public health staff.

Program activity will focus on strengthening various evaluations and assist with analysis across programs to ensure implementation and completion of studies, assessments and program evaluations have been planned and initiated in late 2009. Part of activity will be to support and improve scientific skills of USG LES staff by developing and conducting short training activities on research protocol development, research administration, scientific writing, data use, analysis etc. They will work to support USG team to perform literature reviews on subjects relevant to program evaluations to support roll-out of Partnership Framework goals and objectives and host country priorities. Fellows supported under this mechanism will perform secondary analysis of program data and ensure broad distribution of findings when necessary.

CDC Tanzania Fellows are mentored by Senior Leadership in all five programs (Lab, Clinical, PHE, Strategic Information and Prevention) and are partnered with local public health professionals to share

and expand knowledge. They add fresh ideas and participate in specific projects based on their area of expertise and the needs of PEPFAR Interagency Teams.

Contributions to Health Systems Strengthening (if relevant)

CDC Tanzania Fellows are mentored by Senior Leadership in all five programs (Lab, Clinical, PHE, Strategic Information and Prevention) and are partnered with local public health professionals to share and expand knowledge. They add fresh ideas and participate in specific projects based on their area of expertise and the needs of PEPFAR Interagency Teams. While the aim of the fellowship to expand foundation of public health professionals, it has a spill over effect by providing a twinning platform of sharing knowledge and experience between US public health professionals and host country professionals.

Cross-cutting programs and key issues: describe

Each fellow is assigned to a specific program area within CDC Tanzania. Two fellows directly support all activities under the Strategic Results Units for Clinical Services and for Health Systems Strengthening. Fellows will be asked to present brown bags on their activities/projects to the rest of the agencies' staffs, providing another channel of information sharing and technical crossover.

IM strategy to become more cost-efficient over time (e.g. coordinated service delivery, PPP, lower marginal costs, etc.)

Previously, CDC utilized this mechanism to support one or two fellows a year but recognized that by having individuals dedicated to analyzing key public health challenges and writing up these findings, helped assist the in-country team to effectively and strategically think through program needs and plan appropriately for future. The ASPH Fellowship is only for one year, with an option to renew for a second year. The cost is marginal compared to other mechanisms to bring in this skill level and talent to the PEPFAR Team. CDC Tanzania does not see this program growing beyond the current number of fellows and will likely be decreasing over the next two years.

Geographic coverage & target populations

The fellows do not have any specific coverage or target populations.

M&E plans

Fellows and mentors enter into a mentorship agreement for the year, which is reevaluated every 6 months. Fellows' work performance is evaluated and reviewed twice a year by their in-country mentors, LES counterparts and ASPH headquarter staff.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12242**		
Mechanism Name:	**Fellows**		
Prime Partner Name:	**Association of Schools of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	27,500	

Narrative:

This activity supports 25% of one ASPH fellow. This includes Stipend, Health, Internal travel, Housing, Local travel, Shipping and Administration costs. In an effort to evaluate and improve prevention programs and interventions implemented in Tanzania, a number of prevention and prevention-related Public Health Evaluations (PHEs), studies, assessments and program evaluations have been planned and initiated in late 2008 or early 2009.

ASPH is assisting with coordination, facilitation, implementation and coordination of various prevention study, program evaluation and research activities that include the following activities listed below. He is also assisting with capacity building for Tanzania prevention program staff in areas of prevention research and M&E.

- Assessment of STI prevalence, diagnosis and treatment in HIV infected persons: This is a study of sexually transmitted infections (STIs) in one site in Pwani region (linking with Positive Prevention and Combination Prevention efforts and evaluations). Objectives of this pilot include assessing the prevalence of STIs in the care and treatment population, determining the validity of syndromic STI

diagnosis for HIV-infected patients, and identifying both behavioral and clinical cofactors for prevalent genital infections.
- "Combination Prevention": Basic program evaluation at specific geographic sites (one model in Kagera, one in Pwani) for implementation of a 'saturation' model, i.e. intensified prevention interventions and services with evaluation of outcomes, possibly impact through incidence testing of prevention intervention packages (e.g. CT, PP, STI, MC, etc.).
- Support for follow-up on three evaluations currently ongoing in the area of Infection prevention & Control: Health Care Worker safety, alternative and innovative waste management methods, and prescription record review in conjunction with reduction of unnecessary injections.
- Technical assistance to USAID and its partner T-MARC for a condom distribution study.
- Assistance with training of staff and write-up and submission of research determinations for relevant prevention program activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	110,000	

Narrative:

This activity supports 100% of one ASPH fellow. This includes Stipend, Health, Internal travel, Housing, Local travel, Shipping and Administration costs. This activity will support one fellow will provide analysis to improve clinical services:
Collects and interprets data and information from a variety of sources and prepares recommendations accordingly to USG team.
Recommends and incorporates quality management and quality improvement methods into systems strengthening strategies.
Conducts detailed analyses of costs and results of program strategies aimed at stregthening national response.
Integrates financial data with strategic results to assist in program planning and decision making functions of the Strategic Results Unit (SRU).
Analyzes program data to define problems, identify potential solutions, and solicit support for program strategies.
Researches various sources and references and responds to inquiries, prepares issue and background papers, reports and other substantive program documents (e.g., Office of the Global AIDS Coordinator – OGAC).
Provides program support for budget development and analysis, program planning, document preparation and statements of work.
Performs literature reviews on best practices in systems strengthening and conducts assessments of current strategies to identify strengths and gaps.

Assists with coordination of data related to reprogramming of funds and other administrative issues

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	209,000	

Narrative:

This activity supports 100% of one fellow, 50% of second, 20% of third, and 20% of the fouth fellow. This includes Stipend, Health, Internal travel, Housing, Local travel, Shipping and Administration costs. This activity works to provide support to the surveillance team on the laboratory based aspects of surveillance creating close working relationships and linkages between the surveillance team, the laboratory team and MOHSW. Ensures coordination of input from stakeholders

Technical assistance and support for Respondent Driven Sampling for MARPS study with NACP.{rovide support to the USG team and Government of Tanzania in four primary areas including: 1) serving as a focal person for surveillance and M&E issues on a selected USG interagency team, 2) be responsible for technical guidance and finalization of select special studies in sero and behavioral surveillance, 3) assist the CDC-Tanzania Epidemiology/Surveillance team and the National AIDS Control Program in coordination of high priority studies, 4) fulfill other duties as assigned for the Strategic Information teams such as logistics, report development, and field monitoring.

Assistance with APR and COP requirements, Data Quality and Build capacity of staff for basic program evaluations.

Provides for program analysis and issue research. Project coordination to facilitate SI efforts across program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	33,000	

Narrative:

This is 30% of one ASPH fellow. This includes Stipend, Health, Internal travel, Housing, Local travel, Shipping and Administration costs. Provides for program analysis and issue research

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	27,500	

Narrative:

This activity supports 25% of one ASPH fellow. This includes Stipend, Health, Internal travel, Housing, Local travel, Shipping and Administration costs. In an effort to evaluate and improve prevention programs and interventions implemented in Tanzania, a number of prevention and prevention-related Public Health Evaluations (PHEs), studies, assessments and program evaluations have been planned and initiated in

late 2008 or early 2009. ASPH is assisting with coordination, facilitation, implementation and coordination of various prevention study, program evaluation and research activities that include the following activities listed below. He is also assisting with capacity building for Tanzania prevention program staff in areas of prevention research and M&E. - Assessment of STI prevalence, diagnosis and treatment in HIV infected persons: This is a study of sexually transmitted infections (STIs) in one site in Pwani region (linking with Positive Prevention and Combination Prevention efforts and evaluations). Objectives of this pilot include assessing the prevalence of STIs in the care and treatment population, determining the validity of syndromic STI diagnosis for HIV-infected patients, and identifying both behavioral and clinical cofactors for prevalent genital infections.

- "Combination Prevention": Basic program evaluation at specific geographic sites (one model in Kagera, one in Pwani) for implementation of a 'saturation' model, i.e. intensified prevention interventions and services with evaluation of outcomes, possibly impact through incidence testing of prevention intervention packages (e.g. CT, PP, STI, MC, etc.).

- Support for follow-up on three evaluations currently ongoing in the area of Infection prevention & Control: Health Care Worker safety, alternative and innovative waste management methods, and prescription record review in conjunction with reduction of unnecessary injections.

- Technical assistance to USAID and its partner T-MARC for a condom distribution study.

- Assistance with training of staff and write-up and submission of research determinations for relevant prevention program activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	110,000	

Narrative:

Program activity will focus on stregthening various PHEs across program to ensure implementation and completion for USG team (HOPE STUDY). Given the sheer number of Public Health Evaluations (PHEs), studies, assessments and program evaluations have been planned and initiated in late 2009, this activity supported by one program advisor/fellow will ensure careful attention to detail. They will develop and promote basic program and public health evaluations by CDC staff and takes lead in country on at least one major current research activity such as sexually transmitted infection prevalence in HIV infected populations, cost effectiveness of different methods of condom distribution, and pediatric antiretroviral outcome evaluation. Improve scientific skills of USG LES staff by developing and conducting short training activities on research protocol development, research administration, scientific writing, data use

etc. Performs literature reviews on subjects relevant to program evaluations and public health evaluation. Performs secondary analysis of program data and writes and supports others to write reports, publications and policy briefings. Develops and supports process for PEPFAR Tz abstract, protocol and publication reviews Improves awareness of human subjects issues amongst USG/HHS staff and partners through training and mentoring. Develops and maintains systems for tracking of human subjects issues, protocols, publications, other research materials. This activity supports 100% of one ASPH fellow. This includes Stipend, Health, Internal travel, Housing, Local travel, Shipping and Administration costs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	143,000	

Narrative:

This activity supports 80% of one ASPH fellow and 50% of a second fellow. This includes Stipend, Health, Internal travel, Housing, Local travel, Shipping and Administration costs. This activity creates linkages between the laboratory infrastructure program and PHE unit and assists the lab and PHE to obtain relevant input from other sections who are laboratory stakeholders into the PHE ensuring coordination of input and assessment of needs.

This activity supports laboratory program on abstract formulation, program planning and monitoring of program implementation

Attends meetings in country stakeholders relevant to laboratory aspects of all program areas to develop own public health capacity and assist with program advocacy to other programs areas;

In country site visits with program personnel from laboratory infrastructure and other sections to provide perspective on program implementation on site; and

Lab strategic planning and provision of technical assistance for central procurement planning of lab supplies and equipment.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12243	**Mechanism Name: NPI Grantee Christian Blind Mission**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Christian Blind Mission	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Comprehensive Community Based Rehabilitation in Tanzania (CCBRT)		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12244	**Mechanism Name: NPI Grantee World Conference of Religions for Peace**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services	Procurement Type: Cooperative Agreement

Administration	
Prime Partner Name: World Conference of Religions for Peace	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12245	**Mechanism Name: UCSF**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 775,000	
Funding Source	**Funding Amount**
GHCS (State)	775,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The objective of the funding is to strengthen the health system in Tanzania through capacity building of the health care workforce by providing training and education on utilization of strategic information for guiding program design, planning and improvement and for targeting resources to areas of greatest need. The overarching strategy is to address existing gaps in health systems and HIV/AIDS control in Tanzania by increasing in-country human and institutional capacity in a sustainable and transferable way that allows for application of existing and new evidence-based knowledge.

Under the sixth goal in the partnership framework (Evidence-Based and Strategic Decision-Making), UCSF will strengthen the capacity of Government of Tanzania (GoT) in the following areas:
• Assist in strengthening public sector (as part of multi-sectoral support) M&E systems to ensure quality vertical and horizontal flow and use of data through the HIV & AIDS, health, and social service sectors as appropriate;
• Increase national capacity to implement key national and sub-national surveillance, surveys, studies, and evaluation activities with particular focus on behavioral sentinel surveillance and data synthesis;
• Advise on improving measures of HIV incidence;
• Adopt and build Tanzanian capacity on best practices in evidence-based and strategic decision-making.

The funding aims at improving surveillance and the knowledge of epidemiologic trends and burden of disease by assisting GoT and local partners to identify, quantify and conduct surveys for Most At Risk Populations (MARPS). The surveillance and surveys will investigate the behavior, population size estimates and potential prevention methods for MARPs. Technical assistance will be provided to National AAIDS Control Program (NACP) and Zanzibar AIDS Control Program (ZACP) in the design and implementation of behavioral surveillance and population size estimation among MARPs. The increased funding will cover other MARPs groups apart from Female Sex Workers (FSW) and plan a Behavioral

Surveillance Surveys (BSS) for additional MARPS in mainland Tanzania in some areas out of Dar and in Zanzibar. This will be done by UCSF providing Technical Assistance (TA) and oversight in the protocol development, questionnaire development, standard operating procedures, data collection, training of data collectors and data analysis. Staff from NACP and ZACP will be trained on size estimation for MARPS and processes for planning Respondent Driven Sampling (RDS) and size estimation of FSW. UCSF will strengthen the capacity of NACP and ZACP on analysis and dissemination of the findings from FSW study.

UCSF will provide TA to Tanzania Commission for AIDS (TACAIDS) and NACP on supporting data synthesis activities nationally and in multiple regions aimed at identifying the drivers of the HIV epidemic and the impact of prevention responses.

UCSF will also provide TA for strengthening data quality among partners working in the public sector and in concert with national efforts. This will be done by joining CDC staff and partners in conducting intensive data quality assessments (DQA). With the vision of one national Monitoring and Evaluation (M&E) system and the introduction of the Next Generation Indicators has increased the need to ensure that accurate data are reported. The focus is to improve the USG/Partner reported data with increasing linkage to the GoT data flow to report on discrepancies for program areas that have consistency in indicators. UCSF will provide technical assistance on DQA through support for implementation of existing, and potentially modified, DQA instruments, which focus on ensuring the quality of routine program monitoring data for HIV/AIDS services. The ultimate aim is to build into existing systems, ongoing and routine mechanisms for DQA that can be implemented on a regular basis by partners.

UCSF will provide TA to develop M&E and costed plans for NACP and ZACP which will contribute to overall strengthening of national AIDS response in Tanzania under the principle of the "Three Ones". UCSF will conduct a workshop which will include participants from districts, regions, NACP, USG, Implementing partners, Global Fund, and UNAIDS. The workshop will focus on indicator prioritization for NACP and development of a national M&E plan for NACP. ZACP costed M&E plan will be developed at the same time providing capacity building to M&E staff and project coordinators. UCSF will provide technical and strategic planning support for harmonization of data collection and linkages among HIV treatment and care indicators across program areas and with surveillance data. UCSF will provide assistance and support for the evaluation of ART programs among a sample of sites. This will include data collection, analysis, writing of reports and dissemination.

UCSF will support the establishment of a sustainable M&E program at a Tanzanian university for health workers (HCWs) to address the challenges facing districts on M&E issues. The established certificate or masters program will sustain the country's ability to produce its own health care workers with M&E

knowledge and skills; which are essential component of the fight against HIV/AIDS. These trained HCWs will be provided with a solid understanding of M&E and how it can be used to improve planning, budgeting and policy formulation. With this training HCWs will also be able to analyze data and the use it to improve service delivery.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12245**
Mechanism Name:	**UCSF**
Prime Partner Name:	**University of California at San Francisco**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	625,000	

Narrative:

?Tol provide technical assistance to TACAIDS/MOHSW on supporting data synthesis activity aimed at identifying the drivers of the HIV epidemic and the impact of prevention responses. Data synthesis will include both national and regional data triangulation exercises. UCSF will also provide technical support for the development of an M&E and costed M&E plan for NACP and ZACP. ?To support the creation of an M&E program for district health workers to address some of the challenges facing districs on M&E issues. This will provide access to a certificate or masters program that develops a solid understanding M&E and how it can be used to improve planning, budgeting and policy formulation processes. Also to ensure that data analysis and the use of data to improve service delivery is included in existing Pre-Service and/or In-Service programmes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	150,000	

Narrative:
Currently in Tanzania, there is a huge gap of Tanzanians with strong M&E skills in all areas of health including HIV/AIDS; a challenge facing many districts implementing various programs. Therefore this funding will support the establishment of a sustainable M&E program at a Tanzanian university thus sustaining the country's ability to produce its own health care workers with health monitoring and evaluation (M&E) knowledge and skills; which are essential component of the fight against HIV/AIDS. The trained health workers (HCWs) will be capacitated with a solid understanding of health M&E and how it can be used to improve planning, budgeting and policy formulation which eventually help to improve service delivery.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12246	**Mechanism Name: Columbia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,367,047	
Funding Source	**Funding Amount**
GHCS (State)	2,367,047

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Columbia Mechanism 9972 had been split into two separate mechanisms in order to better manage the partner. CU supports high quality comprehensive HIV Care and Treatment services for adults and children in Tanzania since 2004, and is well positioned to Maintain Quality HIV services at existing sites, scaling up to sites with high prevalence and previously underserved areas, expansion of adherence and

psychosocial support services to PLHA and promoting PWP. Partner working in 23 districts in Kigoma, Kagera, Pwani, Lindi and Zanzibar.

FY 2010 funds will be used to focus on four key objectives: 1) Deepen quality and sustainability of adult and pediatric HIV care and treatment and laboratory programs; 2) Expand access to provide PMTCT services in 80% of RCH sites and improving quality and uptake of services for HIV infected women and their families; 3) Expand PMTCT portfolio to include a variety of supports for focused antenatal and postpartum care; and 5) include HIV testing services for male circumcision clients.
ICAP will widen the PMTCT package to incorporate essential reproductive health priorities to deliver a comprehensive package of quality and integrated RCH/PMTCT services to increase the uptake of PMTCT and impact maternal and newborn health in the region.
1) Deepen quality and sustainability of adult and pediatric HIV care and treatment and laboratory programs.
In 2009 ICAP TZ initiated a new program called the "District Mentoring Initiative" designed to build a network of qualified mentors to support clinical skills improvement in HIV care and treatment and PMTCT programs in Kagera Region. With the additional resources under the PF 2010 ICAP TZ will expand the DMI program to the Pwani and Kagera Regions, and to include laboratory personnel, targeting specialist and highly qualified health care workers from the regional and district hospitals to support a quality improvement and mentoring program.

2) Expand access to provide PMTCT services in 80% of RCH sites and improving quality and uptake of services for HIV infected women and their families.
In partnership with the district partners basic PMTCT services will be expanded to additional lower volume rural centers. In 2010 ICAP will achieve 80% coverage. In addition, will expand quality of services to assure all sites have access to the more efficacious regimen and also improve access to the baby dose and HIV exposed infant follow up, care and ART for HIV infected infants. HCWs will be trained on the revised national PMTCT curriculum merged with the EID curriculum at all new sites. The ICAP comprehensive model of care will be promoted and systems for linking clients for CD4 testing and follow up chronic care for the mother and baby will be implemented. This will include care for the HIV exposed infant, early infant diagnosis through DNA PCR testing via sample transportation of dried blood spot

3) Expand PMTCT portfolio to include a variety of supports for focused antenatal and post and intra partum care.
ICAP TZ will work closely with the regional authorities and other local and international partners to strengthen the intra and post partum component of PMTCT through multiple strategies, including advocacy at the regional district and community level and strengthening the obstetric skills of rural midwives. Regional trainers and national training package use will be promoted. Advocacy for wider

promotion of cervical screening of eligible women in community will also be promoted.

4) HIV testing services for male circumcision clients. As part of the MC program in Kagera Region, ICAP will ensure all male clients receive full HIV testing, counseling and referral and will also encourage partner HCT.

Cross-cutting programs and key issues: ICAP will focus on improving access to and quality of 'family focused care'. A key focus is to leverage services to support entire families. Sustainability through use of the existing systems is a key strategy – ensuring all support is included in the Council Comprehensive Health Plans annually. Work with PLHIV networks through direct grants for service delivery (managing the facility based peer educator programs, psychosocial family support groups and the mom to mom program for PMTCT).

ICAP currently maintains several other Implementing Mechanisms that align with the above objectives. The MCAP mechanism focuses on HIV/AIDS prevention, care and treatment programs; the UTAP mechanism currently provides support for male circumcision activities; and the URRAP mechanism supports harm reduction and outreach services linked to HIV services for Injecting Drug Users and Most At Risk Populations.

Geographic coverage & target populations: ICAP will focus on the three mainland regions of Kagera, Kigoma and Pwani Regions and the two islands of Zanzibar.

This Implementing Mechanism aligns directly with the partnership framework goals to improve health systems, improve monitoring, improve and deepen quality of services and expand access to prevention services/PMTCT services for HIV+ women and their families. ICAP works with the existing national system for planning, financing, implementing and monitoring the program.

M&E plans: ICAP aligns with the national indicators and tools for all programs.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	50,000
Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Human Resources for Health	50,000

Water	50,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**12246**		
Mechanism Name:	**Columbia**		
Prime Partner Name:	**Columbia University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	300,000	
Narrative:			
Maintain and strengthen provision of integrated high-quality care and support for PLWHA aimed at extending and optimizing quality of life from the time of diagnosis throughout the continuum of illness. ICAP will intergrate Positive prevention services, supporting nutritional assessment and counseling in all supported facilities, build the capacity of local government and civil society for sustainable delivery of services for PLWHA. Strengtherning coordination and collaboration mechanisms between partners and Ministry of Health. The services will be provided in 23 districts in Kagera, Kigoma, Coast and Zanzibar			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	50,000	
Narrative:			
Maintain Quality HIV services at existing sites, scaling up to sites with high prevalence and previously underserved areas, expansion of adherence and psychosocial support services to PLHA and promoting PWP. This will be accomplished through, provision of Technical support, regular supportive supervision,			

clinical and nutrition mentoring, patient monitoring, ensuring uninterrupted supply of drugs and reagents through central procurement mechanism,Capacity building to local partners in financial accountability, program oversight and M&E. Funds will also be used for facilities and community linkages. Partner works in 23 districts in Kigoma, Kagera, Pwani, Lindi and Zanzibar and currently covers 14457 patients on treatment .

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	450,000	

Narrative:

Continue PITC, VCT and mobile CT support Kagera, Pwani, Kigoma; mobile CT for MARPs Znz started in '09; funding increase for increased coverage within these regions as well as balancing out inequalities between partners

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,350,000	

Narrative:

Implement PMTCT activities to pregnant women in 4 regions (Kigoma , Kagera, Coast & Zanzibar). These regions have total number of 29 districts. the ANC HIV Prevalence: Kigoma 3.5, Kagera 4.7, Coast 7.3 and Zanzibar 0.8; Current coverage based on 2009 SAPR is 50% implement PMTCT package (see base package), include MECR, *Mother support groups, implement new M and E and computerise data system

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	217,047	

Narrative:

Support implementation of Lab quality system and accreditation process by ISO 15189 at Mnazi Mmoja hospital laboratory
Continue to support Early infant diagnosis at national level
support 3 program officers, (2 for EID program and 1 procurement officer) at MOHSW,
Support funding for 7 technologists positions at NHLQATC

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12247	Mechanism Name: Harvard
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Harvard University School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,573,546	
Funding Source	**Funding Amount**
GHCS (State)	1,573,546

Sub Partner Name(s)

Dar es Salaam City Council	Muhimbili University of Health and Allied Sciences	

Overview Narrative

Harvard Mechanism 10048 has been split to make the management of the partner more efficient. The purpose of this funding mechanism is to support three key program areas including (a) Support provision of quality and sustainable adult and pediatrics HIV service (b) support provision of quality Laboratory services and (c) Support scale up for quality and comprehensive PMTCT services.

(a) Support provisions of quality and sustainable adults and Pediatrics HIV services.
Harvard will support maintenance of quality HIV services at existing sites, scaling up to previously underserved areas, expand adherence and psychosocial support services to PLHA and promoting PWP. Harvard will provide of Technical support, regular supportive supervision, clinical and nutrition mentoring, patient monitoring, development of SOPs and ensure uninterrupted supply of drugs and reagents. Capacity building of the DHMTs and CHMTs in financial accountability, HIV program oversight and M&E will be provided.

(b) Support provision of quality Laboratory services
Harvard will continue to provide in-service training on Quality Assurance for HIV Rapid Testing, HIV disease staging and drug safety monitoring tests, opportunistic infection testing (e.g. Cryptococcus antigen test, syphilis test, etc.), and commodity and inventory management at facility level. To ensure standardization and maintenance of quality, trainings will only be conducted using the nationally approved

modules and MoHSW approved trainers.
To ensure quality assurance HARVARD will hire a Lab regional mentor for its sites in the region. The regional mentor will mentor staffs in its district laboratories. The mentors will visit each district lab four times per year to mentor lab staffs on 12 Quality System Elements (QSE) as per MOHSW local mentorship program. The goal is to assist the district laboratories to obtain accreditation through the WHO's 5-step SLMTA approach
The zonal Laboratories will also be mentored to reach ISO 15189.

(c) Support scale up for quality and comprehensive PMTCT services.

MDH will scale-up PMTCT services from the current 75 sites to additional sites. By September 30, 2010, PMTCT services will be strengthened and expanded. Capacity of the ANC staff will be strengthened in clinical staging, CD4 determination and linkage to CTC. Harvard will support the following activities.

1. Carry out minor renovations of MCH and Labor wards, Procure machines, equipment, reagents, kits.CD4, Biochemistry, Hematology machines M&E tools.

2. Scale-up of EID to 50% of RCH clinics and offer PCR for early infant diagnosis HIV-testing to all HIV -exposed infants

3. Implement new innovation such as cervical cancer screening and screening for opportunistic including TB
4. Strengthen referral systems and integrate care and treatment clinic (CTC)
5. Increase male involvement in PMTCT
6. Recruit a PMTCT coordinator in each district to enhance supervision
7. Increase PMTCT uptake through community awareness-building activities
8. Engage more private facilities to engage in the provision of MCH.

Cross cutting program and key issues.
MDH works under the National AIDS Control Program following the national PMTCT and treatment guidelines. PMTCT services will be strongly linked with other HIV prevention, care, and treatment activities, including links to CTC and family planning (FP) programs. The MDH CTC intake form has been revised to allow for tracking of referrals and home-based care providers will track women who have been lost to follow-up. MDH will work with heath facility and district level management to support and link PMTCT and other related services. MDH will work with District Councils to include PMTCT activities in their Comprehensive Council Health Plans. MDH will also work with local NGOs and community leaders to support and link PMTCT and other related services for PLWHA, including linkages with OVC programs.

IM strategy to become more cost-efficient over time.
MDH will engage regions/district in dialogue and program to retain staff: MDH has been closely working with the three Municipalities in order to be able to retain the trained and skilled staff at the HIV prevention, care and treatment services as much as possible and this effort will continue in future as well. Also MDH will use peer educators to conduct adherence counseling as well as non professional work such as cleaning at the facility.

How IM links to PF goals
The program is linked to Goal 1 maintenance and scale-up services in Dar es Salaam, The prevention component of PMTCT program is directly linked to Goal 2 of the PF, PF Goal 4 procurement of commodities and supplies and Goal 6 of the PF through Public health Evaluation.

M&E
MDH budget will continue to collaborate with the National AIDS Control Program (NACP) and support development/revision of ME tools for Adult and Pediatrics care and Treatment, Lab services and PMTCT so as to improvement data quality & reporting. MDH will promote data use culture in patient care and management. Feedback on tool performance will be provided to NACP and partners. Continuous quality improvement committees will be established at sites to manage and analyze data to measure quality and success of the program.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**12247**		
Mechanism Name:	**Harvard**		
Prime Partner Name:	**Harvard University School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	1,200,000	
Narrative:			
Maintain Quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through cental procurement mechanism,Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Additional funds will be used for supplies and providing technical assistance to University and zonal institutions (UTAP). Partner works in 3 districts of Dar-es-Salaam and currently covers 26215 on treatment.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	280,000	
Narrative:			
Implement PMTCT activities in Dar es Salaam has 3 districts and a HIV Prevalence of 10.9. with a High HIV prevalence and high volume sites but less than 50% coverage, roll out MECR, implement M and E and Computerised M&E system. Implement PMTCT and improve MCH and PMTCT services (see PF package)			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	93,546	
Narrative:			
Support implementation of Lab quality system and accreditation process by ISO 15189 at Mnazi Mmoja hospital laboratory Continue to support Early infant diagnosis at national level support 3 program officers, (2 for EID program and 1 procurement officer) at MOHSW, Support funding for 7 technologists positions at NHLQATC. Mentorship at District levels			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12248	**Mechanism Name: Peads HIV/TB**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Implementing Mechanism Narrative: "Establishing a Center of Excellence to Improve Care for Children with TB/HIV Co-Infection in the United Republic of Tanzania"

The purpose of this new mechanism is to award a new International Partner with experience in TB who will work with the local Government to improve the diagnosis and management of TB/HIV in pediatric patients. The mechanism will fund a TBD partner who will create a pediatric TB/HIV Center of Excellence in Dar es Salaam. The Center will establish best practices and facilitate capacity building for health care workers to confidently, manage HIV –infected children with TB. The center will also develop regional TOT with capacity in pediatrics TB/HIV.

The Center will coordinate with the Ministry of Health and Social Welfare (MOHSW) - National Tuberculosis and Leprosy Program (NTLP) and the National AIDS Control Program (NACP) and USG on testing novel approaches to successfully address pediatric TB/HIV diagnosis and management. This includes improving the diagnosis of TB in HIV patients through the development of clinical TB diagnostic algorithms and capacity building support for laboratories and radiology offices processing for TB detection

in children. The Center will also identify novel TB/HIV diagnostic and treatment approaches and serve as a resource for replication of successful models. To maintain consistency, the Center will probe for variations in pediatric clinical care provisions, including testing clinical and laboratory diagnostic algorithms, identifying risk for developing IRIS and possible implementation of Isoniazid therapy in children.

The awardee will revise, update and develop pediatric TB/HIV guidelines and protocols to strengthen national pediatric TB/HIV policy in collaboration with the Ministry of Health and Social Welfare - National Tuberculosis and Leprosy Program (NTLP) and the National AIDS Control Program (NACP); Coordinate stakeholders meetings with NACP and NTLP as necessary to ensure a unified response to HIV/AIDS and TB in Tanzania's pediatric population; Strengthen the capacity of health workers in both the public and private sector to provide quality services for TB/HIV co-infected children; Strengthen the public/private networks/linkages and referral systems for care and support of TB/HIV co-infected children; Strengthen surveillance, diagnosis and treatment of TB in pediatrics co-infected with HIV; Strengthen pediatric laboratory TB/HIV diagnosis through staff training and restoration of equipment; Pilot innovative pediatric TB/HIV diagnostic and treatment approaches; Conduct evaluations of TB diagnostic and management approached for pediatrics co-infected with TB/HIV. The awedee will be evaluated on the following outcome variables within the first year of receiving funding; (1) No of new health care workers and TOT trained to provide services to children co-infected with TB/HIV. (2) Percentage of children screened for TB. (3) Percentage of children diagnosed to have TB. (4) Percentage of co-infected pediatrics referred for treatment. (5) Percentage of children diagnosed with TB and provided with TB treatment: (5) Number of stakeholders meetings coordinated with NACP and NTLP (quarterly) (6) Number of pediatric TB/HIV diagnostic /treatment approaches piloted:

The proposed activities under this FOA will contribute to the Partnership framework goal (1). Service Maintenance and Scale up. (3).Leadership, Management, Accountability and Governance. (5)Human resources. (6) Evidence Based and Strategic Decision Making.

The result of this program will be a stronger, more effective and sustainable response to Pediatrics TB/ HIV/AIDS in Tanzania

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12248		
Mechanism Name:	Peads HIV/TB		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	Redacted	Redacted

Narrative:

Implementing Mechanism Narrative: "Establishing a Center of Excellence to Improve Care for Children with TB/HIV Co-Infection in the United Republic of Tanzania"

The purpose of this new mechanism is issues an FOA to an International Partner with experience in TB who will work with the local Goverment to improve the diagnosis and management of TB/HIV in pediatric patients. The mechanism will fund a TBD partner who will create a pediatric TB/HIV Center of Excellence in Dar es Salaam. The Center will establish best practices and facilitate capacity building for health care workers to confidently, manage HIV –infected children with TB. The center will also develop regional TOT with capacity in pediatrics TB/HIV.

The Center will coordinate with the Ministry of Health and Social Welfare (MOHSW) - National Tuberculosis and Leprosy Program (NTLP) and the National AIDS Control Program (NACP) and USG on testing novel approaches to successfully address pediatric TB/HIV diagnosis and management. This includes improving the diagnosis of TB in HIV patients through the development of clinical TB diagnostic algorithms and capacity building support for laboratories and radiology offices processing for TB detection in children. The Center will also identify novel TB/HIV diagnostic and treatment approaches and serve as a resource for replication of successful models. To maintain consistency, the Center will probe for variations in pediatric clinical care provisions, including testing clinical and laboratory diagnostic algorithms, identifying risk for developing IRIS and possible implementation of Isoniazid therapy in children.

The awardee will revise, update and develop pediatric TB/HIV guidelines and protocols to strengthen national pediatric TB/HIV policy in collaboration with the Ministry of Health and Social Welfare - National

Tuberculosis and Leprosy Program (NTLP) and the National AIDS Control Program (NACP); Coordinate stakeholders meetings with NACP and NTLP as necessary to ensure a unified response to HIV/AIDS and TB in Tanzania's pediatric population; Strengthen the capacity of health workers in both the public and private sector to provide quality services for TB/HIV co-infected children; Strengthen the public/private networks/linkages and referral systems for care and support of TB/HIV co-infected children; Strengthen surveillance, diagnosis and treatment of TB in pediatrics co-infected with HIV; Strengthen pediatric laboratory TB/HIV diagnosis through staff training and restoration of equipment; Pilot innovative pediatric TB/HIV diagnostic and treatment approaches; Conduct evaluations of TB diagnostic and management approached for pediatrics co-infected with TB/HIV. The awedee will be evaluated on the following outcome variables within the first year of receiving funding; (1) No of new health care workers and TOT trained to provide services to children co-infected with TB/HIV. (2) Percentage of children screened for TB. (3) Percentage of children diagnosed to have TB. (4) Percentage of co-infected pediatrics referred for treatment. (5) Percentage of children diagnosed with TB and provided with TB treatment: (5) Number of stakeholders meetings coordinated with NACP and NTLP (quarterly) (6) Number of pediatric TB/HIV diagnostic /treatment approaches piloted: The proposed activities under this FOA will contribute to the Partnership framework goal (1). Service Maintenance and Scale up. (3).Leadership, Management, Accountability and Governance. (5)Human resources. (6) Evidence Based and Strategic Decision Making. The result of this program will be a stronger, more effective and sustainable response to Pediatrics TB/ HIV/AIDS in Tanzania

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12249	**Mechanism Name: MOHSW**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health and Social Welfare, Tanzania	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,250,000

Funding Source	Funding Amount
GHCS (State)	1,250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Ministry of Health and Social Welfare Mechanism 9917 has been split into two mechanisms to more efficiently manage the mechanisms. Goal and Objectives:
The goal of this mechanism is to strengthen the Tanzanian National Health Laboratory Services through the MOHSWs Diagnostic Services Section and the National Health Laboratory Quality Assurance and Training Center which will provide leadership and technical assistance in assuring highly functional and operational national health laboratory services while assuring sustainability and quality systems integration for the support of the HIV/AIDS prevention, care and treatment programs in Tanzania.
The national health laboratory services network (NHLSN) in Tanzania consists of tiered system of the National Health Laboratory Quality Assurance and Training Center (NHLQATC), six referral hospital laboratories (including a referral military hospital), 24 regional and 133 district laboratories located in mainland Tanzania. Some larger health centers have laboratory facilities while dispensaries, supported by nearest district laboratory, perform quick diagnostic procedures not requiring laboratory personnel. The Ministries of Health and Social Welfare (MOHSW) Diagnostic Sections oversee laboratory services at the national and referral level while operations at the regional, district and health center level are administered by the Ministry of Local Government.
The NHLSN has been the weakest link in the provision of quality HIV/AIDS Prevention, Care and Treatment due to lack of a centralised public health function, staff recruitment and retention strategies, and limited budgetary allocation. Through PEPFAR funding, MOHSW has developed an operational plan to improve the quality of laboratory services in collaboration with CDC and other Development Partners.
Specific objectives for this mechanism include:
1. To expand access and equity of laboratory services to support care and treatment of HIV/AIDS and opportunistic infections including malaria, tuberculosis and HIV/AIDS related malignant tumors in both adults and infants.
2. To strengthen laboratory infrastructure and equipment maintenance services
3. To strengthen laboratory supply chain management system.
4. To increase recruitment, retention and training of laboratory and biomedical engineering personnel through linkages with existing programs, training institutions within and external to Tanzania.
5. To strengthen laboratory information systems (LIS) to support early and correct diagnosis, prompt management of patients, management of laboratory logistics, supplies, and operational research.

6. To establish a National Laboratory Quality Standards and to facilitate implementation of laboratory quality systems through the National Health Laboratory Quality Assurance and Training Center (NHL-QATC)
7. To coordinate and oversee the planning and execution of laboratory infrastructure strengthening and capacity building activities to implement organizational quality assurance monitoring, advocacy and public relation strategies.
Contribution to Health System Strengthening:
The National Health Laboratory Service Network is an integral component for the diagnosis, care and treatment of those infected and affected by HIV / AIDS, opportunistic infections and other non communicable diseases. Strengthening the laboratory network will enhance diagnosis care and treatment and assist in providing the evidence on which decisions for care and treatment are based. The training strategies utilizing Training of Trainers builds national capacity; implementation of quality management system through mentorship works to improve quality of services; physical facility, equipment maintenance and information infrastructure improvement will assist in ensuring continuous services in a safe environment; data capture, retrieval and utilization will inform other programs and policy makers. Revision of training curricula in the pre-service institutions to include new technologies, laboratory management and quality assurance will enhance the production of a work ready pool of laboratorians. This ties in with strengthening the physical infrastructure of the schools to include a larger intake of students, updating the skills and numbers of trainers which will also address the human resource capacity shortages.

Cross-cutting program and key issues:
MOHSW will promote sustainability through building the capacity of local indigenous organizations to carry out laboratory strengthening activities. MOHSW will streamline coordination and work closely with the Ministry of Local Government in order to strengthen laboratory services in regional, district hospitals, health centre and lower facilities. MOHSW will also strengthen the linkage with Faith-Based Organization (FBO), Non-Government Organization (NGO), and private health facilities to ensure provision of quality laboratory services at all levels.

Strategies to become more-cost efficient over time:
Implementation of quality management systems will ensure cost efficiency in service provision..
MOHSW will be expected to diversify the funding base by applying for GOT MTEF funding, orient districts and regions on budgeting, quantification and forecasting for laboratory staffing, supplies and commodities in their comprehensive district plans utilizing cost recovery mechanisms. MOHSW will be expected to continue applying for and disbursing Global Fund and other donors, foster private public partnerships and solicit additional grants from other international development and national funding agencies.

Geographical coverage and target populations:
This is a national wide program focusing on strengthening of laboratory services at all levels of healthcare system. The laboratories being targeted include public, FBO, NGO and private-not for profit.

Links to Partnership Framework:
This mechanism contributes to all six goals of Partnership Framework through system strengthening of laboratory services at all levels of healthcare system. This will include improving the numbers and skill levels of laboratory technicians as well as defining staff recognition, motivation and retention mechanisms based on quality performance; scale up of Early Infant Diagnosis (EID), improvement of laboratory logistics and commodities management; provision of equipment maintenance, infrastructure improvement, improvement on quality of laboratory services through accreditation, and capacity building for the MOHSW Diagnostics Section.

Monitoring and Evaluation Plans:
Program progress will be monitored through quarterly, semi annual reports and supervision visit to laboratories. Periodic assessment of number of laboratories accredited by national/international standards will be done to define achievement in relation to initial set target. Programmatic indicators include number of laboratories with capacity to perform clinical laboratory tests, percentage of laboratories accredited according to national/international standards, percentage of laboratories with satisfactory performance in External Quality Assessments (EQA) for CD4 (patient monitoring) and percentage of testing facilities with satisfactory performance in EQA for HIV Rapid testing (HIV diagnostics) and for AFB microscopy.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	300,000
Education	127,640
Human Resources for Health	535,200

Key Issues

Impact/End-of-Program Evaluation

Malaria (PMI)
TB

Budget Code Information

Mechanism ID:	**12249**		
Mechanism Name:	**MOHSW**		
Prime Partner Name:	**Ministry of Health and Social Welfare, Tanzania**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	1,250,000	

Narrative:

Operationalize National health labortaory quality assurance and training center (NHLQATC) as National implementing center for Quality assurance and continue medical education for laboratorians.
Build MOHSW diagnostic unit capacity to manage national health laboratory services (NHLS).
Implement the NHLS strategic plan.
Training on equipment, supplies and commodity management.
Coordinate laboratory development partners efforts in NHLS capacity building

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12250	**Mechanism Name: AIHA**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Prevention of Mother to Child Transmission (PMTCT) program in Tanzania aims to reach pregnant women visiting antenatal clinics (ANC) and those delivering in health care facilities with HIV counseling and testing services and, for those found to be HIV positive, with interventions to prevent mother-to-child HIV-transmission.

Under PEPFAR, Tanzania received more than Redacted to support PMTCT program. Funds through the partnership framework will further increase the budget in FY 10. With this increasing amount of financing it is even more important to better understand costs of various interventions, maximize impact and accountability.

Objectives

This PMTCT initiative plans to conduct costing of the PMTCT program and strengthen the program through technical assistance from Atlanta. The first activity will address four objectives:

1. To estimate the average annual cost of providing PMTCT interventions per pregnant woman, at RCH sites and maternity wards in Tanzania, from both patient and program perspectives.
2. To evaluate the range of costs for PMTCT interventions across different sites, and to assess how factors associated with the program model and site context influence costs.
3. To evaluate the differences in program costs between different levels of health facilities.
4. To describe the sources, description and uses of resources for PMTCT interventions within sites.

Technical advisors from Atlanta will provide technical assistance to the country team on an ongoing basis with the following objectives.

1. Sharing of new developments and best practices in PMTCT and EID
2. Building the capacity of the country team and supporting implementing partners
3. Assisting the country team to address some of the bottlenecks facing PMTCT and EID program in Tanzania, including follow-up of HIV infected mothers and exposed infants, and linking them to Care and Treatment.
4. Identifying areas for operational research to further improve program quality.

Contributions to system strengthening

Results of the costing study will be shared with MOHSW as well as implementing partners to inform policy and strategic scale-up plans for PMTCT services. The technical assistance will improve the knowledge of the country team regarding the most effective service delivery model which can be used to strengthen PMTCT service delivery on a national scale.

Cross cutting issues

The costing study assesses the expenditure required for each pregnant woman to access PMTCT services, and it will assess the cost at each health facility level. In this regard it will look into average costs of medical supplies, medical equipments, human resources and facility maintenance. These factors cut across all care and treatment programs, including PMTCT, TB and HIV.

The best practices and new developments shared by the technical advisors will improve the knowledge and skills of the country team in the various areas of PMTCT.

With a more accurate understanding of the cost of serving HIV+ pregnant women with different PMTCT models of care, CDC TZ, MOHSW and its partners will be able to identify efficiencies and linkages that will lead to better use of resources and maximize program impact.

Cost efficiency

With more accurate estimates of the cost per pregnant woman in need of these services and better understanding of the most effective way to deliver them, resources can be targeted more strategically. Tanzania is still in the scale up of programs with about 65% of pregnant women being counseled and tested and about 50% of HIV-infected pregnant women receiving an intervention.

Increased knowledge at country office team will help to better guide program directions and target funds in the best strategic way to reduce transmission rates from pregnant women to their babies and fewer children born with HIV infection.

Geographic Coverage

The costing study will be conducted in 15 sites in 3 out of 21 regions on Tanzania mainland. The target population will be women receiving PMTCT services at RCH and maternity wards.

Links to Partnership Framework

The costing study is linked to Goal 1 of the PF: maintenance and scale-up of quality services. Results of the costing study will help identify efficiencies and inform strategic scale up of services.

Goal 2 of the PF focuses on prevention, including PMTCT efforts. This study is directly in line with this goal, as it will strengthen CDC Tanzania's current understanding of the annual cost per beneficiary as well as the most cost effective way to deliver PMTCT interventions.

Goal 6 of the PF aims to ensure evidence-based decision making and strategic planning. The costing study will inform decision making around the most cost effective way to deliver PMTCT services.

Monitoring and evaluation

CDC Tanzania is working to improve the quality of data reported from partners in the field and the uptake of prophylaxis by pregnant women. The costing study will contribute to a better understanding of the more effective deployment of resources in PMTCT programs, while the technical assistance from Atlanta will inform how to improve monitoring and evaluation of the PMTCT system in Tanzania basing on best practices from other countries and new developments from different studies.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Safe Motherhood

Workplace Programs

Budget Code Information

Mechanism ID:	**12250**		
Mechanism Name:	**AIHA**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted

Narrative:

Prevention of Mother to Child Transmission (PMTCT) program in Tanzania aims to reach pregnant women visiting antenatal clinics (ANC) and those delivering in health care facilities with HIV counseling and testing services and, for those found to be HIV positive, with interventions to prevent mother-to-child HIV-transmission.

Under PEPFAR, Tanzania received more than Redacted to support PMTCT program. Funds through the partnership framework will further increase the budget in FY 10. With this increasing amount of financing it is even more important to better understand costs of various interventions, maximize impact and accountability.

Objectives

This PMTCT initiative plans to conduct costing of the PMTCT program and strengthen the program through technical assistance from Atlanta. The first activity will address four objectives:

1. To estimate the average annual cost of providing PMTCT interventions per pregnant woman, at RCH sites and maternity wards in Tanzania, from both patient and program perspectives.
2. To evaluate the range of costs for PMTCT interventions across different sites, and to assess how factors associated with the program model and site context influence costs.
3. To evaluate the differences in program costs between different levels of health facilities.
4. To describe the sources, description and uses of resources for PMTCT interventions within sites.

Technical advisors from Atlanta will provide technical assistance to the country team on an ongoing basis with the following objectives. 1. Sharing of new developments and best practices in PMTCT and EID 2. Building the capacity of the country team and supporting implementing partners 3. Assisting the country team to address some of the bottlenecks facing PMTCT and EID program in Tanzania, including follow-up of HIV infected mothers and exposed infants, and linking them to Care and Treatment. 4. Identifying areas for operational research to further improve program quality.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12251	**Mechanism Name: PHE**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

Goals and Objectives

Routine monitoring of HIV transmission from mothers to their infants gives direct information on the quality of PMTCT programs and number of infections averted. It can serve as feedback for program improvement but also for projection of the burden of disease and for procurement forecasting. In order to monitor the ongoing PMTCT program expansion and quality improvement, we propose to establish 15

sites for HIV-transmission monitoring. All children <1month seen at these sites will be routinely tested for HIV in a standardized way using DNA PCR. Sites identified are already operational, but do not yet test in a standardized way. The activity will largely involve data abstraction at 'well baby clinics'.

Objectives

1. To capture the HIV-exposure status of all children born to HIV+ mothers using Mother-Child Follow-up Registers at the 15 sites.
2. To determine, using Mother-Child Follow-up Registers, the PMTCT intervention received by the mother-child pairs.
3. To establish the HIV-infection status for each HIV-exposed child, using DBS DNA PCR technology.
4. To calculate the mother-to-child transmission rate of HIV at study sites.
5. To compare the effectiveness of different PMTCT interventions at the sites.

Contributions to Health Systems Strengthening

Routine monitoring as part of program management and service provision serves as direct feedback and motivation for health care workers and decision makers. This is true especially in settings where the effectiveness of PMTCT interventions is doubted by many professionals and mothers are counseled accordingly. We expect that timely feedback on quality of interventions will improve motivation and effectiveness of health care staff at facilities as well as at planning level.

Cross-cutting programs and key issues

Establishment of this monitoring system will directly provide information on the effectiveness of PMTCT programs over time, especially in the light of the ongoing PMTCT initiative by OGAC and the Global Fund. However, further expansion of this monitoring platform could provide follow up information on a range of services received during antenatal care and labor and delivery and related to maternal and child health.

IM Strategy to become more cost-efficient over time

Best strategies and most cost-effective interventions will be identified and programs can be directed strategically in order to achieve maximum benefit.

Geographic coverage and target populations

The study will be conducted at 15 sites in 3 regions.

The target population will be all HIV+ pregnant women and their children.

How IM links to PF goals

Goal 1 of the PF is on maintenance and scale-up of quality services. Routine monitoring of HIV-transmission will directly inform decision makers on strategies for best quality scale up and maintenance of programs.

Goal 2 of the PF focuses on prevention, including PMTCT efforts. This project is in line with this goal, as it will directly measure infections averted.

Goal 4 of the PF addresses the HIV drug and commodity supply. Through monitoring transmission and interventions received, CDC TZ and its partners will be better able to better forecast the quantities of HIV drugs required for prophylactic interventions as well as the needs for pediatric HIV care and treatment.

Determining which prophylaxis is the most effective will also have implications for future drug and commodity supply calculations.
Goal 6 of the PF aims to ensure evidence-based decision making and strategic planning. The results of this project will feed directly into future decision-making and strategic planning for PMTCT interventions.
M&E Plans
The objectives of this project reflect M&E objectives for PMTCT programming. The results will serve as an ongoing monitoring of the effectiveness of various PMTCT interventions as well as the level of coverage of PMTCT interventions .

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12251		
Mechanism Name:	PHE		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted

Narrative:

Routine monitoring of HIV transmission from mothers to their infants gives direct information on the quality of PMTCT programs and number of infections averted. It can serve as feedback for program improvement but also for projection of the burden of disease and for procurement forecasting. In order to monitor the ongoing PMTCT program expansion and quality improvement, we propose to establish 15 sites for HIV-transmission monitoring. All children <1month seen at these sites will be routinely tested for HIV in a standardized way using DNA PCR. Sites identified are already operational, but do not yet test in a standardized way. The activity will largely involve data abstraction at 'well baby clinics'.
Objectives
1. To capture the HIV-exposure status of all children born to HIV+ mothers using Mother-Child Follow-up

Registers at the 15 sites. 2. To determine, using Mother-Child Follow-up Registers, the PMTCT intervention received by the mother-child pairs. 3. To establish the HIV-infection status for each HIV-exposed child, using DBS DNA PCR technology. 4. To calculate the mother-to-child transmission rate of HIV at study sites. 5. To compare the effectiveness of different PMTCT interventions at the sites.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12252	**Mechanism Name: RPSO**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Infrastructure IM Narrative –
21-Jan-2010

Objectives:
This mechanism will enhance health care service delivery, help address the human resources needs and improve the capacity of the host government to respond to urgent health requirements. One of the underlying problems facing many Tanzanian communities is the weak infrastructure supporting the delivery of health care. Most of the district hospitals in Tanzania were constructed in the 1950s or 1960s

and while some have been improved in response to urgent needs, general planned rehabilitation and maintenance of the infrastructure has been limited. Electrical and mechanical installations therefore need urgent repair or replacement, and many physical structures need upgrades to existing building space or the addition of building space to contribute to quality patient care and enhance delivery of care and treatment services. Infrastructure improvements are also needed for entities that provide the critical support necessary to maintain the health care delivery system, such as diagnostic laboratories, datawarehouse, staff housing and training institutions.

Contributions to Health System Strengthening:
USG will increase the number and/or quality of service delivery providers and supporting institutions, including care and treatment clinics (CTCs), reproductive and child health clinics, laboratories, and pre-service training institutions, to enhance the Government of Tanzania's ability to meet patient needs. One example of strengthening contributions includes increasing the capacity of pre-service training institutions to increase enrollment by providing additional space as many health training institutions have exceeded their current capacity. Another example is to increase the number of available laboratories which provide essential diagnostic services for CTCs and district hospitals around the country.

Cross-cutting Issues:
Infrastructure investments cross-cut all other program goals. Investments in specific disease programs will be linked to the broader goals of strengthening health systems and infrastructure. For example, in order to meet PMTCT goals, renovations of RCH clinics as well as labor and delivery wards, creation of child friendly facilities for the provision of HIV/AIDS- and RCH-related services, and establishment of "maternity homes" where women with high-risk deliveries can reside in close proximity to their service provider will contribute to broader RCH efforts.

Cost-Efficiencies:
Efficiencies are realized by utilizing a centralized mechanism for infrastructure projects which will reduce administrative expenses and make it easier to ensure activities are closely coordinated with host government so infrastructure projects are cost efficient, fit local needs and are within the average standard. Projects will help better utilize health care resources to meet patient needs. Efficiencies to be gained by developing floor plans that improve patient flow. Assessments are being done to make sure dollars are spent in areas where they can have the most significant impact.

Geographic Coverage:
This is a nationwide activity. USG interagency workgroup will propose standardized procedures for reviewing, prioritizing and making decisions on USG supported site selection, with input from existing or future USG mechanisms.

Links to Partnership Framework:
This investment will permit the USG to achieve key components of the Partnership Framework, including service maintenance and scale up and human resources for health (HRH) goals. By investing in service delivery through this mechanism, the USG will improve the delivery and quality of services by providing for new/renovated facilities and supporting critical functions, such as projects to expand diagnostic laboratory capabilities. This mechanism will also improve efforts to prevent mother to child transmission with an emphasis on ensuring cross cutting linkages on RHC. Under the HRH goal, this mechanism will include: increased production of health workers; recruitment, retention, productivity; and optimizing the existing workforce through task shifting and improved performance. These are also key objectives and high priorities in the GOT HRH Strategy. A data warehouse will also be supported which ties to Goal 6 of the PFIP, improving data use for decision making.

Monitoring and Evaluation Plans:
USG infrastructure projects will be closely monitored and evaluated to make the most efficient use of the American people's contribution. Assessments of infrastructure projects, including identifying any benefits to HIV service delivery and other outcomes, challenges and best practices will be budgeted for with part of these funds.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12252**		
Mechanism Name:	**RPSO**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			

Funds will be priorities for renovation/constraction of 1.Identified established Care and Treatment Centres; 2.Six Nursing and Medical Schools domitories and classroom; 3. Fifteen District Hospitals Laboratories identified and assessed.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
Construction (and major renovations) of RCH clinic, Labor and Delivery wards, nursing schools and domitories. Make facilities baby friendly (RPSO) , number TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
Support renovation /construction of pre-service laboratory schools to increase enrollment capacity			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12253	**Mechanism Name: Supporting safe waste management at HIV Care and Treatment clinics (CTC) and other HIV/AIDS Services**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NARRATIVE

Project Title: Supporting safe waste management at HIV Care and Treatment clinics (CTC) and other HIV/AIDS Services.

Project has five technical program areas:

Training and capacity building, logistics and supply management, healthcare waste management systems, appropriate disposal of injection equipment and other related equipment and supplies, and monitoring &evaluation.

Goals and objectives: 1) The Health Care Waste Management (HCWM) Improvement Program's goal is to support Tanzania's Ministry of Health and Social Welfare (MOHSW) in improving HCWM systems in high output HIV CTCs and other HIV services. Program objectives are: a) Strengthen the capacity of MOHSW and private facilities to provide sustainable, quality HCWM systems in selected health facilities; b) Create an enabling policy and physical environment to support sustainable, quality HCWM systems at all levels of the health delivery infrastructure; c) Strengthen supervision and ensure compliance with HCWM standards and procedures; d) Advocate for the adoption of guidelines or policy supporting HCWM and operationalization at all levels; e) Support integration of HCWM into HIV prevention, care and treatment services; f) Ensure availability of commodities, supplies and personal protective equipment (PPEs) for HCWM; g) Strengthen the capacity of the National Steering Committee to spearhead all HCWM activities; h) Improve HCWM safety practices through training and capacity building; i) Conduct Monitoring & Evaluation of the HCWM activities.

Contributions to Health Systems Strengthening: The health infrastructure for safe disposal of medical waste will be improved and strengthened, including operationalization of existing guidelines. The program will procure, repair and maintain incinerators, equipment and supplies for HCWM. In collaboration with the MOHSW, the program will train in-service health workers in selected hospitals on appropriate management of health care waste, including: segregation, collection, transport, storage and final disposal using incinerators and other appropriate HCWM systems.

Crosscutting programs and key issues: Health facilities – In collaboration with MOHSW, the program will support HCWM systems at selected health facilities with high volume of HIV infected patients enrolled in HIV care and treatment services. The program will integrate HCWM services into prevention, care and treatment services at the supported sites.

Capacity building and strategies to become more cost efficient:

Training on proper medical waste management and disposal for health workers and support staff will be

supported, including HCWM hospital supervisors and incinerator operators. The Regional, District and Hospital Management Teams (R/DHMT) in the supported regions/sites will be required to make healthcare waste management a priority: A budget for management and maintenance will have to be included in the Comprehensive Council Health Plans. Through collaboration with Local Government Authorities all sites selected for HCWM systems support will be required to set aside budgets for future maintenance of these systems.

Geographic coverage
Selected CTCs in 3 regions to be determined.

Links to PF goals
The project will contribute towards the achievement of 1) Service maintenance and scale-up goals through the development and strengthening of quality assurance for HCWM; 2) Prevention goals through scaling up infection prevention and control – injection safety activities;, 3) Human resources goals through in-service trainings: 4) Evidence-based and strategic decision-making through introduction of appropriate technologies including non incineration methods of managing health care waste.

M&E plans
The project will use MOHSW health services inspectorate unit data collection and reporting tools for HCWM across HIV services. The project will provide technical assistance to MOHSW for effective supervision of HCWM at facility level.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12253**
Mechanism Name:	**Supporting safe waste management at HIV Care and Treatment clinics (CTC) and other HIV/AIDS Services**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	Redacted	Redacted

Narrative:

The funding will cover implementation of safe health care waste management activities in 3 regions to be determined at a later stage, the activities will include: 1) The Health Care Waste Management (HCWM) Improvement Program's goal is to support Tanzania's Ministry of Health and Social Welfare (MOHSW) in improving HCWM systems in high output HIV CTCs and other HIV services. Program objectives are: a) Strengthen the capacity of MOHSW and private facilities to provide sustainable, quality HCWM systems in selected health facilities; b) Create an enabling policy and physical environment to support sustainable, quality HCWM systems at all levels of the health delivery infrastructure; c) Strengthen supervision and ensure compliance with HCWM standards and procedures; d) Advocate for the adoption of guidelines or policy supporting HCWM and operationalization at all levels; e) Support integration of HCWM into HIV prevention, care and treatment services; f) Ensure availability of commodities, supplies and personal protective equipment (PPEs) for HCWM; g) Strengthen the capacity of the National Steering Committee to spearhead all HCWM activities; h) Improve HCWM safety practices through training and capacity building; i) Conduct Monitoring & Evaluation of the HCWM activities.

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				214,500		214,500
ICASS				910,000		910,000
Institutional Contractors				1,662,825		1,662,825
Management Meetings/Professional Developement				204,900		204,900
Staff Program Travel				69,600		69,600
USG Staff Salaries and Benefits				4,152,601		4,152,601
Total	**0**	**0**	**0**	**7,214,426**	**0**	**7,214,426**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		214,500
ICASS		GHCS (State)		910,000
Management Meetings/Professional Developement		GHCS (State)		204,900

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				49,000		49,000
ICASS				504,000		504,000
Management Meetings/Professional Developement				40,740		40,740
Non-ICASS Administrative Costs				300,000		300,000
Staff Program Travel				205,000		205,000
USG Staff Salaries and Benefits				1,144,294		1,144,294
Total	**0**	**0**	**0**	**2,243,034**	**0**	**2,243,034**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT		GHCS (State)		49,000

Services				
ICASS		GHCS (State)		504,000
Management Meetings/Professional Developement		GHCS (State)		40,740
Non-ICASS Administrative Costs		GHCS (State)		300,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				190,000		190,000
Computers/IT Services			151,480	497,102		648,582
ICASS				902,000		902,000
Institutional Contractors				2,195,000		2,195,000
Management Meetings/Professional Developement			20,400	273,600		294,000
Non-ICASS Administrative Costs			782,560	259,656		1,042,216
Staff Program Travel			242,600	768,400		1,011,000
USG Staff Salaries and Benefits			2,485,960	1,362,038		3,847,998

Total	**0**	**0**	**3,683,000**	**6,447,796**	**0**	**10,130,796**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		190,000
Computers/IT Services		GAP		151,480
Computers/IT Services		GHCS (State)		497,102
ICASS		GHCS (State)		902,000
Management Meetings/Professional Developement		GAP		20,400
Management Meetings/Professional Developement		GHCS (State)		273,600
Non-ICASS Administrative Costs		GAP		782,560
Non-ICASS Administrative Costs		GHCS (State)		259,656

U.S. Department of Health and Human Services/Office of Global Health Affairs

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				68,000		68,000
Management Meetings/Professional Developement				15,000		15,000

Non-ICASS Administrative Costs				26,000		26,000
USG Staff Salaries and Benefits				159,880		159,880
Total	**0**	**0**	**0**	**268,880**	**0**	**268,880**

U.S. Department of Health and Human Services/Office of Global Health Affairs Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		68,000
Management Meetings/Professional Developement		GHCS (State)		15,000
Non-ICASS Administrative Costs		GHCS (State)		26,000

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				2,000		2,000
ICASS				41,000		41,000
Management Meetings/Professional Developement				25,000		25,000
Non-ICASS Administrative Costs				209,120		209,120

Staff Program Travel				25,000		25,000
USG Staff Salaries and Benefits				192,000		192,000
Total	**0**	**0**	**0**	**494,120**	**0**	**494,120**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		2,000
ICASS		GHCS (State)		41,000
Management Meetings/Professional Developement		GHCS (State)		25,000
Non-ICASS Administrative Costs		GHCS (State)		209,120

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				86,000		86,000
Peace Corps Volunteer Costs				506,200		506,200
Staff Program Travel				68,900		68,900
USG Staff Salaries and Benefits				131,200		131,200

Total	**0**	**0**	**0**	**792,300**	**0**	**792,300**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		86,000