Building Systems Capacity: Care, Treatment and Support for People Living with HIV and AIDS

August 2012

Final Project Report: Systems Strengthening Project
USAID Funded Technical Assistance
for HIV/AIDS Emergency Plan in Tanzania
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Contents

Acronyms and Abbreviations

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
ARVs	Antiretroviral drugs
CDC	Centers for Disease Control and Prevention
CMO	Chief Medical Officer
COC	Continuum of care
C&T	Care and treatment
CSSU	Counseling and Social Support Unit
CTC	Care and Treatment Clinic
DLG	Department of Local Government
DSW	Department of Social Welfare
FBO	Faith-Based Organization
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBC	Home-based care
HIV	Human immunodeficiency virus
ICAP	International Center for AIDS Care and Treatment Program
ICRW	International Center for Research on Women
ICT	Information and communication technology
IICD	International Institute for Cooperation and Development
IPT	Isoniazid preventive therapy
LGA	Local government authority
MDH	Management and Development for Health
MOHSW	Ministry of Health and Social Welfare (Ministry of Health)
MVC	Most vulnerable children
NACP	National AIDS Control Program
NCPA	National Costed Plan of Action
NTLP	National Tuberculosis and Leprosy Program
O&OD	Opportunities and obstacles to development planning process
OVC	orphans and other vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHDP	Positive Health Dignity and Prevention
PMO-RALG	Prime Minister's Office, Regional Administration and Local Government
QI	Quality improvement
SOP	Standard operating procedures
SS Project	Systems strengthening Project
TA	Technical assistance
TB	Tuberculosis
URC	University Research Co.
USAID	U.S. Agency for International Development
WHO	World Health Organization

Foreword

Effective and sustainable national programs for responding to HIV and AIDS require strong systems to set norms, provide guidance, facilitate multisector coordination and monitor progress. Tanzania's response to HIV and AIDS needs stronger systems for scaling up effective interventions. The U.S. Agency for International Development (USAID) provided funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to FHI 360 from 2005 to 2012 to provide technical assistance (TA) to the Ministry of Health and Social Welfare (MOHSW) of Tanzania, specifically the National AIDS Control Program (NACP) Care and Treatment Unit and Counselling and Social Support Unit and the Department of Social Welfare (DSW). The support was aimed at strengthening the capacity of national departments and units to roll out the antiretroviral treatment program, provide quality community-based care services and support orphans and vulnerable children (OVC). FHI 360 also extended its technical support to expand support programs for most vulnerable children (MVC). This support involved the Department of Local Government within the Prime Minister's Office, Regional Administration and Local Government (PMO-RALG), implementing partners groups and the DSW of Zanzibar.

Since 2005, FHI 360 worked with and through three ministries — Tanzania's Ministry of Health and Prime Minister's Office and Zanzibar's DSW — to identify and strengthen national systems for an effective national response to HIV and AIDS.
The process involved engaging various partners in planning and execution at national and district levels and working with government departments, development partners, local government authorities (LGAs), implementing partners and the community. Our work also involved capacity strengthening and multisector coordination. Systems strengthening focused on the health systems "building blocks" recommended by the World Health Organization (WHO): leadership and governance, human resources, service delivery and information systems. FHI 360 also supported the government to strengthen some district- and community-level systems for effective response to HIV and AIDS, including care, support and protection of MVC.

National systems strengthening included development, rollout and use of national guidelines and standard operating procedures (SOPs) for managing HIV and AIDS at the facility and community levels; development and rollout of a national plan of action for MVC; and development and use of national monitoring and data management systems. Our work also included building the capacity of Tanzania's health and social welfare workforce, who continue to be available to provide and manage services.

This final project report describes project results and key outcomes, lessons learned, challenges and gaps. We hope this report will help to inform future systems strengthening efforts in Tanzania and other resource-limited countries.

Richard Embry
Country Director
FHI 360/Tanzania

Acknowledgments

We prepared this final project report to share our experiences, including our accomplishments, challenges met and lessons learned during project implementation. Based on these experiences, we also highlight recommendations for both the Government of Tanzania and USAID about future directions for systems strengthening.

Preparation of this report involved many stakeholders who worked with the project, in particular Tanzania's Ministry of Health and Social Welfare and Prime Minister's Office; the DSW of Zanzibar; and several national and international implementing partners at national, regional and district levels. FHI 360 wishes to acknowledge their support and contributions throughout this report's development of.

Results documented during the project would not have been achieved without the commitment of the skilled and talented FHI 360 staff assigned to this project: Eric van Praag, Gottlieb Mpangile, Charles Matiko, Jane Macha, Neema Laideson, Edwin Mwaitebele, Prisca Mgomberi, Sesil Charles, Werner Maokola, Veryeh Sambu, Tukulagusa Bangwe, Prosper Msuya, Asha Masoud and Mohamed Alawi. These technical staff were able to achieve much with great support from FHI 360's country office, regional office and headquarters in Washington DC. Support, trust and stimulus from the Government of Tanzania has been felt throughout the project through the key roles played by Gabriel Upunda, MD, former chief medical officer of Tanzania; Rowland Swai, MD, former program manager of the NACP; Donald Charwe, former assistant commissioner for social welfare; and Halima Salum, director of social welfare of Zanzibar. The technical guidance and passion received from Susan Monaghan, MD, former agreement officer technical representative, deserves a special acknowledgment.

We also extend our sincere appreciation to Emmanuel Matechi, MD, for leading the compilation of this report.

Charles M. Matiko, MD, MBA
Project Director

Executive Summary

Since 2005, under the Systems Strengthening Project (SS Project), USAID provided PEPFAR funding to FHI 360 to provide TA to the Government of Tanzania in responding to HIV and AIDS. FHI 360 has been working with and through several entities — the DSW, the Department of Human Resources and the National Aids Control Program of the Ministry of Health and Social Welfare, as well as the Department of Local Government of the Prime Minister's Office — to strengthen their roles in setting norms and standards and to improve efficiencies. Our work helped to guide and facilitate the rollout of antiretroviral treatment, community-based care and support programs for orphans and vulnerable children. The task involved engaging with the government's institutions, actors and systems and implementing partners at a national level to plan, prioritize and develop the technical guidance needed to implement strategies and program activities.

Over seven years, the government's trust resulted in greater access, which allowed us to address the challenges of a traditionally bureaucratic system and introduce efficiencies. A high level of trust and technical regard was created by this project with the Ministry of Health. Through active engagement with the NACP, specifically the Care and Treatment Unit and the training coordinator, FHI 360 led the development of a *National Comprehensive Six-Day Training Course on HIV Care and Treatment* in 2005. These training efforts formed the standard national training norms that were later adapted and refined by the International Training Center for Education and Health (I-TECH) and NACP into a full curriculum. In an effort to establish effective team structure at national and local levels, FHI 360 and other implementing partners introduced regionalization of treatment services through Care and Treatment Clinics (CTC). To better institutionalize systems and processes, FHI 360 worked with NACP in establishing and coordinating formal subcommittees on Care and Treatment (C&T), home-based care (HBC) and training that provided guidance on national care standards and norms.

We provided TA to develop, update and disseminate the second, third and fourth editions of *National Guidelines for Management of HIV and AIDS*. Further, the project supported development of *National Standard Operating Procedures for HIV Care and Treatment*. Working with the Counselling and Social Support Unit (CSSU), FHI 360 developed and revised *National Guidelines for Home-based Care* that covers a broader scope, from palliative care to prevention and adherence. In addition, the project supported development and rollout of a *National Home-based Care Recording and Reporting System*. Focusing on the need to build on practical and feasible evidence before building a case for nationwide rollout, the Systems Strengthening (SS) Project staff conducted and shared results of HBC counseling and testing and community-based "Positive Health Dignity and Prevention" (PHDP) pilot interventions. The two interventions were later integrated into *National HIV Testing and Counseling Guidelines* and *PHDP Operational Guidelines*, respectively.

The project supported the development and rollout of a *National Costed Plan of Action for Most Vulnerable Children* (2007–2010). The NCPA was officially launched by Tanzanian first lady Salma Kikwete and former U.S. first lady Laura Bush at the State House in Dar es Salaam on February 17, 2008. Through these efforts, more than 850,000 most vulnerable children have been identified (52 percent males, 48 percent females) in 91 districts; most of whom (89.4 percent) are reported to be receiving at least one core service.[1] Effective NCPA rollout called for the following: a *National M&E Plan; National Data Management System;* and *National Guidelines for Improving Quality of Care, Support and Protection Services for MVC*. All of these documents were developed and rolled out with technical support from FHI 360. In addition, more than 30 districts reported to have allocated funds for MVC. Similar efforts in Zanzibar resulted in development of the *Zanzibar Costed Plan of Action* for MVC to be implemented between 2010 to 2015 and supported by the *Guidelines for MVC Identification* developed in 2009 and *Guidelines for Residential Care for MVC*, which were finalized in 2011.

Through collective effort and TA at the national level from 2005 to 2012, a total of 1,100 health facilities are providing HIV and AIDS care and treatment following national guidelines, more than 350,000 patients are on antiretroviral therapy (ART) and over 850,000 MVC have been identified and provided with at least one service. Central and local government staff have benefited through capacity building and service delivery guided by the national standards and systems developed during the project.

1. Project Evolution

Through the USAID-funded IMPACT project, FHI 360 provided TA to the Ministry of Health in 2004 to (1) initiate and roll out nationwide support for HIV care and treatment in conjunction with the Quick Start project of Deloitte and (2) consolidate and expand home-based care and OVC programs in conjunction with the Tumaini project led by Care International (2004–2006). A rapid assessment was undertaken to determine the best operational approach to support the national goal of rapidly rolling out and scaling up access to ART and maintaining community linkages through HBC. With the onset of PEPFAR, USAID awarded FHI 360 a three-year grant in 2004 to provide technical support to the National HIV/AIDS Care and Treatment Plan 2003–2008 in Tanzania. Through this award, FHI 360 was assigned to employ a three-tiered approach (providing support at the national, health facility and community levels) and to contribute to the following results:

- Increase the capacity of Tanzanian ministerial departments and units to lead and coordinate implementation of national plans.
- Strengthen capacity in selected health facilities to provide safe and effective clinical ART care with follow-up at community and household levels, using a continuum of care (COC) approach.
- Increase capacity of community organizations — initially nongovernmental organizations (NGOs), community-based organizations (CBOs) and facility based organizations (FBOs) — to provide services across a COC, with focus on referral systems, quality and sustained HBC and OVC support.

While implementing the above objectives through the Quick Start project with Deloitte and through the Tumaini project with Care International, FHI 360 and USAID leaders soon realized that it would be advisable to focus on two levels of support through different awards to make this emergency HIV and AIDS response effective and efficient:

- Targeted TA at the national level to develop national standards, guidelines, tools and frameworks for key departments and units in the Ministry of Health.
- Technical assistance to support institutions, facilities and community-based organizations in implementing care and treatment, HBC and OVC services.

In 2006, FHI 360's work at the facility and community levels was shifted to newly awarded projects implemented by Deloitte Consulting: (1) TUNAJALI Care and Treatment and Community-based Care and Support for People Living with HIV/AIDS and (2) Orphans and Vulnerable Children. FHI 360 would be a subpartner and lead the TA. USAID awarded FHI 360 a continuation grant to their previous work at the national level under the SS Project to support USAID's and Tanzania's

strategic objective of "enhanced multisectoral response to HIV/AIDS in Tanzania" and to contribute to the emergency plan targets.

At the end of seven years, the SS Project achieved several gains and results that made a national impact. These results included pioneering standardized approaches and tools in the delivery of services through national guidelines, tools and standards; being a 'melting pot' for testing new innovative ideas and pilots, such as PHDP; promoting COC; and promoting OVC DMS software. COC and DMS software eventually were scaled up nationally.

2. TA Approach

To assist the Ministry of Health and the Prime Minister's Office achieve their strategic milestones, FHI 360 staff used a TA approach driven by evidence-based knowledge, practical skills and relationship building based on trust and working together. This approach resulted in gradual and sustainable capacity building. Quality assurance and improvement remained a guiding principle throughout. Figure 1 summarizes the SS Project's technical assistance:

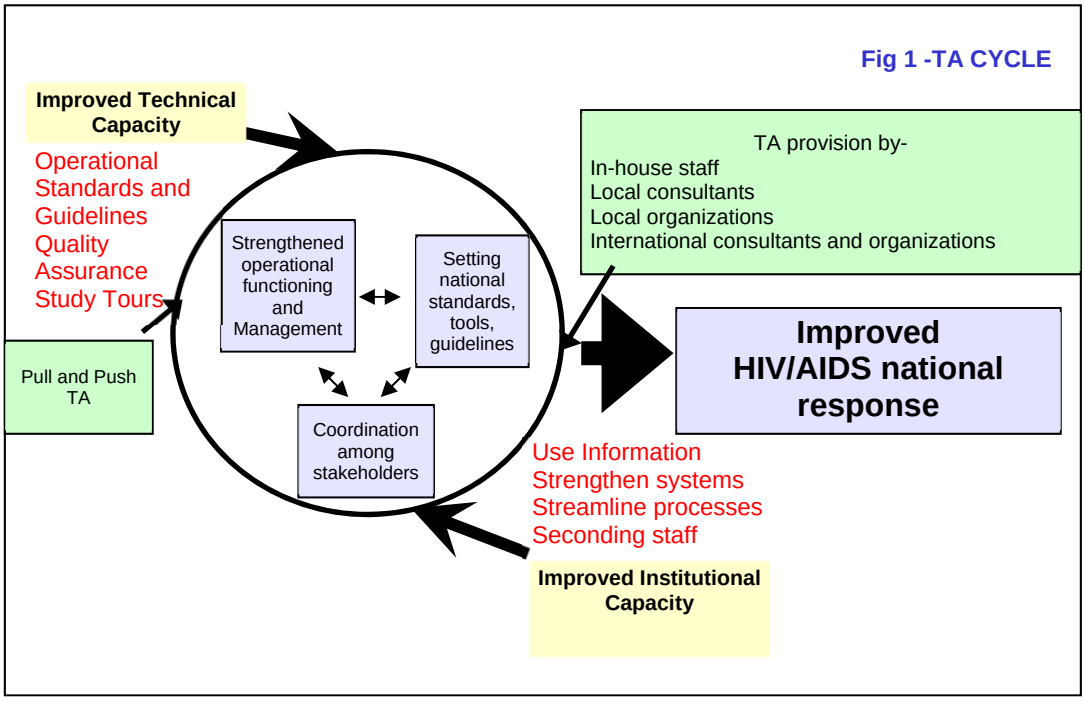


Figure 1. FHI 360's TA approach to systems strengthening in Tanzania

The key recipients of FHI 360's TA included the following: the NACP Care and Treatment Unit (CTU) and Counseling and Social Support Unit; the Department of Human Resource and Training and DSW of the Ministry of Health; the Department of Local Government of the Prime Minister's Office; the DSW of Zanzibar; and implementing partners.

Figure 1 describes the TA approach in line with USAID and PEPFAR policies. These policies recommend strengthening operational functioning and efficiencies in relevant units; setting standards, guidelines and tools that provide a standardized framework for service delivery; and assisting the national level in coordination with stakeholders. In some cases, TA was determined by USAID and FHI 360 decisions to 'push TA,' other cases involved 'pull TA' where a weakness or gap was recognized and assistance was requested by the relevant ministry unit. Over the project's

implementation, FHI 360 provided TA in the different policy areas through a combination of seconding staff to the ministries; contracting local and international expertise; supporting study tours; and ongoing capacity building through formal and informal approaches, including training, mentoring and development of tools and guidelines.

FHI 360's approach to capacity building for the recipients mentioned above was guided and informed by WHO, USAID, and PEPFAR guidelines. FHI 360 worked with the relevant units to plan and execute an activity without having to disburse funds to the units' bank accounts by paying vendors directly. FHI 360 also promoted the secondment of technical staff to units within the various ministries to fill essential positions that the Ministry of Health had established but could not fill as yet and to coach staff within ministry units to impart essential skills.

3. Project Achievements

3.1 Strengthening communication and planning capacities

Both NACP and DSW expressed a need for improving internal communication and planning capacities among the various units and improving program management. FHI 360 supported NACP to conduct refresher efficiency and management training and mentoring for NACP unit heads in 2005. This included engaging a planning and management consultant who provided coaching and refresher training to NACP unit heads on team building and joint planning. During the project several trainings were conducted and staff were seconded to provide on-site and ongoing mentoring and skills transfer. Our main goal was to strengthen management skills for senior staff so they could manage their daily activities more efficiently and plan more effectively in light of ongoing ad hoc requests. A seconded person to assist planning was requested by NACP, identified in 2008 and attached to the office of the administrator and prime minister to assist in harmonizing the multiple external donor plans and designing quarterly action plans to specify who funds each activity to be done, when the activity should be completed and by which unit. This planning effort helped to decrease inefficiencies and overlaps.

FHI 360 contracted International Institute for Cooperation and Development to provide training and skills building to all units in NACP in planning, communication and implementing daily work through skills strengthening and use of information and communication technology (ICT) e-planning methodologies — such as Microsoft SharePoint, which was installed towards the end of the project. Principles of critical path analysis and improved use of simple software to allow better efficiencies in daily outputs of the various units were applied in the trainings.

The SS Project also organized retreat and team building workshops for NACP. The team building workshop organized by the project was cited by participants as "very

exciting" and "enlightening." It brought about better working relations among units and started to harmonize activities.

Within the Ministry at Dar or Dodoma level, it was next to impossible to improve decision-making efficiencies. Our attempts to improve decision making involved various approaches from 2006 through 2012. Consultancies by international experts in health planning and decision making — developed mutually agreed upon and practical solutions and recommendations for internal communication improvements and decision making within NACP and DSW. These developments helped in the short run through the enthusiasm created, but they backfired when higher levels in the Ministry had to sanction the proposed changes. Only on the personal level — through attitudinal changes and some assistance from electronic tools (Outlook manager and Microsoft SharePoint) — could communication efficiencies be improved. Decision-making efficiencies, however, could not be improved.

"The management training was enlightening. Most NACP staff came from different backgrounds, and often they have a specific role or task. This was the time when we had an opportunity to look back and examine the program vision and mission. It was an excellent team building experience that transformed the way we worked and communicated. After the workshop, you could feel more cohesion among units and individuals." Rowland Swai, MD, former NACP program manager

The SS Project has also enhanced the working relationship between different organs of the government. The linkage and working relationship between the Ministry of Health's DSW and the Prime Minister's Officer has been strengthened with an identified collaborative framework at national, regional and district levels. In addition, FHI 360 technical staff engaged in informal meetings with senior officials at DSW and the Prime Minister's Office to strengthen their leadership and management skills and capabilities.

"*We have re-organized our approach in working with MVC. There are clear mandate and working relationships with our partners including regions and districts. In particular we have identified and approved a new cadre of Social Welfare offices who will now be hired by district councils*." D. Bandisa, Prime Minister's Office

FHI 360 seconded a planning expert to provide support to the NACP Management Unit. Important progress was made by the planner in managing NACP donor funds. For example, CDC funds use increased approximately 80 percent due to improved and timely planning and coordination of activities. Significant improvement occurred in the Ministry of Health's standardized reporting system among all units in the NACP. As a result, harmonization and timely reporting to the NACP by funded programs — CDC and the Global Fund to Fight Aids, TB and Malaria (GFATM) — continued and showed marked improvement in depth and timeliness as compared to previous years. TA was also provided in the development of a *Health Sector HIV and AIDS Strategic Plan, 2008–2012*.

"The seconded planner significantly supported us to synchronize our budgets and implementation plans. As you know, we are multiple funded and we had difficulties in understanding what each support was providing. The planner has helped us to plan and better coordinate our activities." Rowland Swai, MD, former NACP program manager

3.2 Expanding HIV and AIDS care and treatment through regionalization

In 2005, NACP and FHI 360, in close collaboration with USAID and CDC, developed a novel approach for partners assisting the Ministry of Health in implementing care and treatment at the facility level. Under this plan, formalized by the Ministry's chief medical officer in September 2005, partners were assigned specific regions of the country for gradual coverage of all facilities instead of specific hospitals in various regions. This regional focused strategy was aimed at reinforcing the COC and harmonizing TA. It lessened the duplication of resources and the administrative burden on care and treatment facilities because each facility could work with just one partner rather than with multiple partners. FHI 360 assisted NACP with developing the standardized guidance on approach for each partner to support all facilities in a region. The checklist with guidance was very well-received and particularly highlighted how FHI 360 and Deloitte's TUNAJALI program implementation experiences informed FHI 360's national TA activities. NACP presented this national approach to regionalization at a plenary of the 2006 United States Government Implementers Meeting in Durban, South Africa.

This has also enabled district implementers to reduce duplication of efforts and scale up services into areas where services were not available.

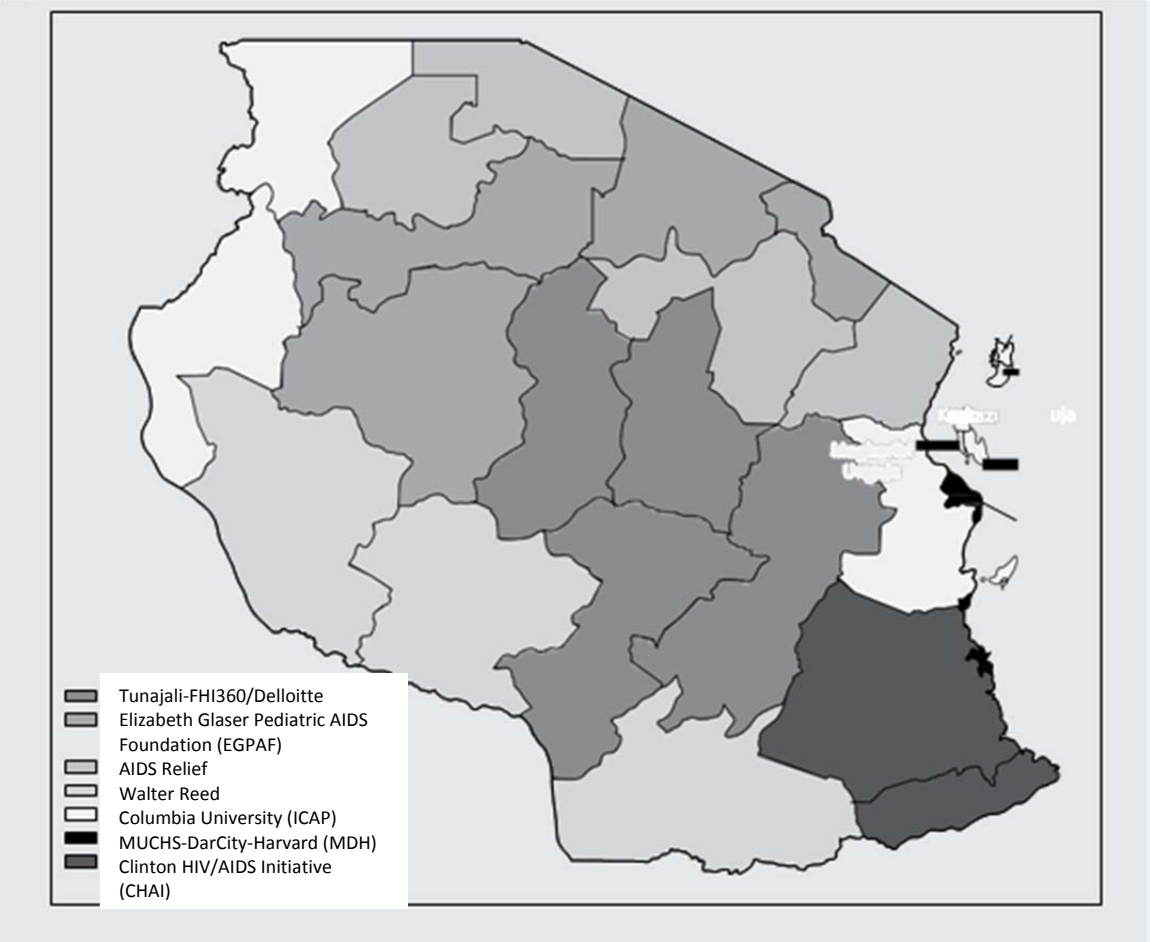
In addition, the community and facility network has been improved by better documentation of referrals and reporting at all levels. Implementers have also been trained to document lessons, success stories and best practices.

Regionalization gave each partner sole, region-wide responsibility for providing care and treatment in all hospitals and clinics — whether public, private or faith-based. The goals of regionalization were to reach a greater number of patients more equitably and quickly, to foster more ownership and commitment among national authorities, to make it easier for patients to be referred within the region and to achieve the desired results more cost-effectively.

"Initially people thought that regionalization would be a difficult undertaking, and it attracted a lot of arguments. ... We strongly believed in it, and we remained firm throughout. A few years after implementation, the process became a good lesson to

other countries. There is no doubt that regionalization has been a key into the success of the ART program in Tanzania." Rowland Swai, MD, former NACP program manager

Figure 2. Regionalization of HIV and AIDS initiatives in Tanzania



3.2 Scaling up the National Care and Treatment Program by standardizing service delivery

Setting standards for service delivery is one of the key functions of a technical ministry such as the Ministry of Health. When treatment rollout was identified as an emergency activity, those involved felt that ensuring the "Three Ones" (one plan, one monitoring system and one coordination mechanism,[24]) was a specific area in which FHI 360 could assist.

FHI 360 supported the NACP in assessing the piloting of a national C&T clinic at Muhimbili National Hospital, reviewing the first care and treatment guidelines and developing the second edition in 2005, and developing a national emergency

training curriculum. The curriculum was piloted at Mbeya Referral Hospital for hospitals and community implementers using modules for five different categories of staff in joint and separate sessions: clinicians, nurses, laboratory staff, pharmacy staff and HBC providers. National standardized protocols were developed to guide C&T implementing partners to establish and strengthen a COC approach, linking facility-based care and CTC services with social support and HBC in the community to ensure early access and quality follow-up and adherence. NACP, with technical support from FHI 360, was able to review and update some of the developed documents and make them relevant to new emerging issues and approaches in alignment with global state-of-the-art approaches and technical updates. These updates included *Clinical Pocket Book on Care and Treatment* in collaboration with PharmAccess; *National Standard Operating Procedures for Care and Treatment* in collaboration with MDH; *National Guidelines on the Integration of Stigma and Discrimination Reduction in HIV Programs* with the Tanzania Commission for AIDS, Muhimbili University of Health and Allied Sciences (MUHAS) and the International Center for Research on Women.

PHDP is part of care in the C&T program. FHI 360 helped NACP scale up the national HBC program as well.

FHI 360 worked with other partners supporting the Ministry of Health to establish the National Quality Improvement Forum, which first met in November 2011 and attracted practitioners from all over the country in the East Africa region. FHI 360 supported the forum's creation, provided TA in organizing it and contributed to the program's scientific content.

Table 1. Development and upgrading of national norms and standards at different care and treatment rollout phases

Norms and Standards Developed	Rollout Strategy
• Guidelines for the Clinical Management of HIV and AIDS (2nd edition, April 2005)	Pilot phase at selected sites 2004–2005 through Quick Start and building up of CBOs for HBC
• Six-day national training package • National Guidelines for the Management of HIV and AIDS (3rd edition, 2008)	First scale-up phase through regionalization and rollout through district level
• National Guidelines for the Management of HIV and AIDS (3rd edition, revised February 2009) • National Guidelines for Home-based Care (2nd edition, 2010) • National QI Guidelines (2010) • National Supportive Supervision Guidelines	Rollout to health center level and emphasis on COC

• PHDP pilot in four districts (2009–2010) • PHDP framework (2010) • PHDP integrated in revised HBC guidelines (2010) • Patient leaflets (series of eight) • National Guide on the Integration of Stigma and Discrimination Reduction in HIV Programs (2009)	Updating standards from palliative care for PLHAs to comprehensive care and updating approaches to address stigma
• National PMTCT Guidelines (2012) • National Guidelines for the Management of HIV and AIDS (4th edition, 2012) • SOP Adherence Counseling (2012) • MOHSW circular to phase out stavudine and gradually implement new eligibility criteria (May 2012) • Phasing of scaling in IPT and standardizing TB screening tool for PLHA • First National QI forum (November 2011)	Integration through "one-stop shops" Adapting WHO 2010 treatment guidance Phased implementation of 3Is for TB/HIV Quality improvement

"Lessons from guidelines and standards through the ART program have even stimulated similar moves in other Ministry departments. We learned that when we provide guidance and standards, practitioners at facility and community levels adhere to them. It was interesting to note that even private practitioners who had initially started to provide ART in Tanzania before the program, adopted the national guidelines." Rowland Swai, MD, tormer NACP program manager

"We are really grateful for the TA support from FHI. We have been depending on them to update the guidelines. The process is usually smooth and efficient." Robert Josiah, MD, deputy program manager and head, Care and Treatment Unit, NACP

"*With the guidelines and SOP, I am confident that I can give the required dose and combination. We have enough tools for quick reference, I can check WHO staging, dosing and combinations*." Miriam Paul Ponda, a clinician with Mlalo health facility, Mvomero district

The appropriate implementation of ART guidelines and standards has made a positive impact on the national ART program, which has been attested to by both service providers and partners.

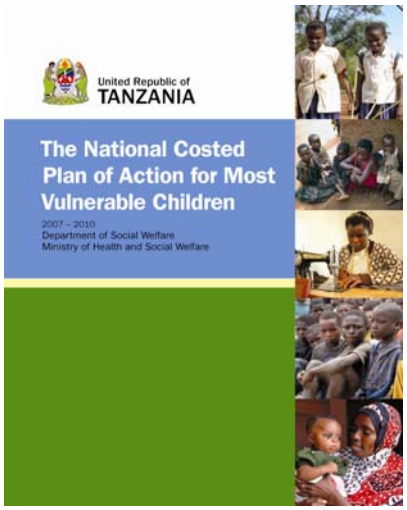
"*Today we are seeing more and more clients coming to us to ask for HIV testing. Most of them come after a precounseling session with a HBC volunteer. They are free to talk and enroll into care. The program has greatly reduced stigma within our community. HIV is now being viewed differently after the ARVs*." Miriam Ponda, a clinician at Mvomero district

3.3 Developing and rolling out a national plan of action for MVC

FHI 360 supported the Ministry of Health's DSW to develop the National Costed Plan of Action (NCPA) for orphans and other vulnerable children and its subsequent rollout. With support from the SS Project, the government successfully launched the NCPA for MVC to support orphans and vulnerable children nationwide. The NCPA launch was presided over by Tanzania's first lady Salma Kikwete and former U.S. first lady Laura Bush on February 17, 2008 (picture below).

First ladies Salma Kikwete (center) and Laura Bush (far right) and then deputy minister to the MOHSW (far left) attend the launch of the NCPA for MVC

Tanzania was among the first countries to establish a *National Costed Plan of Action for Most Vulnerable Children*. The colorful NCPA launch was the beginning of the SS Project playing a greater role in implementation. After the national launch, efforts moved towards regional rollouts. This included a presentation of NCPA in Dodoma that clearly defined the roles of district councils and LGAs in rollout. FHI 360 and the Prime Minister's Office developed the district-level NCPA rollout work plan. The Prime Minister's Office invited DSW and FHI 360 to sensitize all LGAs on the NCPA during their annual LGA training meeting. All 133 LGAs were sensitized on the NCPA in Songea in August 2008. In his closing remarks, Deputy Minister of State Hon. A. Mwanri (MP) of the Prime Minister's Office, directed all LGAs to ensure a fair budget allocation for MVC services. *"As you sit in your Councils to approve e.g. TZS 50m for sewage, you should also approve TZS 50m for MVC services in your medium-term expenditure frameworks,"* the Minister emphasized. Thirty districts reported allocating funds for MVC in 2010.



FHI supported the Prime Minister's Office to promote inclusion of MVC services in council plans through the "Opportunities and Obstacles to Development" (O&OD) planning process by orienting Morogoro and Kisarawe district O&OD facilitators on the NCPA and facilitating inclusion of the NCPA into the O&OD planning checklist.

"*The first NCPA has been really instrumental in sensitizing the community and providing a uniform framework for MVC programming in Tanzania. We have identified MVC all over the country and sensitized communities to start providing care under village committee and some external support. This has been a great step forward, and we are looking forward to using the lessons we learned to implement the*

second NCPA." Jeanne Ndyetabura, assistant commissioner for Social Welfare, Family and Child Welfare Protection, and Early Childhood Development

"NCPA has been a very strong advocacy tool. Building from high commitment during the launch, we have worked closely with FHI 360 to advocate for the implementation of the NCPA. We were able to get budgetary support from the government, and the plan was used to guide other partners in implementing MVC activities in Tanzania." Donald Charwe, former assistant commissioner of Social Welfare.

"*The NCPA has been quite successful. We will no longer wait for donor support to carry out the MVC program. We have institutionalized the program at national and local levels, and each district or village committee knows what to do with or without donor support*." D. Bandisa, Prime Minister's Office

The NCPA's impact has also been directly observed. While some MVC are already receiving support from partners or community members, we have also observed evidence of community engagement and involvement in most districts.

"*Throughout the country today, when you visit a village, you will find a list of identified MVC at the village executive office. Most of the villages also have MVC committees that are working on the MVC issue. Most councils are incorporating MVC in their plans and budgets*." Angelista Kihaga, Prime Minister's Office

"The original O&OD planning checklists do not capture in details issues of MVC; therefore it is not easy for the facilitators to help community members raise the issues. But with support from FHI 360, we have developed the addendum with MVC issues to include in the current O&OD checklist." D. Bandisa, assistant director, Department of Local Government — Service Delivery, Prime Minister's Office

FHI 360 also supported Zanzibar to conduct a situational analysis for MVC in Zanzibar and consequently helped Zanzibar to develop and roll out the *Zanzibar Costed Plan of Action for MVC*, which was also disseminated to members of the House of Representatives of Zanzibar.

Figure 3. Illustrative implementation chart of the NCPA (Mainland Tanzania)

	The National Costed Plan of Action (NCPA) 2007–2010																			
	Key Milestone	**FY 07**				**FY 08**				**FY 09**				**FY 10**				**FY 11**			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
	Developed NCAP for OVC																				

	Developed NCAP M&E tools and framework																			
	Developed supervisory checklist tools																			
	Launched NCAP for OVC																			
	Edited, designed and printed NCAP (English and Swahili)																			
	Coordinated with PMO-RALG																			
	Launched Ustawi website																			
	Advocated for integration into council plans																			
	Developed and disseminated QI guide for																			
	Recruited, seconded and supported a technical officer — M&E to DSW																			
	Identified MVCs																			
	Evaluated NCPA																			

3.4 Developing and rolling out a national MVC data management system

No national data management system (DMS) existed for MVC in Tanzania before 2007. With PEPFAR funding through USAID, FHI 360 supported the Ministry of Health by providing TA to develop and roll out a national DMS for collecting MVC data and generating reports to inform planning and decision making. In consultation with key partners, FHI 360 provided TA to the Ministry to develop and rollout the DMS. Village MVC committees are trained to collect data from MVC households using paper-based registers. Service providers use equivalent forms to share information about services they provide. Filled registers and forms are sent to trained district social welfare officers for entry into the DMS. Data are merged and analyzed at MOHSW headquarters, and data reports generated and sent to individual districts. Implementing partners working in each district, including FHI 360, provided financial assistance and TA to district teams responsible for the DMS. FHI 360 also advocated among government and district authorities for DMS integration into annual plans and budgets.

FHI 360 was instrumental in the successful development of the national DMS for tracking MVC and service providers. This included developing protocols for processing data, from the village level to the central level; identifying various possibilities of sustaining data flow and entry into the system; assessing the accessibility and use of data at different levels of the system; and capacity building on data management (collection, entry, storage and retrieval). FHI 360 also

supported the DSW in building the capacity of the district social welfare officers to coordinate and manage the data from the MVC committees.

The DMS was rolled out to 91 of 133 districts, registering 611,330 (72 percent) of the 850,000 identified MVC in Tanzania (53 percent male and 47 percent female). By January 2012, 362 persons had been trained to use the DMS, including regional ICT officers who are available to support district teams. The Ministry of Health provides monthly updates to each district on the number of MVC registered. Social welfare offices where the DMS is functional use DMS-generated reports to inform planning and decision making. Challenges include limited staff skills and limited motivation, necessitating continuous training and supportive supervision. Lack of regular electricity and Internet connectivity is another challenge in most districts.

"By click I can tell you how many children are in a particular district, ward or village in Tanzania, who is supporting them and what kind of services they are receiving. This is quite interesting and a very useful tool in programming. We are better suited to understand the scope of the problem, the needs and support available on the ground." Jeanne Ndyetabura, assistant commissioner of Social Welfare

The data management has also been scaled up to lower levels. "*When a new partner come to us with support, we sit as a village committee and look at our village register to identify our needs and how we can appropriately link with the provided support; if they are looking for secondary school students, then we can quickly identify those who are in need of either school fees or exercise books materials.*" Asha Shomari, HBC volunteer, Kipera village, Mvomero district

Tanzania can work through existing national structures to introduce and rollout a standardized MVC DMS. This encourages local and national data-driven planning and decision making for MVC care and support. FHI 360 provided TA to Zanzibar as well to develop and roll out a DMS.

3.5 Improving national MVC identification

In collaboration with the Pamoja Tuwalee Program, the SS Project supported the Ministry of Health to revise the national MVC identification process to make it less costly and time-consuming. The revised process was approved in February 2011 by the permanent secretary of the Ministry of Health. In collaboration with the Ministry and the Prime Minister's Office, FHI 360 brought together 33 district teams to be trained as district MVC identification facilitators.

A team of 56 district MVC identification facilitators attended training in Arusha, March 2011.

FHI supported the design, planning, coordination and implementation of the two workshops, which trained 90 MVC identification facilitators who were equipped to conduct MVC identification in hundreds of villages or *mitaa* in the country. The trained district teams returned to their respective districts and collaborated with LGAs, communities and implementing partners to lead and facilitate identification of MVC and play key roles in coordinating service provision. Most districts in Tanzania have identified MVC using standardized criteria established according to the National Costed Action plan for MVC.

"The capacity building component gives me a lot of joy. I know we trained people who are Tanzanians and expert in [the] MVC area today. This will guarantee sustainability of MVC programming, and we continue to scale up." Donald Charwe, former assistant commissioner for Social Welfare.

3.6 Strengthening health information systems

Through seconded staff at the national level, FHI 360 provided TA to NACP and DSW to develop national data management guidelines, data quality audits and -

guidelines for an M&E framework. Working in close collaboration with the DSW, the M&E plan and framework and its tools were validated in November 2007. The developed tools are being used to collect and report data at all levels — from village, district and regional to national.

FHI 360 provided TA to the Ministry of Health, Prime Minister's Office and district councils to monitor, analyze and report on MVC data; evaluate progress; and identify lessons learned from councils already using the DMS. These lessons were shared with others during IPG meetings and through other avenues. We also provided TA to the Ministry of Health to perform DMS troubleshooting and feedback reporting to councils using the system. Facilitators were oriented on the NCPA, quality service standards of care for OVC and the DMS. Several other officials from developmental partners, community-based organizations and LGAs have been trained to use the system.

"The seconded staff from FHI 360 supported most of this rollout. The Social Welfare Department does not have positions for data and M&E experts. The staff helped us a lot to put the system together. We are deeply indebted to them," Mrs. Ndyetabura, the assistant commissioner for Social Welfare

3.7 Translating standards and norms into practice

During project implementation, FHI 360 worked with the NACP and implementing partners to design and implement supportive structures that will ensure effective and sustainable coordination of technical issues — such as overseeing standards and norms for effective and quality service provision at all levels. Some of these structures include the partners' implementing groups and several subcommittees. An annual meeting for all C&T partners, which is chaired by NACP, was operationalized. Several subcommittees on care and treatment, HBC and training are functional and provide guidance to NACP on standards and norms. These structures established mechanisms that enabled the Ministry to work with all stakeholders, including implementing partners and agencies, to lead program implementation at a national level. The annual partners meeting and the subcommittees also served as forums for sharing lessons, clarifying updates and inviting new ideas for timely program improvements. These structures provided an avenue that brought together experts to develop, adopt and formalize national guidelines and standards. Other meetings were used for guidelines dissemination. In addition to translating standards and norms into practice, FHI 360 supported the ministry to develop and roll out user-friendly SOPs, leaflets, brochures and job aids.

"The subcommittee provides an avenue to learn from others and share experiences. It is always relieving to also know there is a team of experts available to provide

technical support in your program. We highly relied on this technical team in defining national standards and norms." Robert Josiah, MD, head, C&T Unit, NACP

A full range of national guidelines and standards were developed:

a) National quality improvement guidelines and quality standards for MVC services

FHI 360 co-chaired a national quality improvement (QI) task force that spearheaded the formation, development and rollout of national MVC services quality improvement guidelines, which were published in 2009. In collaboration with University Research Co. and the QI task force, FHI 360 supported the DSW to finalize a facilitators' training manual for rolling out national QI guidelines. Through participation in the monthly QI task force meetings, we provided TA on guidelines rollout and developing quality standards for MVC service provision. This assistance included preparatory workshops for standards development, pre-testing and dissemination of standards.

b) National guidelines for managing HIV and AIDS.

FHI 360 continued to support the National Care and Treatment Unit of NACP to provide norms and standards for the ART program. The support provided included organizing workshops to ensure technical consistency among chapters, which resulted in a final draft; informing the guidelines through the latest technical updates and global guidelines; developing the rollout plan with NACP; and promoting capacity building and training on guidelines.

"*With the guidelines and job aids, I am confident that I can give the required dose and combination. We have enough tools for quick reference; I can check WHO staging, dosing and combinations*." Miriam Paul Ponda, Clinician, Mlalo health facility, Mvomero district

c) National HBC guidelines

FHI 360 provided technical and financial support for a review of the national HBC guidelines and training materials. The review involved a series of meetings and workshops for HBC stakeholders. The guidelines were finalized and printed in 2009. Additionally, FHI 360 facilitated the review of national HBC training materials in line with the revised national service guidelines.

Concurrent with guidelines review, FHI assisted with finalizing the national HBC recording and reporting system. A technical working group from the key HBC stakeholders worked together and finalized the system. FHI 360 supported the review of training materials for HBC trainers of trainers and community volunteers to ensure that the materials concurred with the recently approved national HBC

guidelines. Three types of training documents were revised: a course plan, a trainer's guide and a participant's manual for both trainers and community volunteers.

d) National home-based counseling and testing guidelines

FHI 360 worked with the NACP to develop the national home-based counseling and testing guidelines. A team implementing partners and representatives developed draft guidelines in March 2010 and shared them with the NACP. The SS Project supported the pilot project for HBC counseling and testing.

e) National SOPs for care and treatment.

In 2008, working in collaboration with the NACP, FHI 360 updated the SOPs as per the revised national guidelines for managing HIV and AIDS. The SOPs were formatted in different modules that reflected the functional units of a C&T clinic.

f) Community and national PHDP intervention framework

FHI 360 also embarked on a pilot project to assess the feasibility of community-based PHDP intervention. In this task, the SS Project staff first designed training materials and piloted the approach in a few districts before sensitizing key stakeholders and promoting the approach at a national level.

During the pilot, FHI 360 identified prevention needs of PLHIV in the context of the positive prevention approach at the community level. The needs identified informed the development of facilitator guides and participant handouts for the home-based-care providers, PLHIV group members and HIV-positive youth. The training materials were adapted from the CDC's "Positive Prevention Counseling"[3] module for lay counselors and it included elements from the Tanzania National HIV/AIDS Guidelines.[4] To enhance the tools, gender equality, empowerment and measuring impact were added as essential components. After the pilot phase, FHI 360 supported the NACP in developing and finalizing a national PHDP framework that was agreed upon by all stakeholders in December 2010.

g) Operational manual on TB and HIV co-infection

We provided TA in the development of TB/HIV operational guidelines. FHI 360 reviewed the operational manual and job aids for TB/HIV, co-infection developed by the International Center for Aids Care and Treatment Program and the National Tuberculosis and Leprosy Program. FHI 360 also was involved in reviewing the protocol for piloting isoniazid preventive therapy (IPT) and recommended a much stronger role for NACP in the IPT and the "Three I's" of the TB/HIV activities (intensified TB case finding, IPT and infection control).

h) National guidelines on supporting caretakers of MVC

FHI 360 provided TA to the Ministry of Health to develop national guidelines on supporting caretakers of MVC (especially elderly and children heads of households). This included developing a service providers' manual on guidance for supporting caretakers.

i) MVC committee handbook and training manual

FHI 360 also supported the Ministry of Health to finalize development of the MVC committee handbook and training manual. These are tools that implementing partners will continue to use to support the government in establishing and strengthening MVC committees at the community level.

j) Guidelines for MVC in residential care

FHI 360 supported the DSW in Zanzibar to develop guidelines for establishing and managing residential care for MVC.

"*The guidelines and training tools have enabled our providers to provide a standard package of care and information to clients. The guidelines have also supported the service providers to identify their roles and responsibilities as stipulated by the Zanzibar Child law–2011*" Halima Salum, director, Department of Social Welfare, Zanzibar.

k) Care and treatment job aids

FHI collaborated with the NACP and the Clinton Foundation to adapt key content from the SOPs into job aids. These job aids were developed to provide clinical staff with ready access to essential information about the prescription of and adherence to antiretroviral drugs (ARVs). Developed as wall posters and smaller desk charts, the job aids are proving to be useful for staff who have limited experience delivering ART and for busy experienced staff who benefit from reminders. To date, the following job aids have been developed and are in use nationwide at the comprehensive HIV CTCs:

- ART regimens used in Tanzania (first-line and second-line)
- ARVs dosage schedules
- ART adherence checklist
- directory of HIV-related services in the region, including HBC services

In collaboration with Touch Foundation, FHI 360 reviewed existing training syllabi for health management from various academic institutions in Tanzania. Discussions with the chief medical officer and universities were held and possible consultants for review identified. A first stakeholders meeting was held to identify and agree on

core competencies for developing a standardized curriculum for health managers in Tanzania.

3.8 Strengthening Human Resources in Health

FHI 360 played a crucial role in the human resources working group, in particular in areas of staff deployment efficiencies and task shifting to promote more efficient use of existing health care staff. Through the Human Resources Working Group of the Ministry of Health, FHI 360 contributed to a strong HR focus on staff deployment and retention in discussions at the National Annual Health Sector Review meeting by government and stakeholders. FHI 360 — with the World Bank and MUHAS School of Public Health — provided TA to the Abt Associates team to perform a "Health Systems Assessment" for Tanzania. Through document reviews and field visits, FHI 360 focused on the service delivery and human resources components of WHO's "building blocks" of a strengthened health system. FHI 360 contributed to forming the Health Workforce Initiative as a complementary body to streamline the use of vast additional resources from Round 9 GFATM, Canadian International Development Agency and USAID. FHI 360 played a key role in updating supportive supervision guidelines to improve staff capacity and productivity and provide TA to international partners in staff performance improvements through collaboration, performance-based financing or pay for performance, appraisals, and other innovations to increase work output.

4 Challenges

These key challenges confront national systems strengthening in Tanzania:

a) Lack of adequate resources (on the part of the government and LGAs) for implementation, including financial and human resources and time. This project supported the government in setting standards and norms, but the implementation of those standards at the point of service delivery was expected to be done by LGAs and implementing partners.
b) Need for on-going capacity building in management and leadership within government departments and units due to staff turnover and retirement.
c) Frequent postponement of planned activities due to an overstretched staff within government departments and units. They are needed and expected to attend all meetings and workshops, which is very challenging.
d) Integration of national plans into district council comprehensive health plans and medium-term expenditure frameworks was not easy due to budget limitations.

e) Harmonizing the donor culture and the ministry culture with regard to
   - Accountability
   - Budget cycles
   - Decision making processes
   - Communication methods

f) Ownership of processes and outcomes is often challenged by resource constraints- HR, time management, finances.

5 Lessons Learned

a) Slow and steady work with and through the government pays off.

For a program that aims at improving systems, a strategic approach in working through and with government structures and agencies is of paramount importance. The SS Project has consistently responded to programmatic needs at a national level and focused on building capacity that will infiltrate its impact to communities and remain sustainable. Throughout project implementation, FHI 360 established a strong working collaboration with the Ministry of Health through its NACP and DSW to enable the NACP Care and Treatment Unit to set standards and coordinate the rollout of antiretroviral treatment; to enable the Counseling and Social Support Unit to guide and provide training standards for community and home-based care, including PHDP; and to strengthen the DSW to coordinate OVC care and support and provide guidance on child protection. The project also worked closely with the Department of Local Government in the Prime Minister's Office to support and coordinate district implementation of programs for OVC.

The relationship involved day-to-day formal and informal communication, mutual trust building, joint planning and prioritizing workloads to promote coordination activities. The work included updating standards activities to be reflected in all guidance materials owned by the government. Engagement of the government at a national level made it feasible to translate the program goals in a holistic way through one nationwide framework.

"The support we received from FHI 360 both financially and through technical assistance has been instrumental in managing and coordinating the MVC programs. The strengthened national systems have supported NCPA implementation at all levels." Dunford Makala, commissioner for social welfare

"As a program manager, I even enjoyed the TA and budgetary support from FHI 360. The process of providing TA and some budgetary support was more efficient. I knew

that they could easily hire a consultant for me, and even print the guidelines without necessarily worrying about handling and retiring expenditures. This was quite useful, bearing in mind the nature, dynamics and needs around HIV programming." Rowland Swai, MD, former NACP program manager

b) Use evidence to inform program rollout and scale-up.

The Systems Strengthening Project has continuously responded to emerging needs for rollout and scale-up through rapid assessments and by piloting projects of innovative globally supported interventions that inform the Ministry of Health for national scale-up. The project advocates for scale-up when deemed practical, feasible and necessary. This approach increased engagement of local and national stakeholders and ensured that solutions offered were not only evidence-based, but also community-driven and practical. Throughout the process, FHI 360 continued to document lessons and best practices to ensure that proposed initiatives will indeed improve the health system and service delivery.

For example, in responding to a need to improve the quality of district-level OVC-related data submitted to the DSW, FHI 360 started by completing a rapid assessment in five districts and conducted a pilot project for a comprehensive data management cycle. The pilot project entailed installing a standardized electronic data collection system that will improve data quality and hence provide useful information. Later this project was scaled up at a national level, and has been integrated into the Department's website. The website also facilitated the dissemination of all the national documents.

Similarly, to respond to the growing need for continued quality improvement to strengthen the COC for HIV home C&T services, a pilot QI initiative used a low-cost model in a large and a small facility in Dodoma with the surrounding home care programs. The care improvements provided a unique opportunity to test this approach as a model for scale-up at a regional level in line with similar initiatives by other partners nationwide.

Lastly, the move to shift from palliation-oriented HBC into a more comprehensive PHDP was field tested through several CBOs under the TUNAJALI project, found feasible and acceptable, and used for a revised national HBC guideline and to refocus national training materials. A series of trainings by NACP with FHI 360 retrained key staff from all implementing partners and their supported CBOs.

c) Maintain and update standards at a national level to ensure equity and quality implementation of services.

The past decade has seen rapid progress towards HIV care and treatment. Newer and more potent drugs are continuously being developed and used; and knowledge of the existing drugs — in terms of their efficacy, as well as short- and long-term

side effects — is becoming clearer as we gain more experience. In Tanzania, multiple partners and implementing agencies are involved in implementing a national agenda; the approaches need to be standardized to ensure equity and quality of services. Regionalization of partners ensures a partner facilitates implementation at all sites within a region, ensures national standards are translated into training materials, ensures equity in access to services and improves the quality of care and treatment for clients.

Throughout its implementation, the Systems Strengthening Project has worked with the Ministry of Health through NACP to define national norms and standards that will effectively translate into improved services. The project has spearheaded development and implementation of national plans, guidelines, training curriculums and SOPs that are widely available and used throughout the country. The guiding norms and standards create a uniform system that is easy to implement, supervise, monitor, and evaluate. Such a system allows us to document challenges easily.

Similarly in the area of OVC, bbuilding consensus on what constitutes quality and articulating guiding steps to improving quality of MVC services is essential in a country with many implementing partners and service providers. Building consensus ensures that all children get the care, support and protection they deserve based on their needs. FHI 360 worked with other national OVC stakeholders to support the Ministry of Health in developing the *National Guidelines for Improving Quality of Care, Support and Protection for Most Vulnerable Children*.

d) Create coordination mechanisms that are sustainable and allow sharing of lessons learned.

FHI 360 worked with NACP, DSW and implementing partners to create supportive mechanisms that would ensure effective and sustainable coordination by the Ministry. Some of these mechanisms include the partners implementing meetings and several national subcommittees. These mechanisms enable the Ministry to work with all stakeholders, including implementing partners and agencies, to lead and own program coordination at a national level. These mechanisms also serve as a ground for open discussions to share lessons, clarify updates and invite new ideas for program improvement in a timely manner. They form an avenue that brings together experts to develop, adopt and formalize national norms and standards.

The implementing partners meetings and six formal technical subcommittee meetings ensured regular updates and sharing from different parts of the country in diverse areas, such as clinical care, community care, MVC, laboratory services, training and monitoring.

e) Engage beneficiaries.

Meaningful engagement of PLHIV in designing and implementing HIV programs is considered a best practice worldwide. FHI 360 supported the national PLHIV umbrella organization National Council for People Living with HIV and AIDS/Tanzania and the national female PLHIV group NETWO+. FHI 360 piloted a community-based "positive health, prevention and dignity" (PHDP) approach whereby PLHIV support group members were actively involved in services delivery through peer support and home visits. FHI 360 and the International Council for Research on Women supported the Tanzania Commission for AIDS and various PLHIV groups to develop together the *National Guide on Integration of Stigma and Discrimination in HIV Programs.*

Similarly, FHI 360 recognizes that the needs of MVC are best understood by the children. To ensure that their voices are captured in national guidelines for services for MVC, FHI 360 gathered 31 youth (ages 12–19) from eight regions of Tanzania for a two-day workshop that elicited their expert feedback on MVC services in Tanzania and how to improve them. Speaking for some 1 million children in mainland Tanzania, they articulated common experiences and unrecognized needs, and they provided insider's commentaries on the range and quality of services that they and their peers currently receive and need. They used flipcharts to state why they thought each of these services was important and what they considered to be essential actions and desired outcomes.

The guidelines provide a direction for quality service provision for Tanzania's MVC at all levels, offering a range of essential actions that are based on an understanding of children's needs. They also outline illustrative activities that bring change in the lives of MVC and other children in vulnerable households.

"What is perhaps most unique about FHI 360 support is their willingness and timely response to what we wanted. They were there to support us formulate the NCPA from the start. They also worked with us to plan and implement most of our activities. It was a good working relationship and TA support approach that I continue to adore." Donald Charwe, former assistant commissioner for social welfare

f) One national data management system for collecting, analyzing and using MVC program data for planning is feasible.

No national data management system (DMS) for MVC existed in Tanzania before 2007. In consultation with key partners, FHI 360 provided TA to the Ministry of Health to develop and roll out the DMS. Village MVC committees were trained to collect data from households using paper-based registers. Service providers use equivalent forms to share information about services they provide. Filled registers and forms were sent to trained district social welfare officers for entry into the DMS. Data were merged and analyzed at Ministry of Health headquarters, and data reports were generated and sent to individual districts. Implementing partners working in each district, including FHI 360, provided financial assistance and TA to

district teams responsible for the DMS. FHI 360 also advocated among government and district authorities for DMS integration into annual plans and budgets. We have learned that Tanzania can work through existing national structures to introduce and roll out a standardized national DMS for MVC services. This encourages local and national data-driven planning and decision making for care and support.

A cross section of district teams attend a MVC DMS training.

g) The COC network improves collaboration and coordination among all government and nongovernment HIV and AIDS service providers in a district.

Collaboration and coordination among HIV and AIDS service providers in most districts of Tanzania is challenged by lack of functional and comprehensive coordination and referral arrangements. In 2009, FHI 360 supported Mvomero district to establish and manage a district-wide COC network by facilitating regular exchanges and meetings of network members and by mapping who does what (and where) as a job aid or directory of services poster. This multiservice network was designed to promote collaboration, communication and coordination among HIV and non-HIV stakeholders, to facilitate effective referrals and linkages to services within the district, and contribute to improved health and related outcomes for individuals and households. Some of the lessons learned from Mvomero include the following:

- Effective formation of a COC network requires engagement of all stakeholders from the start.
- Networking is an effective way to facilitate referrals and linkages.
- For success, each COC network member must recognize and respect each stakeholder's contribution.
- It is easier to enhance communication and collaboration among HIV and AIDS service providers across a district when they are able to meet in regular planned meetings.

"*If I don't hear from a client, then I know I will receive feedback from their HBC volunteers. They will tell us what is happening with the client, without us necessarily visiting their homes. At times, if we are required, we will visit their household.*" Chiku Mgumia, a provider in a health facility, Mvomero district

- Partnership and networking are critical to ensure access to diverse and multiple needs of MVC and PLHIV.
- Staff capacity building on these topics should be included in CSO plans: PLHIV and MVC rights and legal instruments, laws protecting children, project planning and management, and resources mobilization.
- PLHIV and MVC rights awareness should be mainstreamed into all programs and projects to make every implementing partner design programs that are rights-based.
- Community driven projects are more likely to be sustainable than those brought by outside funding.
- Community empowerment is essential for program sustainability.
- Change of a community's attitude and mindset is more useful than material support.
- Having an active COC network in place reduces duplication of activities and services.

"*Even when we receive new partners, we know where to send them and we give them the service directory.*" Liberatus Rwechungura, district AIDS coordinator, Mvomero district

h) National program scale-up requires engagement and partnership with the Prime Minister's Office

Before 2008, the Prime Minister's Office was not at the forefront of coordinating implementation of the national program for MVC, despite its pivotal district coordinating position. With PEPFAR funding through USAID, FHI 360 supported the Prime Minister's Office to promote and coordinate increased ownership of the MVC program by LGAs in order to ensure sustainable implementation. A coordinated approach, led by the Prime Minister's Office, can be used in Tanzania to ensure effective and sustainable programs.

Staff from the Prime Minister's Office attend one of the meetings with all LGAs leaders to promote increased ownership of MVC programs.

The associate director for service delivery from the Prime Minister's Office confers with Ministry of Health and LGA staff at an LGA event to promote MVC program ownership.

Through FHI 360's TA, the Prime Minister's Office recognized the need to engage a full-time social welfare officer to liaise with the Ministry of Health, other MDAs and implementing partners. This liaison will increase ownership and hence sustainability.

i) Engage "retired but not tired" health care workers.

Shortage of trained manpower is one of the major challenges facing the health sector in Tanzania. Despite efforts by the country to train more health workers, the shortage still exists because a significant number of workers who used to provide services have retired or passed away. As a result, many (if not all) health facilities in the country are always troubled with shortages of medical staff.

To help alleviate a human resources crisis in Tanzania's health facilities, FHI 360 intervened by piloting the "Retired but not Tired" project in partnership with the TUNAJALI program in four regions to re-employ retired clinicians and nurses to relieve the medical staffing shortage. FHI 360 Director Eric van Praag proposed the idea of re-employing retired medical personnel in March 2005. In October of 2007, the Ministry of Health advocated the retired officer plan for nationwide use through use of the Council Community Health Plan and budget. "With a relatively early retirement age, there is such potential of experienced skills and knowledge easily available to the health or other social sectors," Dr. van Praag once said on the idea of re-employing the retired medical personnel.

l) Strengthen human resources through seconded staff.

Seconding staff to government units in NACP, DSW, and PMORALG has been beneficial in two ways. First, seconding has helped to fill gaps caused by the continuing lack of government funds to employ all established posts, especially in the health and social welfare sectors. Second, it allows mentoring and quality improvement as the seconded staff have been selected for their technical capacity by the supporting partner and benefit directly from the standards set by the partner. The planning officer who supported NACP for almost four years is a good example. The officer helped to improve planning, donor coordination and timely reporting (progress reports) with relevant formats, which supported absorption of funds according to plan. Adherence to work plans is another important point, although redirection of funds sometimes occurred with purposeful communication from management. The NACP now conducts different meetings for sharing experiences and giving feedback on what is happening within and outside the program. Initiation and coordination of proposal writing and timely submission of proposals also improved.

At the DSW, seconded staff filled gaps in the M&E and data management functions within the Ministry of Health. And at the Prime Minister's Office, the seconded staff provided hands-on TA to promote and coordinate implementation of the NCPA for MVC nationwide.

Early on for each seconded staff a mentee or mentees were identified. Due to a severe shortage of qualified staff and high turnover rates, often the seconded staff fill a gap and give great results. Due to the selected expertise, however, the results end when the secondment ends. Nevertheless, throughout the secondment, many will benefit from such a person being around. Good examples abound:

- Our HBC M&E person developed tools now owned by the NACP to collect and return data on the number of trained HBC volunteers and their geographical distribution and completed a gap analysis nationwide. This data collection and analysis is now a routine process.
- Our planner in the NACP developed a quarterly action plan that described all activities to be done by NACP, when they were to be completed, and who funded them. The action plan is posted on a visual aid in the corridor of the NACP to be renewed every three months.
- Our data manager OVC expert developed a software program to collect data from CBOs involved in OVC care nationwide to transport data from the village MVC committees on numbers of MVC, demographics and kinds of services. The data are channeled through the national ministerial reporting system for analysis and depiction as simple graphics for feedback. Trained M&E officers in the DSW will continue this effort.

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