STRATEGIC PLAN
2021 - 2025

PREVENTION | CARE | TREATMENT

SUPPORT | AWARENESS | RESEARCH

Tanzania Health Promotion Support

STRATEGIC PLAN 2021-2025

Tanzania Health Promotion Support

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LIST OF ABBREVIATIONS

AGPAHI	Ariel Glaser Pediatrics Health Initiative
AGYW	Adolescent girls and young women
ANC	Antenatal Care
APHL	Association of Public Health laboratories
ART	Antiretroviral Therapy
ATF	AIDS Trust Fund
BAKAIDS	Bakwata AIDS project
BENMOC	Basic Emergency Obstetric care
CBO	Community Based Organization
CEMOC	Comprehensive Emergency Obstetric Care
CCS	Cervical Cancer Screening
CDC	Centres for Disease Control and Prevention
CHACC	Council HIV and AIDS Community Coordinators
CHAI	Clinton Health Access Initiative
CHF	Community Health Fund
CHMT	Council Health Management Team
CIFF	UK Children's Foundation Fund
CMS	Central Medical Stores
CPR	Contraceptive prevalence rate
CPT	Co-trimoxazole Preventive Therapy
CTC	Care and Treatment
DAC	District AIDS Coordinator
DBS	Dried Blood Spot
DCC	Drug Control Commission (Zanzibar)
DCEA	Drug Control and Enhancement Authority
DHMT	District health management team
DMO	District Medical Officer
DRCHCo	District Reproductive and Child Health Coordinators
DTG	Dolutegravir

DTLC	District TB and Leprosy Coordinator
EAC	East African Community
ECSA-HC	Eastern, Central and Southern African Heath Community
EID	Early Infant Diagnosis
ECHO	Expansion of Extension of Healthcare Community Outcomes platform.
eMTCT	Elimination of Mother to Child HIV Transmission
FBF	Filbert Bayi Foundation
FDC	Fixed Dose Combination
FP	Family Planning
FSW	Female Sex Workers
GBV	Gender Based Violence
HCP	Health Care Providers
HEI	HIV Exposed Infants
HIV	Human Immunodeficiency Virus
HJFMRI	Henry Jackson Foundation Medical Research Institute
HLI	Health Links Initiative
HMIS	Health Management Information System
HPV	Human Papilloma Virus
HRH	Human Resource for Health
HSHSP	Health Sector HIV Strategic plan VI
HSS	Health Systems Strengthening
ICF	Intensified Case Finding
ICT	Information Communication Technology
IDU	Inject Drug Users
IHI	Ifakara Health Institute
IMCI	Integrated Management for Childhood Illnesses
IPs	Implementing Partners
IPT	Isoniazid Preventive Therapy
IVR	Interactive Voice response

KP	Key Population
KVP	Key and Vulnerable Population
KRA	Key Result Areas
3TC	Lamivudine
LIS	Laboratory Information Systems
LLAPLAW	Lifelong ART for pregnant and lactating women
LEEP	Loop Electrosurgical Excision Procedure
LTFU	Lost to follow up
LGA	Local Government Authorities
MAT	Medical Assisted Treatment
MDH	Management and development in health
MIS	Management Information System
MoHCDGEC-	Ministry of Health, Community Development, Gender, Elderly and Children
MoHA	Ministry of Home Affairs
MOH	Ministry of Health Zanzibar
MIPA	Meaningful Involvement of People Living with AIDS
MOUs	Memorandum of Understandings
MNRCH	Maternal, neonatal, reproductive and child health (MNRCH)
MSD	Medical Store Department
MSM	Men who Sex with Men
MUHAS	Muhimbili University Health and Allied Sciences
NACOPHA	National Council of People living with HIV/AIDS
NACP	National Aids Control Programme
NCD	Non-Communicable Diseases
NGOs	Non-Government Organizations
NHIF	National Health Insurance Fund
NHLS	National Health Laboratory Services
NHLQATC	National Health Laboratory Quality Assurance and Training Center
NIH	US National Institute of Health
NOFO	Notice of Funding Opportunities

NTLP	National TB and Leprosy Program
OVC	Orphans and vulnerable children
PEPFAR-US	President Emergency Plan Fund for AIDS Relief
PESTEL	Political, Economic, Social, Technological, Environmental and Legal
PMD	Pharmacy Module database
PHDP	Positive Health Dignity and Prevention
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPM	Planned preventive maintenance
PO-RALG	Prime Minister's Office, Regional Administration and Local Government
PPP	Public Private Partnership
PRRR	George Bush Institute Pink Ribbon Red Ribbon
PWID	People Who Inject Drugs
QMS	Quality Management Systems
RCH	Reproductive and Child Health
RCHS	Reproductive and Child Health services
RHMT	Regional health management team
RMO	Regional Medical Officer
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RFA	Regional Facilitating Agency
RRCHCo	Regional Reproductive and Child Health Coordinators
RTLC	Regional TB and Leprosy Coordinator
SADC	South African Development Community
SHIDEPHA+	Service Development for People living with HIV/AIDS
SLMTA	Strengthening Laboratory Management towards Accreditation
SWOC	Strengths, Weakness, Opportunities and Challenges
TACAIDS	Tanzania Commission for AIDS
TDF	Tablet of tenofovir
TNW+	Tanzania Network of Women living with HIV
TASAF	Tanzania Social Action Trust Fund

TAT	Turnaround Time
TB	Tuberculosis
THIS	Tanzania HIV Indicator survey
THPS	Tanzania Health Promotion Support
TPT	TB preventive treatment
UNAIDS	United Nation AIDS
URT	United Republic of Tanzania
USAID	US Agency for International Development
USG	United States Government
VIA	Visual Inspection with Acetic Acid
VLS	Viral load suppression (VLS)
WHO	World Health Organization
WLHIV	Women Living with HIV
ZAC	Zanzibar AIDS Commission
ZANGOC	Zanzibar NGO Cluster
ZAPHA	Zanzibar Association of People living with HIV/AIDS
ZAYEDESA	Zanzibar Youth Education Environment and development Support Association
ZIHTLP	Zanzibar Integrated HIV, TB, TB and Leprosy Program
ZYF	Zanzibar Youth Forum

Tanzania Health Promotion Support

STATEMENT FROM THE CHAIRMAN

I am pleased to present THPS 2nd Strategic plan (2021-2025) to our esteemed Development Partners, stakeholders, government colleagues, health service providers and others who will use this plan. THPS has picked important lessons from implementing the first strategic plan (2015-2020), which was a transitional one after official registration of the organization in 2011. The lessons have informed the 2nd Strategic plan development and ultimately its implementation.

THPS operates in a changing national as well as global environments, these to some extent dictate how THPS delivers her services in supporting the health sector in Tanzania. New developments in health including the Corona Virus disease (COVID 19) epidemic and in existing health burdens in particular HIV, TB, Maternal, Non-Communicable Diseases Reproductive and Child health service delivery have another role on how THPS operates.

Therefore, THPS has to constantly position itself to match its objectives with the changing needs of her clients and stakeholders. THPS will continue to have the same vision of; *'A healthy society in which every individual receives quality healthcare and contributes positively to socio- economic development'* and the same goal of supporting health sector and related ministries. To achieve its vision, THPS has a mission, goal, core values, strategic objectives and interventions, all of which are geared to ensure that quality health services are delivered. These have not changed significantly in the 2nd Strategic plan.

THPS will continue to strengthen its internal capacity in Financial systems, Management Information, Procurement, Human resources and operating systems so that it can deliver and increase access to the needed services to Tanzanian society. Our traditional interventions i.e. Comprehensive HIV prevention, care and treatment, MRCH, Cervical cancer prevention, HIV and TB prevention among Key and Vulnerable Population, adolescent health, collaborative HIV/TB activities will continue in this plan. However, the 2nd strategic plan will address the increasing burden of Non-Communicable diseases in Tanzania. There will be more focus on increasing THPS visibility and image through promoting and building partnerships, while operating within National frameworks and documents.

The second strategic plan has four priority areas i.e. organizational capacity, delivery of health services, strengthening of health system and monitoring and evaluation. These priority areas clearly spell; who we are, what we do, how we do what we do, and how we measure what we do.

Let me thank our Government for availing THPS the opportunity and support to serve Tanzanians, Development partners for financial support and technical guidance, implementing partners (IPS) and civil society for partnerships, my Board members and THPS staff for being together to ensure quality services are delivered. Last but not least all THPS stakeholders and the health service providers and clients who are at where the rubber touches the ground.

Massawe

Dr. Augustine Massawe

Founder and Chairman Board of Directors, THPS

Tanzania Health Promotion Support

STATEMENT FROM THE EXECUTIVE DIRECTOR

This is THPS' second Strategic plan (2021-2025), after the first one ended on December 31st 2020, which began in 2015. The process of developing the 2nd Strategic Plan II went through various stages and it involved internal senior management and staff meetings to plan and identify the external facilitator to guide the writing team.

The process involved review of key documents including national frameworks, past THPS performance reports, sending out guiding questions to our Development Partners and Board Members who later attended the second strategic planning workshop. The first strategic planning workshop was attended by our government counterparts, implementing partners, civil society and other key stakeholders.

My initial acknowledgments go to the THPS Board Members for their participation and valuable inputs not only in this new Strategic Plan but throughout the implementation of the ended plan 2016-20. To our donors and Development partners including US Centers for Disease Control and Prevention (CDC), US Agency for International Development (USAID), UNAIDS, The Global Fund, UK Children's Foundation Fund (CIFF) we owe them for their financial support and technical guidance, without leaving out Implementing partners including; Management for Development and health (MDH), Ariel Glaser Pediatrics Health Initiative (AGPAHI), PACT, National Council of People living with HIV (NACOPHA), Amref Health Africa representatives; academic institutions including; Muhimbili University Health and Allied Sciences (MUHAS) College for not only participating in this process but also being partners in service provision and cross learning, University of Minnesota, Harvard School of Public Health and ICAP at Columbia University.

Other partners with whom we closely collaborated and, together achieved the successes we attained during the ending SP include Association of Public Health laboratories (APHL), Health Links Initiative (HLI), ITECH, and at least 50 community-based organizations across the country including Zanzibar Association of People living with HIV (ZAPHA+), ZAYADESA, Zanzibar Youth Forum (ZYF), Tanzania Network of Women living with HIV (TNW+), Bakwata AIDS Project (BACKAIDS), SHDEPHA+ .

Specifically, I am grateful and humbled by the very productive and collaborative partnerships in implementing Strategic Plan I (2016-25) with our Government counterparts at national MOHCDGEC with its programs/units; National AIDS Control Program (NACP), National TB and Leprosy Program (NLTP) Diagnostic section, Medical Stores Department (MSD) and Prime Minister's Office, Regional Administration and Local Government (PORALG) at national level, the regional and district health management teams (RHMTs, CHMTS), the dedicated health care providers and all the clients and their families who provided us with an opportunity to serve.

Furthermore, I am especially indebted to those who participated in crafting this SP with candid and useful comments including Regional Medical Officers (RMO) from Geita, Kigoma and Pwani, District Medical Officers (DMO) from Geita and Kibaha and Municipal Medical Officer from Kigoma Ujiji. We also had representation from, MUHAS and National TB and Leprosy Program (NTLP).

Our colleagues worked with THPS staff in providing contributions during the whole planning process. I would like to also acknowledge the guidance provided by Prof. Binagwa Fulgence, a highly experienced consultant from inception phase to the final stage. I know there are many stakeholders, many health service providers and communities, expert patients and our clients who shared their experience that THPS has used in developing this Second Strategic plan (2021-25), to all I say THANK YOU!

Dr. Redempta Mbatia

Executive Director

Tanzania Health Promotion Support

EXECUTIVE SUMMARY

Tanzania Health Promotion Support (THPS) is a Tanzanian non-Governmental Organization (NGO) transitioned from ICAP – Columbia University and registered in 2011 as part of the US President's Emergency Plan for AIDS Relief (PEPFAR) with a vision of; 'A healthy society in which every individual receives quality healthcare and contributes positively to socio-economic development. To achieve its vision, THPS has a mission, goal, core values and strategic objectives, all of which are geared to ensure quality health services are delivered to the Tanzania people. In order to do that THPS has positioned itself in a changing environment by developing the second Strategic Plan (2021-2025), after the first one from 2015-2020 ends.

The process of developing the Strategic Plan was participatory and consultative, with two strategic planning workshops attended by THPS stakeholders, employees and board members. Through the process, reflection on performance of the ended strategic plan was done, internal and external appraisal conducted to identify strengths to build on, areas of weakness to reduce, opportunities to take advantage of, while guarding against threats. Four priority areas (Key strategic areas) identified are; 'Organizational Capacity, Health Service Delivery, Strengthening Health System and Monitoring and Evaluation'. Under each priority (previously called pillar) area; strategic objectives are developed, strategic interventions to achieve the objectives listed, and expected short and intermediate results proposed.

This Strategic Plan II (2021-2025) is organized under five chapters, where the initial chapter focuses on few specific interventions in relation to Tanzanian context, the second chapter highlights key achievements from the 1st Strategic plan, both chapters leading to the third one, where THPS analyses its internal and external environment and conducts stakeholder's analysis to know what stakeholders expect from THPS and the other way round. Chapters four and five dwell on the future period (2021-2025). Implementation arrangements i.e. Monitoring and Evaluation, governance, management, important success factors and performance indicators are all included in chapter five.

Every end of the year, THPS will develop annual work-plan for the following year by revisiting the strategic interventions and results, and break them down into operational activities for the year while clearly distributing them to each relevant directorate, department and program priority actions, activities may be those which are in the ongoing projects.

Monitoring and evaluation plan is a separate document developed to ensure THPS tracks and monitors organization performance and targets set for all five years. Midway an internal participatory review will be conducted to identify lessons, which will used for reviews, interventions, results and targets since the strategic plan is a living document. Towards the end of 2025, end of strategic plan evaluation will be conducted to identity outcomes and possible impact of the strategic plan, as a preparation for planning the third strategic plan.

Tanzania Health Promotion Support

CHAPTER ONE- COUNTRY DISEASE BURDEN

1.1 THPS' REGISTRATION AND CONSTITUTIONAL OBJECTIVES

1.1.1 Registration, Vision, Mission and Goal

Tanzania Health Promotion Support (THPS) is a Tanzanian non-governmental organization (NGO) transitioned from ICAP – Columbia University and registered in 2011 as part of the US President's Emergency Plan for AIDS Relief (PEPFAR) with a vision of; 'A healthy society in which every individual receives quality healthcare and contributes positively to socio- economic development. THPS mission is; promoting and supporting equitable, high quality, accessible and sustainable health services for the Tanzanian society and beyond through partnerships with governments, local and international institutions, civil society, private sector and communities.

THPS has a primary goal of supporting Ministry of Health, Community Development, Gender , Elderly and Children (MOHCDGEC) in Tanzania mainland and Ministry of Health (MOH) Zanzibar and Local governments at national, regional, and district level. As THPS scope evolves, her support has expanded to include the ministry of Home Affairs (MoHA). THPS' core implementation focus is to strengthen the national health system, specifically structures responsible for planning, implementing, monitoring and budgeting health and social services at national, regional, districts and health facility, community levels.

1.1.2 THPS Constitutional Objectives and Mandate

The support by THPS is meant to ensure provision of high-quality, comprehensive health services that address priority health burdens in Tanzania. Supported health burdens include but not limited to HIV/AIDS prevention, care, treatment and support services; Tuberculosis, maternal, neonatal, reproductive and child health (MNRCH) services, prevention of non-communicable diseases (NCD), Malaria and emerging epidemics. Since its inception in 2011, the organization has been guided by its constitution objectives which are listed under the first strategic plan as[1];

i. To facilitate comprehensive family focused prevention, care and treatment of HIV/AIDS, TB and other infectious disease and support services in communities in Tanzania.

ii. To strengthen human resource for health, community resources and NGOs through capacity building initiatives based on mentorship, training and supportive supervision.

iii. To collaborate with the government and other partners in creating conducive working environment for health providers that attracts recruitment and the retention of skilled personnel to work in hard- to –reach areas.

iv. To implement evidence –based health programs through research, trials, family health and monitoring and evaluation.

v. To promote Meaningful Involvement of People Living with AIDS (MIPA) and other affected populations through sustainable mechanism of services delivery including community initiatives.

[1] Tanzania Health Promotion Support- Strategic plan 2016-2020

[2] THPS Capability Statement - November 2018

vi. To promote healthier living to the communities at different levels.

vii. To attract and retain highly skilled and motivated team within Tanzania Health Promotion Support

viii. To strengthen existing health system as pre-requisite to quality health care delivery

1.2 PROCESS OF DEVELOPING THE SECOND STRATEGIC PLAN 2021-2015

1.2.1 Planning consultation process

This is the second Tanzania Health Programme Support's (THPS) strategic plan (2021-2025) following the first strategic plan (2016-2020) which ends in December 2020. The first strategic plan, considered as a transitional one after the official registration of the organisation in 2011 was recognised as an important milestone as THPS was establishing its role within the health sector. The development process of the second strategic plan was a consultative one, involving; THPS Board members' reflection, Development Partners insights on THPS' position, and senior management assessment of constitutional objectives. Another assessment was directed to operation and technical THPS staff members on strategic objectives set in the first strategic plan, covered i.e. (i) financial sustainability, (ii) governance and accountability, (iii) quality health services and (iv) retention of committed and motivated staff. The assessment of THPS goal aimed at reflection on the quality and quantity of THPS support in particular i.e. supporting the Government of the United Republic of Tanzania in addressing its priorities in the health sector.

The process involved collection of views from stakeholders, where guidance to consultation was done through questionnaire, (checklist questions for reflection to the Board members, SMT and technical staff, which were then analysed and contributed to development process.

Two strategic planning workshops spaced one week apart were planned, after a meeting for key stakeholders and held for three days in total. *See Annex 1 List participants and invited stakeholders*. Key areas of focus were to reflect on THPS' past performance, conduct SWOCT and stakeholders' analyses, identify priority areas, set strategic objectives, and interventions, indicators and targets. Another area was to agree on implementation arrangements, i.e. roles and responsibilities of key players in achieving organisation objectives, performance indicators and important factors for success. The draft strategic plan was circulated to relevant stakeholders for their inputs and comments which were then incorporated before the final plan was agreed, endorsed and launched.

1.2.2 THPS strategy is guided by National frameworks

Strategic planning process involved reviewing key strategic national level frameworks and surveys, which to a large extent guide THPS operation and working environment. These frameworks and documents include but not limited to; Health Sector HIV Strategic plan IV -2017-2020, (HSHSP IV), Tanzania National Multisectoral strategic framework 2018/2019 to 2022/2023 (NSMSF IV), Tanzania HIV Indicator Survey (THIS-2016-2017), Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16 TDHS-MIS) and National Road Map Strategic plan to improve

RMNCAH in Tanzania 2016-2020 (One Plan II investment case), *See Reference section*[2].

1.2.3 Rationale for a new Strategic Plan (2021-2025)

THPS operates in a changing national as well as global environments, these to some extent dictate how THPS delivers her services in supporting the health sector in Tanzania. New developments in health and in particular HIV, TB, Maternal, reproductive and child health service delivery and now the Corona Virus 19 disease (COVID 19) epidemic have determined how THPS operates. Therefore, THPS has to constantly position herself to match her objectives with the changing needs of her clients and stakeholders within the health sector. As the first strategic plan ends, THPS has picked lessons from performance conducted during the period, learning from factors that made her achievements and solutions that worked or failed in addressing challenges faced. This avails the opportunity to re-work activities not accomplished in the SP 2016-2025, and build on successes. Another rationale is that the SP is the basis for external and internal resource mobilisation document, such as is a requirement for certain development partners, MOHCDGEC Ministry of Health in Zanzibar and Implementing Partners from national to the community levels. The strategic plan also spells out roles and responsibilities which will guide THPS team to follow up implementation of the plan, track progress and impact of interventions.

1.3 HIV PREVENTION, CARE AND TREATMENT

1.3.1 Reaching UNAIDS 90-90-90 and 95-95-95 Targets

UNAIDS (2019) estimates that; in 2018 1.6 million people were living with HIV (PLHIV) in Tanzania. This equates to an estimated HIV prevalence among adults of 4.6%. In the same year, 72,000 people were newly infected with HIV, and 24,000 people died from an AIDS-related illness. 72% adults were on antiretroviral treatment and the number of new infections declined by 13%. In 2018, 880,000 women aged 15 and over were living with HIV, compared to 580,000 adult men. In the same year, more than 36,000 women acquired HIV, compared to around 27,000 men. UNAIDS 2019 also states that 78% PLHIV were aware of their HIV status of which 92% (71% of all people living with HIV) are on HIV treatment. Eighty seven percent i.e. 62% of all people living with HIV were virally suppressed.

The Tanzania HIV impact survey (THIS-2016-2017) assessment of UNAIDS 90-90-90 for adults found; 60.6% of adults 15 years and older living with HIV knew their HIV-positive and 93.6% of those were on ART (89.6% in males and 95.3% in females). And 87.0% of those on ART treatment had suppressed viral load (83.2% in males and 88.6% in females). Although there has been remarkable progress toward the achievement of the UNAIDS 90-90-90 targets in adults, progress in the pediatric population is not comparable.

[3] Treatment targets member states have agreed to as part of the 2016 UN general assembly political declaration on ending AIDS as a public health threat by 2030: 90% of all PLHIV know their HIV status, 90% of diagnosed people on antiretroviral treatment and 90% of people in treatment with fully suppressed viral load by 2020 and 95-95-95% by 2030

[4] Global Information and education on HIV and AIDS –Last reviewed –March 2020. HIV and AIDS in Tanzania: https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/tanzania.

[5] UNAIDS accessed information October 2019

[6] The Tanzania HIV impact survey (THIS 2016-2017) final report December 2018

Tanzania, through the support of United States Presidents Emergency Fund for AIDS relief (PEPFAR), Global Fund and other Development Partners have made great strides in achieving the initial 90-90-90 global goals by 2020; and is now working to attain the more ambitious goals of 95-95-95. Tanzania is committed to achieving the global "95-95-95" goals by 2022. While still challenged to reach the first "95" (only 61% of people with HIV in Tanzania are aware of their HIV status), the country has made excellent progress toward the second "95" (94% self-reported current use of ART), and the third "95" -viral load suppression among HIV-positive adults is 87% (NACP, 2020. Despite the progress disparities exist among age groups, gender, geographic regions and urban/rural location. The next Tanzania HIV Impact Survey will point out the actual progress.

1.3.3 HIV incidence

The annual incidence of HIV infection among adults aged 15 years and older in Tanzania was 0.24% (0.32% among females and 0.16% among males). The incidence was highest in females aged 25-34 years (0.7%) and in males in aged 35-49 years (0.37%). Incidence results parallel the gender disparity in prevalence with females having significantly higher incidence compared to males.

1.3.4 HIV Prevalence

The HIV prevalence in Tanzania is characterized by significant heterogeneity across age, gender, social-economic status and geographical location, which implies differentials in the risk of transmission of infection. THIS (2016-2017) indicates that HIV prevalence has declined from 7% in 2003 to 4.7% in 2016 for 15-49 years. HIV prevalence among adults aged 15 years and older was 4.9% with gender disparity of 6.3% among females and 3.4% among males, with girls acquiring HIV at a younger age. This estimate corresponds to approximately 1.4 million PLHIV in Tanzania.

The prevalence of HIV among children age 10-14 is less than 1%. Projections from the UNAIDS Spectrum 2020 model show that new HIV infections, now estimated at 0.3% for adults, have been declining steadily over the years, as have deaths for people living with HIV.

HIV Prevalence varied across the 31 regions, ranging from 0.0% in Kusini Unguja and Kaskazini Pemba, to 11.4% in Njombe, and 11.3% in Iringa, Mbeya 9.3% suggesting geographical disparities with Lindi (0.3%) lowest in Tanzania mainland. Currently THPS provides direct health facility based site support the regions of Pwani (5.5%), Kigoma (2.9%), Katavi (5.9%), Rukwa (4.4%) and Songwe (5.8%) as well as selected 64 health facilities under the Ministry of Home Affairs (MoHA) i.e. Tanzania Police Force and Tanzania prisons scattered in all mainland regions and Zanzibar. *See Annex 2, on Tanzania HIV prevalence*. HIV prevalence is 7.5% in urban versus 4.5% in rural area. 9.9% of households in Tanzania had at least one HIV-positive household member. Prevalence of HIV is higher among female heads of household-12.0% compared to male heads of household -4.8%. HIV remains to be a public health challenge!

1.3.5 HIV Viral suppression

The average of HIV viral load suppression (VLS) among adult aged 15 and older, living with HIV was 51.9% (57.2% among women and 41.5% among men). The percentage of HIV-positive adults aged 15 years and older with VLS ranged from 32.4% in Geita region to 66.0% in Kagera region. 87.8% of adults aged 15 years and older on ART had VLS (84.4% of males and 89.1% of females). Adolescents and young adults aged 15-24 years had comparatively lower VLS with 41.5% having a suppressed viral load (22.2% for males and 47.1% for females). 48.1% of adults aged 15 years and older who are living with HIV in the country do not have suppressed viral loads. About 58% of adolescents and young adults aged 15-24 years do not have suppressed viral loads. *See Annex 3: Tanzania Viral load suppression rates*[3].

1.4 TANZANIA HEALTH SYSTEMS AND HEALTH FACILITIES

1.4.1 Health care system

The first line health care system facility is the dispensary; next is the health center planned to be built in every ward. Higher up in the ranking are the district hospitals, regional referral hospitals, zonal referral hospitals and national hospitals. There are specialized hospitals e.g. the Ocean Road Cancer Institute, Kibong`oto Infectious Disease Hospital and Mirembe Psychiatric Hospital.

As of 2019, there were 6,304 medical facilities in Tanzania mainland. Of the 269 hospitals in the country, 120 are public under MoHCDGEC, the military and parastatal organizations. The remaining 149 are privately owned either by faith-based organizations, private-for-profit or non-governmental organizations. In Zanzibar there are 145 medical facilities including eight hospitals. In chapter three THPS supported health will be elaborated.

1.4.2 Strengthening Health System

Tanzania health sector subscribes to the Key components of a well-functioning health system, as recommended by WHO. To achieve them Tanzania has also adapted all WHO blocks of health systems strengthening. HSHSP IV continues to support the improvement and strengthening of the health system infrastructure within the WHO health system framework. THPS supports and contributes as part of its goal to the HSHSP IV strategies and outcomes and targets for building resilient and sustainable community and health systems proposed. As it will be seen in the next chapter the components addressed by THPS include: service delivery, human resource for health (HRH) laboratory services, medicine and technologies including healthcare equipment maintenance (laboratory equipment), health strategic information and community-based health systems.

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7 Tanzania HIV/AIDS Indicator Survey (THIS) 2016-2017
8 Ibid
9 Tanzania HIV/AIDS Indicator Survey (THIS) 2016-2017
10 VLS was defined as VL less than 1,000 HIV RNA copies/mL of plasma

1.4.3 HIV and AIDS Health services

HIV Testing situation: According to the THIS (2016-2017) only 65.2% of adults 15 years and older self-reported having ever been tested for HIV, implying that 40.8% of males and 29.2% of females aged 15 and older have never had an HIV test. Self-report of HIV testing was lower among people who were not educated compared to those who had a university education (54.4% versus 89.3%[4]).

Facility Based Prevention, Care, Treatment and Support for PLHIV situation: The HSHSP IV states that by December 2016 the number of health facilities providing HIV prevention, care and treatment (CTC) services increased to 6,155 out of 7,494 health facilities (82.1%). Community based volunteers offer home based care, patient tracking in case of missed appointments and lost to follow up (LTFU), help to ensure that newly diagnosed PLHIV are linked to CTC through facilitated referrals, retained in treatment (adherence counseling and follow up) and their HIV viral load suppressed (VL monitoring). The challenge at the time was lack of a mechanism to track individuals from HIV testing points to care services. However, a study in 4 districts in Mbeya (Sanga et al 2017) found that only 84% of those tested were linked to care. THPS follows the national strategies to address the challenge in order to ensure that individuals diagnosed with HIV are enrolled into HIV care. Linkage to Antiretroviral treatment has significantly improved following the initiation of test and Start in October 2016 and later community HIV testing services in 2019.

1.4.4 Key and Vulnerable Population (KVP)

Groups vulnerable to HIV in Tanzania include OVC, Adolescent Girls and Young Women (AGYW), students in high learning institutions, mobile populations, plantation workers, truck drivers, fisher folks and fishing communities and people in closed settings, e.g. prisoners, and people with disabilities are also at risk. Others include female sex workers (FSW) people who inject/use drugs (PWID/PWUD) and men who have sex with men (MSM). When compared to the general population, global data shows that on average Key Population i.e. PWID are 22 times more likely to be HIV-positive, transgender 49 times, sex workers 14 times, MSM 13 times, and prisoners 6–50 times, depending on specific contexts. Despite the small number of studies done in Tanzania, evidence indicates HIV prevalence of 42% among PWID, 31.4% among female sex workers, and 30.2% among MSM. THPS abides to the national guidelines developed in 2014 and reviewed in 2017 on WHO recommendations on proven interventions including a national M&E system for KVP. As a result, challenges facing the country hindering KVP program affect players implementing program for KVP such as THPS.

1.4.5 Quality Health Services

WHO and World Bank source, defines high-quality health care as the right care, at the right time, in a coordinated way, responding to the service users' needs and preferences, while minimizing harm and resource waste. High-quality health care ultimately aims at increasing the probability of desired health outcomes. WHO suggests that a health system, which is one of THPS' key result

[11] The Primary Health Care Development Program (2007-2017)
[12] en-wikipedia.org
[13] Key components of a well -functioning health system: WHO May 2010

should seek to make improvements in six areas or dimensions of quality as[5]; effective, efficient, accessible, acceptable/patient centered, equitable and safe. MOHCDGEC has developed strategy on quality improvement including formation of quality improvement teams at various levels of health facility, and THPS operates within that context.

1.5 MATERNAL AND CHILD HEALTH

1.5.1 Antenatal Care

Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16 TDHS-MIS) reports that; 98% women age 15-49 years receive antenatal care (ANC) from a skilled provider. Despite high coverage of ANC, only 1 in 4 women had their first ANC visit in the first trimester, as recommended, and half 51% of women made 4+ ANC visits. However, women attending 4+ ANC visits has increased from 43% to 51% since 2010. The trends from, 2004-05 TDHS, 2010 TDHS and 2015-16 TDHS-MIS, indicate a progress in 4+ ANC visits during pregnancy, delivery in a health facility and delivery assistance by skilled provider (64%). In 2004-05 50% of births were delivered at a health facility, compared to 63% in 2015-16. *See table 1 below.*

1.5.2 Maternal and Child Health Key Indicators

Table 1 : Key Maternal and Child Health Indicators

	Maternal and child health	Tanzania	Urban	Rural
	Births delivered in a health facility (%)	63	86	54
	Births assisted by a skilled provider%	64	87	55
	Children age 12-23 months who have received all basic vaccinations3	75	82	73
	FGC/Domestic Violence (among women age 15-49)			
	Women who are circumcised (%)	10	5	13
	Women who have ever experienced spousal violence (%)	42	38	43
	Childhood Mortality (deaths per 1,000 live births)			
	Neonatal mortality	25	43	24
	Infant mortality	43	63	47
	Under-5 mortality	67	86	75
	Maternal mortality ratio (MMR)	556 deaths/100,000 live births		

Source: TDHS 2015-2016

[16] Ibid. https://www.hindawi.com/journals/art/2017/7089150/
[17] Who-world bank: https://extranet.who.int/sph/docs/file/1654
[18] WHO (2006) Quality of care; A process for making strategic choices in health systems

1.5.3 Prevention of Cervical Cancer

Cervical cancer ranks first among the leading reproductive system cancers in Tanzania, and most frequent cancer causing morbidity and mortality among women aged 15-44 years. Human Papilloma Virus (HPV) information centre reports; current estimates indicate that every year 9,772 women are diagnosed with cervical cancer and 6,695 die from the disease cancer. About 3.3% of women in the general population are estimated to harbor cervical HPV-16/18 infection at a given time, and 68.0% of invasive cervical cancers are attributed to HPVs 16 or 18 and HIV infection being the risk factor for the disease. 80% of patients diagnosed with cervical cancer die within 5 years of diagnosis. In Tanzania, women with cervical cancer are twice as likely to be HIV-infected and HIV-positive women also develop cervical cancer 10 years earlier than HIV-negative women. The MOHCDGEC guidance on screening for cervical cancer is done using screen and treat approach i.e. visual inspection with acetic acid (VIA) and treatment with cryotherapy.

THIS (2016-2017) reported cervical cancer screening results among HIV-Positive Women found; 17.7% of HIV-positive females aged 30-49 years reported ever having been screened for cervical cancer, with women in urban areas higher at 20.5% than in rural areas at 15.1%. Iringa (27.3%) had the highest and the lowest proportions were found in Songwe (5.1%). Disparity was found with women education i.e. among women with O level secondary education, 28.4% had ever been screened for cervical cancer, compared to 15.2% of women with no education.

Among women in the highest wealth quintile, 23.3% had ever been screened compared to only 11.7% of women in the lowest wealth quintile. The overall low screening rates underpin increased efforts to enhance access to this life saving intervention. On April 10, 2018, Tanzania became the seventh African country (following Uganda, Rwanda, Botswana, Mauritius, Seychelles, and South Africa) to introduce HPV vaccination into its immunization program, with over 600,000 girls ages 9 to 14 years vaccinated in 2018.

1.6 ADOLESCENT HEALTH

1.6.2 Ages and Population

Adolescent Health is one of the five strategic objectives covered under One Plan II, which had a goal of accelerating reduction of preventable maternal, new born, child and adolescent morbidity and morbidity in line with the National Development Vision 2025. Tanzanian adolescents fall under youths below 24 years, where the population is over two thirds (63%) of the total country population[6]. The Tanzania HIV Impact Survey (2016-2017) differentiates them by age and reports that, Tanzania is home to 12 million adolescents aged 10-19 years and 5 million young adults aged 20-24 years. Heterosexual transmission remains the main mode of transmission of HIV infections. Comprehensive knowledge of HIV has declined among adolescents and young people.

18 Tanzania Human Papillomavirus and Related Cancers, Fact Sheet 2018 (2019-06-17)- ICO/IARC -Information Centre on HPV and Cancer. HPV information centre

19 Health Sector HIV strategic plan IV (HSHSP IV-2017-2022)

20 The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016 - 2020). One Plan II INVESTMENT CASE- June 01,2016

21 HSHSP IV

Among women aged 15-19 years and 20-24 years, comprehensive knowledge declined progressively from 39% and 50% in 2003-2004 to 32% and 43%, respectively in THIS 2016-2017. Similarly, among men aged 15-19 years and 20-24 years, there was a decline from 43% and 57% in 2003-2004 to 33% and 41%, respectively in 2016-2017. Just as comprehensive knowledge has declined, unsafe sex behavior has increased in all age groups for both women and men. Among people who had sex in the 12 months prior to THIS survey, 56% of men and 36% of women had sex with a non-cohabiting, non-marital partner in 2016-2017 compared to 46% and 23%, respectively in 2003-2004. Among women and men, the percentage was highest among teenagers and then declined with age.

1.6.3 HIV Incidence, Prevalence and Behavior

Overall incidence of HIV infection among young adults aged 15-24 years was estimated at 0.07%, 0.11% among those aged 15-19 years, and 0.03% among those aged 20-24 years. HIV Prevalence among 15 to 24 years old was 1.4%, females have 2.1% compared to 0.6% among males and the prevalence of HIV among children aged 0-14yrs is low i.e. 0.4%. The prevalence of HIV is less than 2% among 15-19 years for both males and females, and then increases with age for both sexes. Age disparities in new HIV infections suggest an increase in numbers of new infections among younger populations.

Sexual behavior: among those aged 15-24 years, a higher proportion of males (14.3%) than females (9.1%) reported having had sex before age 15 years, 13.4% rural and 9% urban based. 12 % from Tanzania Mainland compared to 2.6% in Zanzibar. Sexual debut before age 15 years varies by region from 22.9% in Dodoma, followed by Tabora, Mtwara, Geita, and Lindi, to 0.0% in Kusini Pemba.

1.7 TUBERCULOSIS

1.7.2 Tuberculosis Mortality

TB and drug-resistant TB (DR-TB) are major causes of illness and mortality in Tanzania, which is among the 30 highest-burden countries for TB and TB/HIV co-infection. Approximately 22,000 Tanzanians die every year due to TB. The current treatment coverage for TB is only 44%. Further, of the estimated 1,700 multi-drug-resistant TB (MDR-TB) cases in 2018, less than 25% were started on MDR treatment. Although TB prevalence is declining, Tanzania also experiences high rates of TB/HIV co-infection, with World Health Organization (WHO) estimating that almost one third of those newly diagnosed with TB are also HIV-positive. In 2019, the coverage of TB preventive treatment (TPT) among people living with HIV who attend ART services reached 60%, with a high completion rate of 86.4%. Nevertheless, poor access to effective diagnosis of TB using GeneXpert, coupled with supply chain issues in peripheral health facilities, make further narrowing this gap a challenge. Furthermore, TB contact tracing for both HIV/TB infected individuals and for the children of smear positive patients is limited. In 2018 WHO reported that only 22% of under-fives received TPT[7].

[22] Health Sector HIV Strategic Plan IV 2017
[23] THIS (2016-2017)

1.7.3 HIV testing in TB cases

The NTLP-2018 reports that in the year 2018, 73,669 (99%) of TB new and relapse cases notified had their HIV test results recorded at time of notification. Among the tested, 20,714 (28%) tested HIV positive. Furthermore, analysis shows that among co-infected cases 20,371 (98%) cases were initiated or were on ART at both TB clinic and CTCs and 19,226 (93%) were put on Co-trimoxazole Preventive Therapy (CPT). The trend shows that the uptake of ART among TB/HIV co infected patients increased from 83% in 2014 to 98% in 2018. HIV counseling and testing is entry point for accessing HIV care, treatment and preventive services for TB patients. THIS (2016-2017) reports that; among self-reported HIV-positive persons aged 15 years and older, 27.7% reported ever visiting a TB clinic; 29.7% of HIV-positive males compared to 26.9% of HIV-positive females). Among those who ever visited a TB clinic, 54.2% were diagnosed with TB. Among those diagnosed with TB, 100.0% of males and 98.1% of females reported receiving TB treatment. THPS subscribes to the National Policy Guidelines for Collaborative TB/HIV activities.

1.8 STIGMA AND DISCRIMINATION

The National Multisectoral Strategic framework IV (NMSF IV) has identified one of the three results as 'Zero Discrimination and Stigma', while HSHSP IV (2017-2022), has a strategic outcome on HIV related stigma and discrimination and five priority strategies. Efforts to reduce HIV/AIDS related stigma include engaging expert PLHIV as peer educators in HIV care; collaborating with networks of PLHIV e.g. National Council of PLHIV/AIDS (NACPHA) and Tanzania Network of Women living with HIV (TNW+); and providing care and free HIV treatment services and health education on HIV prevention. THIS 2016-2017 reports that three programmatically actionable drivers of stigma have been previously identified as (a) lack of recognition of stigma (b)fear of acquiring HIV through casual contact, and (c) values linking people with HIV to assumed immoral behavior. THIS found that discriminatory actions were still there as follows; 25.6% of adults aged 15 years and older who had ever heard of HIV, reported discriminatory attitudes towards PLHIV.

About 17.3% of adults aged 15 years and older in urban areas reported discriminatory attitudes towards PLHIV compared to 30.7% of adults in rural areas. Discriminatory attitudes were slightly more prevalent in Zanzibar (30.5%) compared to mainland Tanzania (25.5%). The lowest proportions of persons who reported discriminatory attitudes toward people with HIV were in Njombe (15.0%), Mbeya (15.5%), Dar es Salaam (17.1%), and Iringa (17.5%). About forty two percent (41.7%) of those with no education reported discriminatory attitudes in contrast to 12.2% among those with A level secondary education and 9.3% among those with University education.

Tanzania Health Promotion Support

CHAPTER TWO: THPS PERFORMANCE OVERVIEW

2.1 CONSTITUTIONAL OBJECTIVES PERFORMANCE

2.1.1 Performance of the constitutional objectives

THPS implements its vision, mission and goal to meet her constitutional objectives through projects supported by various Development Partners and stakeholders. The senior management team assessed the constitutional objectives. Assessing individual objective at the strategic level considers that these components are not limited to one strategic plan period, and were not bench marked with indicators and targets. In certain circumstances this is a normal practice for organizations like THPS which implement their strategic plans through donor funded projects. Despite that, the overall analysis indicates that THPS performed well in meeting its constitutional objectives. Details of performance will appear in different sections of the chapter. The assessment was on the scale from <25% to 100%. Analysis results will be used to re-define the constitutional objectives as THPS embarks on revising them. See table 2 below

Table 2 : Qualitative score of implementation

Numbering& Scale	OBJECTIVES IN THPS CONSTITUTION	<25% THPS needs to revisit the objective	25-49% average	50%-74% going on well	75%-100% extremely well
i.	To facilitate comprehensive family focused prevention, care, and treatment of HIV/AIDS, TB, and other infectious diseases and support services in communities in Tanzania.				
ii.	To strengthen human resource for health, community resources and NGOs through capacity building initiatives based on mentorship, training and supportive supervision				
iii.	To collaborate with the government and other partners in creating a conducive working environment for health providers that attracts recruitment and the retention of skilled personnel to work in hard-to-reach areas				
iv.	To implement evidence-based health programs through research, trials, family health and monitoring and evaluation				
v.	To promote MIPA through sustainable mechanism of service delivery including community initiatives.				

vi.	To promote positive healthier living to the communities at different levels.				
Vii	To attract and retain highly skilled and motivated team within Tanzania Health Promotion Support				
Viii	To strengthen existing health systems as a pre-requisite to quality health care delivery				

2.1.2 General performance: Goal of supporting the MOHCDGEC and MOH in Zanzibar

THPS performance related to THPS Constitutional objectives of supporting the mainland MOHCDGEC and Zanzibar MOH is summarized as extremely well achieved. This performance is reflected by the following:

(i)THPS engaged and collaborated very well with both MOHCDGEC, MOH in Zanzibar with the relevant departments and agencies i.e. NACP, NTLP, RCHS, Health Promotion Unit, TACAIDS, Zanzibar Commission for AIDS (ZAC), Drug Control and Enhancement Authority (DCEA), MSD, Zanzibar Integrated HIV, TB, TB and Leprosy Program (ZIHTLP), Central Medical Stores (CMS) and both local government ministries (R/CHMTs) in implementing all the projects and research/ evaluations during the first strategic plan 2016-20. These are listed in the Table 3 below.

In all projects, THPS engages with the relevant ministries and agencies in planning, monitoring, supervising and disseminating the findings. At local government level THPS works with R/CHMTs, health facility staff in supportive supervision, mentorship, coaching, on the job training and training for HCPs to enhance their skills in providing clinical care, diagnostics services, supply chain management and health management information systems (HMIS) improvement. Where feasible and allowable THPS has also improved facility infrastructure for quality services as will be explain in the sections below. THPS participates in the national Technical Working Groups (TWGS) across different program areas to contributes in policy development, developing and revising of training materials and monitoring tools. The independent 'End of project Evaluation' of the THPS HIV prevention, care and treatment project 2013-18 funded through PEPFAR/CDC by IPSOS which also sought feedback from stakeholders made this overall conclusion.

.." This study established that the programme was fully institutionalized in government and community health systems right from the beginning, and this safeguards its sustainability, as it has been adopted by the local communities and health care workers. The end-line evaluation has found substantial evidence that THPS comprehensive care and treatment programs implementation partnership between governments and nongovernment organization has worked well in all programme sites to deliver a sustained HIV/AIDS prevention care and treatment interventions over the five-year programme period.... Please see attached the Executive summary of the IPSOS Evaluation as Annex 4, End-Line Assessment report 2018 December)

Appreciation letters from MOHCDGEC, R/CHMTs for technical support in various supported programs are attached in *Annex five* In Zanzibar THPS worked with the MoH to develop and continues to provide technical support KVP national database in Zanzibar and facilitated development of HIV care and treatment guidelines. THPS good performance in provide above site and direct site support in implementing HIV care and treatment services, laboratory strengthening including scaling of HVL, SCM countrywide, CECAP in multiple regions, HMIS, Finance and HRH is evidence to attainment of this goal.

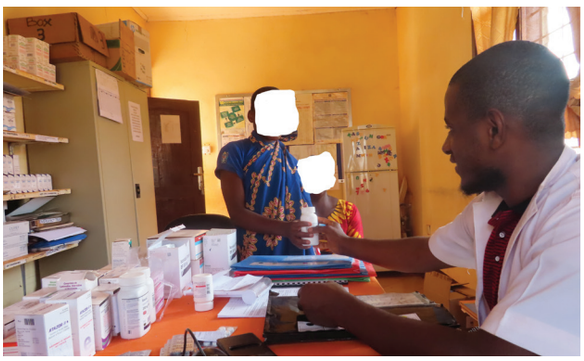
In the Global Fund/Amref Health funded Mlango project THPS successfully collaborated with MOHCDGEC, TACAIDS, DCEA and the Health Promotion Unit to develop behavior change communication (BCC) using interactive voice response (IVR) intervention accessible in all regions of mainland that entails using a toll free number 0800120001 and IEC materials. THPS was able to facilitate curriculum development and training for this intervention for the responders who work 24/7. In strengthening and scaling up the HMIS for HIV, RCMNH, CECAP, GBV and SCM, THPS was instrumental in establishment of data review systems weekly, monthly data collection systems with quarterly and monthly progress review meetings, including interpretation and use of data in planning to HCPs. Additionally, THPS has and continues to improve laboratory information systems to ensure timely feedback of results. Specific support appears in various sections below.

Table 3 : Health Projects and Research/Evaluation Implemented by THPS-2016-2020

SN	Funding Agency, Project Title	Donor	Award Period	Award Amount US$	Geographical Coverage
1	USAID Police and Prisons Activity	USAID	2020 - 2025	19,800,000	64 Tier 1-3 HFs in all 26 mainland regions and Zanzibar
2	USAID – Uhuru TB & FP LON Facility Solutions Activity	USAID	2020 -2025	12,250,000	Kigoma, Katavi, Rukwa and Songwe
3	CDC/PEPFAR: Strengthening Health Information System (HIS) for HIV	CDC	2020 -2025	24,728	All 26 mainland regions
4	HIV/AIDS Relief (AFHR) – Paza Sauti Project	AFHR	2020 - 2021		Mkuranga District, Pwani Region
5	US CDC/PEPFAR: National Health Laboratory Strengthening Project in mainland Tanzania	CDC	2018 – 2023	3,000,000 Annually	National level and all 26 mainland regions and Zanzibar

6	US CDC/PEPFAR: Provision of Comprehensive HIV care & treatment programs in Pwani and Kigoma as Subgrantee to MDH	CDC	2018 - 2023	6,500,000 Annually	All districts in Pwani and Kigoma regions
7	Global Fund/Amref: Comprehensive prevention of HIV among key and vulnerable populations	GLOBAL FUND	2018 -2020	2,200,000 Annually	13 mainland regions in 27 non PEPFAR supported district councils
8	University of Minnesota: Human Papiloma Virus (HPV) self-collected tests and mobile phones for expanded cervical cancer screening coverage in the limited resource, high-burden setting of Tanzania.	Univ of MINNESOTA... Hawley Grant	2018 - 2019	56,000	Pwani – Dar-es-salaam
9	US CDC/PEPFAR : Provision of Comprehensive HIV care & treatment programs in Pwani, Kigoma, Mtwara and Zanzibar	CDC	2013 - 2018	12,473,993 Annually	All Districts of Pwani, Kigoma, Mtwara and Zanzibar
10	UNAIDS: Increase uptake of cervical cancer prevention services by WLHIV in Tanzania	UNAIDS	2017 -2018	80,000	10 Districts in Geita, Njombe, Songwe and Tanga Regions
11	Children's Investment Funds Foundation: Accelerating Children's HIV/AIDs Treatment Initiative	UK CIFF	2015 - 2017	200,000	National support to MoHCDGEC IN Pwani, Mtwara and Kigoma

12	USAID/MEASURE Evaluation: Enhancing HIV Retention and Clinical Outcomes in Kigoma, Tanzania through Pediatric- and Adolescent-Friendly Services	MEASURE Evaluation	2013 -2018	10,000	Kagera, Pwani and Mbeya regions
13	US NIH/CU: Improving Maternal and Neonatal health in Pwani region	US NIH/ Harvard	2012 - 2016	776,940	4 Districts in Pwani Region
14	Columbia University (CU)/ICAP: ENDELEZA Provision of Comprehensive HIV care & treatment programs in Pwani and Mtwara	ICAP	2012 - 2013	7,053,133	Pwani and Mtwara Regions
15	UNAIDS: Increase uptake of cervical cancer prevention services by WLHIV in Tanzania	UNAIDS		30,017	
16	Henry Jackson Foundation Medical Research International: Support Implementation of District-Centered Approach in Mbeya Region -lifelong ART to HIV+ Pregnant and Lactating Women	HJFMRI	2014-2015	100,000	Mbeya Region



An adolescent attending ART clinic at Kasulu Health Center

A GF Mlango project's Peer Educator providing health talks during market day in Kakonko district

Dr Geofrey Tarimo and Adolescents during the annual camp in Kigoma region, June 2019

Peer Educators following up clients through phone calls for HVL testing appointments at Kibondo DH

Mentorship on Cervical cancer screening procedures at Mkoani Regional Hospital, Pwani

2.2 STRATEGIC PLAN 2015-2020 SUPPORT AREAS (KRA2)

KRA 2: Quality Health Services

SO 2.1 To have THPS activities expanded into new geographic areas by December, 2020

2.2.1 Quality Health Services

THPS works at the national, regional, district, health facility and community levels to meet the KRA 2 as guided by the Tanzania Quality Improvement Framework (TQIF 2011-2016) and revised guideline for supportive supervision and mentoring (January 2017) by the MOHCDGEC. THPS also subscribes to the National Health and Social Welfare Quality Improvement Strategic Plan (NHSWQISP 2013-2018) to guide improvement of the quality of service delivery. Service providers supported operate as per National policy and strategies on quality improvements. An estimated 96% of THPS supported health facilities are in remote areas and THPS has strengthened the HMIS and supply chain and logistics systems using existing national systems of DHIS and the Medical Stores Department.

2.2.2 THPS Support HIV Prevention, Care ART Interventions

In implementing Constitutional Objective 1 which states; *'To facilitate comprehensive family focused prevention, care, and treatment of HIV/AIDS, TB, and other infectious diseases and support services in communities in Tanzania'*. THPS supported over 540 health facilities in Pwani, Mtwara, Kigoma regions and Zanzibar to provide comprehensive HIV prevention, care, support and ART services to adults, adolescents, children living with HIV and providing lifelong ART to HIV+ pregnant and lactating women. All HIV Care and Treatment Clinics (CTCs) supported provide comprehensive services. The goal of HSHSP IV is to reach and put on ART 1,261,170 PLHIV by the end of 2022 (89%), where THPS will support a portion of this outcome. As of September 2018, THPS supported 48,137 PLHIV on ART across 24 PEPFAR priority districts of Pwani, Kigoma and Zanzibar which increased to 60,334by September 2020. THPS supported infrastructure upgrade to accommodate HVL scale up at 17 referral hospitals, increasing the number of labs conducting HVL testing from 6 in 2016 to 17 in 2018[8].

Adolescent camp in Kibaha, 2017

2.2.3 THPS Supports TB/HIV integrated Services

THPS implements TB and HIV integrated services through the 3Is—Intensified TB case finding including paediatric TB screening, Infection control, and TB preventive therapy, among PLHIV free of TB, in line with national strategies for addressing TB, HIV and TB/HIV co-infection stipulated by the HSHSP IV including NTLP strategic plan as detailed below:

[25] THPS program data

TB Case Identification: THPS support routine screening of all PLHIV including children, adolescents and HIV+ pregnant women at ANC, attending HIV care at all supported HFs to reduce the burden of TB among PLHIV. In FY 20 alone among the 60,334 clients who were current on ART as of June 2020, 100% of Eligible were screened for TB and 1549 were confirmed to have TB infections and all were initiated anti TB Treatment from October 2019 to September 2020. In ensuring HCPs are free from TB, in 2015 through collaboration with Mtwara RHMT; 190 HCPs working in high risk areas e.g. TB clinics, HIV clinics, laboratory etc. were screened, 11% were suspected to have TB and 6 (28%) diagnosed with TB; while in 2016, 220 service providers were screened, 13% screened positive and 14% of them were confirmed with active TB. All were initiated on TB treatment.

THPS enhanced TB diagnostic capacity at health facilities through procurement of GeneXpert machines and LED microscopes to enhance TB diagnostic accuracy at the supported facilities mentored users on use and maintenance of the equipment.

TB Infection Control: All health facilities supported by THPS implement TB infection control activities, such as physical infrastructure alterations/repairs necessary to improve ventilation in consultation rooms, in patient wards and microbiology laboratory sections; guidance on optimal patient flow, and reviving facility infection control committees. Patients waiting areas at 58 health facilities (Pwani 37; Kigoma 21) had some alterations to control TB nosocomial infections such as creating large windows, inserting ceiling fans/air extractors, creating open space waiting areas etc. Health care providers from all supported facilities received trainings on 3Is.

TB Preventive therapy: Health providers from all THPS supported facilities were trained to provide Isoniazid prophylaxis to clients with no active TB as per national guideline but also facilities receive standard operating procedures (SOP), job aides, onsite mentorship sessions, screening and recording tools. By June 2020 a total of 51,900 i.e. 86% of eligible PLHIV were initiated on TB preventive therapy (TPT) which is coverage of 86%, among clients who were eligible with 82% amongst the ones initiated and completed TPT successfully

Drug Resistant TB: Since 2018, THPS is implementing a National Health Laboratory Services (NHLS) strengthening project through funding from PEPFAR/CDC. Among other areas, the project enhances utilization of GeneXpert for TB diagnosis which efficiently identifies patients with drug resistant TB as well scales up laboratory information systems (LIS) to support ART monitoring and TB laboratory data reporting.

Increasing Access and Quality of TB services: In July 2020, THPS was awarded USAID funding to implement a five-year USAID Uhuru TB and Family Planning (FP) Integrated Facility Solutions Activity under Local Organisations network (LON), as part of the 2018 Global TB Accelerator plan. This Activity is implemented in Kigoma, Katavi, Songwe and Rukwa regions, all with low below national average of TB case notification, suboptimal community contribution of TB cases, inadequate TB diagnostic capacity and widespread socio-cultural norms that hinder access to TB services. Additionally prior to this award, there was no implementing partner supporting TB in the regions

2.3 ADOLESCENT HEALTH

2.3.1 THPS support in addressing Adolescent health

In line with the national goal of addressing priority populations vulnerable to HIV and TB; THPS is implementing specific interventions to address adolescents, youth, young women and girls (AGYW) and implement projects for adolescents prone to HIV and TB burdens, sexual and reproductive health services to address their behavioural, biological, and sociocultural structural and structural factors that make them more vulnerable to HIV infection, TB, teenage pregnancies etc. especially young women and girls. The challenges and gaps as identified in in AGYW population by the HSHSP IV include inadequate SBCC programs focusing on young people. THPS' focus areas are to provide friendly, stigma free and client centred services that encourage identification, adherence, and retention of adolescents, and children, youth and young women living with HIV to the above-mentioned services.

2.3.2 THPS support in addressing Adolescent health

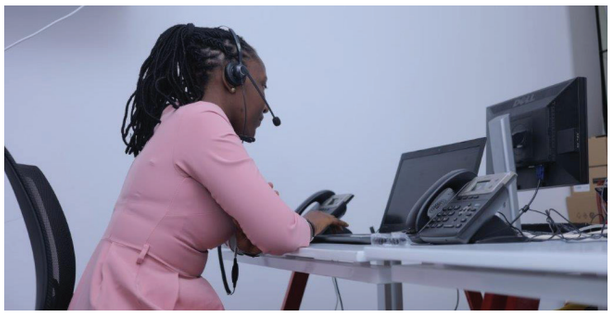
All supported health facilities provide adolescent friendly services, where THPS has trained 2-4 adolescent peer educators per facility to support their peers on adherence, and disclosure, etc. By Sept 2020; 2,656 adolescents were receiving HIV services in THPS supported sites. THPS-supported clinics provide an integrated package of services that also includes screening for TB and STI , FP, sexual and reproductive health (SRH), counseling on disclosure, adherence, loss and bereavement. As part of psychosocial support, THPS supports adolescent clubs and camps in which adolescents learn more about HIV prevention, care, treatment; SRH and life skills. Annual adolescent camps are avenues to build a peer support system, assisting adolescents with coping mechanisms and influence each other to adhere to, appointment dates, treatment and positive living. Health providers are trained to provide services that meet the specific needs of young individuals living with HIV including life skills, sexual and reproductive health and disclosure. Family centered approach is enhanced by supporting our model 'Mtunze Ang'ae' initiatives where capacity building is done to caregivers to provide care and support to adolescents living with HIV.

All facilities with large number of PLHIV are supported with toys and games to make CTC environment friendly to adolescents. THPS has also supported some social protection initiatives by some councils; an example being in Rufiji District Council (Pwani region) where 40 children living with HIV were supported with Health Insurance to facilitate free and convenient access to health care services. Through Global Fund support, out of school adolescent girls and young women especially key and vulnerable population (FSW); are supported by social behavior change communication (SBCC), HIV testing, STI screening and behavior change support and economic empowerment through IGA support as detailed in Section 2.4 below .

2.4 KEY AND VULNERABLE POPULATION

2.4.1 Comprehensive HIV services for KVP

THPS abides to the national guidelines developed in 2014 and reviewed in 2017 on WHO recommendations on proven interventions including a national M&E system for KVP. During this SP period, THPS implemented HIV prevention, care, treatment and harm reduction services to KP in Zanzibar and similar programs in three districts of Pwani i.e. [9]Bagamoyo and Kibaha Town Center and Kibaha District Council.



Interractive Voice Response approach under the GF/Amref Health - Mlango Project

Notable achievements in Zanzibar are reaching 10,612 KPs with HIV prevention services including HTS, linking 90% of all 698 HIV infected diagnosed KVPs; through working with three community based NGOs i.e. The Zanzibar Youth Education Environment Development Association (ZAYEDESA), Zanzibar Youth Forum (ZYF) and - Zanzibar Non-Governmental Organization Cluster- (ZANGOC). The NGOs recruited and supervised 40 community outreach workers (COWS) working as peers to facilitate identification, access and linkage to behavioral and biomedical interventions. THPS supported the initiation of medical assisted treatment (MAT) with Methadone preventive services at the Mnazi Mmoja National Mental hospital in Kidongo Chekundu in 2015, and the first community ART services for KVPs at a youth friendly center run by ZAYEDESA in 2016. As mentioned earlier THPS supported the MoH in Zanzibar to develop a National Database for KVP which has now been rolled to all key actors at HF and community NGOs working with KVPs.

With the support from Global Fund; THPS is implementing comprehensive community HIV prevention services among KVP including, FSW, PWID, MSM and other vulnerable populations i.e. fisher folks, long distance truck drivers, plantation workers, prisoners and AGYW in 27 non PEPFAR supported district councils across 13 regions using combination prevention approaches that encompasses biomedical, behavioral and structural interventions.

2.4.2 Key Vulnerable Population groups reached

By October 2020, the Mlango Global Fund Project implemented by THPS reached 54,804 KVPs through community based outreach activities as follows: 20,328 FSWs, 6,843 PWIDs, 8396 MSMs and 19,238 other vulnerable populations (OVP) out of which 54,5511 (99%) received interventions including HIV testing services. This contributed to the identification of 6,546 new PLHIV who are KVP across 27 non PEPFAR supported districts in mainland Tanzania. OVP include mobile populations e.g. fisher folks, long distance truck drivers, plantation workers, minters etc. As of September 2020; 54,521 KVPs, received biomedical/ behavioral or structural interventions through outreach

[25] THPS capability statement
[26] THPS Capability statement

Sexual Behavioral changes Communication session at Busega District

services including HTS. Linkage to care and ART of the 5,912 newly identified HIV positive KVPs was 97%, using peer educators and community-based health care providers. 2,288(6%) of all reached KVP were found to be STI suspects with majority 1,688 being females and the remaining 593 males; all were refereed to nearby health facilities.

The HIV prevalence among KVP of 16% is almost three times the general population prevalence at 5.2% (THIS) 2017-18 with variation across the different groups; TB infection rates are also higher. Specifically in Mlango project, FSWs reached was 18%, PWID reached was 15% and among MSM reached was 15%, 31,287 KVPs (FSW,MSM and PWID) were reached with TB screening services; 1,466 were found to be TB suspects and refereed for diagnostic tests. 438 (30%) were diagnosed with active TB. To reduce high risk behavior through economic empowerment, THPS collaborated with LGAs in forming and funding 235 income generating groups (IGA) which received entrepreneurship training on their desired project and funded.(THPS Global Fund project April – Sept 2020 Report).

In Zanzibar THPS implemented HIV Prevention, Care & ART and Support through the PEPFAR/CDC project. Through this project 5,503 KPs were reached among reached KPs (2,801 SW, 1,631 PWID, 1,071 MSM), with 4,573 (83%) receiving HTS, 414 (9%) testing HIV+, and 289 (70%) enrolled in HIV care and treatment.

2.5 MATERNAL, REPRODUCTIVE AND CHILD HEALTH SERVICES

2.5.1 Facility and Community based Cervical Cancer Prevention Services

THPS has championed scale up of Cervical Cancer prevention (CECAP) through support to the MOHCDGEC-reproductive and child health services (RCHS) unit by participating in development of the CECAP guidelines (*Tanzania Service Delivery Guidelines for Cervical Cancer Prevention and Control, May 2011)*; ongoing technical assistance as a key member of the CECAP TWG, and scaling up cervical cancer screening sites from 54 to 71 by training staff and providing equipment at health facilities in Pwani, Kigoma, Mtwara regions and Zanzibar.

THPS initiated Cervical Cancer screening services (CCS) to 10 HFs in Mtwara and 2 in Zanzibar where there were nonexistent, and scaled these services in Pwani and Kigoma. All supported three regional hospitals and Mnazi Mmoja National hospital in Zanzibar were equipped with a loop electrosurgical excision procedure (LEEP) machines, and providers trained to provide these services for women found to have large lesions. By June 2020 115,354 women had been screened for Cervical Cancer using Visual inspection with Acetic Acid (VIA). VIA positivity was observed to be twice as much among those living with HIV. The table below demonstrate cascade of CECAP through THPS support.

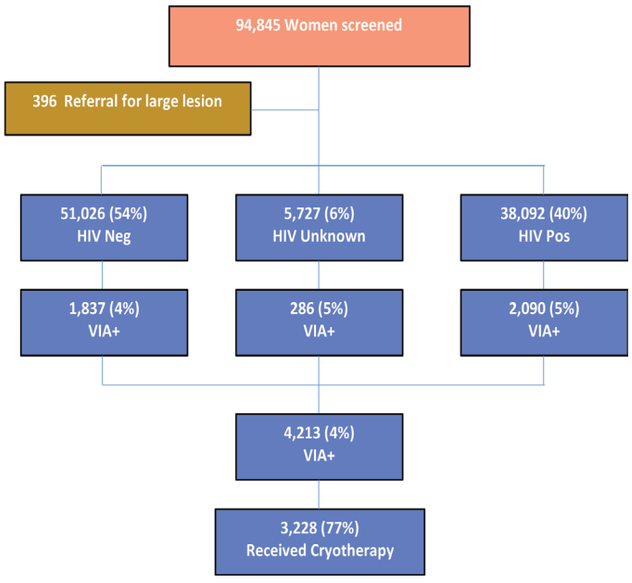
Table 4 : CECAP Cascade in THPS supported sites as of Sept 2020

	THPS	Kigoma	Pwani	Mtwara	Zanzibar
Number of clients who received VIA screening	115,354	60,618	45718	6720	2298
Number of clients with POSITIVE VIA results	4,666	2,069	2,142	325	130
Number of clients with suspect cancer	896	230	493	153	20
Number of referrals for large lesions	396	105	236	44	11
Number of VIA+ clients receiving cryotherapy	4,237	1,945	1,897	278	117
Number of clients with LEEP performed	385	99	233	42	11

Source: THPS program data

In 2014-15 and 2017-18, through UNAIDS THPS was awarded funds to increase access to cervical cancer screening among women living with HIV in 20 mainland regions. In both projects, THPS collaborated with Tanzania Network of Women Living with HIV (TNW+) and National Council of People living with HIV (NACOPHA). The 2017-18 Jali Afya project goal was to increase awareness of, and access to cervical and breast cancer prevention and treatment services in 10 districts across four high HIV burden regions in Tanzania namely Tanga, Njombe, Songwe and Geita. After one year 17,018 WLHIV were sensitized on cervical cancer prevention services, 13,104 (77%) WLHIV accessing with cervical cancer screening services at various health facilities across the project regions, surpassing the target of 9,752 WLHIV. Through Jali Afya project, 475 women were found to be positive with VIA on cervical cancer screening (i.e. 97.3% of the expected target of 488); among whom 412 received cryotherapy and 58 referred for large lesion treatment with loop electrosurgical excision procedures (LEEP). Eighty three (83) had suspicious cancer lesions and were referred to ORCI. See Figure 1 below.

Figure 1 : UNAIDS supported Jali Afya Project 2017-2018

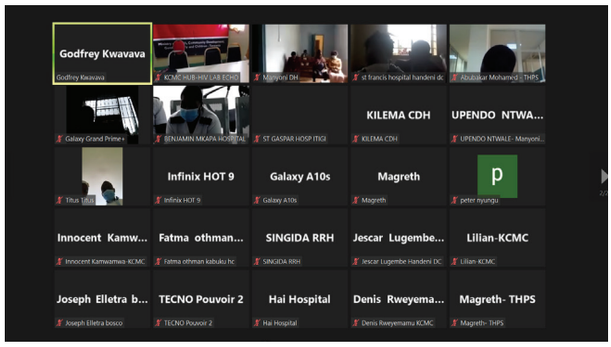


2.6 HEALTH SYSTEM STRENGTHENING

2.6.1 Laboratory service support project -NHLS

- Noted already that THPS implements her strategy using projects, and since April 2018 THPS implements a 5-year CDC/PEPFAR funded national health laboratory services (NHLS) strengthening project. The activities focus on strengthening the quality, accessibility, and sustainability of the National health laboratory services in all mainland regions and Zanzibar in collaboration with the MOHCDGEC and PORALG in all Tanzania mainland and MOH Zanzibar. Through this project THPS is implementing the following:

  i. Continuous quality improvement (RTCQI) of HIV rapid testing at all health facility levels in Tanzania: THPS has supported training for certification of HIV non-laboratory testers through in-class and virtual (ECHO -Expansion of Extension of Healthcare Community Outcomes), auditing and certification of HIV testing sites, and has trained national evaluators and auditors respectively for the purpose. THPS has supported monitoring of the national HIV rapid test algorithm using the HTS register of NACP. Likewise, THPS supported NACP and National Public Health laboratory (NPHL) to implement post-market surveillance of HIV rapid test kits at the point of use to validate potency, sensitivity and specificity of the test kits against pre-distribution performance of the test kits lots.



HIV RT training to non lab testers through ECHO

  ii. THPS continues expanding ECHO utilization for training, experience sharing, and tele-mentoring including coordination of virtual ECHO communities of practice for HIV testing, TB, HVL/EID and health commodity supply chain management. Through NHLS project we have supported quality of HIV testing, HVL/EID laboratory testing, and overall management of TB including DR TB patients across the country.

  iii. Enhancement of laboratory information systems (LIS): Working with MOHCDGEC ICT department, Diagnostic Services section and NACP, THPS has harmonized all laboratory information systems to report data to the OpenLDR, the central laboratory database and integrated all HVL/EID LIS with CTC2/CTC3 the patient level and aggregated HIV national databases. The laboratory project has supported laboratory TB data reporting through provision of essential data reporting hardware (modems, routers) and internet bundles to all 238 Gene-Xpert sites across the country and supported GeneXpert sites with UPS to protect machines and testing services against power outage.

  iv. Enhance laboratory biosafety and quality of testing services in all six tiers of the NHLS. THPS has supported establishment of ancillary laboratory equipment calibration centre at the National Public Health Laboratory (NPHL) to enhance quality of laboratory testing activities and continues supporting strengthening laboratory biosafety and biosecurity systems in across the country. We have developed national assessment checklist and trained national assessors.

v. Improving laboratory supply chain management for HIV, TB and OIs: THPS continues to provide Technical Assistance (TA) to MSD, Logistics Management Services (LMS) and all R/CHMTs in mainland Tanzania on SCM including quantification and forecasting of diagnostic kits, reagents and consumables for HIV, TB and OIs in all laboratories. THPS has supported the oversight of the national electronic logistics management system (eLMIS) including data cleaning and training of the system administrators. THPS has supported the national effort to roll out the revised national supply health commodities chain system by training national trainers for bottom-up quantification and forecasting and supply chain mentors regional and council level levels jointly with MOHCDGEC and other supply chain implementing partners.

2.6.2 Other Laboratory System Support

THPS strengthens health-sector laboratory systems at national, regional, district and health facility (HF) level through technical Assistance; skills enhancement to HCPS, addressing HRH gaps, improving infrastructure and harmonizing lab information systems and strengthening commodities (reagents and equipment) supply chain systems for HIV viral load, EID and TB testing. Specific examples are listed below:

- THPS supported scale up of HIV viral load testing from 6–17 through upgrading and equipping HVL laboratories at 8 HFs (Mtwara RH, Dodoma RH, Mt. Meru RH, KCMC, NHLQTC, Songea RH, Njombe RH, Sumbawanga RH and Bugando including installation of electronic sample referral at 121 Hubs in 19 regions.
- THPS continue supporting utilization of GeneXpert utilization across the country by sensitizing all GeneXpert surrounding HFs to maximize TB diagnosis in the country; and has supported MOHCDGEC with essential sputum samples referral supplies.
- THPS implemented innovative and efficient HVL sample transportation and results feedback system at supported 70 spokes and 33 hubs in Pwani, Mtwara, Kigoma and Zanzibar including installation of computers for electronic sample and results tracking.

THPS engaged Expert PLHIV clients in HIV Viral Load Plasma sample transportation by training 250 Peer Educators (expert PLHIV clients) on biosafety procedures to serve as transport agents for HIV Viral Load Plasma. Through this system, THPS attained 91% HVL coverage in 126 supported health facilities in Pwani, Kigoma and Zanzibar in COP 17 with 86% PLHIV having the desired HIV viral suppression

- THPS piloted equipment acquisition through a Reagent rental system in 2015 -16 (in Shinyanga, Mwanza, Mbeya, Rukwa, Ruvuma and Katavi)which informed MOH and NACP to cost-effectively scale up HVL testing across the country without purchasing the required expensive equipment for HVL/EID testing.

2.6.3 Pharmacy and Logistics support services

THPS provide TA to MOHCDGEC Pharmacy and Logistics Unit, NACP, Logistics Management Services (LMS), MSD at HQ and zonal offices, RHMTs, CHMTs and other Implementing Partners to

implement the following:

i. Increased number of national e-LMIS super user admins from 2 to 21 to support implementation of the ongoing redesigned logistics system implementation

ii. Supported the first National e-LMIS comprehensive system data cleaning activity for the eLMIS establishment in 2014 that resulted into: updated HFs list in the eLMIS and linked with HFR codes countrywide; identified 344 LGA HFs not registered in the e-LMIS and 232 HFs missed in the HFR codes registration exercise; upgraded the e-LMIS list to include all essential health commodities e.g. GeneXpert supplies and this has enabled MSD's efforts to use facilities HFR codes and to migrate from Epicor9 to Epicor10.

iii. By June 2019, THPS had contributed to expanded use of e- logistics system i.e. Pharmacy module, electronic Logistics Management Information System (eLMIS) in Kigoma and Pwani regions by supporting health facilities with essential hardware i.e. computers, printers, modems devices to smoothen electronic commodity management, ordering and reporting to Medical Stores Department.

iv. THPS has supported implementation of the Pharmacy Module database (PMD) in Kigoma and Pwani regions non-laboratory testers and 100% of all health facilities in the two regions are using eLMIS to report and request commodities from MSD.

v. THPS has improved medicines storage conditions in Kigoma and Pwani through securing store rooms, providing Air Conditioning sets and temperature monitoring thermometers for optimum temperature conditions for maintaining potency of pharmaceuticals.

vi. Supply Chain Mentorship Initiative: THPS is providing financial support through sub-grant agreements with RHMTs and CHMTs to enable commodity managers and mentors to visit lower level health facilities to provide mentorship to health care providers on supply chain management.

2.6.4 Medical Products

i. In July 2018, WHO released updated interim guidance on first- and second-line ARV regimens including Dolutegravir (DTG)-based regimens as a preferred first-line ARV for adults, adolescents and children with approved DTG dosing. In March 2019, MOHCDGEC started implementing the recommendations made by WHO and introduced fixed-dose combination (FDC) tablet of tenofovir (TDF), lamivudine (3TC) and dolutegravir (DTG) i.e. TLD and DTG plain

ii. DTG Transition: THPS being one of the implementing partners for HIV Care and treatment program in the country received its first consignment of TLD and DTG from MSD in March 2019, and immediately started switching and initiating patients as per the national guidance and circular on TLD transition. Implementation started in phases, for THPS supported regions, Kigoma and Pwani there were two Referral Hospitals in phase I, which started in March 2019, and eleven hospitals in Phase II, which started implementation in May 2019. As of Sept 2020, all HFs under THPS Regions is providing TLD to PLHIV clients based on National guideline. This has partly contributed to the improved HIV viral

suppression rates of PLHIV in Kigoma and Pwani that is currently at 97% and 96% in the two regions respectively as of November 2020.

iii. Order Fill Rate – ARVs: THPS has been conducting close monitoring of all requests that are being submitted to MSD so as to assess and determine the service level of MSD. Comparison is done to assess quantities and items that have been ordered by HFs versus what MSD has delivered. The e-LMIS and sales invoices from HF are important data sources for this monitoring process. For instance, in Jan-Mar 2016, order fill rate for ARVs in Pwani region was 79%. Of the tracer ARVs items, MSD was able to fulfill facilities by 79%. As of June 2020, the order fill rate for ARVs in Pwani region was 96%.

2.6.5 Health Information Management System (HIMS) capacity

Since inception in 2011, THPS has supported more than 540 facilities in the regions where it operates to develop robust Monitoring and Evaluation (ME) systems; and enhanced capacity of the RHMTs and CHMTs appropriate data management i.e. to timely collect accurate data, analyze, interpret and use it for program planning and improvement. At HF level THPS jointly with R/CHMTs conducts quarterly data quality assessment (DQA) at all THPS supported facilities to ensure that there are no major discrepancies between facility, PEPFAR and DHIS2 database.

This has helped maintain quality data at THPS supported sites as verified during the CDC site improvement monitoring system (SIMS) visits, THPS consistently scored above 95% (green) across the key indicators[10].

In line with THPS constitutional objective number iii that states '*To collaborate with the government and other partners in creating a conducive working environment for health providers that attracts recruitment and the retention of skilled personnel to work in hard-to-reach areas*; site staff receive modular training based on MOHCDGEC and MOH guidance and also ongoing mentorship, coaching and on the job training from THPS ME teams in collaboration with R/CHMTs. Despite challenges of power availability, HRH, all THPS supported HFs including remote sites use electronic data system; this has been possible through use of 'roving data officers' provided with lap top computers, back up batteries and modems for internet connectivity to visit remote HFs without electricity supply once every two weeks.

Roving data clerks visit remote HFs every 2 weeks for data entry. In addition to the data entry, they provide onsite mentorship to HCWs on correct documentation in CTC2 cards especially at Option B+ sites. In Zanzibar THPS ME team successfully developed KP ME tools, SOPs and database, these are now in use by the ZIHTLP.

Eight (8) out of the 28 THPS ME staff are National TOTs constantly supporting the MoHCDGEC review and developing new patient monitoring systems (PMS) tools including the CTC3 database. THPS spearhead query development and Testing of continuous Quality Improvement (CQI) of PEPFAR-Tanzania. THPS has developed a web-based data warehouse named WAZAWA used for instant reporting and data analysis. Additionally, THPS continues to provide TA to Zanzibar MOH to ensure new indicators are incorporated into the KVP Data base developed in 2017. THPS SI team is supporting two Tanzanian NGOs i.e. Management for Health and Development (MHD) and

[28] THPS capability statement

Ariel Glaser Pediatric AIDS Health Initiative (AGPAHI) which have adapted using THPS internally developed WAZAWA SI system.

National tools are used for each facility and reports are submitted to district and entered into DHIS2. THPS has pioneered supporting the National HIMS through capacity building, data management and analysis, computerization, data quality checks, monitoring and evaluation, and training.

2.8 FINANCIAL RESOURCES

2.8.1 Financial Sustainability strategic Objective

As regards to the strategic objective one, three strategies were identified, and THPS is still undertaking activities to achieve them. The general THPS performance in this strategy is very good, well beyond the performance indicator despite not having a formal evaluation. At beginning of the ended SP in 2016, THPS had only two donors with two active projects (PEPFAR/CDC and Harvard School of Public Health on the MNH+) with an annual budget of $10,177,094. By 2020 THPS funding level increased almost by 95% to US$19 million, while the number of donors' funding THPS increased from two to six including USAID, The Global Fund, US Ambassador Fund for HIV relief (AHFR); UNAIDS, University of Minnesota and Measure Evaluation. We attribute this remarkable growth and performance as described below.

THPS Board of directors through the Board Technical and Resource mobilization Committee in collaboration with the office bearers established a program and financial resource mobilization Task Force in 2017. The Resource mobilization board committee meets twice a year on approaches and progress focusing on ensuring THPS sends application for relevant Notice of Funding Opportunities (NOFO). The Task force developed a plan capable of sustaining more than 10% annual growth. The performance has been an annual funding growth of more than 10% from year 2018 to 2020. The achievement in this area is due to;

THPS ability to respond to multiple funding opportunities and managed to win several awards as a prime, and sub-recipient, through the period of 2016 to 2020. THPS has been awarded five multiyear awards as a prime recipient for the following projects: the National Health Laboratory Strengthening System(NHLS) funded by PEPFAR/CDC; TB & FP Activity funded by USAID; Police and Prisons HIV and TB care and Treatment by PEPFAR/USAID; Strengthening Health Management Information Systems (HMIS) by PEPFAR/CDC. Other projects include: Increasing Awareness and Demand of Cervical Cancer screening among WLHIV funded by UNAIDS.

THPS has diversified additional funding portfolio as a sub-award and received two funding streams. THPS is implementing Prevention Care and Treatment program in two regions (Kigoma and Pwani) funded by CDC through MDH and HIV prevention among the KVP in 26 non PEPFAR supported districts across 13 regions in Tanzania mainland funded by Global Fund through Amref health Africa-Tanzania. Other direct funding from private sector include CRDB Bank and other NGOs to support their programs i.e. HJFMRI; PEPFAR Small Ambassador Grant for HIV relief (AFHR). THPS had other small funding opportunities from abroad different Universities to support research programs. Details of THPS funding landscape seen in Table 5

The last strategy under this objective one was to build capacities of local government authorities and community-based organizations and NGOs to mobilize additional resource and proper management of funds. THPS worked together with one of THPS' sub recipients i.e. Pwani RHMT to respond to PEPFAR/CDC funding opportunity and they were awarded a grant aimed at enhance RHMT support to the council health management teams (CHMTS) in implementing efficient and sustainable HIV/AIDS interventions. Also, THPS provided technical assistance to Pwani RHMT toward the award management starting from receiving funds, implementation, reporting and closing. Since its inception THPS has funded and provided ongoing technical assistance to all RHMTs and CHMTs in supported regions to implement HIV and TB interventions. Indigenous NGOs funded include SHIDEPHA, BAKAIDS, TALIA, and through the Global Fund Project THPS is working with 13 national NGOs including NACOPHA, TNW+, MUKIKUTE, TANPUD etc. and 46 CBOs in implementing the community-based HIV and TB prevention KVP program.

This engagement included technical assistance in program management. THPS conducts to all its sub awardees financial management and compliance training each year to equip them with skill and knowledge to managed donor funded programs. Each sub recipient is paired with THPS Sub grant officer whose role is to review with them the quarterly financial reports. This is to ensure they comply to meet financial reporting requirements, and all government statutory requirements. Through this approach sub recipients have been equipped with practical skills on how to manage funds from receiving to reporting and receive ongoing support to manage challenges.

Three strategies were developed to achieve strategic objective two, which states (SO 1.2) To increase resources through sub granting mechanism by 50% by December 2020. Summarised as; advocate a sizable fund to be allocated to the sub-contracting line category, apply for funding opportunities with a big window for sub granting and increase the sub recipient's portfolio. Part of the performance is reflected in the paragraph above. In year 2016 THPS pass through grants to sub- awardees was at $ 1,182,199, currently in year 2020 the pass-through grant to sub awardees has been increased to $ 4,792,345.

2.8.2 Financial trend and projects funded

Financial trend

Below is the summary of financial trend two years after registration with a -focus on 2015-2020

Figure 2: THPS financial trend 2015-2020

Year of Operations	Funding Level in USD
2015	*12,829,377*
2016	*12,739,377*
2017	*12,553,993*
2018	*11,756,000*
2019	*12,900,000*
2020	*21,450,000*

2.9 HUMAN RESOURCE

2.9.1 Reward System

The ended SP (2016-20) had a pillar addressing human resource within THPS, with two strategic objectives. In implementing the first one, i.e. Support THPS staff to attend relevant staff development programs; staff are given time to attend development evening classes for relevant post graduate studies e.g. in public health, program management, business administration etc. Furthermore sponsored training is offered through allowing staff-attend in country seminars/ workshops within their line of their professions to further achievement of THPS programmatic objects. The second strategic objective i.e. to secure non-restricted funds, has not been achieved to the satisfaction level that covers all staff professional development needs. To date using THPS non-restricted Central Funds two staff have been supported to participate in international Workshops including SI Director who participated at the workshop funded by USAIDS on 'Health Informatics for Low and Middle Income Countries. in Nairobi (Kenya) in July 2018 and the Technical Advisor for Adherence and Psychosocial Support who participated in the second International workshop on HIV adolescence challenges and solutions in South Africa.

The strategic objective was to have THPS reward and retention system developed and implemented by December 2020. To this end THPS has developed an annual staff recognition for best performers where each year during staff annual retreat, best performers are awarded certificates and some token amount from THPS unrestricted fund based on staff proposed by the team through secret vote with clear objective justification. Another strategy in this strategic objective was to remunerate staff within market competitive salaries. In this aspect the achievement is 'yes' THPS is among NGOs paying on-going salary market rate in comparison with other NGOs in the same business.

To ensure retention of competent, motivated and committed staff, THPS provides carrier growth opportunities for qualified existing staff so that even if there is a job opening that motivates them, they will not move to other jobs. THPS internal staff promotion system ensures that when there are new openings, eligible internal staff gets first priority. Reward announcement during staff meeting is one form of open appreciation that is done for best performers. Good working environment and tools are provided to enable staff perform their work better. THPS observes staff remuneration practices according to the current market rates within the same industry.

2.9.2 Interns and volunteers

THPS engages interns and volunteers based on needs and availability of resources; and in response to trainees requests who fulfill internships as part of their graduate training. Interns/Volunteers are engaged in both operational and field (facility and community) program activities under the guidance of competent THPS staff, depending on a specific technical area. Each Intern/Volunteer has a job description developed with measurable deliverables. The organization has Interns/ Volunteer Policy which guides their placement and procedures.

Interns and volunteers undergo orientation and training in specific areas and are supervised by THPS staff in their units, after which they have to present and share reports proposing areas to improve THPS program and operations. Between 2016–2020 THPS has engaged 289 Interns/

Volunteers including two International Interns THPS use a set of basic forms for repetitive tasks (e.g. time sheets, travel expenses, regular staff reports).

2.10 MONITORING AND EVALUATION

The strategy related to ME was to develop data management plan and store data to enable evidence-based decision making at all levels. Achievements were made in the following areas:

- Developed several databases which are all in use (Patch Excel, Mer Info, Power BI, Kobo

THPS	Indicator	May-21	Jun-21	Jul-21
	INDEX Tested (TOTAL)	2,076	2,392	2,153
	INDEX Pos (TOTAL)	406	442	404
	Index Elicitation Ratio (TOTAL)	2.4	2.3	2.0
	IPV Screening	92%	96%	93%
	Index Testing rate (TOTAL)	89%	91%	93%
	Index Yield (TOTAL)	19.6%	18.5%	18.8%
	% INDEX POS Contribution	81%	79%	77%
	INDEX Tested (<15 yrs)	349	491	355
	INDEX Pos (<15 yrs)	15	21	17
1st 95	Index Testing rate (<15 yrs)	97%	95%	96%
	Index Yield (<15 yrs)	4.3%	4.3%	4.8%
	% INDEX POS Contribution	81%	79%	77%
	BCPE Tested	3,255	3,672	4,008
	BCPE Pos	68	86	81
	BCPE Eligibility rate	18%	21%	21%
	BCPE Testing rate	100%	100%	100%
	BCPE Yield	2.1%	2.3%	2.0%
	HTS_TST	8,519	9,290	8,939
	HTS_POS	502	561	523
	TX_NEW	791	917	759
	TX_NET_NEW	350	1,160	424
	% TX_NET_NEW (tx_new)	44%	126%	56%
	TX_NEW Refill		95%	91%
	SDI	96%	94%	97%
2nd 95	TX_CURR	63,897	65,057	65,481
	TX_CURR % Change	0.6%	1.8%	0.7%
	NET LOSS/GAIN	- 441	243	- 335
	IPT Completion	89%	87%	82%
	MMS	71%	72%	73%
3rd 95	HVL Coverage	90%	93%	92%
	HVL Suppression	97%	97%	97%

Pwani	Indicator	May-21	Jun-21	Jul-21
	INDEX Tested (TOTAL)	1,046	1,312	1,078
	INDEX Pos (TOTAL)	227	259	245
	Index Elicitation Ratio (TOTAL)	2.6	2.2	1.8
	IPV Screening	89%	99%	89%
	Index Testing rate (TOTAL)	84%	91%	91%
	Index Yield (TOTAL)	21.7%	19.7%	22.7%
	% INDEX POS Contribution	74%	71%	71%
	INDEX Tested (<15 yrs)	190	295	182
	INDEX Pos (<15 yrs)	6	9	9
1st 95	Index Testing rate (<15 yrs)	97%	97%	99%
	Index Yield (<15 yrs)	3.2%	3.1%	4.9%
	% INDEX POS Contribution	74%	71%	71%
	BCPE Tested	1,844	2,264	2,532
	BCPE Pos	56	75	68
	BCPE Eligibility rate	34%	42%	38%
	BCPE Testing rate	99%	100%	100%
	BCPE Yield	3.0%	3.3%	2.7%
	HTS_TST	4,611	5,760	5,384
	HTS_POS	305	364	344
	TX_NEW	475	618	493
	TX_NET_NEW	219	771	294
	% TX_NET_NEW (tx_new)	46%	125%	60%
	TX_NEW Refill		95%	92%
	SDI	95%	94%	97%
2nd 95	TX_CURR	43,566	44,337	44,631
	TX_CURR % Change	0.5%	1.8%	0.7%
	NET LOSS/GAIN	- 256	153	- 199
	IPT Completion	92%	86%	83%
	MMS	73%	74%	75%
3rd 95	HVL Coverage	91%	94%	92%
	HVL Suppression	97%	97%	97%

Kigoma	Indicator	May-21	Jun-21	Jul-21
	INDEX Tested (TOTAL)	1,030	1,080	1,075
	INDEX Pos (TOTAL)	179	183	159
	Index Elicitation Ratio (TOTAL)	2.2	2.3	2.4
	IPV Screening	94%	94%	96%
	Index Testing rate (TOTAL)	95%	92%	96%
	Index Yield (TOTAL)	17.4%	16.9%	14.8%
	% INDEX POS Contribution	91%	93%	89%
	INDEX Tested (<15 yrs)	159	196	173
	INDEX Pos (<15 yrs)	9	12	8
1st 95	Index Testing rate (<15 yrs)	98%	92%	94%
	Index Yield (<15 yrs)	5.7%	6.1%	4.6%
	% INDEX POS Contribution	91%	93%	89%
	BCPE Tested	1,411	1,408	1,476
	BCPE Pos	12	11	13
	BCPE Eligibility rate	11%	12%	11%
	BCPE Testing rate	100%	100%	100%
	BCPE Yield	0.9%	0.8%	0.9%
	HTS_TST	3,908	3,530	3,555
	HTS_POS	197	197	179
	TX_NEW	316	299	266
	TX_NET_NEW	131	389	130
	% TX_NET_NEW (tx_new)	41%	130%	49%
	TX_NEW Refill		95%	89%
	SDI	97%	95%	96%
2nd 95	TX_CURR	20,331	20,720	20,850
	TX_CURR % Change	0.6%	1.9%	0.6%
	NET LOSS/GAIN	- 185	90	- 136
	IPT Completion	84%	89%	80%
	MMS	67%	69%	71%
3rd 95	HVL Coverage	87%	92%	93%
	HVL Suppression	97%	97%	97%

Use of dashboard in monitoring the program's prefomance

collecta)

- Provided technical assistance to the MOHCDGEC on data management and storage.
- Facilitated health facilities to report electronically and financed and facilitated placement of Data Officers for five years in all electronically reporting Health Facilities.
- Capacitated all HFs to upload data on macro database on weekly bases and facilitated data backups in all HFs.
- Supported reporting program data in the national central database.
- Establishment of roving data officers to collect data in all HFs without electronic data reporting system using laptops.
- Supported the MOH Zanzibar to develop KVP ME tools

The main challenge in this area is related to gaps in documentation; i.e. filling data collection tools hence compromising data quality. THPS continues to build capacity. of health providers and conduct quarterly data quality assessments to address this gap.

2.11 EVALUATION AND RESEARCH

THPS has implemented a number of research and evaluation activities in collaboration with national IPs and US based international academic institutions as part of its mandate of contributing to evidence base for public health interventions. These include:

i. Improving maternal and neonatal health using the PEPFAR platform (MNH+) in collaboration with Columbia University (2011-16)

ii. Evaluation of prevention of HIV among PLHIV in TB settings (ICAP- Columbia University) (2016-17)

iii. Enhancing HIV Retention and Clinical Outcomes in Kigoma, Tanzania through Pediatric- and Adolescent-Friendly Services with support of (USAID/Measure Evaluation

iv. Basic Accountability to Stop Ill-Treatment (BASI); Study Protocol for a Cluster Randomized Controlled Trial in Rural Tanzania (Harvard School of Public Health) (2017)

v. Evaluation of using Community based Health services providers (CHBS) to provide ART in collaboration with Pop Council, Ifakara Health Institute and US Agencies i.e. DC, USAID, DOD (CDC/PEPFAR) (2014-18)

vi. Human Papiloma Virus (HPV) self-collected tests and mobile phones for expanded cervical cancer screening coverage in the limited resource, high-burden setting of Tanzania in collaboration with Ocean Road Cancer Institute and University of Minnesota-US. (2018 -19)

2.12 CONCLUSION, CHALLENGES AND FACTORS FOR ACHIEVEMENTS

Despite many achievements there were challenges faced in supporting the Government. For instance, some of the implemented projects are perceived as not addressing current government priorities; assertiveness and engagement at high-level during conceptualization of projects and areas of support is essential to ensure national priorities are addressed. This is partly because they may not be informed of donor priorities. There are different priorities between PORALG and MOHCDGEC, sometimes changes in leadership with shifting GOT priorities, which results in challenges facing program implementation. Key factors that have led to successes by THPS are:

i. THPS has developed a good organizational image in all Ministries it works with, given that it ensures high quality of its work, while working within existing systems to strengthen them.

ii. THPS engages with Ministries, local government authorities and civil society in all projects from planning of the project, implementation to the evaluation.

iii. Implements projects which address strategic plan/priorities of the government

Tanzania Health Promotion Support

CHAPTER THREE
SWOT AND STAKEHOLDERS' ANALYSIS

3.1 INTERNAL AND EXTERNAL APPRAISAL

3.1.1 Strengths and Areas for growth

THPS conducted internal appraisal in relation to its internal environment i.e. human and financial resources, staff and their skills, structure and systems, service delivery, management style and capability. During the process THPS examined its strengths to build on and weaknesses (areas for growth) to tackle. Interventions to build on its strengths and reduce weaknesses form part of strategic interventions in chapters four and five.

Table 5 : Internal appraisal -THPS Strengths

STR. AREA		STRENGTHS
HUMAN RESOURCE	i	THPS has robust staff retention strategies which have succeeded in retaining professional, competent and motivated staff in all key positions of the organogram
	ii	Passionate and committed staff who deliver results. THPS practice open and transparent communication, and annual team building and staff retreats
	iii	THPS is an equal opportunity employer with hiring policy and procedures which do not discriminate, gender, age, religion and tribe. All competent individuals are encouraged to apply
INSTITUTIONAL CAPACITY	iv	Presence of user friendly financial, procurement and accounting systems and operations policy and procedures in place to track, monitor, and report on grant funds in full compliance with Development Partners regulations and requirements so as to manage multiple projects and programs
	v	THPS has Standard Operating Procedures which comply with the Tanzania government statutory requirements. With the systems (above) together they have enabled THPS manage multimillion-dollar donor projects, with annual budgets of up to $ 15million
	vi	Existence of strong and clear organization culture as reflected in core values, vision, goal, constitutional objectives, and human resource
	vii	Presence of a strong and committed Board of Directors and Founders with vast and mix of experience in managing and implementing health programs, human rights, finance and management through the board committees, making THPs to have appropriate governance and leadership structure
	viii	THPS has a high degree of compliance with country i.e. Tanzania national rules and regulations and multiple donor requirements including compliance with from the Registrar of NGO in Tanzania and multiple donor funding protocols requirements (grants, cooperative agreements, assistance and contracts)

SERVICE DELIVERY	ix	THPS has extensive experience in managing and implementing public health programs including HIV care and treatment services, interventions targeted to KVP, RMNCAH, prevention of GBV, health laboratory strengthening and HMIS across targeted regions in over 600 healthcare facilities in Tanzania mainland and Zanzibar. Also, THPS has developed strong working relationships with national, regional and districts stakeholders and communities
	x	THPS has established linkages with private and public health facilities, grassroots Community Based Organizations and NGOs in 15 regions mainland Tanzania and Zanzibar to support effective referral networks for comprehensive HIV prevention, care and treatment across the continuum
	xi	THPS has demonstrated good past performance history which is demonstrated by implementing various five years funded programs, achieving planned targets, some of which have been closed with a smooth project closure and received follow-on funding
FINANCE	xiii	Established capacity for resource mobilization, diversification and utilization of funding opportunities from multiple funders and development partners such as PEPFAR, CDC, USAID, Global Fund, UNAIDS, Universities and private sector (CRDB Bank)
MONITORING, RESEARCH AND EVALUATION	xii	THPS has robust Monitoring and Evaluation systems to tract, measure organizational performance qualitatively and quantitatively to take appropriate action. Some of these have been adapted by other local NGOs. Additionally, THPS implements research and evaluation activities to contribute to public health knowledge through locally generated evidence

Table 6 : Internal appraisal -Weaknesses

STRA. AREA	#	AREAS FOR GROWTH (WEAKNESSES)
HUMAN RESOURCE	i	THPS does not have a well-defined and documented succession strategy and retirement policy
	ii	Staff capacity development and training programs are not funded adequately. The only funds received from the development partners donors are targeted to specific projects and program
	iii	Unplanned staff turnover creating discontinuity in service provision
INSTITUTIONAL CAPACITY	iv	THPS visibility and image is low despite her performance and providing supportive services, since it does not disseminate broadly the achievements through various platforms e.g. visual media
	v	THPS does not have integrated management information systems, as each system functions as a separate entity
	vi	THPS has not adequately invested in promoting and building partnership with the private sector, and does not have a documented partnership strategy

SERVICE DELIVERY	vii	Difficulties in retaining local expertise in running and managing programs, and inadequate resources to attract experienced and good international proposal writers
	viii	Most projects focus more on cases identification and treatment but very low in prevention e.g. in HIV programs
	ix	A very small Quality Improvement (QI) and GVB unit; both being important cross cutting areas
	x	THPS interventions are limited to and health e.g. HIV/AIDS, TB. RMNCAH etc.; there is great need of expanding into other social services e.g. water and sanitation as these are all determinants of health status
FINANCE	xi	Restricted funding for health facility infrastructure improvement for service delivery; a gap that hinders quality service provision
MONITORING, RESEARCH and EVALUATION	xii	Unavailability of senior officials to participate in periodic evaluation and dissemination of on-going programs Inability to implement more evaluations and research due to donor priorities and unsuccessful proposals focusing on research

3.1.2 Opportunities and threats and challenges

External appraisal i.e. influencing factors external to the Organization were identified and listed as opportunities i.e. areas to take advantage of and threats (major challenges) to guard against. These fall in one or more of the following; political, economic, social and technological, cultural. Strategic interventions and activities to utilize the opportunities and mitigation strategies for threats appear in other sections.

Table 7 : External appraisal -Opportunities

STR. AREA		OPPORTUNITIES
GOVERNANCE	i	The government has a clear public private partnership policy which allows NGOs to cooperate with government in implementing health programs and other health related interventions.
	ii	THPS has excellent working relationships with key stakeholders including MOHCDGEC, the PO-RALG, TACAIDS, NHLQATC, the NACP, Council Health Management Teams, RHMTs, CHMTs, National DCEA in mainland and Drug Control Commission in Zanzibar, Implementing Partners and the NTLP
FINANCE	iii	Development partners' currently have preference to fund local Non-Governmental Organizations and community-based organizations with less stringent conditions.
	iv	Progressive increase in the health sector budget has created more avenues to absorb staff who are being employed through THPS sub-recipient to be absorbed and get permanent employment with the Government, this demonstrates sustainability of the programs
	v	The United Republic of Tanzania established AIDS Trust Fund as the source of HIV local funding avenue and also the presence of other cooperate local funding avenues/Private Sector

Table 8 : External appraisal - Threats

STR. AREA		THREATS
HUMAN RESOURCE	i	Shortage of staff in the health facilities challenging implementation of new and existing interventions
	ii	Long distance between HFs and HIV clients challenging access to health services.
INSTITUTION CAPACITY	iii	Potential political change and leadership internally and externally (donor countries), which may attract policy and priorities changes, that can affect the current ongoing programs and funding
	iv	Lack of flexible funding, i.e. all funding is directed to specific projects and program which leaves gap in institution development funding, and create more dependence to donor funded programs
	v	New regulatory requirements, which may sometimes affect negatively Non-Governmental Organizations
	vi	Poor/inadequate infrastructure for service provision
SERVICE DELIVERY	vii	Natural calamities/pandemics e.g. Covid 19, floods which may impact on development partners, economy, movements, communication systems, travelling policies/regulations
	viii	Country cultural diversity and possible change in client's social behavior which negatively affects adherence to care and treatment e.g. the mushroom of false churches (cults)
	ix	Reduction in media involvement in public health educate and awareness creation on TB, HIV, AIDS, Maternal health, and cervical cancer. These are limited on isolated campaign days.
	x	Presence of stigma and discrimination in most parts of the country and negative community perception of KP
	xi	Limited awareness on Gender Based Violence and legal rights among PLHIV, key and vulnerable population
FINANCE	xii	THPS is 100% external donor dependent, which hinders flexibility in organizational budgeting and expenditure on institutional strengthening
	xiii	Lack of flexible funding and resources to attract experienced and good international proposal writers

3.2. STAKEHOLDERS ANALYSIS

3.2.1 Key Stakeholders

Stakeholder analysis took into consideration roles played by different actors without whom THPS cannot achieve its strategic objectives, goal, mission, vision and results. External appraisal has shown that opportunities to take advantage include close collaboration with central and local government authorities, Development partners, implementing partners, civil society and communities especially of affected populations, while supporting the MOHCDGEC to deliver quality health services. Below is a list of key stakeholders and their expectations from THPS.

Central government

THPS has excellent working relationship with the MOHCDGEC, MOH in Zanzibar the President Office Regional Administration and Local Government, PO-RALG, the Tanzania Commission for AIDS (TACAIDS), National Health Laboratory Quality Assurance and Training Center (NHLQATC), the NACP, NATLP, MSD, National Drug Control and Enforcement Authority (DCEA) in mainland and Drug Control Commission in Zanzibar and IPs. Noted already in chapter two that; THPS works within the national frameworks and policies.

Regional Administration and Local government Authorities (LGAs)

THPS interventions are mainly carried at the health facility level i.e.; dispensary, health center, district and regional referral and faith-based hospitals. All except the Regional referral hospitals are under local government administration and authorities through RHMTs and CHMTs. THPS consistently plan, implement and monitor health service delivery in partnership with the LGAs; hence making her contribution visible in collaboration with Regional Administrative Secretaries (RAS) and Council directors and health management teams. Members at health management teams at council level e.g. HIV health and community coordinators (DACC, CHACC); laboratory technologists (RTLC, DTLC), reproductive and child health coordinators (RRCHCo, DRCHCo), pharmacists, HMIS etc. provide technical support and link between the health facilities and the communities and implementing partners including THPS.

Development Partners

Development Partners support strategic plan by providing financial resources, technical assistance and partnership especially in global advocacy for issues pertaining to one of the constitutional objectives on PLHIV health, dignity and prevention. THPS is expecting long term commitment support from all her Development Partners such as USAID, CDC, UNAIDS, WHO and UN AGENCIES.

Civil Society including Implementing Partners

THPS collaborates with various Implementing Partners and Civil Society Organizations (CSOs) in programs implementation, monitoring and evaluation, cross learning and proposal development. These include NACOPHA, TNW+, SHDEPHA+, ZAPHA+, MKUTA and IPs : MDH, ICAP, University of Maryland Baltimore (UMB), Ifakara Health Institute, Baylor Tanzania etc. THPS through Global Fund Mlango project worked with 26 CSOs. Network of affected populations have first-hand experience on what interventions work and THPS core value if to meaningfully involve infected and affected populations. Civil society belong to communities and are familiar with the contexts an important resource for any interventions done by THPS to be sustainable and locally owned.

Institutions of high learning e.g. Universities

THPS underscores the need to collaborate with academic institutions on research and evaluations to provide local evidence based impactful interventions and build capacity of THPS staff in research. During the first Strategic Plan period, THPS successfully submitted and implemented proposals developed jointly with Columbia University, University of Minnesota and MUHAS. THPS is among the first institutions to adapt the virtual learning platform known as the extension of community health outcomes (ECHO) model in implementing the national health laboratory services strengthening project with University of New Mexico.

3.2.2 THPS works through the National frameworks

Central government is represented by Ministries' Departments and Agencies (MDAs) who provide guidance, standards, framework and policies to guide THPS's objectives. Through the HIV and AIDS policy, National Multi-sectoral Strategic framework (NMSF), Care and Treatment Plan, Health Sector HIV and AIDS Strategic plan (HSHSP), Gender Operational plan and Multi-Sectoral Prevention strategy, the Government defines her responsibility towards health, especially the focus interventions under pillar two. As seen under the external appraisal it was identified that the government provides the working environment, political will, resources and ARVs drugs through MSD. The most important THPS expectation is the continued support from the government departments and agencies closely working with.

Table 9 : Stakeholders' expectations from THPS

	STAKEHOLDERS	EXPECTATIONS FROM STAKEHOLDERS
i.	THPS' Development Partners such as; PEPFAR,USAID, CDC, UNAIDS, WHO and UN Agencies	○ Active responsiveness to donor and ad hoc requests ○ Service provision according to set national and international standards ○ Meet targets and compliance to grants and financial regulations ○ Contribute to Global priorities and targets e.g. 95-95-95 for HIV, and 90-90-90 for TB Accelerator ○ Adherence to branding and marking plans and visibility
ii.	Government Entities NIMR, MSD, NATIONAL PUBLIC HEALTH,LABORATORY TMDA, NTLP, NACP, LGAs, RS LGAs, MoHCDGEC, MIT TACAIDS, NACOPHA	○ Align THPS plans and strategies with government priorities ○ Contribute to reaching set national goals in all interventions e.g. increase identification of TB,HIV and Non Communicable Diseases (NCD) ○ Increase TB case identification ○ Training, mentoring and coaching of Health Care Workers, Community Health Workers and community members ○ Supply of essential commodities ○ Provision of stipend for Community Health Workers ○ Improve wellbeing of Key and Vulnerable population ○ To provide evidence to influence policy improvement ○ Comply to the regulator's requirement (registrar of NGOs) ○ Ensure retention and continuum care of the affected populations
iii.	Community based Organizations (CBO) and expert workers	○ Supportive supervision, motivation and empowerment of community health workers and expert patients ○ Strengthen community health systems and institutions ○ Timely financial resource disbursements and sub-granting ○ Strengthen their capacity to respond to funding Opportunities
iv.	Clients Communities, Adolescent girls, young Women PLHIV, Key and vulnerable population, Adolescent	○ Timely, quality, access and adequate health services in relation to HIV, Cervical cancer screening, ART and user-friendly services ○ Provide Income generating activities to PHLIV and other vulnerable populations ○ Provide nutrition and psycho-social support where necessary, HIV care and support information

v.	Health care service providers	○ Capacity building-training, mentoring support to health care and service provider ○ Make available medical products, laboratory supplies, maintenance of equipment and infrastructure to the health facilities ○ Enhance skills in clinical service provision especially for new interventions through ○ When available invite them in workshops/seminars for continuing education on clinical services, new procedures and practice ○ Sharing of new information and research finding on relevant clinical intervention ○ Support and provide working facilities, rehabilitation of working place, including workplace safety ○ Support and advocate for adequate staffing at various health system service delivery level

Table 10 : THPS Expectations from Stakeholders

STAKEHOLDERS		THPS' EXPECTATIONS
i.	Government	○ Guidance in National frameworks, policy and new technical information ○ Opportunity to participate in National level capacity building ○ Government to issue appropriate recommendations on THPS performance whenever needed ○ Funding to THPS to implement selected health interventions on its behalf
ii.	Implementing Partners in both national and international e.g. BMAF, MKUTA, MEDIA, MDH, Amref Health Africa, AGPAHI	○ Sharing and exchange of technical and operational research information ○ Collaboration in similar community interventions ○ Participation in joint reviews, evaluations and supportive supervision ○ Networking and linkages in improving health systems ○ Increase funding to address emerging public health threats program needs ○ Working together in national advocacy on health and human rights issues (stigma and discrimination) ○ Synergy and complementarity among Implementing partners
iii.	Development partners	○ Supportive environment to implement the strategic plans ○ Timely disbursement of funds ○ Periodic program review and performance feed back ○ Increase funding to address emerging public health threats ○ Provide flexible funding for Institution capacity development
iv.	Clients, suppliers of services and goods	○ Markets prices of quality goods and timely delivery of services and goods ○ Follow THPS procurement procedures, being transparent to government prices and tax regulation

CHAPTER FOUR - STRATEGIC OPTIONS AND STRATEGIC CHOICES

4.1 PRIORITY AREAS FOR 2021-2025

4.1.1 Choosing priority areas (Pillars)

The first THPS Strategic Plan (2015-2020) had four pillars as discussed in the previous chapters, i.e. a) financial sustainability; b) quality health services; c) governance and accountability; and d) retention of competent, motivated and committed staff. Key Results Areas, i.e. strategic objectives and strategies were framed around these four pillars. The process to reach the pillars or priority areas for the second SP (2021-2025) took into consideration of; **who we are**, **what we do**, **how we do** what we do, and **how we measure** what we do. Furthermore, THPS took into consideration lessons learnt from implementation of the first SP, the country context where THPS works and SWOCT/Stakeholders analyses described in chapters 1-3. The following are the guiding factors.

i. The vision, mission and goal focus of THPS will not change, i.e. *developing a healthy Tanzanian society, with increasing accessibility of high-quality health services for individuals*. To achieve this THPS strengthens the health system in partnership with communities, government, development partners, private and non-government sectors. Health service delivery or health related services delivery remains critical to reach the vision.

ii. Currently THPS implements its strategy through a number of projects which are still ongoing as per contractual agreements, which go beyond the first THPS SP 2016-20 into life time of the new strategic plan period.

iii. As it has been demonstrated in chapter two, segments of the ending strategy are still going on and in support of the above factor, the Country frameworks highlighted in chapter 1 which guide THPS are still going on e.g. NMSF IV.

iv. Covid-19 the global pandemic is a new major global challenge that has necessitated changes in how organizations and countries work e.g. air travel, tourism, economic impact, and health facility-based operations i.e. direct site support, Emergency preparedness has become a priority.

v. Setting priorities for SP also took into consideration the continuing need of financial and human resources for a successful implementation of the strategic plan.

vi. In addition to its mission and goal requirement, THPS needs to strengthen its internal capacity to deliver quality services to the clients.

4.1.2 Identified Key Result areas

THPS Key Result Areas in this new SP will be formed around four priority areas, based on the factors provided above in Section 4.1.1, i.e.

I. **Organizational capacity** (Human resource, financial resources, governance and management, visibility, partnerships, accountability and sustainability)

II. **Health service delivery** (Interventions: Non-Communicable disease, HIV, TB, KVP, emergency preparedness , maternal and child health and water hygiene and sanitation-WASH)

III. **Health system strengthening** (health laboratory services, supply chain management, enhancing skills of health care workers, and supporting ministries in health policy development)

IV. **Monitoring and Evaluation** (Information system, data management, ME system, Research and evaluation, Monitoring and Evaluation Plan)

4.2 VISION MISSION GOAL AND CORE VALUES

4.2.1 Vision, Mission and Goal

THPS vision and mission and to a large extent the goal and core values remain the same as there are in the SP 2015-2020.

Vision: A healthy Tanzanian society where every individual has equal opportunity of accessing high quality health services

Mission Statement: The vision is realized through strengthening the health system in partnership with communities, government, private and non-government sectors.

Goal: To support the Ministry of Health, Community Development, Gender, Elderly and Children, (MOHCDGEC), Ministry of Health (MOH)in Zanzibar and other health related ministries in the United Republic of Tanzania (URT) at national, regional, and district level in health services delivery.

4.2.2 Core values

THPS core values will continue to bind us together and form THPS 'organizational culture'. These are; **Commitment**, **Good Governance**, **Equal Opportunity**, **Innovation**, **Meaningful involvement of affected populations including PLHIV (MIPA)**, **Partnerships**, **Quality Performance**, **Social Responsibility**, **Sustainability** and **Teamwork**. Each core value is explained below.

THPS management ensures that staff is regularly reminded of these values through different avenues. For instance, each year THPS conducts staff retreat for all staff including field-based ones. Given the enormous team expansion from 34 in 2016 to 162 in 2020, this is no longer feasible. To address this, THPS has since 2019 planned to have two levels of staff retreats: a) Strategic leadership retreat and b) Staff day out for each regional team. During such occasions THPS invites experienced motivational speakers who discuss agreed topics and problem-solving through various approaches i.e. group discussions and presentations. Also, in the Strategic retreat which brings leaders of all projects at all levels from management to district teams. THPS performance in general is discussed and leadership skills and building high performing teams. In both occasions and staff also socialize. All activities continue to strengthen organizational culture and enhance THPS team cohesion. Each core value is expounded below.

Commitment: We aim for loyalty trustworthiness and devote to an activity to its end.

Good Governance: We strive for good leadership, accountability, transparency and stewardship

Equal Opportunity: We recognize our role of providing equal opportunities without discrimination in all aspects.

Innovation: Recognizing health issues especially HIV/AIDS, TB and reproductive health have diverse effects beyond health, we will need to adopt different approaches to tackle the challenges.

Meaningful involvement PLHIV (MIPA): Recognizing that involvement of individuals affected by various health burdens e.g. PLHIV, key and vulnerable populations is mandatory to eliminate stigma and empower community.

Partnership: We recognize that no one single entity can successfully address the health burden and hence the need to develop alliances.

Quality Performance: We strive for high standards and provision of highest quality health services.

Social Responsibility: We recognize and understand our responsibility to the local communities in which we operate and practice.

Sustainability: THPS believes that its role is to successfully demonstrate effective and cost-efficient program models that can be integrated within the health system, and be adopted by Government and other Non-Profit institutions. This will enable THPS to reach scale and ultimately achieve long-term sustainability.

Teamwork: We believe that teamwork is superior to our isolated individual's efforts. We encourage individual contribution towards realization of team goals.

4.3 ORGANISATIONAL (INSTITUTIONAL) CAPACITY

4.3.1 TPHS Internal systems capacity

Strategic Objective 1:

To increase THPS Institutional capacity in supporting delivery of program activities efficiently and effectively by having strong governance, finance, Human Resource, procurement and IT systems by 2025

As noted in the previous section the organizational capacity is the ability and capability of THPS to deliver its objectives. Internal capability encompasses; competent and committed staff, communication and systems through which THPS operations are conducted i.e. financial resources and systems, governance and procurement, ICT, management style, and how THPS positions itself to deliver health services. Strengths identified during the SWOCT and stakeholders' analyses are to be used to implement the organization services, efficiently and effectively, while applying activities that will reduce the weaknesses. From performance overview in chapter two, it is evident that THPS is a fast-growing organization expanding its programs scope and coverage across the entire country. Therefore, there is a need to increase its capacity, strengthen systems and promote THPS visibility, build partnerships in order to enhance strategic collaboration with key stakeholders, influence policy change and foster demand creation among the clients. THPS need to be placed as one of the key players in health sector and beyond. The paragraphs below address the main sections of the organization capacity which include; human resource (THPS staff), visibility, partnership and finance.

4.3.2 Policy and Procedures on Human resource for health

In order to guide the staff in reaching and making their contribution to the organization, all have written job descriptions which detail expectations and hold them accountable for their roles in THPS. Each year performance evaluation will be conducted for all employees; however, at induction and during staff retreats, supervisors are guided to provide continuous feedback (positive and areas for improvement) to their supervisees, at the same time to encourage open communication. Written expectations are used to guide staff performance reviews, for each supervisor and supervisee as they sit together to set the following year performance objectives and staff training needs assessment. Individual operating plan will be the source of agreement between supervisor and staff. Directors, managers and supervisors are tasked to carry the roles of coaching, capacity building and mentoring of the staff reporting to them, as they guide them through their carrier path.

Regarding capacity building, THPS has no formal training plan in place, because financial resources are tied to the project activities as seen under weakness analysis. However, when the training is necessary for a staff member to perform his/her roles, then professional seminars and workshop are recommended by the relevant supervisor, and resources are consolidated for that purpose. Another window of opportunity is when there is a national coordinated program say on new guidelines for a specific disease; relevant staff will be encouraged to participate in the training. THPS provides paid time for staff to attend training while working as well as shadowing (staff being allowed to shadow supervisor/manager, this is a form of coaching and mentoring. THPS will update the Human Resource manual to include strategic recruitment and state age limit of retirement by categories of expertise.

4.3.3 Strategic Interventions for Human resource for health

Ultimately the strength and important resource of any organization including THPS is its people. THPS has a fairly large team (as of December 2020, there were 162 staff well-trained professionals, each one well positioned to accomplish the desired project, program and organizational objectives. This is ensured by having clear lines of responsibility, authority and accountability under the Board of Directors responsible for governance, and headed by the Board Chairman, who is also among the Founders of THPS. During the next 5 years THPS needs to retain and motivate highly skilled and qualified staff to be able to deliver in all awarded projects. Despite the limited resources for staff development, THPS will seek resources through unsolicited grants that allows indirect cost charges including the private for-profit sector to get flexible funding and cover staff development needs. THPS will continue implementing comprehensive recruitment and HR systems to be able to motivate and retain skills to employees. Approaches to retain competent staff by THPS include:

Human Resource Strategic Interventions and Results

SN	Strategic Interventions	Expected results
1.1	Define and review THPS organization Policy and Procedures on HR	THPS scheme of service revised every five years to match market prices
1.2	Improve and maintain staff compensation and benefits	Staff compensation improved by minimum of 3% across all staff annually to adjust for a COLA increase. Other changes will be based on merit and promotion.
1.3	Develop and implement staff capacity building plan	Staff capacity building plan established and in use by 2021
		25% of staff developed professionally by 2025
1.4	Recruit and retain qualified, committed and capable human capital	75% of qualified staff is retained for four years
1.5	Develop Comprehensive electronic Human Resource Management system	A user-friendly electronic HR system established
1.6	Implement and maintain Work place safety and risks for employees	Availability of OSHA certificate/compliance of OSHA regulation

4.3.4 Financial resources capacity

Fund raising strategy

THPS financial resources come largely from grants; hence, the main strategy is to respond to solicited and unsolicited funding opportunities from THPS Development partners, philanthropies and the private sector. The THPS active Board Resources Mobilization and Technical Committee' has an important role of providing strategic guidance to the management in mobilizing resources and approaches for fund raising. In the last three years the Committee successfully strategized with THPS management to ensure diversification of donors. In soliciting for resources, THPS builds capacity of its staff in grant proposal writing by all directors, senior and mid-level managers participating fully in proposal writing, an approach that has enhanced capacity of THPS staff in proposal writing skills.

Accountability of funds is ensured by THPS preparing monthly, quarterly and annual financial, as well as program performance reports to the GOT and donors as per NGO Act 2002 (and its amendments) and donor contracts respectively. The financial status of THPS is reviewed at least semi-annually by the Board of Directors through the Board Audit Committee. THPS has a Compliance Unit which ensures that all resources under THPS custody are used on allowable activities with reasonability and efficiency. Internal as well as external accountability is also ensured by THPS conducting both Institutional Audit as per the country and donor's requirement observing the International Financial reporting standard and Funds Accountability Audit for donor specific.

Rationale: responding to funding opportunities

THPS management is continuously responding to relevant funding opportunities, including research, concentrating mainly on those targeting local NGOs and where necessary in partnership with experienced international NGOs and Universities as technical assistance partners. During the SP I implementation THPS was awarded eight (8) projects of varying scope and funding levels as highlighted in Table 5 section 2.8.1; resulting into an increase of 90% of financial resource compared to 2015. In 2020 alone THPS was awarded three five years awards; two from USAID (Police and Prisons Activity; TB and Family Planning Facility Solutions LON Activity) and one with CDC. THPS has also successfully applied Global Fund resources and will be granted as a sub-recipient to Amref Health Africa from 2021-23.

Other smaller grants include the US Ambassador Fund for HIV/AIDS relief (AFHR), a one-year grant from October 2020 – September 2021. As of 2018 THPS has been implementing projects in all regions and districts of URT. THPS will continue to maintain this performance, increase diversified funders to provide financial support for the programs in other health burdens and social services e.g. water, hygiene and sanitation (WASH), NCD, Malaria etc. In addition to that, THPS needs to ensure strong financials systems to ascertain accountability and excellence in all grants attained in line with the archived targets.

Challenges experienced in responding to opportunities include;

- Stiff competition from experienced International NGOs that have resources to run business development units hence produce competitive proposals
- Time constraint in proposal writing while implementing other projects to ensure deliverables are met
- Limited resources for staff development in proposal writing. This skill needs to be built with guidance from experts
- Lack of resources to attract experienced and good international proposal writers

Financial resource strategic interventions and results

	Strategic Interventions	Financial resource results
1.7	Develop sound financial management with financial manual governing THPS daily financial transaction	THPS financial manuals revised every five years by a minimum of 50%
1.8	Expand THPS fund base and growth through responding to new funding opportunities	THPS successfully responds to 5 five funding opportunities every year, solicited and unsolicited
1.9	Integrate financial management information systems to improve internal controls and segregation of duties	Procurement system integrated with financial system electronic by ……

1.10	**Ensure compliance with donor and national laws and regulations**	100% of donor reports and other relevant GOT legal documents and donors are timely submitted. 98% of THPS transactions are cashless by 2025 except petty cash. Procurement system integrated with financial system electronic by 2021
1.11	**Conduct staff capacity building in grant proposal write up and grant management**	
1.12	**Decentralize budget ownership to Activity Managers**	100% decentralization of field activity budget and own by Activity managers by 2021

4.4 GOVERNANCE AND LEADERSHIP

4.4.1 THPS Board of Directors and Founders

THPS Board of Directors and Founders supports the organization and provides governance, direction and purpose.

Like other Boards it has collective functions as well as individual board member roles all aligned with THPS vision, values and verification. Roles directly related to the strategic plan:

- Determines vision and mission and is the custodian
- Sets reviews and guides the Organizational strategy and participates in its development
- Ensures that Strategic Plan is in accordance with the vision and mission of the organization
- Evaluates the progress of strategic objectives (in strategic plan) achievement.

Other functions that are related to the strategy achievements include:

- Ensures adequate organizational resources, evaluates the effectiveness of organizational services.
- Involved in resource mobilization- sets fundraising goals, participates in marketing
- Reviews audit report and ensures actions to recommended and current findings or query
- Enhances public image and visibility of the organization
- Ensures legal and ethical integrity and maintains accountability

THPS Board Members are experienced with a mix of competences in various fields including; public health, maternal and child health, reproductive and sexual health, judicially, human rights, financial management, policy, research, health system, management, HIV/AIDS/TB, audit, internal control and risk management.

Looking at the board members profile, THPS has the right board members. The Board composition takes into account gender, competences, skill mix and experiences across various and professions. Board members' terms are in the board constitution; i.e. three years tenure renewable for one additional term. Board members are trained in corporate governance issues and are oriented on their roles and responsibilities through engagement of Consultants. Capacity building for new board member is planned to improve board performance. At the end of each year board members led by the Chairman review the performance of the Executive Director based on his/her written job description. Each Board meeting is preceded by committee meetings which carefully examine issues with accompanying evidence and advice the entire Board. *See Annex 4 list of Board of Directors*

THPS board fulfils the functions of the Board, i.e. it meets twice a year unless there is a pertinent issue then extraordinary board meeting is called. Meetings are conducted in open and interactive atmosphere where board recommendations and directives are worked and report shared. Agenda are sent in advance by the Executive Director who is supported and mentored by the Board Chairperson. Performance appraisal of the Executive Director is done by the Board members. During board meetings the senior management staff makes presentations on THPS performance.

4.4.2 Governance strategic interventions

Governance is critical in portraying accountability to the government of URT, development partners, and other stakeholders, and to ensure stewardship of resources entrusted to the organization. THPS' Board charter which describes board roles and accountabilities, strategy for board's success, operation procedures, core competences of the board, individual and committees' tasks are under development. Governance strategic interventions are highlighted below:

Governance Strategic Interventions and Results

SN	Governance strategic intervention	Results
4.1	**Develop financial resource mobilization strategy**	Financial resource mobilization strategy developed and in use
4.2	**Appoint top management by that will represent the organization in a more fiduciary (trustee) duty**	
4.3	**Develop Board charter (Board Operational Manual) to improve performance of its governance duties**	Board Operational Manual developed and in use

4.4.3 Visibility and reputation strategic interventions

One of the strategic objectives of the ending strategic plan is to increase visibility and reputation profile of THPS; to positively influence stakeholder's perception of TPHS by December 2020. These were to be attained through two strategies i.e. to identify a niche program area e.g. cervical cancer intervention to brand THPS, and sponsor and participate in regional and national events addressing key health issues. While TPHS is doing work in cervical cancer prevention it has not reached to the extent expected in terms of attracting big funding for CECAP, or being branded as CECAP pioneers.

THPS participates in national events every year including World AIDS Day, public health conferences e.g. Tanzania Health Summit, Pediatric Association of Tanzania Meeting, Quality Improvement forum where some of THPS work is disseminated, through presentations, exhibitions and testimonies by beneficiaries. THPS has also participated in a few international conferences e.g. International AIDS Society, World Lung, etc. THPS has also been sponsoring health providers and champions to participate in the above-mentioned national forums; however, lack of flexible funding has limited ability of THPS to provide sponsorship to a large number of health care workers. THPS should explore opportunities to build partnerships with others so as to expand linkage and networks of THPS. THPS continues to do a commendable work on cervical cancer as part of its niche program through clinical services and research; yet more needs to be done to brand THPS in this area such that it can attract big funding opportunities and build its image.

Suboptimal visibility of THPS was an important concern by stakeholders. Stakeholders also observed that THPS may be overshadowed by other partners under their consortium. During this implementation there will be a need to promote THPS visibility to enhance strategic collaboration with key stakeholders while clearly showing the role of THPS, influence policy change and foster demand creation among the clients. THPS needs to be recognized as one of the key players in contributing to key health sector achievements. The following are the strategic interventions.

Visibility Strategic Interventions and Results

SN	Governance strategic intervention	Governance Results
4.1	Have policy briefs which will be distributed to all stakeholders on all project reports and should be cross cutting	Annual THPS policy briefs developed and distributed
4.2	Develop and distribute policy briefs, youth friendly message on achievements to stakeholders	Presence of communication unit by mid-2023
4.3	Redefine THPS marketing approach of its different products in terms of channels of distribution, promotion and prices involved	Marketing approaches and communication channels established by 2022
4.4	Create a communication and advocacy unit that will focus on promotion and increasing THPS visibility	Communication staff already hired who will oversee the marketing communication section
4.5	Produce and disseminate quarterly newsletters be it electronic or printed through social media and group emails to different stakeholders.	Newsletters issues quarterly to 25% of newsletters
4.6	Seek and utilize advocacy avenues at regional and local forums	At least THPS participate in two national events each year and given slot to present its activities, i.e. poster and demonstration booth.

4.4.4 Building and promoting partnerships

Much as Governments need to partner with non-profit private sector so as to utilize opportunities inherent in synergy for comprehensive development and service delivery for the people, Non-Governmental Organizations also need partnerships. Partnership could be with the Government, Ministries, other implementing NGOs, and or private sector both profit and non-profit making.

Clear strategies have been developed on partnerships .Key components of partnerships such as accountability, trust, respect, transparency, participation, clarity of goals and roles between partners are needed. THPs will follow important steps in promoting partnerships such as seeking joint understanding of potential partner goals, vision, mission and joint areas of collaboration with potential partners. Other steps include but not limited to; agreeing on coordination mechanism, shared plans and monitoring partnership performance. Given the inherent importance of partnership for organizational growth a separate strategic objective is developed.

5.4 HEALTH SERVICE DELIVERY

Strategic Objective 2

To support increase and access of quality, person centered and comprehensive and user-friendly health services delivery by 2025.

5.4.1 Rationale for health service delivery

As noted already THPS contributes towards the achievement of the national priority impact results which are: AIDS related deaths reduced by 50% in 2020; 70% in 2023 and Zero stigma and discrimination by 2030, attainment of progress towards global elimination of HIV through 95-95-95 by 2022; and TB global accelerator to meet the UN target for treating 40 million people by 2022. THPS supports Tanzania National Multisectoral Strategic Framework for HIV and AIDS 2018/2019 to 2022/23 (NMSF IV)core program activities i.e. care and treatment, KP, HIV Testing services (HTS) and Elimination of Mother to Child Transmission of HIV (eMTCT).

The main achievements under health service delivery appear in various sections of chapter two. Even with the achievements scored several and general challenges were noted in course of implementation and few deserve attention as they will need to be addressed by SP strategic interventions. These challenges are:

- Shortage of human resource for health (HRH) in the health facilities hampering implementation of new and existing interventions
- Recurrent and unplanned staff turnover creating discontinuity in service provision.
- Lack of conducive health infrastructure for service provision
- Long distance between health facilities and (HIV, TB, SRH)clients challenging access to health services.
- Stigma and discrimination associated with HIV, TB and KVP

The above factors and other challenges have led to suboptimal attainment of global and national targets still affect service delivery. Many individuals (PLHIV, KVP, elderly) still experience limited access of service due to distance, inability to meet the required medical costs. Availability and equity, lack of resources for health insurance to poor and elderly people. Quality is another area that is affected by knowledge gaps among health services providers, staff shortages, inadequate infrastructure and funding for health-related interventions at council levels.

Often times the continuity of services is impaired by recurrent shortages of commodities/supplies and lack of ownership of donor funded projects. In some instances, services are not person centered, not well coordinated and some providers are not accountable to clients.

The identified Health service delivery components during SP 2021-2025 include: Support MOHCDGEC, MOH in Zanzibar and LGA through facility and community systems strengthening to:

a) Promoting effective client centered continuum HIV prevention, diagnosis linkage to and retention in care and treatment, including TB and TH/HIV collaborative service
b) Scale up of Family Planning through integration into other health services
c) Delivery of user friendly Adolescent KVP and services
d) Providing basic and comprehensive emergency maternal and newborn care services (BENMOC, CEMOC).

THPS will also expand its Non-Communicable Disease (NCD) interventions within HIV services and beyond, explore to support facility and community-based interventions that support elimination of Malaria and WASH. THPS will seek alliances with experienced organizations to initiate interventions on Emergency preparedness.

5.4.2. Comprehensive HIV prevention, care support and ART strategic interventions

Factors for success in the ended strategic plan will be employed in SP II, these include;

i. Capacity building and coaching through the whole cascade of identification and successfully linkage of newly identified HIV positive individuals
ii. Good collaborations with RHMTS/CHMTs, health care workers, community owned resources people, civil society and other stakeholders.
iii. Become early adaptors and implementations of new innovations e.g. Index Testing with Fidelity, community ART, etc.
iv. Frequent support to health facilities, RHMT, CHMT through district tailored approach
v. Strong SI system (Use of Electronic Data base across all Supported Facilities) and internal System for data analysis including weekly performance review with the facility staffs and program team
vi. Meaningful involvement of affected individuals i.e. PLHIV and key and vulnerable populations to support service provision

HIV related strategic interventions and results

	Strategic Interventions	Results
2.1	Implement comprehensive prevention, identification, care, treatment of HIV in the communities	All 95-95-95 targets are met by 2025
2.2	Facilitate comprehensive supportive services to PLHIV through effective referrals to social services	
2.3	Support LGA to own and sustain comprehensive prevention, identification, care and treatment of HIV	25% of the sub granted activities are budgeted in the CCHPs by 2025
2.4	Strengthen program and financial management capacity of community-based civil society organizations	2 compliance and financial management training conducted to each sub-recipient by the end of the year 2025

5.4.3 Maternal Newborn, Reproductive, Child and Adolescent health (MNRCAH)

Activities that are on-going in providing MNRCAH related services to children and adolescent include; Adolescent camping, special clinics for children/and Adolescents living with HIV, special viraemia clinics i.e. for children/adolescents with high HIV Viral Load, adolescent clubs with annual adolescent camps and family centered clinics where children/adolescent attend clinical services with their care givers/and parents during their clinic. Challenges line inconsistent availability of favorable drug formulations among children, lack of disclosure of HIV status for adolescents, and shortage in number and skilled health providers; continue to remain as a barriers for optimal health outcomes. Another challenge in providing service is the shortage of financial resources to support scale up cervical cancer prevention services equipment to all supported health facilities and inadequate M&E systems that monitor national CECAP plan.

Maternal, Newborn, Reproductive, Child and Adolescent health (MNRCAH) interventions and results

	Strategic Interventions	(MNRCAH) results
2.5	Strengthen prevention of mother to child HIV transmission and facilitate early infant diagnosis (EID) to HIV exposed Infants	Mother to child HIV transmission is less than 2% annually.
		95% of HIE are diagnosed within two months of birth
2.6	Improve pediatric HIV case identification, referral and linkage to appropriate treatment regimes	95-95-95 targets for HIV infected children and infected women living with HIV are met.
2.7	Integrate youth friendly health services to adolescents including sexual and reproductive services	Contraceptive Prevalence Rate (CPR) increased from 32% to 45% among THPS supported regions by 2025.
		100% of district hospitals and FBOs establish youth and adolescents' clinics within RCH Clinics as per MOHCDGEC One Plan II

5.4.4 Key and Vulnerable Population

THPS achievements in supporting health services provision to the KVP are described in chapter two. Strategic Plan 2021-2025 intends to do more; the focus will be to strengthen access to client centered comprehensive health services to all vulnerable groups i.e. FSW, PWUD, PWID, MSM, OVC, AGYW, students in high learning institutions (HLIs) who live in rented accommodation outside campuses. Others are mobile populations including long distance truck drivers, people in mining and construction industries, fisher folks and fishing communities, plantation workers, displaced people, people in closed settings, e.g. prisoners, and people with disabilities as they are at risk for HIV infection acquisition.

Factors for success: good collaboration with political leaders, law enforcers, RHMTS, CHMTS, community platforms, Peers and other Stakeholders; using evidence-based approaches including snow ball, sexual and needle sharing index testing, one to one HIV testing in identification of KVP. However, the challenge of discrimination against among KVP is yet to be overcome.

Key and Vulnerable Population Strategic Interventions and Results

	Strategic interventions	Results
2.8	Increase number of KVP accessing comprehensive and friendly health care services	All 95-95-95 targets for KVP are met by 2025
2.9	Advocate for an enabling environment to facilitate access to services and promote health-seeking behavior among KVP	25% of the KVP are supported economically through IGA groups by 2025
2.10	Capacitate KVP on livelihood skills to minimize risk of exposure to relevant health burdens	25% of hospitals and Health Centres in THPS supported regions establish KVP friendly services
2.11	Empower and support economic development for vulnerable groups to minimize risk of exposure to relevant health burdens groups	80% of KVP in THPS supported regions are linked to social and Psychosocial support
2.12	Provide social and psychosocial support to vulnerable populations and PLHIV	75% of KVP are reached for BCC interventions annually
2.13	Promote behavior change interventions for KVP and PLHIV	All KVP are screened for TB and STI and all those confirmed are treated annually
2.14	Collaborate with political leaders, law enforcers and civil society networks to address stigma and discrimination against KVP	100% of KVP reached screened for Tuberculosis

5.4.5 TB and TB/HIV services

The achievements noted in chapter two under TB services are a result of factors mentioned in other sections and relate to collaboration with regional and district health management teams, capacity building to health care workers and coaching through the cascade of identification and successful linkage, robust data driven approaches, and meaningful involvement of PLHIV. These factors are imperative in implementation of TB service delivery. THPS will collaborate with NTLP and other stakeholders in implementing TB activities that aim in increasing access to facility and community-based TB services including diagnosis, linkage to and retention in TB treatment. THPS will adhere to National TB strategic plan 2021- 2025 by supporting the implementations of the following strategic interventions.

TB and TB/HIV Services Strategic Interventions and Results

	Strategic interventions	Results
2.15	Scale up and strengthen TB/HIV collaborative activities including co-comorbidities at the health facilities	TB Diagnostic capacity increased in 90% THPS supported HFs by 2025
2.16	Increase TB and MDR-TB case notification and treatment coverage in TB project at all levels from health facilities and communities	All THPS supported hospitals, HC and 50% of dispensaries provide TB treatment (DOT)
2.17	Address barriers to access, utilization and the needs of the vulnerable populations for TB care and prevention services	4 TB Centers of excellence (COE) are established in THPS supported regions
2.18	Promote TB integration services into OPD, RMCH in all Health facilities where THPS support	95% of eligible PLHIV in care provided with TPT TB services are available in OPD and RMCH of 95% of THPS supported HFs
2.19	Promote TB screening among PLHIV in care and treatment	95% of PLHIV in THPS supported HFs are screened for TB annually and 100% of Presumptive TB are referred for diagnosis
		70% children of TB contacts in THPS supported HFs are provided with TPT by 2025
		95% of eligible PLHIV in care provided with TPT

5.4.6 Non Communicable Diseases

The trend in Non-Communicable Disease as a cause of morbidity and mortality is changing towards developing countries including Tanzania. Among NCD major cause of death are; hypertension, and other cardiovascular diseases, cancers and diabetes. Tanzania has not been spared in-terms of the rising NCD as a public health problem where the prevalence of NCD is rising too. Tanzania under the support of WHO has a NCD response program aimed at strengthening health care system in order to respond to NCD through prevention, detection, and managing complications. PLHIV are increasingly having a burden of NCD contributed by lifestyle and partly due to ART. THPS can support in raising awareness on symptoms, signs and risk factors of NCD. Can also build internal capacity on training health service providers to detect and manage the NCD.

As for interventions on cervical cancer THPS will increase its involvement, this being one of the organizations niches. Cervical cancer screening using VIA was launched in over 300 sites nationally in 2011 (Ministry of Health 2016). Primary prevention of cervical cancer by using HPV vaccination has been introduced also in Tanzania. THPS' approaches support is line with HSHSP IV, which has an outcome of reaching 60% of female clients of 30-50 years being screened for cervical cancer using VIA and treatment of early lesions with cryotherapy at RMCH and CTCs launched in the country.

Non Communicable Diseases Strategic Interventions and Results

SN	Strategic Interventions	Results
2.20	Integrate NCD screening services in health facilities for early identification of hypertension, Diabetes Mellitus, mental health and prevention of Malnutrition and motor traffic injuries	95% of THPS supported HFs have integrated NCD screening services by 2025
2.21	Create awareness and advocate to communities on NCDs -National and Regional stakeholders	75% of supported health facilities screen for Diabetes, Hypertension and Malnutrition (Obesity)
2.22	Cervical Cancer Prevention, screening, integration, referral and treatment of cervical cancer in health facilities and surrounding community	100 % hospitals and 50% of all health Centers supported by THPS provide cervical cancer screening and referral services
		95% of Women Living with HIV receive CECAP services
2.23	Develop M&E systems that monitor annual CCS among (WLHIV) and screening of other women every three years	M and E systems that monitor annual CCS established and functional.

6.5 HEALTH SYSTEM STRENGTHENING

6.5.1 Health systems strengthening identified components

Strategic interventions here fall under laboratory services, supply chain management with other blocks appear in different sections. The factors that made achievements during the ended SP will be applied as lessons, these are:

- Collaborative approach with MOHCDGEC and MOH units, PORALG units and other relevant stakeholders.
- Innovative approach; identifying best practices and scaling up to more geographical areas.
- Setting ambitious internal indicators in addition to donor indicators to ensure achievement of work plans.
- Well qualified and motivated THPS staff

Strategic Objective 3

To increase availability of quality and accessible health services through supply chain, logistics, laboratory services provided by skilled service providers at all levels of the health system by 2026.

6.5.2 Laboratory health services strategic interventions

Few health laboratories in Tanzania are currently implementing quality management systems (QMS) with unstable specimen transportation network which lead to low quality of laboratory results leading to client's mismanagement. In the second SP 2021-25 THPS commits to continue strengthen laboratory systems and services using the following strategies

Laboratory health services Strategic Interventions and Results

	Strategies Interventions	Results
3.1	Promote integrated specimen referral and results feedback mechanism	TAT reduced to meet the MOHCDGEC guidance annually
3.2	Improve laboratory quality management system from National, Regional, District and Facility level	More than 75% of HF trained on quality laboratory services
3.3	Increase access to the national diagnostic capacity of the national health laboratory services (NHLS) network	80% of proportional laboratory access to national health laboratory service by 2025
3.4	Strengthen laboratory information systems and availability of laboratory data for decision making	More than 75% of HF report through laboratory information system by 2025
3.5	Build capacity of health service providers in quality laboratory services	50% of Lab participating in QMS to achieve 3 stars of SLMTA by 2025

6.5.3 Supply Chain Management strategic interventions

Challenges in electronic logistic management system (eLMIS) and inadequate skills of forecast, ordering and reporting of health care providers lead to frequent stock out of medicines and commodities. Strategic interventions to be employed include:

Supply Chain Management Strategic Interventions and Results

	Strategic Interventions	Results
3.6	Support timely and uninterrupted availability of commodities and Medicine for quality health services	Service interruptions due to shortage of supplies reduced by 95% by 2025
3.7	Enhance skills to electronic logistic management system to forecast order and report timely reporting	
3.8	Strengthen continuous availability of quality diagnostics and medical supplies at all health services delivery levels	95% of Request and Report (R&R) are prepared correctly and submitted timely annually
3.9	Periodic Preventive maintenance (PPM): Support MOH on Strengthening the PPM system for easy health diagnostic services provision	
3.10	Support availability of appropriate infrastructure for smooth and quality health service provision	15% of HF supported with appropriate infrastructure

Tanzania Health Promotion Support

CHAPTER FIVE
IMPLEMENTATION ARRANGEMENTS

7.1 MONITORING AND EVALUATION

Strategic objective 4

To strengthen Monitoring and Evaluation (M&E) system that ensures tracking and identification of quality data to inform strategic decision for delivery of quality health services by 2025

7.1.1 Narrative description

The department of M&E has the overall responsibility for proper functioning of monitoring and evaluation systems (all components) in collaboration with the senior management team. THPS M&E department core role in this SP is to track the organization's performance indicators and action plan, which will be done every year as annual work planning. THPS continues to position herself to collect, store, process, analyze and use verified data for decision making.

Monitoring and Evaluation achievements were; increased use of data for planning and decision making; adequate investment in data management; healthy competition amongst regions, districts and HFs; and provision of motivation for best performers. Despite these achievements there were challenges faced and include: multiple reporting systems i.e. each donor requirements with different reporting tools and inaccuracy of data reported; delay of reporting because of paper based systems. Lack of HRH personnel for M&E at facility level and limited opportunities for funding in research has also been a challenge.

The ME team in consultation with management team and staff will develop 'ME plan' for this strategic plan. ME plan will establish the baseline data for each indicator and set mid-term targets, will establish roles and responsibilities in ME, data flow levels, data management, storage and analysis, costing of ME (budget).

7.1.2. Annual plans of Action

Annual work plans (departmental and individual) provide linkages with key performance indicators of 2021-2025. Each level of the implementation will prepare a work plan that guides activity implementation and assist in measuring the achievement of the set targets. Towards the end of each year the Senior management team under the leadership of the Executive Director will lead the annual planning exercise whereby each directorate and or department will extract relevant interventions from the strategic plan and develop detailed activities, assign responsible person, time frame and expected short term results (outputs) to be achieved at the end of the following year. Each individual or team will pick relevant activities.

7.1.3 Reporting and review meetings

Accountability and stewardship of resources entrusted to THPS by her stakeholders is ensured by regular reporting. Efficiency and effectiveness, both checking on 'value for money' is reflected in reporting as planned. THPS will hold formal quarterly review and planning meetings to report on and review the achievements of the ending plans across all projects. Core values such as quality performance, social responsibility, teamwork, sustainability, involvement of affected populations including PLHIV, innovation, and even good governance are demonstrable through quality, timely and regular reporting, all of which THPS is committed to meet.

Decisions made that affect the implementation of the Strategic Plan II will be documented and shared widely. Resolutions from these meetings may be taken to the THPS Board for approval or information. Proposed reports to be shared in these meeting include departmental quarterly reports and contractual (development partners reports as per agreement). The following are planned reporting flow.

Supportive supervision visits: Each THPS staff providing site support in the field and health service providers will use a monitoring checklist or guide developed in line with national performance indicators. THPS will continue to make respective in brief and out brief with health managers prior to health facility visit THPS at the regional or district level, and health facility in charge; highlighting findings and agreed action items; all documented in THPS site visits' logbooks. A short visit report is written with a focus on key observations and actions to be taken for the relevant technical THPS supervisors. THPS program reports include:

- **Monthly reports** used internally to monitor performance
- **Quarterly reports** will be sent to the NGO Registrar as per NGO Act and donors
- **Annual report** will be organizational report, this may include, financial report, audit reports.
- **Special events/activity reports** will be done at the end of each event, with specific information on brief process, lessons, challenges and recommendations for the next event. These will form a base of departmental quarterly reports.
- **Projects reports**: these follow contractual obligations and agreements; however, summaries will be made on bi-annual basis to join the organizational reports. These range from weekly, monthly, quarterly, biannual and annual

Annex seven shows the THPS SOP for site Support.

7.1.4 Evaluation

Mid-Term Evaluation (Review): THPS will conduct internal midterm and end of strategic plan evaluation. The midterm activity will be conducted towards mid of the strategic plan period i.e. 2023. The review process will assess whether implementation is on track or not. Recommendations will be used to review the strategic plan, especially reviewing the targets and results, so as to incorporate lessons leant into the next phase of the strategic plan. Mid-term evaluation will be done internally by the M&E team. Reports collected during phase one will serve as the primary data information for the end term strategy.

End of Strategy Evaluation will be conducted before the development of the new strategic plan for 2026-2030. The objective is to collect information for planning next phase. Achievements, challenges and lessons will be used to determine the direction of the new Strategic plan. The End Strategy evaluation will be facilitated by the external facilitator using participatory approaches, i.e. working with THPS M&E team. End term strategy evaluation will assess also progress towards vision and mission achievement i.e. impact assessment.

Monitoring and evaluation Strategic Interventions and Results

SN	Strategic Interventions	Results
4.1	Design integrated ME system for reporting government and donor requirements	100% of supported HF implement well-regulated ME system
4.2	Generate quality data (DQ-data quality/assurance) to inform evidence based practice and decision making	75% of Health Facilities conduct Data quality Assessment
		Minimal discrepancies between government HMIS and donor reporting systems
4.3	Use electronic system for reporting - routine program monitoring	100% facilities report on time
4.4	Build capacity of health care providers in producing good quality data and reports	75% of Health Care Workers use data for decision making
4.5	Conduct mid-term evaluation and end term strategic plan evaluation	Evaluation results used for next planning
4.6	Develop research capacity within TPHS	75% of research proposals are accepted 25% of THPS projects

7.1.6 Performance Indicators

Key Performance Indicators measure and track on a regular basis the progress of the Strategic plan throughout the implementation period. The primary set of indicators to measure progress are summarized in the table under the strategic interventions which they measure, and ultimately measure the whole strategic objective.

Strategic Objective 5

To build and promote partnership at the national level between THPS with identified Private sector for resource mobilization.

Partnership Strategic interventions and Results

SN	Strategic Interventions	Results
5.10	Orient the staff on National policy on public private partnerships and what the policy means for THPS	Increase THPS flexible funding by 25%
5.11	Develop THPS position paper on rationale for partnership and objectives for seeking partners	
5.12	Identify relevant private sector entities including media to partner in addressing health burdens e.g. starting with NCD such as such as prostate, cervical and breast cancer.	
5.13	Develop concept and unsolicited proposal to conduct one project with private sector once a year	
5.14	Create partnerships with media on publishing/ airing free program particularly	
5.15	Create partnership with Universities on publishing data particularly for PHD students	
5.16	Diversify funding base by reaching some of Private Sector funders and other Countries with a focus on NCD	Presence of memorandum of understanding for partners

8.3 MANAGEMENT AND COORDINATION

8.3.1 Management - reporting and responsibilities

Management of THPS is headed by the Executive Director, supported by six senior positions, who compose the senior management team. These are the Chief Operations Officer (COO), Directors for Program, Technical and Strategic Information (SI), Project leads of THPS programs i.e. NHLS Principal Investigator (PI), Health Information System PI two Chief of Party for USAID TB and FP Facility LON Activity and USAID Police and Prisons Activity, and Global Fund KVP Project. Under each of these positions are technical advisors, managers and officers. The COO oversees all key functions that support program implementation including; finance, administration, human resources, information technology, procurement and sub-granting. Functions that fall under Finance and Administration include; transport, logistics, coordination, administration, stores and accounts.

Most of the staff who fall under the three directors i.e. programs, technical and SI are project based, and are therefore bound to development partners' performance agreements. THPS has a Compliance Unit i.e. internal audit team that ensures that all THPS complies with government and donor regulations while also maximizing efficiencies. When the project funding ends; employees recruited in that project may be transferred into new projects based on skills, technical expertise and performance if available opportunities occur.

See Annex 5 Organizational chart. When the project funding ends; employees recruited in that project may be transferred into new projects if available or given high priority in a new opening.

8.3.2 Implementation success factors

The success of THPS Five-year Strategic Plan II (2021-2025 is contingent upon availability of the financial resources and technical support from various sources and other factors regarded here as implementation success factors, spearheaded by motivated and committed staff include:

i. Adequate and timely availability of; financial resources ready for programs execution, disbursement to sub-grantees, staff remuneration and other THPS administration and operations as per strategic plan. THPS will continue to solicit funds, write and submit RFA, provide quality health service and deliver as per National frameworks and international standards.

ii. Compliance with development partners' requirements, government regulations and policies as per contractual obligations agreed between THPS and development partners. This will be implemented by THPS strengthening and maintaining sound financial policies and systems, timely reporting, Standard operating procedures, appropriate budgeting and managing expenditure to get value for money.

iii. As a process of vision, values and strategic plan internalization, THPS will develop Operational plan and Annual work-plans to translate strategic objectives and interventions into activities (short action steps), time frame and responsibility. Every year senior management to coordinate annual work planning for all directorates and program areas, including Individual operating plan, so as to ensure.

iv. Strengthen THPS organizational management, governance structures and style, ensure segregation of duties, clear reporting lines, accountability and stewardship are reflected in the areas of procurement, finance, human resource cycle and are practiced.

v. Facilitate and communicate with different stakeholders and actors to play their role effectively. Stakeholders include; Development partners to provide financial resource, MOHCDGEC to provide national framework, PMO to manage Council Health facilities. Health service providers to deliver services at Health facility based services together with the Community health workers and community leaders at the community level. Others include Regional administration and Local government authority, promote sustainability by including interventions where necessary in CCHP.

PERFORMANCE INDICATORS MATRIX

	STRATEGIC INTERVENTIONS (STRATEGIES)	PERFORMANCE INDICATOR	SERVICE DELIVERY TARGET
RESULT AREA:	**ORGANIZATIONAL CAPACITY**		
STRATEGIC OBJECTIVE 1	**To increase THPS Institutional capacity in supporting delivery of program activities efficiently and effectively by having strong governance, finance, Human Resource, procurement and IT systems by 2025**		
4.3.3	**HUMAN RESOURCE CAPACITY**		
	STRATEGIC INTERVENTIONS (STRATEGIES)	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
1.1	Develop a Comprehensive Electronic Human Resource Management system	Presence of a user friendly and comprehensive Electronic Human Resource Management system	The system developed and in use by 2022
1.2	Recruit and retain qualified, committed and capable Human capital within THPS team	Proportion of staff retained per year	75% of qualified staff is retained for four years by 2025
1.3	Define and review THPS organization Policy and Procedures on HR Manual	THPS HR Manual reviewed and updated	THPS HR manual functional by December 2023
1.4	Improve and maintain staff compensation and benefits	Proportion of staff with carrier path	50% of staff with carrier path by 2025
1.5	Implement and maintain Work place Safety and risk for employees A workplace wellness program is established and accessed by at least 75% of staff	Proportion of staff who receive OSHA training	25% staff with Compliance certificate by OSHA
		A functional workplace wellness program accessed by staff	
1.6	Develop and implement staff capacity building plan	# of staff who attended professional development courses	25% of staff developed professionally by 2025

	STRATEGIC INTERVENTIONS (STRATEGIES)	PERFORMANCE INDICATOR	SERVICE DELIVERY TARGET
4.3.4	**FINANCE RESOURCE CAPACITY**		
1.7	Develop sound financial management with financial manual governing THPS daily financial transaction	Number of repetitive external audit findings over a period	Audit rating increased to 75% Repetitive External audit findings reduced to zero 98% of THPS transactions are cashless by 2025 except petty cash. THPS financial manual revised every five years
1.8	Expand THPS fund base and growth through responding to new funding opportunities.	At least three successful FOA responded to by end of SP II (2021-25)	Level of current funding increased by 25% by December 2025
1.9	Integrate financial management information systems to improve internal controls and segregation of duties	# of MIS integrated by December 2021	100% of MIS integrated by December 2021
1.10	Ensure compliance with donor and national laws and regulations	# of compliance reports submitted to the registrar /other authorities	100% prompt responses of compliance issues raised
1.11	Conduct staff capacity building in proposal write up and grant management	# of proposals submitted during the year	25% increase in number of new awards by December 2025 & or 5 new Request for Application (RFA) won by December 2025
1.12	Decentralize budget ownership to Activity Managers	# of THPS supported projects that	100% decentralization of field activity budget is owned by Activity Managers

STRATEGIC INTERVENTION		PERFORMANCE INDICATOR	SERVICE DELIVERY TARGET
RESULT AREA:	**HEALTH SERVICE DELIVERY**		
STRATEGIC OBJECTIVE 2	**To support increase and access of quality, person centered and compressive and user friendly health services delivery by 2025**		
4.4.2	**COMPREHENSIVE HIV PREVENTION, CARE AND TREATMENT**		
	STRATEGIC INTERVENTION	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
2.1	Implement comprehensive prevention, identification, care, treatment of HIV in the communities	% of PLHIV identified, Initiated and retained in care	95% of PLHIV identified and 95% of identified PLHIV are initiated ART and retained
		% of PLHV Virally Suppressed	95% of PLHIV in care are Virally suppressed by December 2025
2.2	Facilitate comprehensive supportive services to PLHIV through effective referrals to social services	# of PLHIV identified and receiving support	95% of all identified PLHIV receiving adherence and psychosocial support services

	STRATEGIC INTERVENTION	PERFORMANCE INDICATOR	SERVICE DELIVERY TARGET
2.3	Support LGA to own and sustain comprehensive prevention, identification, care and treatment of HIV		25% of the sub granted activities are budgeted in the CCHPs by 2025.
2.4	Strengthen program and financial management capacity of Civil Society Organization	Proportion of CSO receiving financial capacity skills enhancement	50% of CSO receive financial capacity skills enhancement and 20% access funding through own proposals
4.4.3	**MATERNAL NEW BORN REPRODUCTIVE CHILD AND ADOLESCENT HEALTH**		
	STRATEGIC INTERVENTION	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
2.5	Strengthen prevention of mother to child transmission and facilitate early infant diagnosis (EID) to HIV exposed Infants	% of pregnant women tested for HIV at ANC	95% of pregnant women tested for HIV
	% of HIV+ Pregnant Women identified, initiated and retain on ART	95% or more are initiated and retained on ART.	
	% of HIV+ pregnant are virally suppressed	95% of positive pregnant women who are on ART are virally suppressed.	
	% of HEI diagnosed below 2month	Less than 2% of HEI are identified as HIV positive.	
		More than 90% of HEI tested below 2month of age.	
	Contraceptive rate	Contraceptive Prevalence Rate increase from 32% to 45% in THPS supported regions by 2025.	
2.6	Improve pediatric HIV case identification, referral and linkage to appropriate treatment regimes	# of pediatric case identified & initiated on ART	Improve Pediatric case identification from 7% to 10% by 2025
2.7	Integrate youth friendly health services to adolescents including sexual and reproductive services	# of health facilities providing adolescent friendly services	100% of district hospitals and FBOs establish youth and adolescents clinics with RCH Clinics
4.4.4	**KEY AND VULNERABLE POPULATION**		
	STRATEGIC INTERVENTION	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
2.8	Increase number of KVP accessing comprehensive health care services	Proportion of KVP groups reached with HIV combination prevention 100% of KVP reached are screened for Tuberculosis and STI and those confirmed are treated	50% of KVP groups reached by 2025

STRATEGIC INTERVENTION		PERFORMANCE INDICATOR	SERVICE DELIVERY TARGET
2.9	Advocate for an enabling (KVP friendly services) environment to facilitate access to services and promote health-seeking behavior among KVP	# of HFs providing one stop services KVP friendly services # of HCWs trained in KVP friendly services 25% of hospitals and Health Centre establish KVP establish KVP friendly services by 2025	25% of HCW trained in KVP services
2.10	Capacitate KVP on livelihood skills to minimize risk of exposure to relevant health burdens	Proportional of KVP provided with livelihood skills/ economic empowerment	50% of KVP trained on livelihood skills.
2.11	Empower and support economic development for KVP groups	Proportional of KVP empowered on IGA	25% of KVP empowered through IGA groups by 2025
2.12	Provide social and Psychosocial support to KVP including those living with PLHIV	Proportional of KVP received Psychosocial support	80% of KVP in THPS supported regions are linked to social and Psychosocial support by 2025
2.13	Promote behavior change interventions for KVP and PLHIV	Proportional of KVP & PLHIV received SBCC intervention	75% of KVP are reached for BCC interventions annually
2.14	Collaborate with political leaders, law enforcers and civil society networks to address stigma and discrimination against KVP	# of political leaders and law enforcers civil society networks addressing stigma and discrimination	10 Civil society networks and police gender desk capacitated to address stigma and discrimination
4.4.5	**HIV/TB SERVICES**		
	STRATEGIC INTERVENTION	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
2.15	Scale up and strengthen TB/HIV collaborative activities including co-comorbidities at the health facilities	Proportion of health facilities with TB and HIV collaborative activities	75% of HF with TB/HIV collaborative activities
		90% of PLHIV in THPS supported HFs are screened for TB annually and 100% of Presumptive TB are referred for diagnosis	
		95% of eligible PLHIV in care provided with TPT	
		4 TB Centers of excellence (COE) are established in THPS supported regions	
		100% of PLHIV with TB put on anti-TB treatment	

	STRATEGIC INTERVENTION		PERFORMANCE INDICATOR	SERVICE DELIVERY TARGET
2.16	Increase TB and MDR-TB case notification and treatment coverage in TB project at all levels from district health facilities and communities		Proportion of new case identified in the community	Increase TB case detection by 25% by 2025
			Increase RR/MDR-TB case detected and enrolled for treatment by 25% by 2025	
			10% of new cases identified referral from community by 2025	
2.17	Address barriers to access, utilization and the needs of the KVP for TB care and prevention services		% of Health facilities providing free TB and prevention services for KVP	100% of THPS supported health facilities provide TB screening, treatment and prevention services by 2025
2.18	Promote TB integration services into OPD, RMCH in all Health facilities where THPS support		Number of patients screened for TB	TB services are available in OPD and RMCH of 95% of THPS supported HFs
2.19	Promote TPT coverage to children of TB contacts in THPS supported HFs		Proportional of children received TPT	70% children of TB contacts in THPS supported HFs are provided with TPT by 2025
4.4.6	**NON COMMUNICABLE DISEASES**			
	STRATEGIC INTERVENTION		**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
2.20	Integrate screening services in health facilities for early identification of hypertension, Diabetes Mellitus, mental health, Malnutrition and motor traffic injuries		Proportion of health facilities integrating NCD	25% of HF integrating NDC by 2025
			100 % hospitals and 50% of all health centers supported by THPS provide cervical cancer screening and referral services	
			95% of THPS supported HFs have integrated NCD screening services by 2025	
2.21	Create awareness and advocate to communities on NCDs -national and regional stakeholders		# of advocacy meetings conducted at national and regional level	2 per year from 2021 to 2025
2.22	CECAPprogram: screening, integration, referral and treatment of cervical cancer in communities		Proportion of facilities conducting CECAP outreach services	75% of Facilities conduct CECAP outreach services by 2025.

	STRATEGIC INTERVENTION	PERFORMANCE INDICATOR	SERVICE DELIVERY TARGET
2.23	Develop M&E system that monitors annual CCS among WLHIV and screen other women		95% of WLHIV receive CCS services
		75% of supported HF screen for Diabetes, Hypertension and Malnutrition (Obesity)	

	RESULT AREA:		**HEALTH SYSTEM STRENGTHENING**
	STRATEGIC OBJECTIVE 3.	**To increase availability of quality and accessible health services through supply chain, logistics, laboratory services provided by skilled service providers at all levels of the health system by 2026**	
4.5.2	**HEALTH LABORATORY SERVICES**		
	STRATEGIC INTERVENTIONS (STRATEGIES)	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
3.1	Promote integrated specimen referral and results feedback mechanism	Proportion of facilities with integrated specimen referral and results feedback mechanism TAT reduced to meet the MOHC-DGEC guidance annually.	95% of health facilities use specimen referral and results feedback system by 2025
3.2	Improve laboratory quality management system from national, Regional, District and facility level	# and proportion of laboratories enrolled in national laboratory accreditation scheme by 2025 # of laboratories attained SLMTA 3-star rating by 202 # of laboratories attained full accredited by National or International accrediting bodies by 2025	50% of Llb participating in QMS to achieve SLMTA 3 stars by 2025
3.3	Increase access to the national diagnostic capacity of the national health laboratory services network	Proportional of laboratory with access to national health laboratory service	80% of proportional laboratory access to national health laboratory service by 2025.
3.4	Strengthen laboratory information systems and availability of laboratory data for decision making	Proportional of laboratory information system	More than 75% of facilities report through laboratory information system by 2025

3.5	Build capacity of health service providers in quality laboratory services	Proportional of health facilities with health care provider capacitated in quality laboratory services	More than 75% of health facilities trained on quality laboratory services
4.5.3	**SUPPLY CHAIN MANAGEMENT**		
3.6	Support timely and uninterrupted availability of commodities and Medicine for quality health services	Proportion of HF with uninterrupted supplies	95% of HF with uninterrupted supplies
3.7	Enhance skills to electronic logistic management system to forecast, order and report timely reporting	# of HF using electronic system for reporting and request of commodities	90% of HF use electronic system for R&R by December 2025
3.8	Strengthen continuous availability of quality diagnostics and medical supplies at all health services delivery levels	Proportion of HF with continuous availability of quality diagnostics and medical supplies	75% of HF with uninterrupted quality diagnostics and medical supplies by December 2025
3.9	Periodic Preventive maintenance (PPM) : Support MOH on Strengthening the PPM system for easy health diagnostic services provision	Proportion of HF with Periodic Preventive maintenance (PPM)	80% HF with Periodic Preventive maintenance (PPM) by December 2025
3.10	Infrastructures: Support availability of appropriate infrastructures for smooth and quality health service provision	Proportion of HF with appropriate infrastructures for smooth and quality health service provision	15% of HF supported have appropriate infrastructures by December 2025

	STRATEGIC INTERVENTIONS (STRATEGIES)	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
RESULT AREA:	**Monitoring and evaluation**		
STRATEGIC OBJECTIVE 4.	**To strengthen M&E system that ensures tracking and identification of quality data to inform decision on strategies for delivery of quality health services by 2025**		
5.1.4/5	**MONITORING**		
	STRATEGIC INTERVENTIONS (STRATEGIES)	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
4.1	Design integrated ME system for reporting government and donor requirements	Proportional of HF implementing well-regulated system	100% of supported HF implement well-regulated system by December 2025

4.2	Generate quality data (DQ-data quality/assurance) to inform evidence based practice and decision making	Proportion of community, Private and government accessing health services	75% community, Private and government accessing health services by December 2025
4.3	Use electronic system for reporting - routine program monitoring	Proportional of HF conducted DQA in a year	100% facilities to report on time
4.4	Build capacity of health care providers in producing good quality data and reports	# of HCW using data for decision making Minimal discrepancies between government HMIS and donor reporting systems	75% of HF conduct Data Quality Assessment by 2025 100% of THPS supported use EMR- (data quality) 75% of HCW use data for decision making by December 2025
5.1.4	**EVALUATION**		
	STRATEGIC INTERVENTIONS (STRATEGIES)	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
4.5	Conduct mid-term evaluation and end term strategic plan evaluation	Mid-term evaluation conducted	One evaluation report
	RESEARCH		
4.6	Develop research capacity within THPS	Proportion of research proposals accepted for funding.	75% of research proposals are accepted for funding.
		Proportion of research projects within THPS	25% of THPS projects are research.
	STRATEGIC INTERVENTION	PERFORMANCE INDICATOR	SERVICE DELIVERY TARGET
RESULT AREA:	ORGANISATIONAL CAPACITY		
STRATEGIC OBJECTIVE 1 ct.	**To increase THPS Institutional capacity in supporting delivery of program activities efficiently and effectively by having strong governance, finance, Human Resource, procurement and IT systems by 2025**		

5.2.2	**GOVERNANCE AND LEADERSHIP**		
	STRATEGIC INTERVENTION	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
5.1	Develop financial resource mobilization strategy to guide the THPS Board in resource mobilization	# of sponsored events and participation in national and international events	1 THPS niche market established by December 2025
			Financial resource mobilization strategy developed and in use
5.2	Appoint top management by the Board that will represent the organization in a more fiduciary role	# of matters arising closed out during the period.	75% of matters closed
5.3	Develop Board charter (operational manual) to improve performance of its governance duties	Board meetings conducted during the year	Board Operational Manual developed and in use
5.2.3	THPS VISIBILITY AND IMAGE		
5.4	Have policy briefs which will be distributed to all stakeholders on all project reports and should be cross cutting		Annual THPS policy briefs developed and distributed
5.5	Develop and distribute policy briefs and youth friendly messages on achievements to stakeholders	# of policy briefs	Presence of communication unit by mid-2023
5.6	Redefine THPS marketing approach of its different products in terms of channels of distribution, promotion and prices involved		Marketing approaches and communication channels established by 2022
5.7	Create a marketing unit which will focus on promotion and face lifting of THPS	# of newsletters	Communication staff already hired who will oversee the marketing communication section
5.8	Produce and disseminate quarterly newsletters-electronic or printed through social media and group emails to different stakeholders	Proportion of stakeholders receiving newsletter	Newsletters issues quarterly to 25% of newsletters

5.9	Seek and utilize advocacy avenues at regional and local forums		At least THPS participate in two national events each year and given slot to present its activities, i.e. poster and demonstration booth.

	STRATEGIC INTERVENTION	PERFORMANCE INDICATOR	SERVICE DELIVERY TARGET
RESULT AREA:	PARTNERSHIPS		
Strategic Objective 5:	**To build and promote partnership at the national level between THPS with identified Private sector for resource mobilization**		
5.2.4	**BUILDING AND PROMOTING PARTNERSHIP**		
	STRATEGIC INTERVENTION	**PERFORMANCE INDICATOR**	**SERVICE DELIVERY TARGET**
5.11	Set a team and orient the staff on National policy on public private partnerships and what the policy means for THPS	Team in place	THPS flexible funding increased by 25%
5.12	Develop position paper on rationale for partnership and objectives for seeking partners	Position paper	Presence of MOU for partners
5.13	Identify relevant private sector entities including media to partner with starting with NCD such as such as prostate, cervical and breast cancer	# of partners	1 operational research per year
5.14	Develop concept and proposal to conduct one project with private sector	# of projects	2 projects per year from 2023
5.15	Create partnerships with media on publishing/ airing free program particularly	# of partners entering into MOU	3 per year from 2022
5.16	Create partnership with Universities on publishing data particularly for PHD students	# of students per year	2 Universities per year from 2022
5.17	Diversify funding base by reaching some of Private Sector funders and other Countries with a focus on NCD	# of funders	5% increase of funds from Private sector

Tanzania Health Promotion Support

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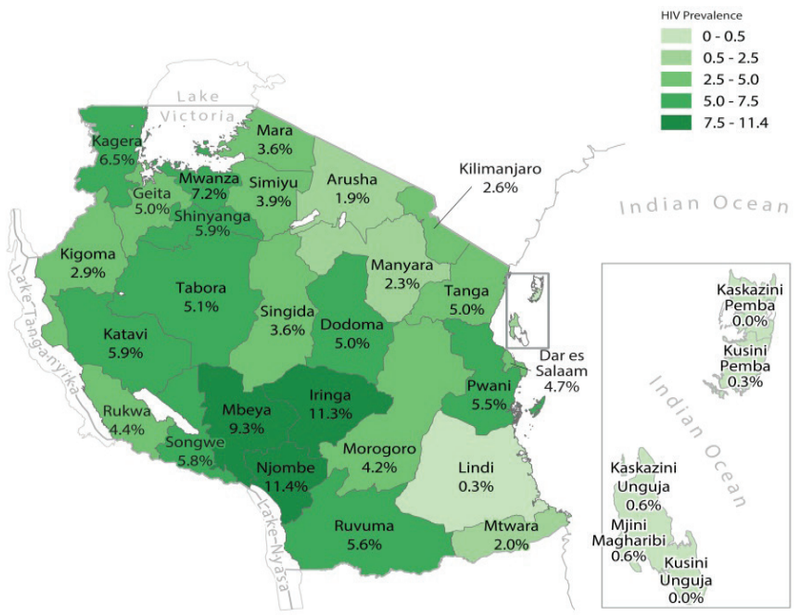
16. Tanzania Health Promotion Support Strategic plan 2015-2020

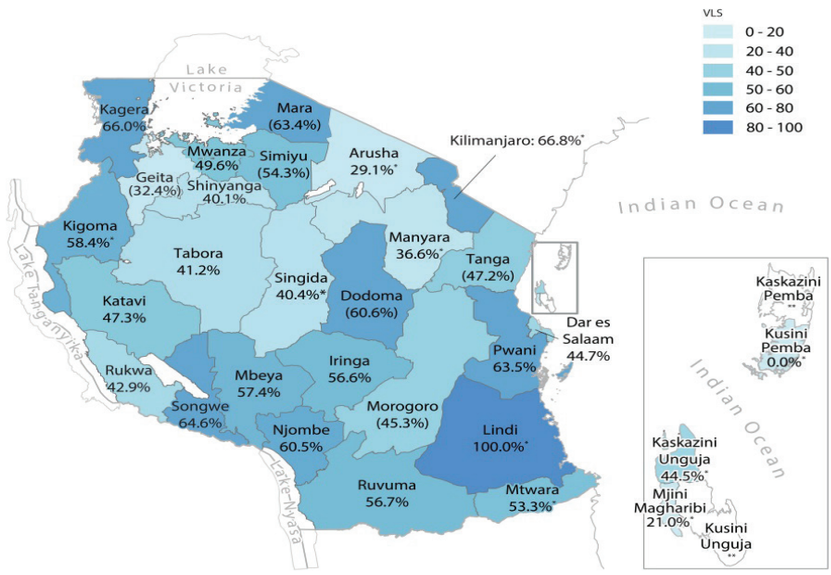
Annex 1 : Participants at THPS Strategic Planning Workshop (Writing Team)

	PARTICIPANT'S NAME	ORGANIZATION
1	Shally Mwasheweli	MDH
2	Dr. Sekela Mwakyusa	AGPAHI
3	Conjesta Shao	PACT
4	Lilian Sanga	NACOPHA
5	Dr Godwin Munuo	Amref Health Africa
	Regional Medical Officers	REGION
6	Dr. Japhet Simeo	RMO GEITA
7	Dr. Simon Chacha	RMO KIGOMA
8	Dr. Gunini Kamba	RMO PWANI
	District Medical Officers	DISTRICT
10	Dr. Deo Kisalla	DMO GEITA
11	Dr. Sebastian Sware	MMO KIGOMA
12	Dr. Ibrahim	DMO KIBAHA DC
	Other Participants	INSTITUTION
13	Gloria Sakwari	LECTURER MUHAS
14	Amri Kingalu	LAB MANAGER NTLP
13	Dr Redempta Mbatia	THPS
14	George Anatory	THPS
15	Charles Kagoma	THPS
16	Dr. Benedicta Masanja	THPS
17	Dr. Sisty Moshi	THPS
18	Dr. Alex Christopher	THPS
19	Dr. Rehema Msimbe	THPS
20	Dr. Geofrey Tarimo	THPS
21	Christopher Henjewele	THPS
22	Mwanafuraha Senkoro	THPS
23	Allen Ndossa	THPS
24	Upendo Mpogole	THPS
25	Esther Kashangaki	THPS
26	Dr. Nelson Jonas	THPS
27	Dr. Henry Mwizanduru	THPS
28	Abel Mosha	THPS
29	Seth Bwigane	THPS
30	Dr. Mohamed Litonya	THPS
31	Mercy Nyanda	THPS
32	Manuel Pereira	THPS
33	Prof. Binagwa Fulgence	Facilitator

Annex 2 : Tanzania HIV Impact Survey 2016-2017-HIV Prevalence



Annex 3 : Viral Load Suppression



A star indicates that estimate is based on <25 observations and should be interpreted with caution; Estimates in parentheses are based on 25-49 observations and should be interpreted with caution. A double star (**) indicates that the region had no HIV-positive samples with which to estimate viral load suppression.

Tanzania Health Promotion Support

ANNEX 4 : END-LINE ASSESSMENT REPORT-DEC 2018

Executive summary

HIV/AIDS remains an epidemic in Tanzania despite the comprehensive and integrated ingenuities put in place by a multiplicity of agencies to combat it. Concerted efforts have been put in place by several agencies including the government and other non-state actors. Tanzania Health Promotion Support (THPS) a local non-government organization have been implementing a comprehensive care and treatment programme to support to the Tanzanian government through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) in mainland and Ministry of Health (MOHZ) in Zanzibar. THPS' primary goal has been to increase local and indigenous capacity to deliver expansion of activities to maximize coverage through quality comprehensive HIV care and treatment services. The program covers all districts in Pwani, Kigoma and Zanzibar, after terminating activities in Mtwara.

The program was built on evidenced interventions focused on capacity building to Health Care Providers (HCPs), managers and community based volunteers on HIV program management, mentorship and on job training, continuous medical education, joint supportive supervision; technical assistance to MoHCDGEC and MOHZ in ensuring that HCPs provide HIV care and treatment services according to the most current national and international guidelines; health systems strengthening through infrastructure improvement, procurement and distribution of medical equipment, supplies of commodities and furniture, and upgrading the monitoring and evaluation system.

To assess the progress made by the programme, THPS commissioned Ipsos to undertake an end-line evaluation which aimed at assessing program achievements since implementation. Other objectives included to:

i. Provide an in-depth review of how the transition and capacity building from an international to a local indigenous partner has progressed

ii. Provide recommendation for dissemination and scalability

iii. Assess the local institutional capacity; regional and district facility level capacity as well as community engagement for continued care provision in a sustainable manner to achieve project goals.

The evaluation was guided by three broad evaluation questions related to transition and capacity building:

1. Is the transition of activities from international to local indigenous partners and to the government taking place as intended?
2. What challenges have local partners faced in in the transition process?
3. Did the transition lead to the increased local ownership and sustainability of the program?

A mixed method approach comprising desk review, qualitative and quantitative approaches was adopted during the evaluation. The motive behind using a mixed methods approach was to facilitate triangulation of the outcomes of the assessment of the key actors in the project implementation namely; beneficiary institutions, partners (local non-governmental organizations) as well as local and national governments. A total sample of sixty (60) beneficiary facilities, and nineteen (19) key-stakeholder interviews split into partner non-governmental organizations and government officials at national, regional and district levels was considered for this study.

Key findings

Overview of THPS supportive services at facilities

The study found out that all the surveyed facilities (100%) had received some form of support from THPS. It also emerged that THPS was the most prominent provider of supportive services among the facilities. Across facility levels, THPS support was more prominent at lower-level facilities; dispensaries, health centres and district hospitals compared to higher level facilities. Human resource support (100%), capacity building (87%), infrastructural support (87%) and laboratory support (75%) were the top most support services received.

Quality Improvement

The ability of clients to access quality of HIV/AIDS services was reported as having improved across all facilities since THPS started providing different kinds of supports. For instance, 95% of facilities visited reported that since they started receiving support from THPS, the quality of HIV/AIDS services in their facility had improved, and that the ability of the average patient to access HIV/AIDS testing and counselling and HIV/AIDS care and treatment services in their areas had improved too.

Laboratory Services and Products

The findings of this study indicate that laboratory services were limited at lower-level facilities, while they were steady in higher level facilities. This may be explained by the fact that the donors (PEPFAR) through THPS stopped supporting all lab services, and remained with CD4, EID, HTS and HVL tests. Consequently, this study established that more than 90% of the facilities that offered HIV/AIDS care and treatment services performed basic HIV laboratory services.

Pharmaceutical Services and Products

Nine in every ten facilities visited (90%) had dispensed ARVs first line medicines, while 88% of all facility offered treatment for opportunistic infections. The study also found that 84% of the facilities dispensed Anti-TB first line medication at the time of the survey.

Supportive Supervision

Two-thirds of the health facilities have supportive management practices in place. Supportive management had been realized through supervisory visit and record review (95%), providing guidance and mentorship to staff (85%) and review of facility challenges (82%). However, only half of the facilities (52%) reported that THPS was giving feedback action items to be followed a supervisory visit.

Human Resources

Almost all the facilities (95%) reported the practice of routine staff training. Sections of staff that received training include care & treatment clinics (CTC) (98%), RCH (96%) and Laboratory (88%). Information officers were the least often in receiving training (25%).

Monitoring and Evaluation

From the results, there was evidence of M&E systems which were built-in during the program implementation, mainly at facility level. Quarterly program reviews and supportive supervision were found to be an essential M&E component. It helped review trends against achievements of the program.

Infrastructure

Findings showed that there was quality HIV/AIDS care and treatment associated with infrastructural support from THPS. 76% facilities received support in terms of supplies (e.g. repairs and upgrades, furniture, registers, playing materials for children/adolescents, office supplies, IEC materials), computers and laboratory equipment.

Leadership and Governance

From the results, there was evidence of leadership and governance inculcated into the running of facilities in mainly two ways; firstly, through meetings and discussions, and secondly through training. Nearly all Regional and District Medical Officers reported that all the facilities under their jurisdiction held review meetings where challenges were discussed, and the way forward agreed on, as well as regular trainings, which helped develop both technical and effective leadership skills.

Financial Management

On the overall, the average operational budgets for the facilities had increased by more than a half for the current year compared to last fiscal year yet all facilities had a capped budget based on available funds, as was reported by most RMOs and DMOs.

Transition

Only 58 % of facilities surveyed were aware of the transition in THPS programming. Among those aware only 50% had a strategy for how to cope without THPS support in the future.

Sustainability of the program

This study established that the programme was fully institutionalized in government and community health systems right from the beginning, and this safeguards its sustainability, as it has been adopted by the local communities and health care workers.

The end-line evaluation has found substantial evidence that THPS comprehensive care and treatment programs implementation partnership between governments and nongovernment organization has worked well in all programme sites to deliver a sustained HIV/AIDS prevention care and treatment interventions over the five-year programme period.

In moving forward, there will be a need for broad-based support of this programme to ensure the benefits gained are not watered down. Since this programme helped build capacity through recruitment and training of staff as well as catering for their staff costs, we recommend these staff be transitioned and absorbed by the government to ensure continuity, but also to reap their full benefits.

We also recommend budgetary support from the national government on the various initiatives that were funded to ensure their sustainability.

This study has found out that the initiatives carried out by THPS were successful in the four regions: Pwani, Kigoma, Mtwara and Zanzibar. This success can be scaled up to national level, especially on the HIV care and treatment.

Annexes 5 : List of THPS Board of Directors

SN	NAME	TITLE IN THE THPS BOARD
1.	Dr. Augustine Massawe	Founder and Chairman
2.	Dr. Yahya Ipuge	Director THPS Technical and Resource Mobilization Committee
3.	Mr. Damas Mugashe	Board Treasurer and Chairperson of the THPS Finance and Audit committee
4.	Dr. Msafiri Marijan	Director
5.	Ms. Zelia Njeza	Director
6.	Dr. Catherine Joachim	Director
7.	Mr. Francis Nanai	Director
8.	Prof Rachel Manongi	Director
9.	Dr. Redempta Mbatia	Secretary to Board and Executive Director

Annex 6 : Letters of Appreciation to THPS

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

Telegrams.. **"AFYA", DODOMA**
Telephone: **+ 255 026 2323267**

Email: **PS@afya.go.tz**
(All Letters should be addressed to
The Permanent Secretary)
In reply please quote:

Government City,
Mtumba Area, Afya St.
P.O.Box 743,
40478 DODOMA

Ref. No.GA.379/566/01/47 **15th July, 2020**

Executive Director,
Tanzania Health Promotion Support,
P.O. Box 32605,
DAR ES SALAAM.

REF: ACKNOWLEDGEMENT OF DONATION OF 120 GXALERT ROUTERS TO FACILITATE GENEXPERT DATA TRANSMISSION

Reference is made to your letter with reference THPS/TZ/DSM/20/093 of 7th May, 2020.

The Ministry of Health, Community Development, Gender, Elderly and Children appreciates for the donation of 120 GxAlert by your organization to the National TB and Leprosy Programme. Department of Prevent Services, National TB and Leprosy and the Department of ICT is waiting for such donation and effect installation.

See attached list of sites to be installed with these Gxalert routers.

Thank you for your continued collaboration.

Dr. Ahmad M. Makuwani
FOR: PERMANENT SECRETARY - HEALTH

C.c. Department of ICT,
MoHCDGEC,
DODOMA.

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

Telegrams.. "**AFYA", DODOMA**
Telephone: **+ 255 026 2323267**

E-mail: ps@afya.go.tz
(All Letters should be addressed to
The Permanent Secretary)
In reply please quote:

Government City-Mtumba,
Health Road/Street,
P.O.Box 743,
40478 DODOMA.

Ref. No. GD.558/669/01/22 **08th May, 2020**

Country Director,
THPS,
Plot # 254 3rd Floor,
Coco Plaza Building Toure,
Drive/Kaole Road, Oyster Bay,
DAR ES SALAAM.

RE: AKNOWLEDGEMENT OF THE SUPPORT RECEIVED DURING THE NTLP JOINT EXTERNAL REVIEW - FEBRUARY 2020.

Please refer to the above heading.

The Ministry of Health, Community Development, Gender, Elderly and Children conducted a Program review for the National TB & Leprosy Program in February 2020.This review was led by the WHO with the external and internal consultants and other stakeholders.

Therefore, the Ministry would like to acknowledge the support received from your organization during this review in the regions as well as during the receiving of the preliminary findings. Please find attached a preliminary summary of the review. The Ministry will share the final report once submitted by the WHO.

Thanks you for your continued collaboration.

Dkt. Ahmad M. Makuwani
FOR: PERMANENT SECRETARY (HEALTH)

JAMHURI YA MUUNGANO WA TANZANIA

HALMASHAURI YA JIJI LA DODOMA

(Barua zote zipelekwe kwa Mkurugenzi wa Jiji)

MKOA WA DODOMA
Tel.: 2354817
Fax: 2354817/2321550

Ofisi ya Mkurugenzi wa Jiji,
S.L.P. 1249,
Dodoma.
Baruapepe: md@dodomamc.go.tz

Unapojibu tafadhali taja:
Kumb.Na.M.20/14/VI/29
Mkurugenzi/Mratibu/Mwenyekiti/Meneja
Taasisi/Kikundi/Asasi ya:-

Tarehe: 21/01/2019

.....THPS.....
DODOMA.

YAH: PONGEZI

Tafadhali husika na somo tajwa hapo juu.

Napenda kutoa PONGEZI kwa mchango uliotoa kwa ajili ya ushiriki wako katika vikao vya Kamati Shirikishi ya Kudhibiti ya UKIMWI ngazi ya Halmashauri na kuandaa maandiko ya miradi katika utekelezaji wa mapambano dhidi ya UKIMWI.

Nashukuru sana kwa ushirikiano wa hali na mali katika kufanikisha vikao hivyo na miradi uliyotekeleza. Aidha, naomba tuendelee kushirikiana katika masuala yote ya kuwaletea wananchi maendeleo na kupunguza maambukizi ya VVU katika Jiji letu la Dodoma.

Natanguliza shukrani.

Kny. MKURUGENZI WA MANISPAA DODOMA

Sharifa Y.Nabalang'anya

KNY:- MKURUGENZI WA JIJI

DODOMA.

HALMASHAURI YA WILAYA YA KISARAWE

HATI YA PONGEZI

CHETI HIKI KIMETOLEWA KWA

THPS

KWA KUSHIRIKI SHEREHE ZA MWENGE WA UHURU TAREHE 27-07-2019

Jokate MKUU WA WILAYA KISARAWE
MH. JOKATE MWEGELO
MKUU WA (W)KISARAWE

03/03/2020
TAREHE

MUSSA GAMA
MKURUGENZI MTENDAJI (W) KISARAWE

03/03/2020
TAREHE

HALMASHAURI YA MANISPAA YA MTWARA-MIKINDANI

OFISI YA MKURUGENZI WA MANISPAA

HATI YA SHUKRANI

IMETOLEWA KWA

THPS MTWARA

Ikiwa ni kutambua Mchango wako katika kufanikisha Siku ya Wanawake Duniani

08nd March, 2019

Coln. EMMNUEL H. MWAIGOBEKO
MKURUGENZI WA MANISPA

TANZANIA HEALTH SUMMIT 2017

CERTIFICATE
of
APPRECCIATION
Presented to

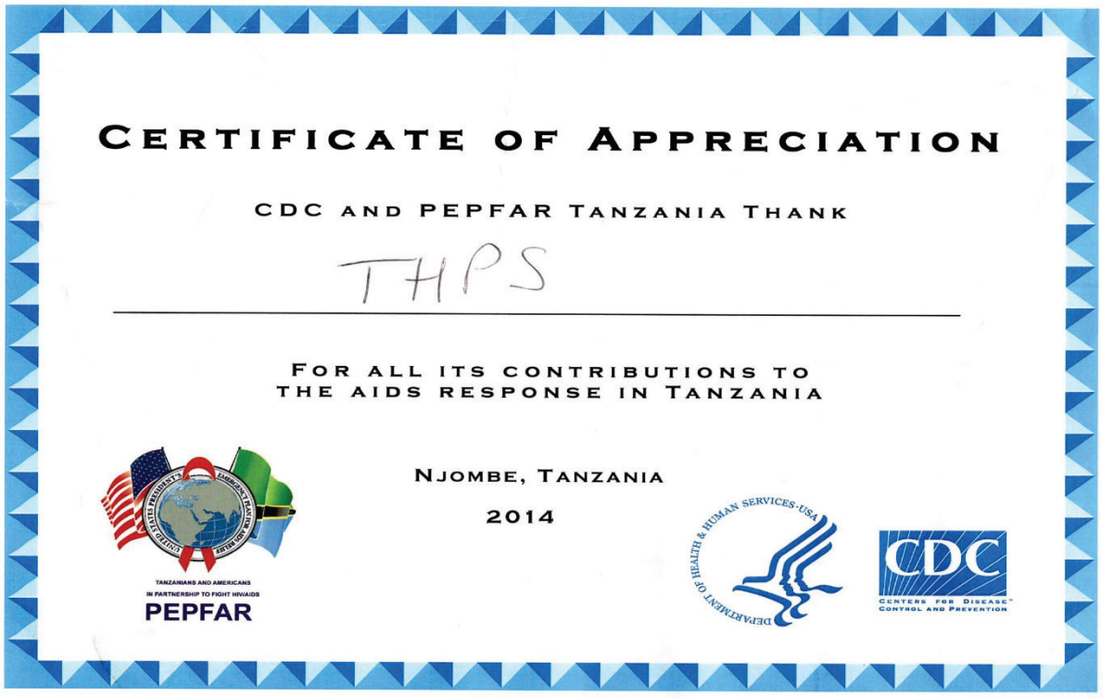
TANZANIA HEALTH PROMOTION SUPPORT (THPS)

As a special participating institution at the 4th Tanzania Health Summit held at Julius Nyerere International Convention Centre Dar es Salaam Tanzania from 14th - 15th November 2017.

Dr. Omary Chillo
PRESIDENT TANZANIA HEALTH SUMMIT

THS2017/05

Prof.Muhammad Bakari
CMO-MoHCDGEC



CERTIFICATE OF APPRECIATION

CDC AND PEPFAR TANZANIA THANK

THPS

FOR ALL ITS CONTRIBUTIONS TO
THE AIDS RESPONSE IN TANZANIA

NJOMBE, TANZANIA

2014

TANZANIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR

DEPARTMENT OF HEALTH & HUMAN SERVICES-USA

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Annex 7 : THPS Site Support SOP

ASSESSING QUALITY OF CARE AT THE SITES

A specific set of indicators are to be evaluated quarterly by the THPS central team to assess the progress on the quality of care at site level. The first assessment at each facility will be regarded as a baseline. Those indicators are described in Annex 1:

SITE SUPPORT GUIDE

What to do before the site visit

In preparation for every site visit the CTT and regional/district teams should:

Alert the RHMT/CHMT and the district mentors to upcoming visit and advocate for a joint visit

- Call the site to assess if there is have any urgent challenge or a supply requests
- Liaise with other THPS staff to asses if there is anything which needs to be followed up at that site
- Review the quality indicators from the site
- Review action items recommended at the previous visit

What to do during the site visit

During the visit:

- Review the recommended actions with the responsible site staff and department in charge
- At each point of service, provide hands-on engagement with service providers in your area of intervention (Care and treatment – TB/OIs, PMTCT/EID, laboratory, pharmacy supply chain, M&E, APSC, QI, GBV, CCS). In so doing you will have participated in routine service delivery and observe how services are being provided, you will assess and note client flow from the point of registration to the time of patient exits the building and annotate weaknesses and strengths
- Conduct Chart / registers review
    - Review registers and ensures completion of information and good quality data
    - Random selection of a *minimum* 20 CTC 2 cards from the last quarter's to review a specific indicator – e.g. an indicator that in the previous quarter was reported to be poorly performed
- Conduct data triangulation to ensure that data reported are valid and accurate.
- Support facility staff on data demand and use, as well discuss accuracy, completeness and timely submission of data to the district, regional and MOHCGEC
- Work together with HCPs during clinic to transfer knowledge and skills. (Clerking patients, Dispensing and data entries, filling various forms, Reviewing and referring to guidelines together etc.)
- Report timely on any issue that requires immediate attention i.e. commodity stock outs, testing interruption due to Lab Machine functionality, no payments of salaries /extra duty allowances etc.

- Develop a list of actions, responsible person for follow up and deadline for accomplishment and record
- Provide feedback to the department and HF in charge
- Notify RM and responsible TA if any urgent issue to be urgently followed up After the visit, the THPS staff should:
- Finalize the summarize the Findings in the THPS trip Report and submit to the specific department and facility in charge (Ensure ***each facility has THPS SITE SUPPORT FOLDER***)
- If a TIER 1 -site was visited, the site report should be filed into the "site dossier" which is to be kept at THPS Regional office

Non-routine follow-up visits. *Occasionally* non routine follow-up visits will be required to follow-up on activities/work plans developed during routine visits. Non-routine site visits that have defined tasks/purposes can also be undertaken: for example, to conduct standard of care assessment (SOC), continuous medical education following a gap which was identified earlier or to address a specific problem which has been identified /reported such as gap filling of ARV or test kits, HVL testing, poor quality of DBS samples etc.

Developing a site dossier. THPS district teams should maintain *Site dossier* in hard copy and electronic version for each **TIER 1 Facility** at regional office. This Site dossier serves as key resource for the team and should be referred to frequently and especially prior visiting a site.

The Site Dossier should be updated with weekly, monthly and quarterly data by district M&E.

The following documents should be part of the site dossier:

- Weekly, Monthly and quarterly data from all program area, presented as trends
- Trip reports
- Facility Profiles

On the front page of the site dossier, *an Action log* (as shown below) should be posted to summarize the urgent issues to follow up (e.g. emergency supplies stock out, HVL sample transportation issues, relevant tools stock out, funds delay etc.); THPS staff returning from site visit is responsible for reviewing and updating the action log and report the problem to the appropriate person or directly take action to solve the issue.

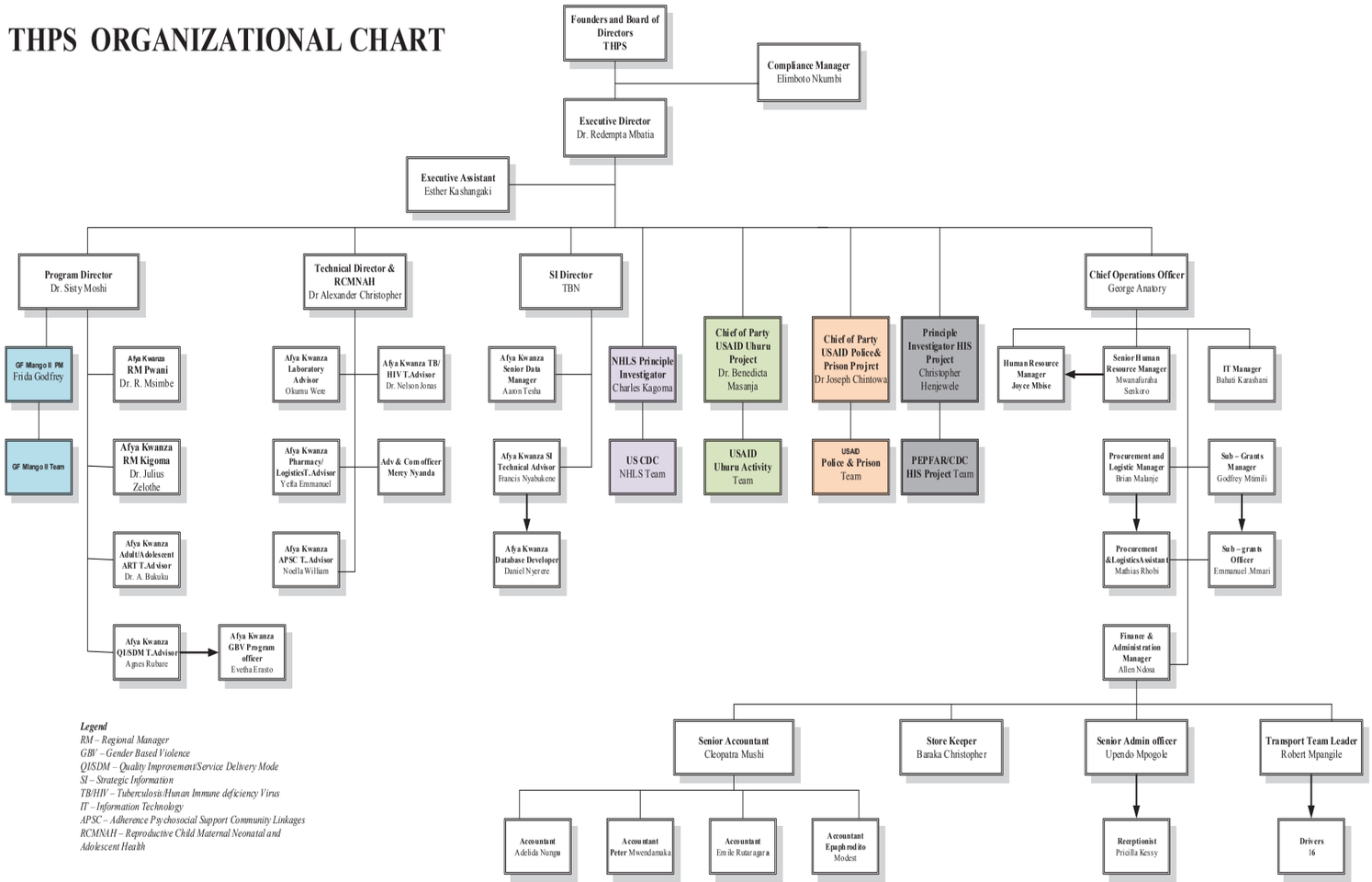
Action Log

Urgent Issue	Date is Reported	Action to be taken	Responsible	Feedback/Date
IPT stock out	20 Feb 2019	Re- allocation from facility with high stock communicate to DTLC ensure drugs are shipped to the site within 72	Regional Lab Mentor	Redistribution done on 23 FEB 2019 Follow up of facility order done at MSD

Appendix 1:	
Standard Of Care	**Quality Improvement Indicator**
All clients newly diagnosed are enrolled into care and initiated on ART within 2 Weeks	Proportions of newly diagnosed client enrolled and initiated on ART within 2 Weeks
All clients newly initiated on ART have a baseline CD4 within 2 Weeks	Proportions of clients newly initiated on ART with baseline CD4
All clients are screened for TB using TB questionnaire at every visit	Proportion of clients screened for TB at every visit
All TB suspect clients are documented in the TB presumptive register book	Proportion of TB suspect clients registered in the TB presumptive register
All TB suspect clients tested for TB by using either (Microscope, X pert, CXR, pediatric score chart or others)	Proportion of TB clients with results documented in the TB presumptive register
All TB/HIV clients initiated ant-TB treatment and ART	Proportion of TB/HIV clients on ant-TB and ART
All eligible PLHIV clients are started on IPT	Proportions of eligible clients started on IPT
All PLHIV started IPT complete the dose within six months	Proportion of clients documented complete the dose within six months
All clients should be assessed for adherence at each clinic visit	Proportion of clients assessed for adherence at each clinic visit
Newly diagnosed HIV clients informed about index testing and elicit sexual contacts	Proportion of TX_ New clients informed on index testing and clients elicited
Number of index contact traced and tested for HIV	Proportion of index contact traced and tested for HIV, segregated by age and sex
All missed appointment clients traced and information updated	Proportional of missed appointments clients traced and information updated
All clients with Unknown status traced and outcomes updated	Proportion of Unknown clients traced and outcomes updated
All clients who have died have documentation of death and reason of death	Proportion of clients who have died have documentation of death and reason of death
All registered HEI have their DBS sample taken	Proportion of HEI registered who have DBS sample taken
All eligible Pregnant and BF women for IPT are started	Proportion eligible Pregnant and BF women started on who IPT

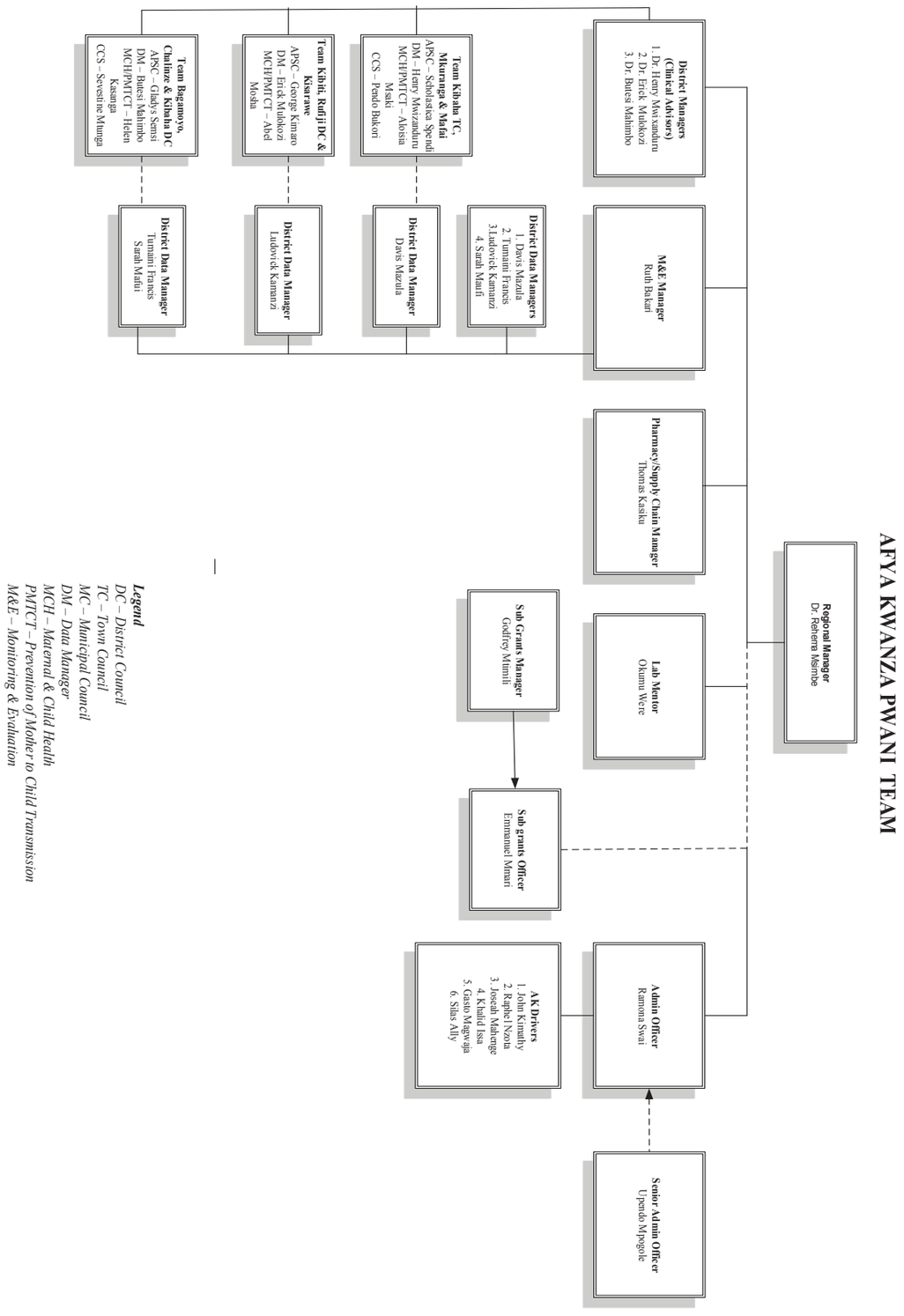
All eligible pregnant women for second HIV test have the test documented	Proportion of eligible Pregnant women for HIV 2nd test have the test and results documented
ALL eligible clients for HVL have their viral load results documented	Proportion of eligible clients with HVL results documented following chart reviews.
All clients' files color code labeled for the HVL test status (i.e. red, green, yellow etc.)	Proportion of clients with color-code labels for HVL test status
All clients with high HVL are enrolled in EAC	Proportion of clients with high VL enrolled in EAC
All clients who have successful completed EAC session have their viral load taken and results documented	Proportion of clients with documented HVL results after EAC sessions
All clients with second (repeat) high viral load results switched to second line treatment	Proportion of clients with repeat high viral load results switched to second line
All ordering HFs submitted their R&R timely to MSD	Proportion of ordering HF submitted their R&R timely to MSD
All clients screened positive for CrAg are started on fluconazole Prophylaxis and treatment	Proportional of CrAg positive clients started Fluconazole Prophylaxis and treatment

THPS ORGANIZATIONAL CHART



Legend

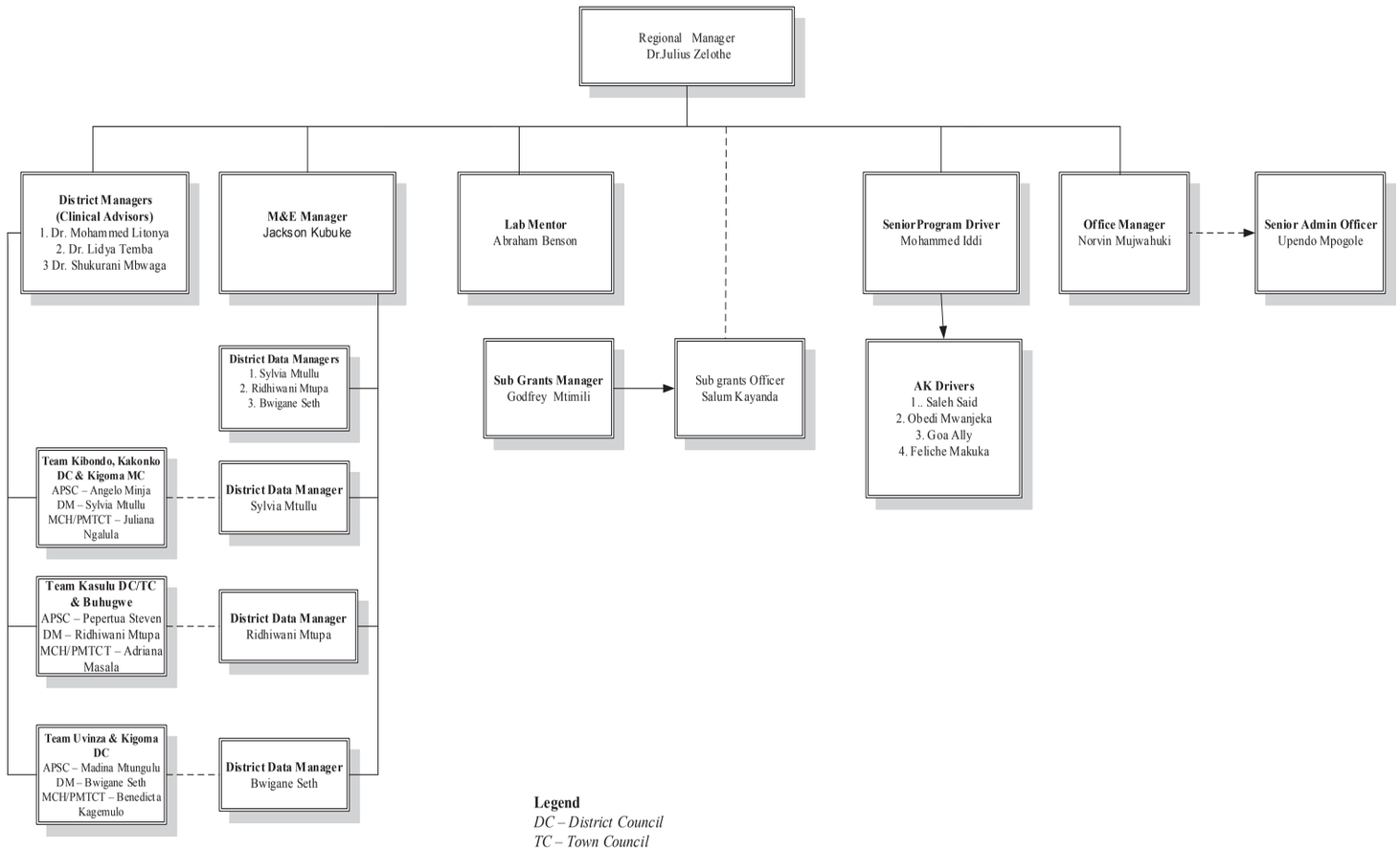
RM – Regional Manager
GBV – Gender Based Violence
QISDM – Quality Improvement/Service Delivery Mode
SI – Strategic Information
TB/HIV – Tuberculosis/Hunan Immune deficiency Virus
IT – Information Technology
APSC – Adherence Psychosocial Support Community Linkages
RCMNAH – Reproductive Child Maternal Neonatal and Adolescent Health



Legend

DC – District Council
TC – Town Council
MC – Municipal Council
DM – Data Manager
MCH – Maternal & Child Health
PMTCT – Prevention of Mother to Child Transmission
M&E – Monitoring & Evaluation

AFYA KWANZA KIGOMA TEAM



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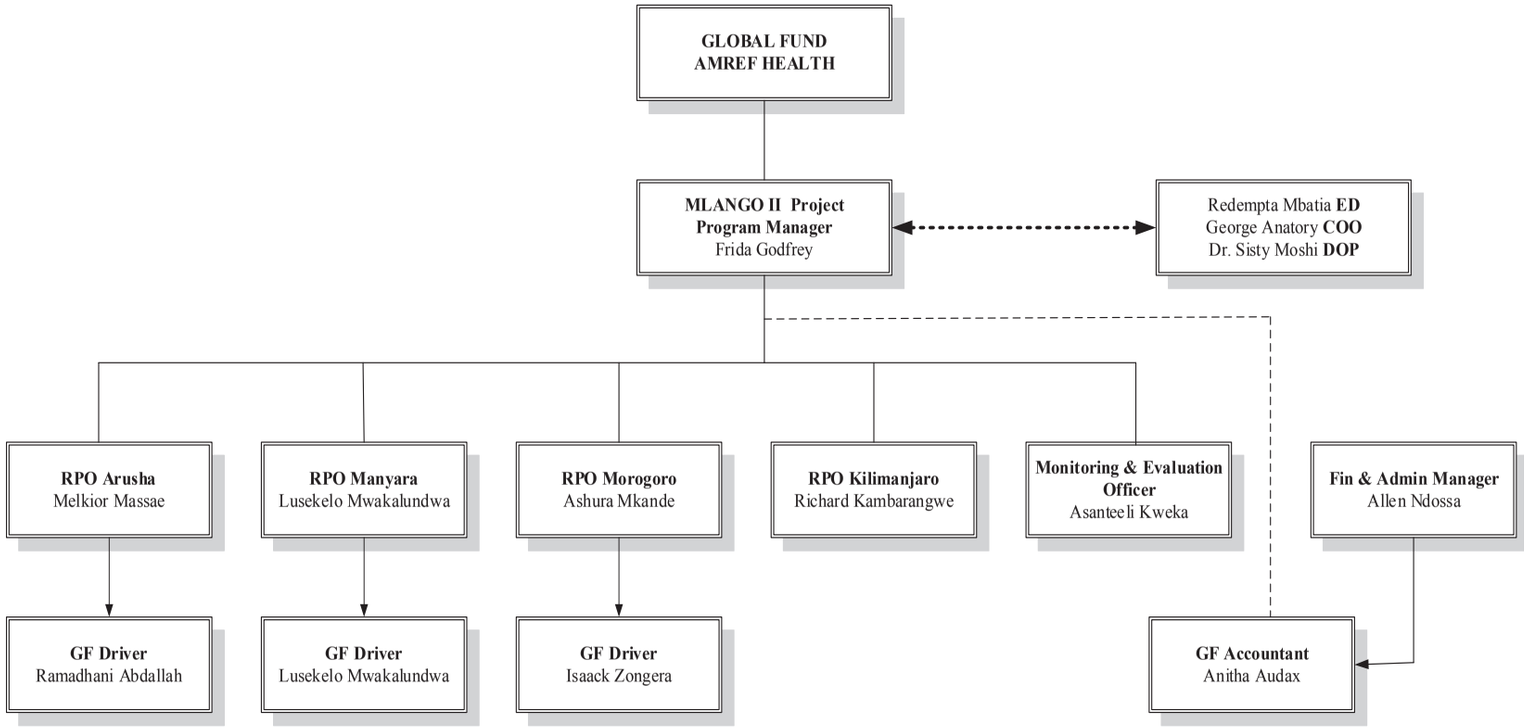
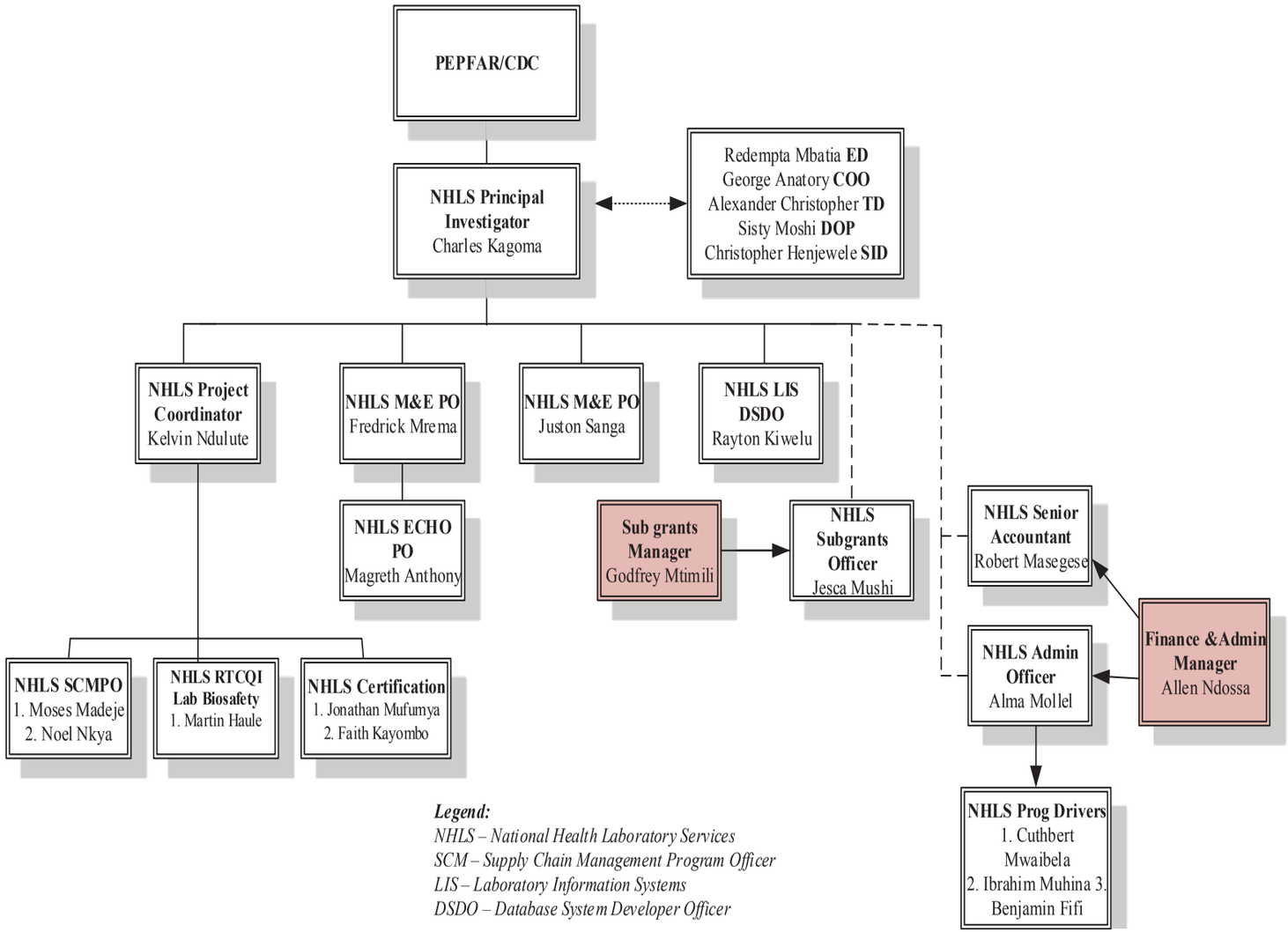
THPS GLOBAL FUND MLANGO II KVP PROJECT ORGANIZANTIONAL STRUCTURE



Legend
RPO – Regional Project Officer
KVP – Key Vulnerable People
COO – Chief Operations Officer
ED – Executive Director
DOP – Director of Programs
GF – Global Fund

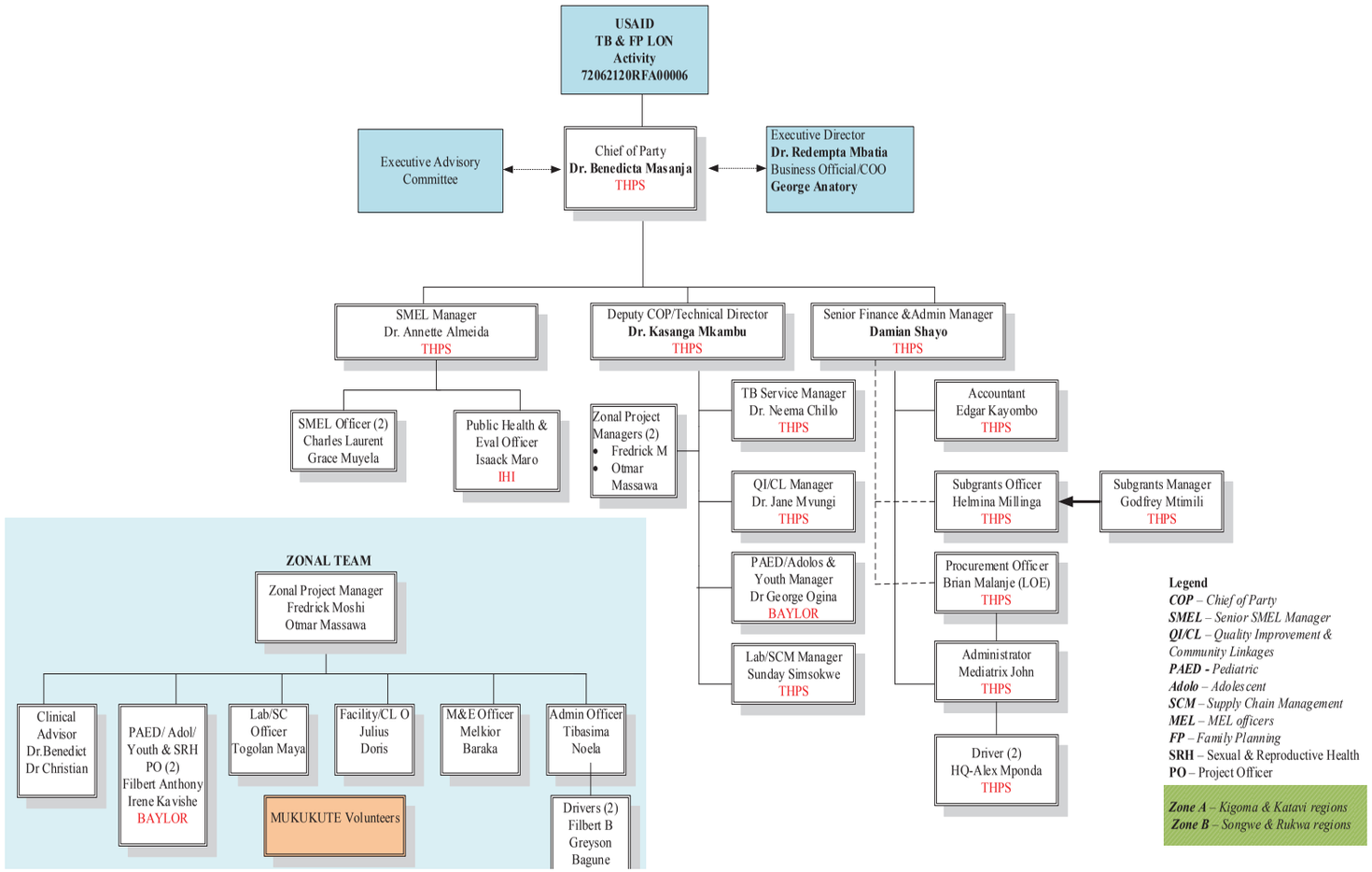
NATIONAL HEALTH LABORATORY SYSTEMS ORGANISATIONAL STRUCTURE



Legend:

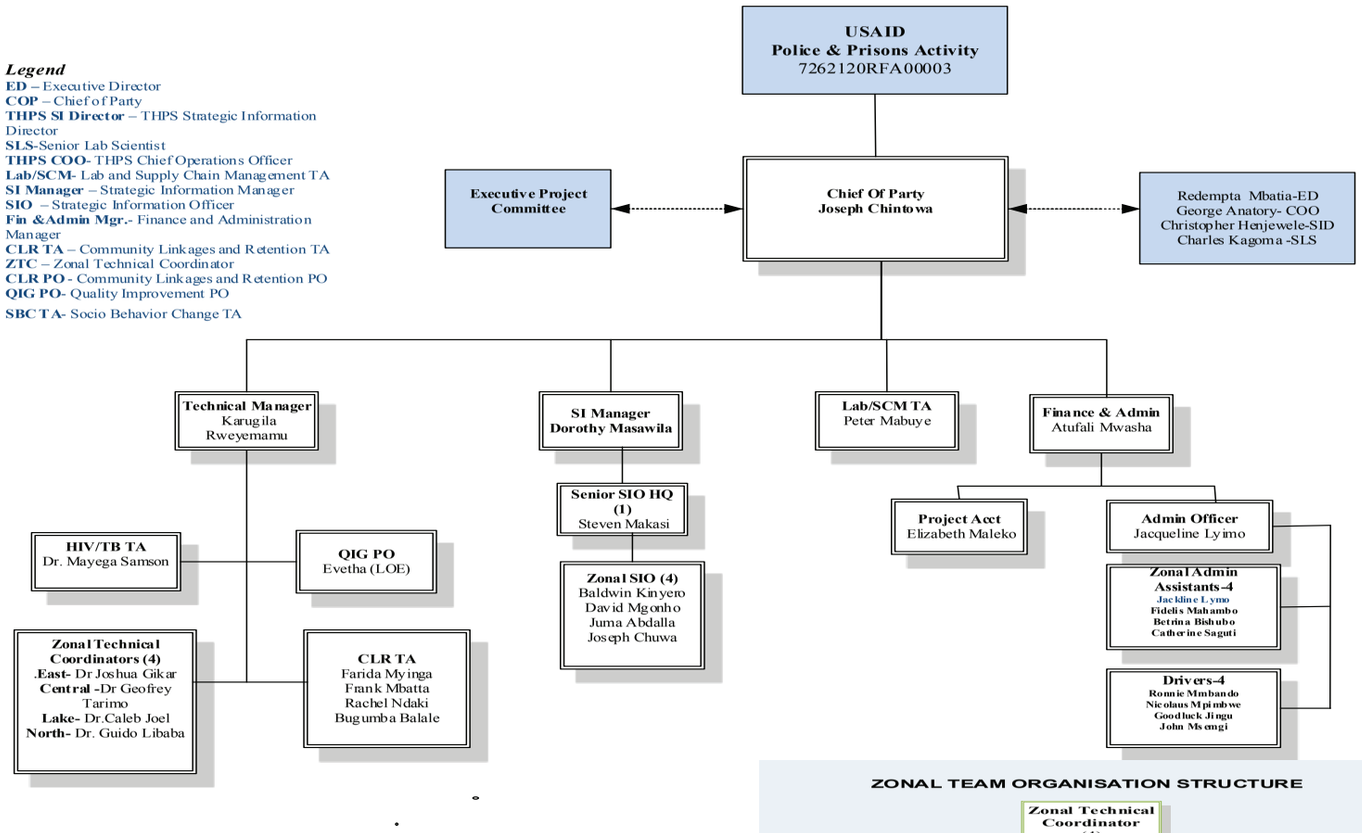
NHLS – National Health Laboratory Services
SCM – Supply Chain Management Program Officer
LIS – Laboratory Information Systems
DSDO – Database System Developer Officer

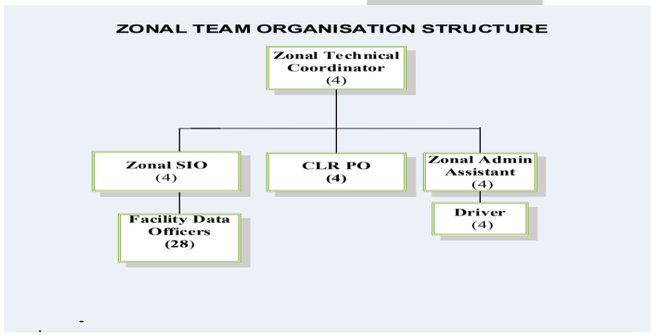
MANAGEMENT AND ORGANIZATION STRUCTURE OF "USAID UHURU - TB & FP LON" ACTIVITY



ORGANOGRAM USAID POLICE & PRISON ACTIVITY

Legend
ED – Executive Director
COP – Chief of Party
THPS SI Director – THPS Strategic Information Director
SLS-Senior Lab Scientist
THPS COO- THPS Chief Operations Officer
Lab/SCM- Lab and Supply Chain Management TA
SI Manager – Strategic Information Manager
SIO – Strategic Information Officer
Fin &Admin Mgr.- Finance and Administration Manager
CLR TA – Community Linkages and Retention TA
ZTC – Zonal Technical Coordinator
CLR PO - Community Linkages and Retention PO
QIG PO- Quality Improvement PO
SBC TA- Socio Behavior Change TA





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