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## 5 years of making an impact that matters

### USAID Boresha Afya – Southern Zone

November 2021



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# USAID Southern Zone Program

Funding Mechanism	Engagement Consortium	Vision and Mission
<ul style="list-style-type: none"> <li>❑ 5 Years Program (Oct 2016 to Dec 2021)</li> <li>❑ USD 126.86M</li> <li>❑ From American People's - PEPFAR, MCH, FP/RH, TB and PMI through USAID</li> </ul>	<ul style="list-style-type: none"> <li>❑ <b>Managed by:</b> Deloitte in Partnership with: FHI360, MDH &amp; EngenderHealth</li> <li>❑ <b>Implemented by:</b> <ul style="list-style-type: none"> <li>• LGAs</li> <li>• HFs</li> <li>• CSOs</li> <li>• CBOs</li> <li>• FBOs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>❑ A dynamic &amp; integrated platform for delivery of health services</li> <li>❑ Improved health status for all Tanzanians</li> </ul>



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# Program Coverage and Thematic Areas

## Program Results Areas

1. **Result 1:** Improved Enabling Environment for health service provision
2. **Result 2:** Improved availability of quality, integrated health services at facility level
3. **Result 3:** Increased access to health services at community level

## Thematic Areas by Regions

1. Iringa – HIV/TB, FP & MCH
2. Lindi – HIV/TB, FP & Malaria
3. Morogoro – HIV/TB, FP & Malaria
4. Mtwara – HIV/TB, FP & Malaria
5. Njombe – HIV/TB & FP
6. Ruvuma – HIV/TB and Malaria
7. Gender & Youth



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# 5 Years of Making an Impact That Matters

Improved health status of all Tanzanians in Iringa, Lindi, Morogoro, Mtwara, Njombe & Ruvuma through delivery of Integrated Comprehensive Health Services in HIV/AIDS, TB, FP, MCH, & Malaria



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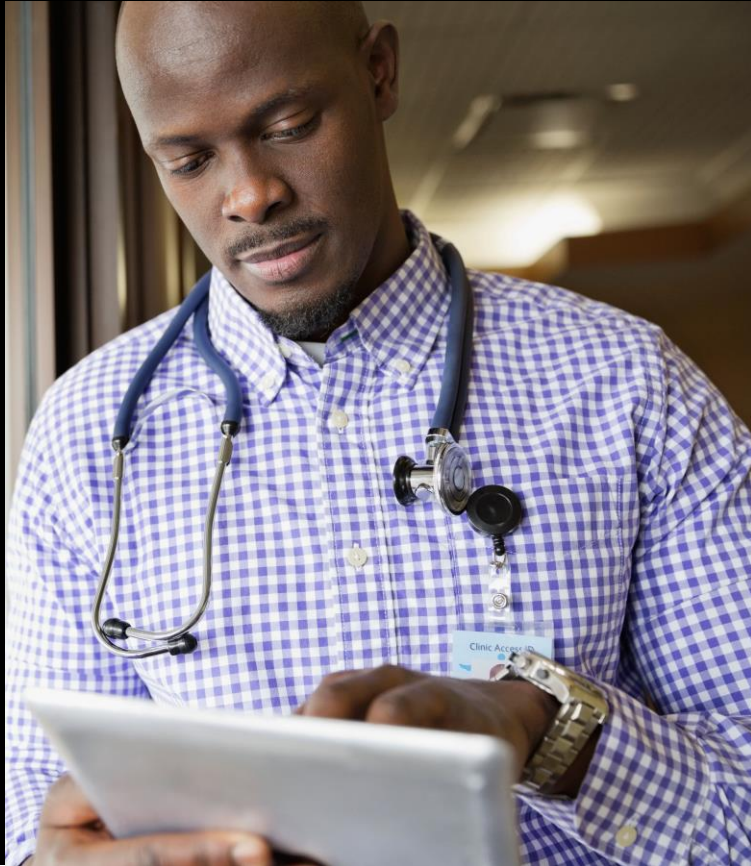
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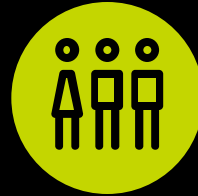


# Return on Investment in Health Services

The Program Invested approximately **USD 126.86 million** towards improving health status of Tanzanians in Iringa, Lindi, Morogoro, Mtwara, Njombe and Ruvuma.



## Through this investment:



About **3.2 million** people were reached with HIV testing services.



Over **170,000** people were diagnosed with HIV.



More than **200,000** people were put on ART.



Over **300,000** clients continue with ART at care and treatment clinics.



The project procured **10 gene Xpert** machines and **25 LED Microscopes** which supported identification and treatment of over **51,000 TB** patients.



**7 HVL Testing Laboratories** were supported with capacity building, consumables, and accreditation.



Over **3.9 million** people were reached with Family planning methods.



Procured **780 computers** which supported data management system across supported health facilities and communities.



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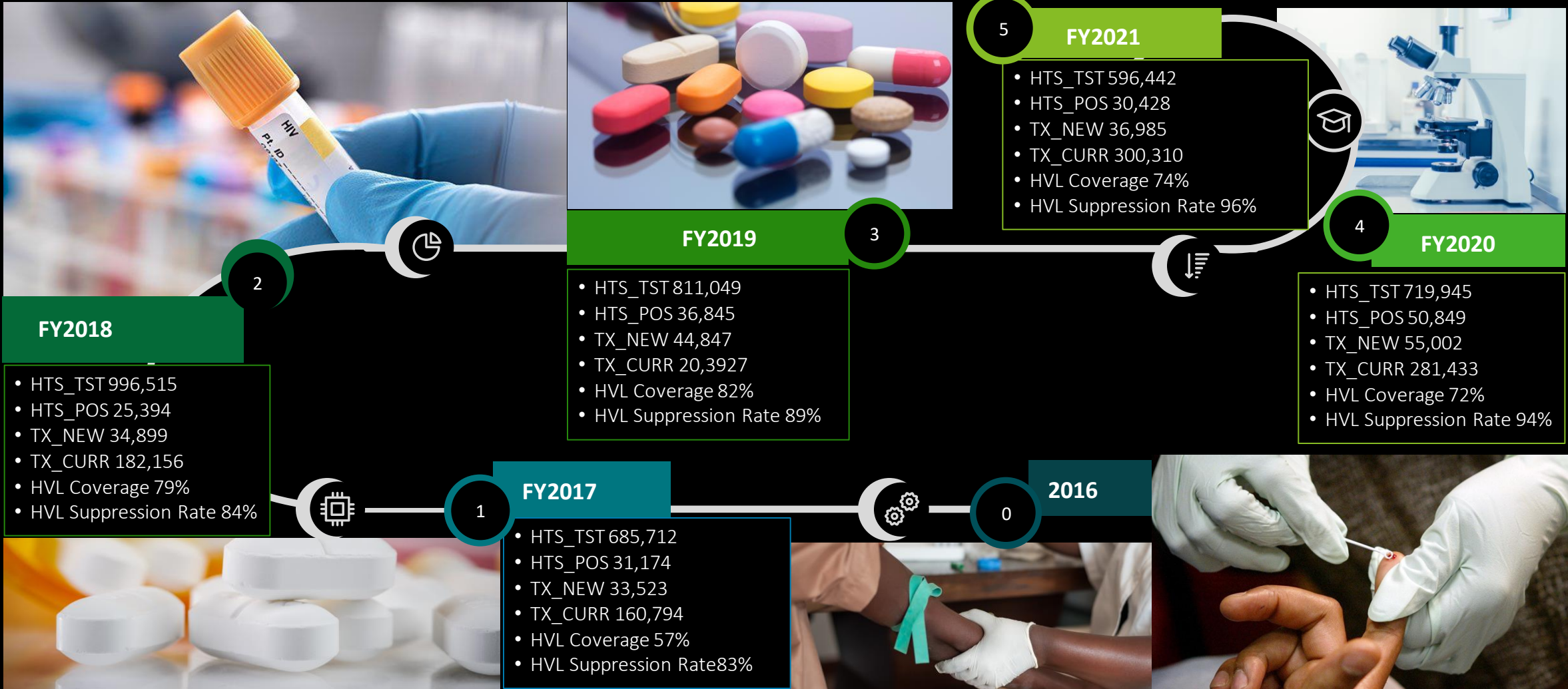
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# HIV/AIDS Services



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# PMTCT EID

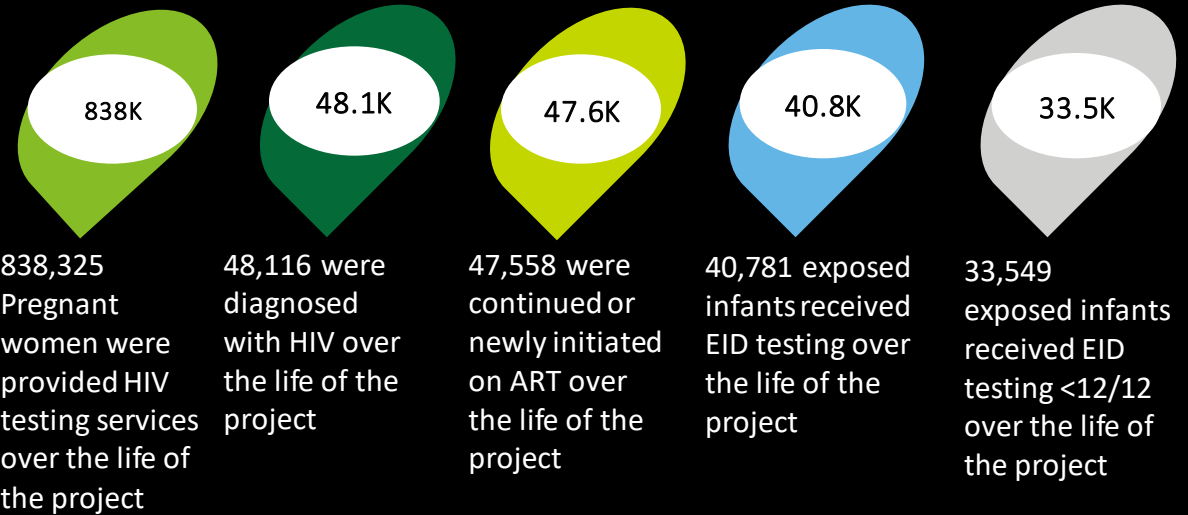
The program collaborated with Regional and Council Health Management teams (R/CHMTs) in improving access to quality of PMTCT and EID services.



□ The program supported PMTCT and EID services at 676 health facilities within the six supported regions.

□ 321 Health Facilities were reached with supportive supervision by R/CHMTS through program support

□ 354 Health Facilities were reached with mentorship for addressing and resolving challenges hindering provision of quality PMTCT/EID services.



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# Pediatric HIV Services

The Program supported provision of pediatric HIV services at 600 health facilities. The program ensured HIV infected pediatrics are identified through index case testing and linked to treatment as well as retained and achieve viral suppression.



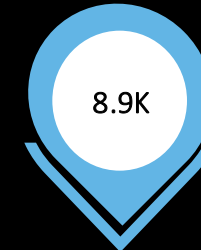
- Optimization of testing services (BCPE and Index) reduced progressively over testing and improved yield in pediatrics
- Continuous transitioning of peds into optimized regimen, close monitoring ART uptake and client centered interventions i.e. Saturday clinics, teen clubs, CBHS pairing and MMS, leads to progressive HVL suppression



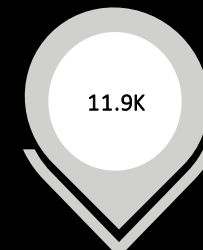
560,934 children were provided HIV testing services over the life of the project



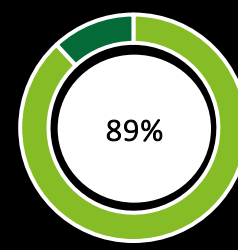
7,946 children were newly diagnosed with HIV over the life of the project



8,894 children were newly initiated on ARV over the life of the project



11,867 children were active on HIV treatment at the end of the project



Viral suppression 89%



# TB Services

The Program supported regions and councils in implementation of TB services across the five regions and Integrated TB/HIV services in six regions while maintaining collaboration with National TB and Leprosy program to ensure improvement in TB case notification and improved quality of TB and TB/HIV services.

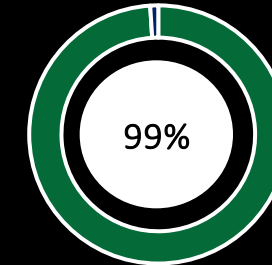


□ The program supported provision of TB core services at 1147 health facilities across 5 supported regions

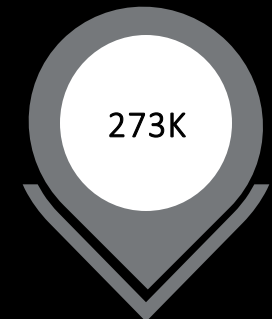
□ Supported TB/HIV integrated services at 676 Health facilities across 6 regions.



Procured **10** gene Xpert machines and **25 LED Microscopes** which supported identification and treatment of over **52,000 TB** patients.



99% HIV testing rate & 98% ART initiation rate



Cumulatively, 272,528 PLHIV in care were initiated on TPT over the life of the project with 88% completion rate



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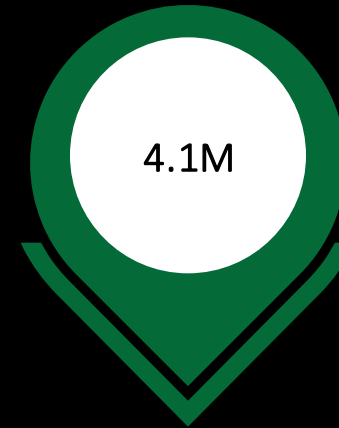


# Family Planning

The Program in close collaboration with the MoHCDGEC, PORALG, and other implementing partners, supported provision of quality, integrated family planning services by ensuring there is an enabling and conducive environment for Family Planning services provision.



Overall, the project generated 5,735,373 couple years of protection



Overall, the project reached 4,124,368 users  
34% voluntarily adopted LARCs  
23% were young people (10-24yrs)

## CECAP Services

- 132,425 Women 15-49yrs screened
- 8212 had lesions
- 6810 were treated
- 821 referred for further Treatment



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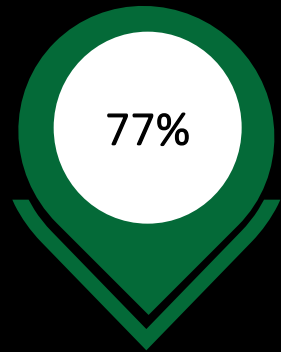
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# Community HIV Services

- ❑ The Program offered community HIV prevention services among key and vulnerable populations in the regions of Iringa and Ruvuma
- ❑ Conducted community index testing for general populations in the regions of Lindi, Mtwara, and Morogoro
- ❑ Implemented community HIV services while adhering to PEPFAR, WHO, MoHCDGEC guidance on specific interventions.



For HIV testing; Index testing contributed 77% of all identified HIV+ cases



Overall yield of 11% HIV ST: 80% results return rate with 3%



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# Gender Empowerment MCH

The Program supported gender empowered MCH services in Kilolo DC and Iringa DC to improve women's socio-economic capacity to enable them to have decision making for their own health and their family health.



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# Laboratory Services

The Program supported strengthening of laboratory services for improved provision of laboratory testing services. The support focused at improving systems for enhanced Rapid HIV testing, HIV viral load testing, HIV Early Infant Diagnosis, CD4 testing, as well as TB diagnosis.



HVL Testing Labs

- 7 HVL Testing Laboratory; Iringa RRH, Ligula RRH, Morogoro RRH, Njombe RRH, Songea RRH, St. Egidio & St. Francis Hosp
- 4 EID Testing Laboratory; Iringa RRH, Ligula RRH, Morogoro RRH, Njombe RRH, Songea RRH,
- 19 POCT sites for EID in 8 supported councils



TB Diagnostic

- 51 GeneXpert machines in all supported councils – 10 secured by program
- 50 (98%) have GxAlert
- 35 (17%) modules not working (broken) out of 204



Sample Referral System

- 83 sample collection Hubs supported
- 75 (90%) have functional eSRS with barcode printers
- Integrated sample referral system for HVL, EID, TB , serum creatinine and EQA samples
- Transportation by contracted courier in all regions



EQA

- In collaboration with HIV RT; 2,487 Testing points
- HVL/ PT; 7 Labs
- EID/PT; 4 Labs
- TB/PT for Gene Expert; 50 Labs



SLMTA/ACCREDITATION

- 6 full accredited labs
- 3 recommended for accreditation
- 14 under SLMTA program



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# Pharmaceutical and Supply Chain Management

The program ensured un-interrupted availability of medicines, rapid test kits, reagents, and medical supplies across all supported facilities. This was done in line with improving supply chain data quality and commodity accountability.



System Strengthening & Gap Filling Activities	Total
Pharmacy Module Database (Pax)	999
PMD Computers procured	119
Adult ART Prescriptions P/100	38,932
Pediatric ART Prescriptions P/100	4,300
Dispensing Registers	1,204
Stores Ledger Printed	4,413
Gap Filling CTX tabs T/1000	12,270
Gap Filling CTX syrup (each)	71,000
Waste Management Workshop (Pax)	100
Pharmacovigilance and ADR reporting (Pax)	544
yellow Forms Printed	6,500
IMPACT Team Pax Trained R/CHMT Members	170
5S Kaizen Pax	145
Capacity Building Activities	Total
Number of HF's reached for SC mentorship/SS	2,702
Number of HW's Mentored	4,253
Group Mentorships (Pax)	617
Facilities reached for Medicine Audit and DQA	376
Number of Redistributions	1,572
eLMIS Training Pax	334
Redesigned Logistics System (Pax Trained)	977
INH ordering Trained Pax	244
ILS Training refresher (Pax)	150



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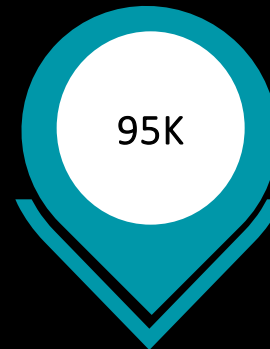
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# Gender and Youth Focused Care

Integrated gender in program implementation in line with the Tanzania's Gender and Youth policies and the program Gender strategy. Strengthened integration of GBV technical priorities into HIV prevention, testing, care, and treatment services, provision of adolescent and youth friendly health services, scaling up provision of Male Friendly Health Services (MFHS) and rolling out First-Line Support to survivors of Gender-Based Violence. Promoted gender equality enabling vulnerable groups including women, men, and adolescents/youth (girls and boys) to benefit from the integrated services.

- ❑ Provided training, mentorship and coaching to HCWs
- ❑ Strengthened health systems to respond to violence
- ❑ Provided guidelines and M&E Tools
- ❑ Facilitated Integration of GBV screening in all SDPs
- ❑ Strengthened Regional coordination and strategic partnership with key GBV stakeholders/ Sectors (Health Police Gender desks, Legal, Education, FBOs, CSOs, Community
- ❑ Improved GBV case identification and Response
- ❑ Supported Joint supportive supervision with R/CHMTs



The program reached 94,924 survivors with post violence care.



The program reached 37,049 youths with friendly health services.



# Community Services

The Program worked closely with CSOs through community integrated services in the capacity of enrolling new clients into CBHS programs and encouraging them to join support groups.

- ❑ The strategy reduced stigma, increased literacy, and encouraged HIV positive clients to remain in care and treatment.
- ❑ Client centered services mitigated interruption in treatment, enhanced patient retention which translated to better ART outcomes.
- ❑ Community based approaches have increasingly been seen as an essential mechanism of service delivery for dispensing of ART, adherence support as well as decongesting health services at facilities and freeing up time for professional health workers whose numbers are not ideal.



Through community services, CBHS returned 17,667 back to care



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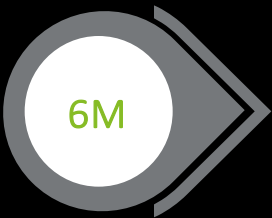
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# Malaria

- ❑ The Program supported the government of Tanzania to improve the quality, access, and uptake of proven malaria prevention and control interventions and scale-up efforts to maintain the gains that have been achieved over the four years of program implementation.
- ❑ The Program supported a total of 1229 health facilities through providing supervision, mentorship, commodities and HIMS tools distribution.



Diagnosed around 6  
**Million** malaria cases and  
treated them with  
antimalarials



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# Enabling Environment



## Strengthened program collaboration with PO-RALG, MoHCDGEC, LGA & IPS:

- Integrated supportive supervision
- Mentored and Coached HCW



## Supported Policy Implementation:

- Printed & distributed guidelines, SOPs & IEC materials.
- Facilitated Direct Health Financing Facility and Health Insurance



## Program Sustainability:

- Facilitated development of transition and sustainability plans for Councils



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# Integration and Collaborations

USAID Boresha Afya - Southern Zone Program in collaboration with MoHCDGEC, PORALG, R/CHMTs, and Implementing Partners supported regions in implementing and monitoring integrated quality services at different levels to ensure provision of healthcare services meet the required standard to achieve optimal health outcomes to clients served.

## Organization Integration

Collaborated with different stakeholders (FHI360-USAID Tulonga Afya, EPIC, Pact - Kizazi Kipya, Baylor Pediatric Tanzania, Civil Society Organizations (CSOs) and R/CHMTs in index testing, Linkage case management, tracking of missed appointment and Interruption in Treatment (IIT) clients, demand creation for HIV viral load uptake and community Tb case finding as well as TB preventive therapy (TPT)

## Management Integration

Facilitated R/CHMTs to conduct integrated supportive supervision and mentorship to supported Health Facilities.



## Level of Care Integration

In collaboration with MoHCDGEC, PORALG (R/CHMTs) facilitated provision of trainings, on site orientation, digital technical support in various thematic areas.



## Service Delivery Integration

Supported provision of integrated health services delivery in supported facilities covering HIV, TB, HIV/TB, Malaria, MCH and Family planning services.



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# Message from Deloitte Leader

Deloitte is delighted to have successfully delivered the program that assisted the Government of Tanzania to increase access to high quality, comprehensive and integrated health services in communities.

We were privileged to work with the two ministries: MOHCDGEC and PORALG as well as CSOs and FBOs. We appreciate cooperation and collaborations extended to Deloitte during the execution of the program.

We would like to thank the American People and the US Government for trusting Deloitte in this complex and comprehensive health program. We thank the Government of Tanzania for hosting the program.

We extend our gratitude to our technical partners, EH, FHI360 and MDH for collaborating well with Deloitte in implementation of the Program.

We call upon the Government of Tanzania through the two ministries (MOHCDGEC and PORALG) to sustain the foundation laid down by the program.

**Carlton Jones, Director – Deloitte Consulting Limited**



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# Message from EngenderHealth Leader

- Solid Deloitte's trust to us partners on our technical areas and allowing us to demonstrate our expertise in our areas.
- Strong Program leadership and collaboration with the government institutions responsible, USAID, health facilities and other implementing partners throughout the program implementation contributed to these successes.
- Great teamwork among consortium leaders enabled us to quickly fix critical issues pertinent to the Program's successful implementation.
- Embraced the *one team approach* that aimed at one goal. "*Your technical issue and achievement is my issue and achievement*" hence fostered diversity among the project staff and created an incredible synergy.
- Exceptional project staff commitment, passion and perseverance in their work throughout the program implementation. We wouldn't have achieved the results we had. Forever, we will value our staff.

Prudence Masako, EngenderHealth Country Representative



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# Message from FHI360 Leader

FHI360 is delighted to be part of the Boresha Afya Southern Zone Consortium, under Deloitte leadership. FHI 360 was a technical lead in the consortium, which on;

- **HIV:** Reached around **3.3M** people with HIV testing services; Identified around **176,000** new HIV cases; Maintained around **300,000** people on treatment. This is about **21%** of all PLHIV in Tanzania, coming from 6 supported regions under Boresha Southern Zone.
- **TB:** Identified around **52,000** TB cases and treated them
- **Family Planning:** Reached over **4 million** people with FP services
- **Malaria:** Diagnosed around **6M** malaria cases and treat them with antimalarials
- This achievement has been possible through remarkable partnership with consortium members, National programs (NACP, NTLP, RCHS, and NMCP), CSOs, FBOs, R/CHMTs and other implementing partners for their collaboration. We urge R/CHMTs to sustain services especially during this transition period.

Together we have used science to improve and save lives, and that's the FHI360 goal.

Waziri Nyoni, FHI360 Country Representative



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# Message from MDH Leader

I would like to thank USAID-Tanzania, MoHCDGEC, PORALG, R/CHMTs, health facilities and communities for their outstanding support, collaboration and opportunity to serve during implementation of this project.

This project provided an opportunity for MDH to contribute on improving wellbeing of People Living with HIV by reducing AIDS related morbidity and mortality. The project was successful in preventing new HIV infections, early detection of TB, Malaria infections as well as improving uptake of Maternal health services including family planning services. As a result of these programmatic activities, we were able to save and prolong lives to many other people.

At MDH we are proud to contribute to our country's health sector priorities of leaving no one behind by expanding access to quality health care services to our fellow Tanzanians including vulnerable and marginalized population. MDH feel privilege to be part of this consortium to advance government agenda on health and through platform we were able to support our health system to improve provision of equitable communicable disease and maternal health services to people in seven regions of the country.

Realizing the impact of this project especially on welfare of our people, we are optimistic and excited for continued collaboration in improving access to quality health care services to all medical conditions contributing the most to the burden of disease "Until Everyone is Healthy"

Dr. David Sando, Chief Executive Officer



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# Message From The Chief of Party

Through our approach of tailoring to each geographic area, optimizing the continuum of care, focusing on client-centered care, implementing a strategy for gender and youth, QI, and Multiple Level Integration and enhancing collaboration with GOT, CSOs, CBOs, and FBOs and coordination with other programs within and out of our six regions, we have managed to successfully deliver very high quality and integrated services both at the facility and community levels.

At the facility level, we have contributed towards clinical staff augmentation and training and improved the commodities supply chain management and made sure services were uninterrupted throughout.

At the community level, we fully supported the subgrantees in maintaining bidirectional referral, therefore, tracking and retaining majority of our clients. We have made sure for the past five years, policies and guidelines from PORALG and MOHCDEGC reached all the facilities and communities and were fully oriented for operationalization.

To me, the secret of this program success was based on exemplary leadership, team cohesion, respect to each other, hardworking staff, committed technical partners, and unwavering support from USAID. I appreciate you all, and I look forward to working with you all when the opportunity arises. Asanteni sana.

Dr. Marina Njelekela, COP – USAID Boresha Afya Southern Zone



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