

# USAID Afya Yangu Southern Program

Tanzania Health Summit (THS) 2022 Snapshots



Healthier lives and thriving communities

### Our THS 2022 Forum





#### USAID Afya Yangu Southern



#### **USAID Afya Yangu Southern Symposium** Tanzania Health Summit 2022

**Theme:** Comprehensive Client Centered Approaches in Action: The Journey Towards Healthier and Thriving Communities in the Southern Regions



Thursday, 13th October 2022 12:00 PM - 13:30 PM



Mikumi Hall, INICC Dar es Salaam, Tanzania

Moderator





Deputy Director of Health, Social Welfare and Nutrition Services at PO-RALG



Dr. Liberate Mleoh **Deputy Program** Manager - National **Tuberculosis & Leprosy** Program (NTLP)



Dr. Werner Maokola Strategic Information Lead - National AIDS Control Program (NACP).



**Kenneth Chima** Deputy Chief of Party



Dr. Moses Ringo **Director of Results** Management Office - USAID Afya Yangu



Dr. Rehema Msimbe **Technical Manager, Care** and Treatment - USAID Afya Yangu Southern



Godfrey Mwanakulya SBCC Manager - USAID Afya Yangu Southern

Deloitte.









Deloitte Forum Featured Success, Best Practices and Lessons Leant

In Differentiated Client Centered Approaches:

- Focused HIV Testing Through Community Index Testing and Prep
- Pediatric ART Differentiated Client Centered Services (Saturday clinics and Teen Clubs)
- Integrated Facility Led Community ART Services and MMD
- **CECAP Screening Outreach Hub Spoke Model**
- Social Behavior Change Interventions for Service Delivery

### The GoT Officials Participated in The Deloitte THS 2022 Forum



Moderator: Dr. Paul Chaote (MPH) is a Assistant Director of Health, Social Welfare and Nutrition at President Office Regional Administration and Local Government (PORALG).



Panelist: Dr. Liberate Mleoh (MD, MPH) is a Deputy Programme Manager – National Tuberculosis and Leprosy Programme (NTLP) – MoH Tanzania.



Panelist: Dr. Werner Maokola (MD, MSc, PhD) is an Epidemiologist serving as a Strategic Information Lead with the National AIDS Control Program (NACP) - MOH Tanzania.

Dr Maokola provided an highlight of policies and interventions in Tanzania necessary for execution of Client-Centered approaches.

He stretched out that Client Centered means "Delivery of HIV services by meeting people where they are with what they need".

He emphasized that the "purpose of Client Centered approach is to remove all barriers to continuous HIV care, including stigma and discrimination, and maximize convenience and responsiveness to client needs and preferences".

He commended USAID Afya Yangu Southern for supporting the GOT in:

- Meeting people where they are with Facility Based Testing, Care and Treatment Services
- Serving PLHIV with what they need in HIV Care and Treatment Services (Same Day ART Initiation and Multi-Month Dispensing (3/6MMD))
- ART monitoring that includes HIV Viral Load testing services and Monitoring of drug resistance

Dr Werner informed delegates that the GoT has introduced Biometric System in health care which is currently under pilot phase.

Dr Mleoh shared the role of National TB and Leprosy Programme (NTLP). These includes:

- **Policy and guidelines development:** National TB and Leprosy Strategic Plan, National TB and Leprosy Manual and other guidelines
- Coordination: Coordinates with PO RALG and Implementing Partners, and Development Partners
- Capacity Building of the Coordinators and HCWs at National, Regional, District, and Facility level
- Funds solicitation to ensure smooth service delivery and sustainability

Dr Mleoh concluded that Afya Yangu is collaborating with NTLP in execution of these function.

### Our Team Shared A Snapshot of Differentiated Clients Centered Approaches

- USAID Afya Yangu Southern has been implementing different client's approaches to ensure that clients on ART's get opportunity to receive uninterrupted comprehensive ART services.
- The WHO recommends that 95% of identified PLHIV be linked into care and treatment services, remain in care and suppressed
- UNAIDS estimates that 75% of people living with HIV/AIDS have access to ART however in Tanzania 90% of PLHIV are on treatment
- Client centered approaches need to be maintained reach the Global goals of 95-95-95 by 2030.
- Retain PLHIV on treatment, reduce clinical visits; more so that they continue to contribute in the country's economy, being suppressed helps attain HIV free generation Goal

#### These Approaches Were Presented:

- Focused HIV Testing through Community Index Testing and PrEP
- Pediatric ART Differentiated Client Centered Services (Saturday clinics and Teen Clubs)
- Integrated Facility Led Community ART Services and MMD
- CECAP Screening Outreach Hub Spoke Model

#### These Lessons Learnt Were Shared:

- Integrated Prep initiation and Index testing modality offers continued prevention continuum of care
- Teens Clubs and Saturday clinics for adolescents and Children offers psychological and medical intervention and Improves Suppression to HIT 95% suppression Global AIDS GOAL
- Multi Month Dispensing (MMD) delivery model gives a promising approach towards reaching the global AIDS goals
- With resource constraints setting shortage of providers with skills is inevitable. Engagement of R/CHMT and Utilizing available health care workers to conduct outreach CECAP services at Places where clients reside is the BEST MODALITY across regions



**Dr. Rehema Msimbe** is a Public Health Specialist and Registered Medical Doctor Serving as Technical Manager Care and Treatment – USAID Afya Yangu Southern

### Our Team Shared A Snapshot of Key Achievements and Lessons Learnt in SBC

#### Treatment Experts (PLHIVs):

- The program oriented over 200 Treatment experts (TE) on demand creation for HIV Services at the facility and community level
- They conduct IPC and SGD sessions with fellow PLHIVs (one-on-one and group sessions)
- They create demand during facility-led outreach services to create demand for CECAP, ART, COVID-19 Vaccination and HVL sample collection
- They distribute demandcreation materials for HIV/TB services to fellow PLHIVs

#### Youth peers (Peer Champions):

- The program oriented over 200 Youth Peers to conduct IPC and SGD sessions with fellow youth on HIV testing, Condom Use and ART adherence through IPC, and SGDs
- Adolescents' Friendly HIV
   Services to facilitate the
   provision and acceptability of
   comprehensive HIV care and
   treatment services for ALHIV
   43 facilities
- Support the distribution of demand-creation materials for HIV testing, PrEP, Condom Use, and ART adherence
- Address gender-related norms that hinder the uptake of services among youth

#### Male Engagement

Using male champions to reach men with HIV testing and care and treatments through:

- Small Group Sessions to address social norms among men that hinder uptake of services
- Interpersonal communication (IPC) – to address individual barriers with fellow men which hinder service uptake

#### **Community Radio Programs**

- Regionalized local content delivered with and by clients, and health experts through participatory dialogues (20 programs aired)
- Recorded radio spots focusing on themes – HVL, COVID-19 vaccination, ART, IPT, HIV Testing (1800 spots aired)



Mr. Godfrey Mwanakulya is the SBC Manager for the USAID Afya Yangu

#### Lessons Learnt:

- Integrating SBC into the service delivery program increase services uptake among target groups
- Client-centered approaches for PLHIV play a vital role in improving retention in HIV services for PLHIVs
- For change to happen we need to keep the dialogue going between clients, and client-provider.

### Our Team Shared A Snapshot of Family Focused & Child Centered Approach

Comprehensive Client Centered Approach through NICMS Targeting OVC and Households Case Identification through facility and platforms Graduate Eligibility, screening and enrollment for benchmarks achieved case file is potential beneficiaries closed **CCW** Monthly household Assessing sociovisits and quarterly economic status and updates to care HIV risk assessment Development of care Direct service plans including goals delivery, referrals and follow-up and actions



Mr. Kenneth Chima is A social Scientist Serving as Deputy Chief of Party for Kizazi Hodari Southern

#### Shared the Guiding Principles:

- Support for GoT and community systems and structures
- Gender integration and meaningful engagement
- Routine use of data for continuous quality improvement
- Integration with other PEPFAR programs (with a focus on clinical programs)

### Our Leaders Gave A Vote of Thanks to Panelist and Delegates



Dr. Marina Njelekela, COP USAID Afya Yangu Southern Program



Dorothy Matoyo, COP USAID Kizazi Hodari Southern Activity



Panelists Discussing Success, Best Practices and Lessons Leant In Differentiated Client Centered Approaches
Other Delegates and Forum Participants





### Our THS 2022 Booth Received Visitors







The Guest of Honor: Dr. Godwin O. Mollel Deputy Minister – Ministry of Health.

USAID Tanzania: Dr. Selina Mathias, Contracting Officer Representative for Afya Yangu Southern.

USAID Tanzania: Dr. Neway Fida, Alternate Contracting Officer Representative for Afya Yangu Southern.

#### Other THS 2022 Delegates Visited Our Booth









### Our THS 2022 Forum Got Media Coverage







USAIDTanzania @USAIDTanzania · 1h
Dr. Godwin O. Mollel, Deputy Minister
@wizara\_afyatz visited @USAID #AfyaYangu
Southern booth during the 9th Tanzania
Health Summit 2022. The program
compliments government efforts on
provision of integrated & client centered HIV
& TB services in the southern regions.
@DeloitteTz

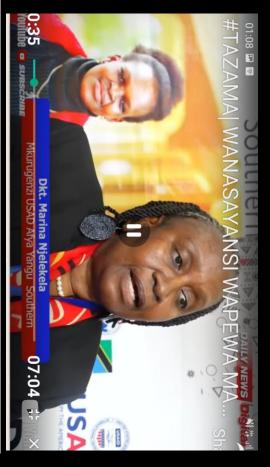




USAIDTanzania @USAIDTanzania · 1h
Learn more about @USAID's #AfyaYangu
Southern Program at the symposium today,
13th Oct, 12:00-13:30PM at JNICC.

Our participation in THS 2022 got media coverage by reputable media houses and platforms:

- TBC
- Daily News Digital
- USAID Tanzania



### Deloitte THS 2022 Forum Received Awards





We were honored with awards for coordinating health care symposium and exhibition in THS 2022

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### The Deloitte THS 2022 Forum Organizing Committee



The dream team accomplished the mission "THS 2022"

## THS 2022 Production Included:

- Weekly preparatory meetings
- Collected Content from program regions
- Registered participation with THS
- Engaged a moderator and panelists from GOT
- Developed promotional materials
- Developed Bios for moderator and panelists
- Developed a presentation
- Developed forum advert
- Engaged media
- Organized the booth

### Our Program At Glance

Title: USAID Afya Yangu - Southern Program

**Program Duration:** 5 Years (November 2021 to November 2026)

Focus Areas: HIV and TB as well as FP/HIV Integration

Geographical Coverage: Iringa, Lindi, Morogoro, Mtwara, Njombe and Ruvuma Regions

**Donor:** American People's - U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and TB Fund, through the United States Agency for International Development (USAID)

**Contractor:** Deloitte Consulting Ltd

**Sub-Contractors:** Management and Development for Health (MDH) and T-MARC Tanzania.

Implemented by: LGAs, Health Facilities, CSOs, CBOs and FBOs



### Our Purpose



Our Vision: Healthier lives and thriving communities.



Our Mission: Increase demand for and use of high-quality integrated HIV-TB prevention, care and treatment services, particularly for youth and children, through a comprehensive client centered approach leading to improved health outcomes.



### Our Key Results Areas

#### Intermediate Result 1:

Improved access to quality, client-centered HIV&TB services

- Sub IR 1.1 Improved access to quality health services at both the facility and community level
- Sub IR 1.2 Strengthen capacity of health work force to deliver client centered services

#### Intermediate Result 2:

Improved ability of individuals to practice positive health-seeking behaviors

- Sub IR 2.1 Improved capacity, motivation and enabling environment related to health seeking behavior
- Sub IR 2.2 Increased community support for healthy behaviors



#### Intermediate Result 3:

Enhanced enabling environment for quality HIV/TB service provision

- Sub IR 3.1 Improved availability of quality strategies, policies and guidelines to support health service delivery
- Sub IR 3.2 Increased engagement of communities and citizens for quality health service delivery
- Sub IR 3.3 Increased engagement and use of system wide reforms and governance structures that impact service provision

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