

# JOURNEY TO **HIV-FREE** GENERATION

ANNUAL REPORT 2023



FHI 360 Tanzania, EpiC Project,  
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**USAID**  
KUTOKA KWA WATU  
WA MAREKANI

**EpiC** Meeting Targets and  
Maintaining Epidemic Control

# WORD FROM THE PROJECT DIRECTOR



**Bernard Ogwang,**  
EpiC Project Director

The FHI 360-led Meeting Targets and Maintaining Epidemic Control (EpiC) project is a United States Agency for International Development (USAID) funded project implemented in several countries. The project targets key, vulnerable, and priority populations (KVP) with comprehensive HIV prevention, care, and treatment services in Arusha, Dar es Salaam, Dodoma, Iringa, Kilimanjaro, Lindi, Morogoro, Mtwara, Njombe, Ruvuma, and Shinyanga regions. The EpiC portfolio includes working with the government to support the COVID-19 vaccine and liquid oxygen interventions.

EpiC is contributing to achieving and maintaining HIV epidemic control in the United Republic of Tanzania. This is through strategic technical assistance and direct service delivery to break through barriers to 95-95-95.

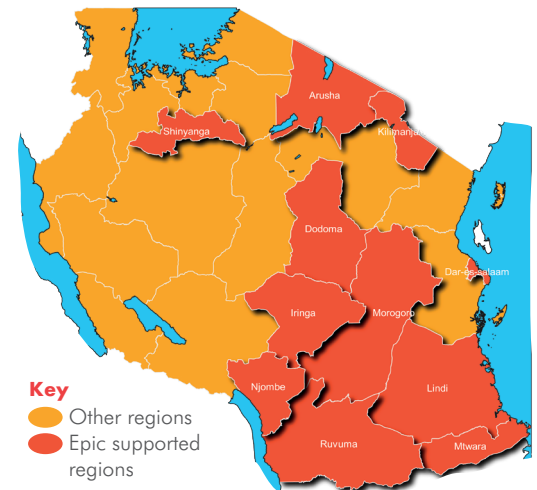
The project is promoting self-reliant management of the national HIV program by improving HIV case-finding, prevention, and treatment programming. EpiC is building the capacity of Civil Society Organizations (CSOs) to implement comprehensive HIV prevention, care, and treatment interventions. EpiC's package of services includes the provision of integrated HIV prevention, care, and treatment services at the community level through integrated outreaches; peer educators (PE); peer navigators (PN); Enhanced Peer Outreach Approach (EPOA); Risk Network Referral (RNR); index testing; and a comprehensive package of interventions provided to adolescent girls and young women (AGYW) and adolescent boys and young men (ABYM) in DREAMS and non-DREAMS regions.

These approaches have led to increased service coverage and utilization of HIV testing, HIV self-testing, and pre-exposure prophylaxis (PrEP) services by KVP who are unlikely to utilize conventional HIV testing in public health facilities due to existing barriers. EpiC increased coverage and access to family planning services; bringing ART services closer to people living with HIV/AIDS leading to improved viral load suppression. The project made investments in building the capacities of CSOs by strengthening their organization systems which included program management, financial management, Human resource management, resource mobilization, branding and visibility, strategic information, and monitoring and evaluation systems.

EpiC in close collaboration with TACAIDS supported the establishment of a national subcommittee on Violence Prevention and Response (VPR) to coordinate the national

response to structural interventions. Other successes included the expansion of the call center at Tanzania Women Initiatives for Development Organization (TAWIDO); the establishment of community VPR teams and strengthening of KVP-friendly services through training of teams to prevent and respond to violence, training of implementing partners, and orientation of TAWIDO call center counselors. These interventions contributed to the mitigation of the violence incidences' impact on access and utilization of health services across the regions.

The project's successes would not have been possible without strong partnerships and collaboration with USAID, the Ministry of Health, Regional/Council Health Management Teams (R/CHMTs), local government authorities, other implementing partners, and communities who have ensured that the project continues providing high-quality services across the continuum of HIV prevention, care, and treatment in all regions. EpiC looks forward to continued collaboration with all stakeholders as we bring health services closer to the community.



## Editorial and Review Team

Agness John; Bernard Ogwang; Joseph Ng'weshemi; Elizabeth Herman; Barbara Manzi; Debora Frank; Anna Mwakibete; Jenipha Ngabani; Frank Rweikiza; Denis Bikaru; Grace Nkya; Lyima Brenda Ahungu; and Annett Massawe.

# Delivering Integrated HIV Services to Key, vulnerable & Priority populations.

## Service Delivery Models

EpiC provides comprehensive community-based HIV services through CSOs and in partnership with National, Regional, and Council management teams, health facilities, and local government authorities. CSOs implement micro-planning activities to map out outreach sites, carry out size estimations of target populations, plan for demand creation activities, conduct social behavior change sessions, and provide integrated biomedical services including HIV prevention, testing services, care and treatment services, family planning, STIs, TB, and mental health psychosocial support through facility-based Health Care Providers (HCPs).



## Implementation of Structural Interventions

EpiC designed and implemented several approaches to address key structural barriers to access and utilization of HIV prevention services for Key Populations (KPs).

These approaches include:

- Increasing the availability of KVP-friendly services for survivors of violence.
- Establishing and strengthening community violence prevention and response (VPR) teams across all EpiC-supported regions to prevent and respond to violence.
- Supporting the development of a strategy to integrate VPR activities into existing Council, Ward, and Village Multisectoral AIDS Committees (C/W/VMAC).
- Conducting advocacy and sensitization meetings with C/W/VMAC to raise awareness on how stigma and discrimination fuel HIV transmission among KPs.
- Conducted paralegal training for PEs and EpiC staff (CSO & FHI 360). The training aimed at equipping PEs with basic knowledge on legal support to survivors of violence as well as preventing and responding to violence against KPs.
- The project is strengthening the call center under TAWIDO to expand its services across all 15 PEPFAR-supported regions.



# EpiC Regions in Actions

## Arusha

AGYW during the "Going Online" orientation in Oltoto ward.



Peer educators practicing the use of the "Furaha Yangu" SBC Kit as part of their orientation.



Bodaboda drivers discussing on proper condom use during an SBC session.

Do you know?

# “Going Online”

is an approach used to reach key and vulnerable populations with SBC sessions and booking of biomedical services using digital platforms such as WhatsApp, Facebook, and the Online Reservation application (ORA). EpiC is implementing this approach in Arusha and Dar es Salaam regions.

## Lindi



EpiC provides PrEP services during community outreaches as part of comprehensive HIV prevention services.

## Dar es Salaam

Ms. Vanessa Nyanda (left), ASUTA Program Manager, explaining EpiC project activities to Hon. Albert Chalamila, Dar es Salaam Region Commissioner, during the Afya Check campaign at Mbagala Primary School grounds.



Dr. Rebecca Bunnell, the Principal Deputy U.S. Global AIDS Coordinator for PEPFAR together with EpiC staff and HCP during her visit to AGYW HIV prevention services and income-generating activities at Buza ward.



PE during the SBC session in Temeke

## Dodoma



Ambassador Nkengasong, U.S. Global AIDS Coordinator, and the Hon. Umyy Mwalimu, Minister for Health, in a discussion with AGYW during their visit to a mobile outreach site and economic empowerment program in Dodoma region.



AGYW during discussion with Ambassador Nkengasong, U.S. Global AIDS Coordinator, and Hon. Umyy Mwalimu, the MOH in Tanzania, during their visit to EpiC.

## Kilimanjaro



Winners of fire innovation challenge holding their dummy cheque. the event was in partnership with Okoa New Generation (ONG).

## Iringa

Leinisia Amlike, HCP providing group-based pre-test counseling sessions to ABYM at their hangout in Ipogolo ward.



PrEP initiation among AGYW at the community level in Mafinga TC.

An AGYW from Saadani economic strengthening hub (ES Hub) taking measurements to prepare a dress making for Hally Mahler, Global EpiC Project Director during her visit to the hub.



## Morogoro



Judith Dongo, HCP from Mafiga Health Centre conducting HTS services during a PrEP refills session at the Kokoto hospital.



Rehema Palango, a PE demonstrating the proper use of HIVST to AGYW in Mwembesongo ward.



Prisca Ibrahimu, a HCP from Mwembesongo Dispensary, delivering HTS to AGYW at Mji Mpya ward.

Petro Emmanuel, Regional Coordinator for TACAIDS, delivering sessions during a VPR meeting.

## Njombe



The Haiti team in a group photo with Hon. Anthony Mtaka (fifth from right), the Regional Commissioner, during their learning visit on COVID-19 vaccination successes from Njombe region.



## Ruvuma

AGYW learning on liquid soap making from experienced entrepreneurs (first left).



Denis Wolfgang, a HCP during mobile testing at the mining site in Amani Makolo, Mbinga DC.

## Mtwara



Mwashala, a HCP from Dinyecha Health Centre providing FP (Depo injection) during an intergrated HIV services outreach at Mtimbwilimbwi ward.



Joint Data Quality Assessment between RHMT, CHMT, and EpiC team.

A PE (first right) during an SBC session centered around the use of HIVST to clients at Masuguru Village in Nanyumbu DC.

## Shinyanga



A HCP providing implant to the AGYW in the designated safe place at the ES Hub in Kagongwa



AGYW during a saying and loan session.



Hon. Stanslaus Nyongo, chairman of the Parliament health and AIDS committee (first right) during a committee visit to DREAMS implementation.

# THEMATIC AREAS AND ACHIEVEMENTS

## Social Behavior Change Interventions



Trained

**237** PE and

**68** Health Care Workers (HCWs) on EPOA to increase case identification.

**80,362** at risk adult men and women and **227,313** AGYW

were reached through individual and group SBC sessions with health education; HTS, Gender Based Violence/Intimate Partner Violence (GBV/IPV), STI, TB, and FP services.

Among

**162,490** at risk adult men and women who received biomedical services

**3,373 (5.5%)**

were offered post-violence services, including psychosocial support, legal support, and clinical management.



Trained

**66** staff as Trainers of Trainees (ToTs) for 'SITETEREKI' and 'FURAHA YANGU' SBC kit, who oriented

**210**

PEs with skills and knowledge on adopting the kit to provide behavior change education to ABYM and other at-risk men to reduce HIV infectiousness.

Rolled out "going online" activities including online outreaches and booking of biomedical services in Arusha and Dar es Salaam.

**98**  **06** 

Groups were created for online SBC sessions.

**648** AGYW

booked services through ORA.

**534**

received services.

**41,483**

AGYW completed

**the primary package**

(HTS, SBC education, and economic strengthening sessions of the DREAMS intervention.)





# Clinical Interventions



Reached

**307,604**

at-risk adult men & women with HIV prevention interventions

Reached

**220,784** AGYW **2,228** ABYM

with HIV prevention interventions



HTS to **162,581** at-risk adult men & women

Clients who were identified as HIV positive were linked to care and treatment services.

HTS to **64,585** AGYW **1,908** ABYM

Those who were identified as HIV Positive were linked to care and treatment services.



FP services to

**139,332** at risk women



**31,011** received pills



**16,541** Injectables



**11,285** implants



**542** (IUCDs)



**78,665** male condoms



**1,288** female condoms

17,561,236 condoms were distributed to at-risk women and vulnerable AGYW for the prevention of HIV and sexually transmitted infections (STIs).



Distributed

**17,434,360** male condoms



Distributed

**126,876** female condoms

Initiated

**32,979** at risk adult men and women to PrEP services



HIVST Kits Distributed

**267,759**



Clients who were offered Index Testing Services

**9,440**



**9,184** accepted



**27,810** were tested



**4,300** were linked



**27,810** contacts were reached



**4,358 (16%)** tested positive

Among **14,126 clients** eligible for HIV Viral Load (HVL), **12,287 (87%) samples** were taken, 12,287 had documented HVL results, and 11,999 (97.7%) with viral suppression.



# Violence Prevention and Response Interventions



Conducted advocacy meetings on preventing and responding to violence among KVPs as a component of effective HIV prevention efforts.

TAWIDO call center

responded to  
**699** KVPs

Legal aid support to survivors of violence on how to prevent & respond to violence against KPs.

Provision of first-line support to violence survival, coordination, facilitation, and utilization of health service among KVP.



**760**

members of the Village, Ward, and Council Multisectoral AIDS Committee (V/W/CMAC)



**203**  
at risk  
men



**438**  
at risk  
women

**58**  
AGYW

**525**  
post-violence  
service and  
confirmed recipient



**69**

participants were  
Trained (48 PEs, 21 EpiC)

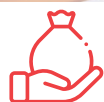


**141**

peer educators and  
navigators were trained as  
community VPR teams



## Youth and Economic Empowerment Interventions (including DREAMS)



**1,842**

Savings and loans schemes (WORTH360) Groups were formed.

The groups involved 57,101 AGYW from Shinyanga and Iringa. Among them, 1,149 groups were registered by the government.



**16**

economic strengthening hubs (ES Hubs) were Established

**5,575** AGYW were enrolled

**4,005**

graduated with tailoring and computer literacy skills

**726** were employed

**This has led to increased economic opportunities for the AGYW and therefore reducing their vulnerability to HIV infection by focusing on alternative sources of income rather than dependence on sexual partners.**



**As a result of increased awareness:**

**2,937**

AGYW paid and enrolled in iCHF

**1,657**

AGYW received national identity cards

**1,307**

AGYW secured birth certificates.

**1,974**

were linked to experienced entrepreneurs for coaching under the apprenticeship program.



**AGYW who were linked to experienced entrepreneurs received mentorship in brickmaking, hairdressing, catering, computer skills, and production of bed sheets.**



**223** AGYW were linked to various organizations

(Kizazi Hodari, and Railwa Children Africa)

implementing economic empowerment programs.




**Four AGYW (2 Arusha and 2 Kilimanjaro) were provided with seed funds to enhance their business through partnerships with ONG.**

### Improving parenting skills:



**2,617** caregivers of AGYW aged 15-19 years with Families Matter! Program (FMP) were reached equipping them with knowledge on the prevention of GBV, HIV, STIs, and teen pregnancies.



Signed memoranda of understanding with 'Kizazi Hodari Northern' and 'Southern' zones and 'Afya Yangu Northern zone' project to enhance collaboration on clinical services and economic empowerment to Vulnerable AGYW and Orphan and Vulnerable Children (OVC).

# FEATURE STORIES

## Re-activating community structures to improve violence prevention and response for key and vulnerable populations.

KVPs continue to experience high incidences of violence, stigma, and discrimination. Studies have shown that violence, stigma, and discrimination are barriers to access and utilization of Health, legal, and social welfare services among KVPs. These barriers to access services among KVPs increase their vulnerability to HIV infection due to inadequate knowledge of where to access these services and for fear of being subjected to all forms of violence, stigmatization, and discrimination.



“ Violence is one of the barriers that keep key and vulnerable populations at risk of both human rights violation, injustice, and exposure to HIV and STI infection. Among the acts of violence, they are facing are rape, forced sex, and physical and psychological torture. This lowers their ability to bargain for safe sex and health-seeking behavior, while in the long run leads to mental illness.”

Said Dr. Ukio Kusirye, Morogoro Regional Medical Officer.

To address these barriers, EpiC in partnership with TACAIDS and regional and local government authorities, organized sensitizations on violence prevention to 760 V/W/CMAC members to address violence in the project’s regions of implementation. These meetings aimed at building the capacity of V/W/CMAC members to integrate VPR activities into their plans.

Also, foster multisectoral response to community-level violence prevention and response. Meeting participants included regional and district-level officials in medicine, law enforcement, social welfare, community development, mental health, and HIV/AIDS.

Participants engaged in a comprehensive dialogue on the links between violence and HIV and the urgent need to address violence as a component of effective HIV prevention efforts. Participants discussed how V/W/CMAC could address community-level factors that perpetuate violence, including cultural norms, inadequate violence response services, difficulties in reporting incidents, unfriendliness of law enforcement officers, and gaps in handling cases involving key and vulnerable populations sensitively.



“ Less involvement of the Village, Ward, and Council Multisectoral AIDS Committees serves as a significant barrier to preventing violence among key and vulnerable populations something that propels HIV transmission since it reduces community engagement and participation. Community-driven initiatives, such as awareness campaigns and support networks, are less likely to occur, leading to a weakened community response against violence. To reach zero HIV by 2030, active community involvement is essential for creating a supportive environment and challenging harmful norms and behaviors that contribute to HIV cases,” said Charles Kigahe, Lindi Regional Community Development Officer.

To ensure minimal and or zero violence cases, multisectoral AIDS committee members agreed to revitalize the dormant committees to ensure that HIV services at the community level are delivered with high quality, effectiveness, and efficiency. They developed actionable strategies, including community education and awareness campaigns, sensitization training for law enforcement officers, strengthening support services for victims, creating safe spaces, and involving local leaders in advocacy efforts. Collaboration among different stakeholders was emphasized to ensure a holistic approach. As said:



“ Community development and social welfare officers should be active in directing and encouraging survivors of violence to report the cases and follow up until action is taken. We have a lot of violence incidences reported but very few end with actions. This is due to the family’s discussion and decision to drop the case, distance from the household to the police station, and the lack of transport money. As leaders, we should be active in educating the community on the importance of finalizing these cases and violence eradication.” said Bahati Sembera, Assistant Superintendent of Police and Mtwara Region Head of Police Gender Desk

Following the sensitization of V/W/CMACs on VPR in Ruvuma, members of the committee for Mbinga Town organized and facilitated a seminar for KVPs. Participants included 130 people most at risk of acquiring HIV, including women working at bars, pubs, guest houses, and lodges. The session focused on promoting an understanding of human rights and making them aware of existing violence response services and how to access them. This seminar was led by the police Officer Commanding District (OCD) of Mbinga TC.

“At-risk women always distance themselves from the police. This makes it even harder for them to report GBV-experienced or any criminal activity planned by their customers. We came up with a friendly police approach so that we can reach our goals of protecting the community and making it a safe place while helping these women to understand their rights and ensure that they are adhered to and respected.” said Majaliwa Mbogela, OCD Mbinga TC.

Other V/W/CMACs are also working to implement their strategies. The EpiC team will continue providing technical support and engage in these meetings to promote an enabling environment for violence prevention and response.