

TUNAJALI

Providing sustainable, quality, comprehensive and integrated HIV/AIDS prevention, care, support and treatment to people living with HIV/AIDS

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TUNAJALI-Supported Labs Climb Up Excellence Ladder

Two TUNAJALI-supported hospital laboratories have attained three stars in WHO AFRO SLIPTA accreditation, a program that helps laboratories achieve the highest standards of excellence.

Breaking the good news recently at the Ministry of Health, Community Development, Gender, Elderly and Children, Senior Program Specialist at the African Society for Laboratory Medicine (ASLM) and leader of the auditors' team, Talkmore Maruta, says the Singida Regional Hospital and Turiani Designated District Hospital laboratories have met requirements for three stars.

He says WHO AFRO SLIPTA auditors assessed eight of 18 laboratories that are on the accreditation process for the Tanzania Cohort 3 SLMTA program and four of them graduated with one star each, two got nothing, while Turiani and Singida made it to three stars.

Commenting on the achievement, the TUNAJALI II Senior Technical Officer for Laboratory Services, Mr. Okumu Were, says the secret behind the success was the investment of resources, including human, equipment and time.

"We were actually looking for five stars so that the labs can apply for international accreditation recognition."

He clarifies that when a lab achieves international recognition, it can seek

laboratory research opportunities, thus increasing revenue for the hospital and improving patient care. "The opportunity can also foster career growth."

Mr Kevin Omondi of RAMS Africa says that according to audits, factors that contributed to the attainment of three stars include the laboratories' cleanliness, general organisation, dedicated staff, safe practices, good workflow, access control and a good documentation process.

Speaking about the Singida Regional Hospital Laboratory not achieving five stars, Mr Omondi, who also mentors the Singida laboratory staff towards accreditation, mentions equipment breakdowns, lack of reagents and not taking corrective measures in good time as among the impediments.

For his part, the Turiani laboratory Manager, Mr. Mrisho Javu, says, "Soon after being registered for the accreditation process, we were taken for training and given supportive supervision and mentorship, and all these brought us to where we are today – from zero to a three-star outfit. TUNAJALI II assisted us in addressing many challenges, including staffing problems and lack of equipment."

Smiling broadly, he says his team is working on the gaps identified by auditors so that their laboratory can attain the highest standards of excellence.

Mr. Mrisho Javu at work in the Turiani District Hospital laboratory.



From the Chief of Party

Dear colleague and reader,
Happy New Year!
I hope that 2016 proves to be healthy and prosperous for you all!

First, let me thank you for the great effort you put into our Program, TUNAJALI II, thus making an impact that matters on peoples' lives last year.

This year, we will put more effort on PEPFAR/Tanzania new priorities, which direct a shift of focus from regions with the highest burden and prevalence to districts with the most urgent needs, the aim being to reach and provide 80% of PLHIV with lifesaving treatment by 2020.

To align with this, we at TUNAJALI II have shifted our focus to Scale Up Saturation Districts Njombe TC, Iringa MC, Mufindi DC, Morogoro MC, Dodoma MC and One Scale Up Aggressive District - Wang'ingombe DC.

Prioritizing in these areas does not mean places with fewer PLHIV will be neglected. We will surely continue to support low-volume sites as we are committed to the provision of quality HIV and AIDS services to all PLHIV.

In line with our commitment, we are implementing the 5th edition of the National Guideline for the Management of HIV & AIDS 2015, which, among other things, defines guiding principles on Antiretroviral Therapy, HIV & AIDS in pregnancy and Adherence to ART & Retention across the continuum of care. We will put special emphasis on bringing all adolescents and adults with CD4 counts of 500 or less into care across all our regions.

Let us keep on working together by doing the right things, at the right places and at the right time for a better world.

Together we will make it if we all play our parts.

**Dr. Marina Njelekela,
Chief of Party
TUNAJALI II**



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TUNAJALI Lights Up Health Facilities in Five Regions of Operations

As part of its commitment to improving the quality of HIV and AIDS care and health services for Tanzanians, TUNAJALI II has installed solar power equipment worth TZS789,103,588 at 12 health facilities in the five regions of its operations.

The beneficiaries include Madope, Ujuni and Mtwango in Njombe Region; Lyassa, Kimande and Pomerini in Iringa Region and Itete and Kibati in Morogoro Region. Others are Mkalama, Rungwa and Mitundu in Singida Region and Handali and Chipogolo in Dodoma Region.

This is a continuation of the work TUNAJALI I started in 2011 during which the program implemented a TZS2.7 billion solar power project at 42 health facilities that are off the national electricity grid in Njombe, Singida, Morogoro, Iringa and Dodoma regions. The project was necessitated by the fact that power supply in the country is still a big challenge.

"Lack of power affects the provision of quality healthcare services as most laboratory

equipment cannot function without it. People had to travel long distances for simple diagnosis," says the Singida TUNAJALI II Regional Manager, Mr. Christopher Hamaro.

He says over 40 rural health facilities have no access to power and this limits their capacity to provide quality health services.

"In some cases, family members had to provide kerosene so that healthcare workers could attend to their relatives when they went into labor or during surgery at night. Some health workers used their mobile phones to provide light while they attended to patients," adds Mr. Hamaro.

It's a continuation of the work TUNAJALI I started in 2011 during which the programme implemented a TZS2.7 billion solar power project at 42 health facilities



Kerosene lanterns such as this one are now a thing of the past in health facilities that have been provided with solar power by TUNAJALI in five regions.

In responding to the challenge, TUNAJALI II, through the generous support of the American, people provided reliable and cost-effective power supply to off-grid health facilities to enable them to provide quality health services to those who need it at all times.

With solar power, health facilities can now use medical fridges, computers, printers and

other equipment donated by TUNAJALI II to improve services.

"Record keeping is now more efficient, enabling quick follow-ups of missed appointments at CTCs," says Mr. Hamaro.

Apart from boosting health service provision, solar installation is also an incentive to staff at the facilities as they can now access power both at their workplaces and homes.

Health Insurance Collection Up In Dodoma

Dodoma Regional Hospital has increased monthly health insurance collection from TZS40 million in January 2015 to TZS110 million in December 2015.

The increase follows efforts by the hospital's HIV and AIDS Care and Treatment Center (CTC) in collaboration with TUNAJALI II Program to sensitize PLHIV to register for health insurance and use their cards for treatment and services other than ARVs and CD4 count tests, which are provided free.

Free services

The hospital's Medical Officer In-Charge, Dr. Zainab Chaula, says since HIV-related services are offered free of charge in Tanzania, as they are paid for mainly by external donors, the CTC saw the

need to ensure that these quality and comprehensive services are sustained even after donor support comes to an end.

"There are some non-HIV-related health services which have to be paid for by PLHIV and other patients. To enable them to get these services conveniently, timely and at an affordable cost, it is important for them to enroll in health insurance," she says. Taking that into consideration, Dr. Chaula says her team in May 2012 started sensitizing PLHIV at the CTC on the importance of investing in their health by getting health insurance and using their cards to access treatment. "In that month we collected TZS194,134," she says.

Dr. Chaula, who was then in charge of the CTC, says they

continued with sensitization efforts at the center and other clinics at the hospital.

"Gradually, health insurance collections increased not only at the CTC, but the whole hospital. By the end of 2015 we were collecting TZS40 million a month," she states.

Dr. Chaula says that there was a very successful push in October 2014 by TUNAJALI II program, which supported the health insurance enrollment sensitization campaign. The push, staff motivation and testimonials from satisfied clients saw hospital collections increase steadily.

"More people, even those who are HIV-negative, come to enroll for health insurance here (CTC), and other clinics are emulating what

we are doing in health insurance enrollment," she says.

From January 2015 to December 2015, Dodoma Regional Hospital collected a total of TZS1,093,201,679, with the CTC alone collecting TZS139,046,338 in consultation, investigation and treatment fees.

"Normally, insurance collection is returned to the hospital, whereby 67% is used to procure medicines, 23% for anything that is seen as a necessity for improving the facility and 10% for staff motivation. As a result, our services have improved significantly," Dr. Chaula says.

Following the success at Dodoma Regional Hospital, TUNAJALI II is rolling out the initiative at other hospitals in Singida, Iringa, Morogoro and Njombe regions.

80 Trained On Youth-Friendly HIV Services

TUNAJALI II program has trained 80 young people living with HIV to be champions in the campaign for provision of Youth-Friendly HIV and AIDS services at health facilities in its regions of operations in the country.

The Program's Youth Friendly Services Coordinator, Ms. Leonarda Pastory, has said the champions will be working in Dodoma, Iringa, Morogoro, Njombe and Singida regions.

She says although there is HIV and AIDS care and treatment throughout the country for all PLHIV, youth have their unmet needs that have to be catered for.

"Most of those needs are psychosocial by nature. The young people we are working with are aged 6 to 24 years and, for some reason, they have many unanswered questions.

They need answers to these questions. Why am I taking drugs every day? Why am I the only



Youth-friendly champions trained by TUNAJALI II program.

infected child in this family? Why me? and so on and so forth," says Ms. Pastory.

She adds that apart from unanswered questions, one may find these young people harboring

hatred against their parents for infecting them with the virus.

"Other than clinical services, no one is there to give psychosocial support such as comforting them and answering a string of questions

that make them feel that life is not worth living," she says.

The Coordinator articulates that as a result, these young people do not believe that they can live their lives to the fullest and become professionals and parents in the future.

"Our program aims at telling these young people that living with HIV is not the end of the world and that if they live positively with the virus they may realize their dreams of becoming presidents, doctors, journalists, nurses, teachers, musicians...you name it," states Ms. Pastory.

She emphasizes that apart from the Program recruiting champions who will educate their peers on the importance of HIV and AIDS care and treatment, it has also trained 14 health providers on basic knowledge and skills on psychosocial support to young people being provided with youth-friendly services.

TUNAJALI Boosts Efficiency Through M-Pesa Payments

Problems with accountability, payment delays and the risk of being robbed have for a number of years been challenges facing the multimillion-dollar TUNAJALI HIV and AIDS program, which operates in remote areas of Tanzania.

While salary and volunteer allowance delays adversely affect program implementation there is also the security risk to TUNAJALI staff and sub-recipients, who regularly had to carry large sums of money for HIV and AIDS activities. About 65% of transactions involved banks and physical transfers to sub-recipients.

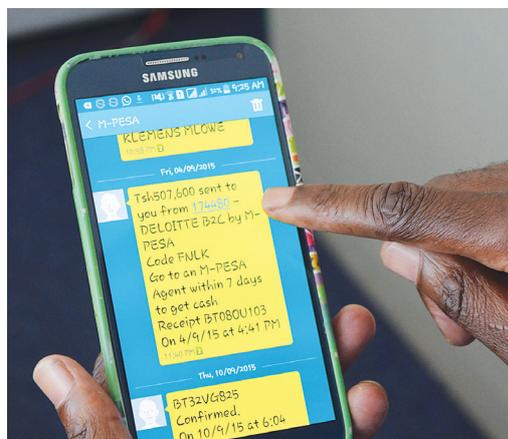
Accountability issues and the delays prompted TUNAJALI's donor, the United States Agency for International Development (USAID) through the U.S. President's Emergency Fund for Aids Relief (PEPFAR), to ask the program to find a safe way of transferring money, to improve accountability and increase efficiency.

In responding to the call, TUNAJALI II opted for M-Pesa mobile cash transfer, which is safe, efficient and has countrywide coverage.

Deloitte Consulting Ltd, one of TUNAJALI II implementers providing overall program management including grant management to recipients, entered into an agreement with Vodacom for this service.

TUNAJALI II asked all its staff and sub-recipients to acquire Vodacom lines so that they could be

A wallet account of TZS350 million was opened and operates on an imprest reimbursement system the same way the program maintains petty cash



Allowances for training, meetings and volunteers and sub-recipient staff salaries are paid through M-Pesa.

paid through M-Pesa. Following the agreement, a wallet account of TZS350 million was opened and operates on an imprest reimbursement system the same way the program maintains petty cash. Verified payment requests have since March 2014 been replenished as necessary.

Allowances for training, meetings, volunteers allowances and sub-recipient staff salaries are paid through M-Pesa. "This has spared us the inconvenience of carrying large amounts of money for respective payments. We used to carry up to TZS50 million," says the TUNAJALI II Senior Grants Officer, Mr. Damian Shayo. TUNAJALI II Director of Finance, Ms. Mkami Mahemba,

says M-Pesa has ensured timely disbursements and accountability, provides sufficient audit trail, and guarantees instant liquidation of expenditure, eliminating significantly outstanding balances with recipients.

"It has also reduced misuse of manpower. We previously assigned up to three people to pay allowances during training. One was for listing attendees, another counted the money, and the third paid and ensured that recipients signed against their names."

Regional TUNAJALI II grant officers upload approved payments in the system and submit scanned copies of attendance registers, pay-lists and payrolls together with related supporting documentation for payments to be made.

Why Local Resource Mobilization Is Key

For sustainability of quality and safe health services even after external donor funding ends, local resource-mobilization for health facilities is the way to go.

Dr. Joseph Malunda, facilitator in resource mobilization training organized by TUNAJALI II Program for Iringa Regional Hospital health care workers, says donor funding for the health sector is steadily decreasing, while the government's budget does not reflect the needs of the important sector.

He states that health facilities have to seek alternative funding if they want to continue providing quality health services even after donor funding ends.

Mr Kastory Madege, TUNAJALI II Resource Mobilization Officer, says the Program, as a strong believer in quality health services, has seen the need for health facilities to look for ways to ensure that quality health services are sustained. That is why the Program has introduced

resource mobilization for health care workers.

"Through training, these workers will be sensitized about the importance of resource mobilization and given skills to collect revenue, especially through the use of health insurance cards for treatment," says Mr. Madege.

He adds that TUNAJALI II trained Dodoma Regional Hospital CTC staff and following their success in revenue collection, the Program has extended the scheme to include staff at Singida and Iringa regional hospitals.

Sr. Alphonsina Kaduma,

Facilitator says that health facilities have to seek alternative funding if they want to continue providing quality health services even after donor funding ends



Participants take part in a group discussion during resource mobilization training for Iringa Regional Hospital staff.

the Iringa Regional Quality Improvement Focal Person, says the TUNAJALI II-supported training involves representatives from various departments at Iringa Regional Hospital.

"Workers from Outpatient, CTC, Insurance, Dentistry, MNCH, Pediatric, Laboratory and Antenatal departments attended. If we put our heads together, I strongly

believe that we will succeed," she says.

Another training participant, Dr. Pilly Shing'oma, who is also the CTC In-Charge says, "This training is a good opportunity for us. We need to improve and sustain the services we offer, and to do this we need money. Where do we get the money? Through health insurance collections."

TUNAJALI To Build Capacity Of Njombe Health Center Workers

TUNAJALI II program will soon start building the capacity of Njombe Health Center staff as a way of addressing challenges that hinder quality health service delivery at the facility.

The initiative follows the Organizational Development Survey and Maturity Assessment that aimed at identifying the causes of the challenges and find ways to address them for the smoother running of the center.

Led by Deloitte consultants, 23 center staff involved in the participatory exercise that took place at FM Hotel in Njombe recently identified lack of strategic planning – a very



Mr. Kipingili, TUNAJALI II Health Systems Strengthening Manager

vital tool in providing strategic direction of an organization – as a major challenge.

The participants say another obstacle in their day-to-day activities was the fact that the

center has no full autonomy on some matters and they have to wait for directives from the local government before making decisions, thus delaying implementation.

Other challenges mentioned were unreliable medical supplies, inadequate buildings and funding, limited human resources and increased number of patients that does not match the available capacity.

Commenting on capacity-building intervention, TUNAJALI II Health Systems Strengthening Manager, Mr. Thomas Kipingili, says Njombe Health Center has asked the Program to come up with appropriate interventions to mitigate the challenges.

POEM

There's Hope Anew!

There's hope anew for the PLHIV!
Hope that was never, ever before;
Hope that has withstood the times;
Hope that has braved the climes.

The stigma is just vanishing;
The future is quite promising;
It's no more a scourge of God;
It is just another chronic disease,
Although a cure isn't yet in sight.

The world is united against HIV/AIDS!
There is loving care for the sad victims;
There is no more discrimination;
Drugs and ARVs have come to rescue;
It is no more a 'melting disease'!

So, buck up man, woman and child;
A vaccine is in the near offing;
Practice safe sex and take safe blood;
There is renewed hope for all;
There is much life after infection
for the PLHIV; The retrovirus can't hoodwink
scientists for long!

By Dr John Celes



TUNAJALI II is implemented by Deloitte Consulting Ltd (DCL) in partnership with the Christian Social Services Commission (CSSC)
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