



Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

Integrating KP services into the larger MOH portfolio and engaging KP members in national strategic planning and programs in Tanzania

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National AIDS Control Program



HIV Learning Network
The CQUIN Project for Differentiated Service Delivery








Ministry of Health Community Development
Gender Elderly and Children



**SOUTH TO SOUTH
LEARNING NETWORK**
The HIV Prevention Interchange

Presentation Outline

-  Epidemiological Context
-  Overarching KP Service Delivery Approach
-  Developed KP Service Delivery Systems & Structures in Tanzania
-  Steps Tanzania took to Integrate KP into the Larger MOH Portfolio
-  Meaningful Engagement of KP In Strategic Planning and Programming

Epidemiological Context



Tanzania (2019)

1.7m people living with HIV

4.8% adult HIV prevalence (ages 15-49)

77,000 new HIV infections

27,000 AIDS-related deaths

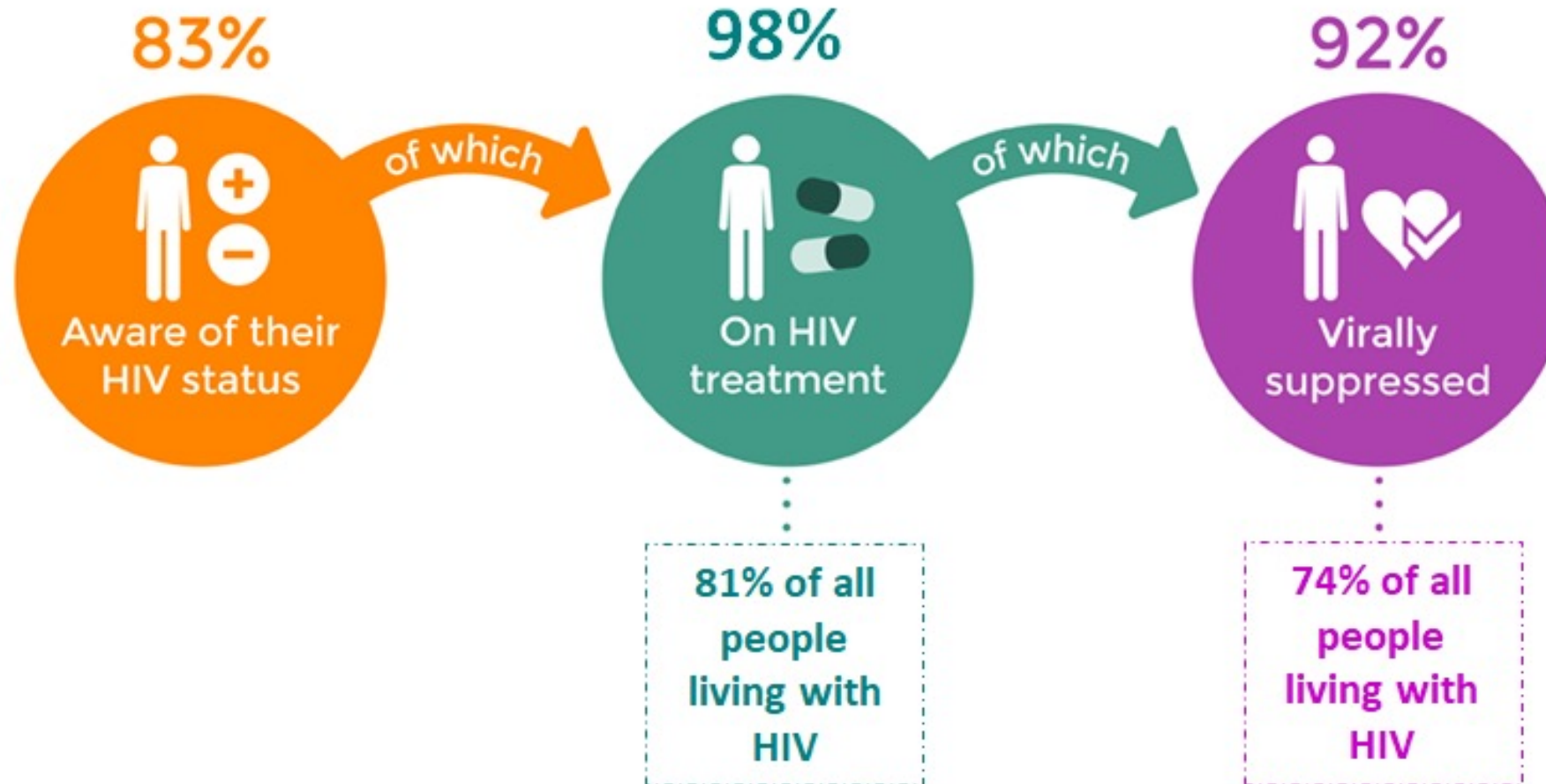
75% adults on antiretroviral treatment*

66% children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2020

Treatment Cascade (General Population) - Tanzania



Generalized Epidemic: Key & Vulnerable Populations at the Core

Core Transmitters (High Risk Populations)



Sex Workers (SW)



Men Who Have Sex With Men (MSM)



People (Men/Women) Who Inject Drugs (PWID)



Vulnerable Adolescent Girls & Young Women (vAGYW)



Long Distance Truck Drivers (predominantly men)



Fisherfolks (men & women)



Miners (men & women)



Prisoners (men & women)

Bridge Populations (Intermediate Risk)



Sexual Partners (male & female)



Sexual Partners of MSM (P-MSM)



Needle sharing partners and others (men & women)



Sexual Partners of AGYW (PAGYW)



Sexual Partners (male & female)



Sexual Partners (male & female)



Sexual Partners (male & female)



Sexual Partners (male & female)

General Populations (Low Risk)

Married (women and men)



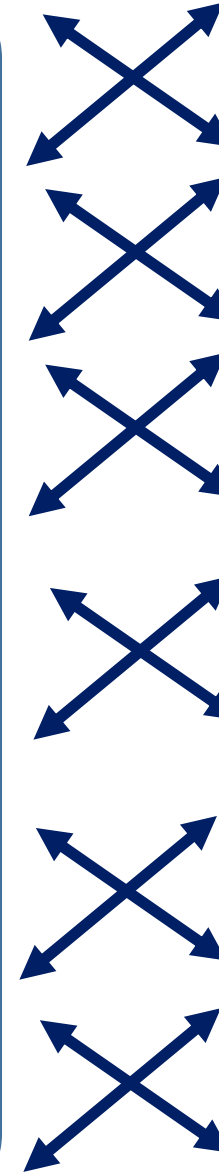
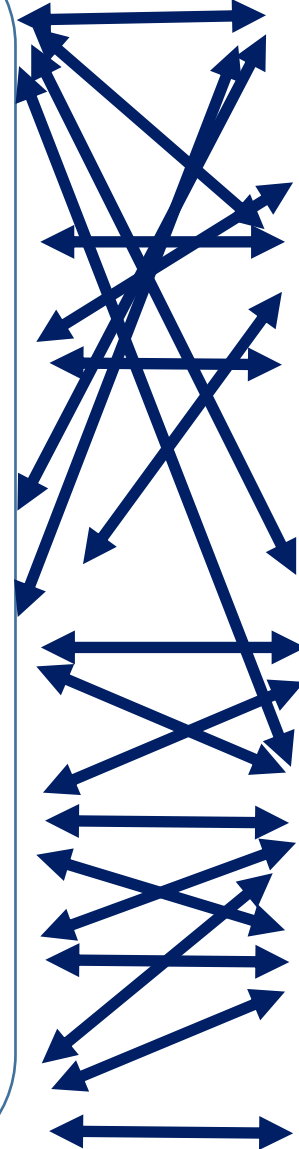
Unmarried (women and men)



Adolescents and Youth (male and female)



Babies










Targeting KP in Tanzania



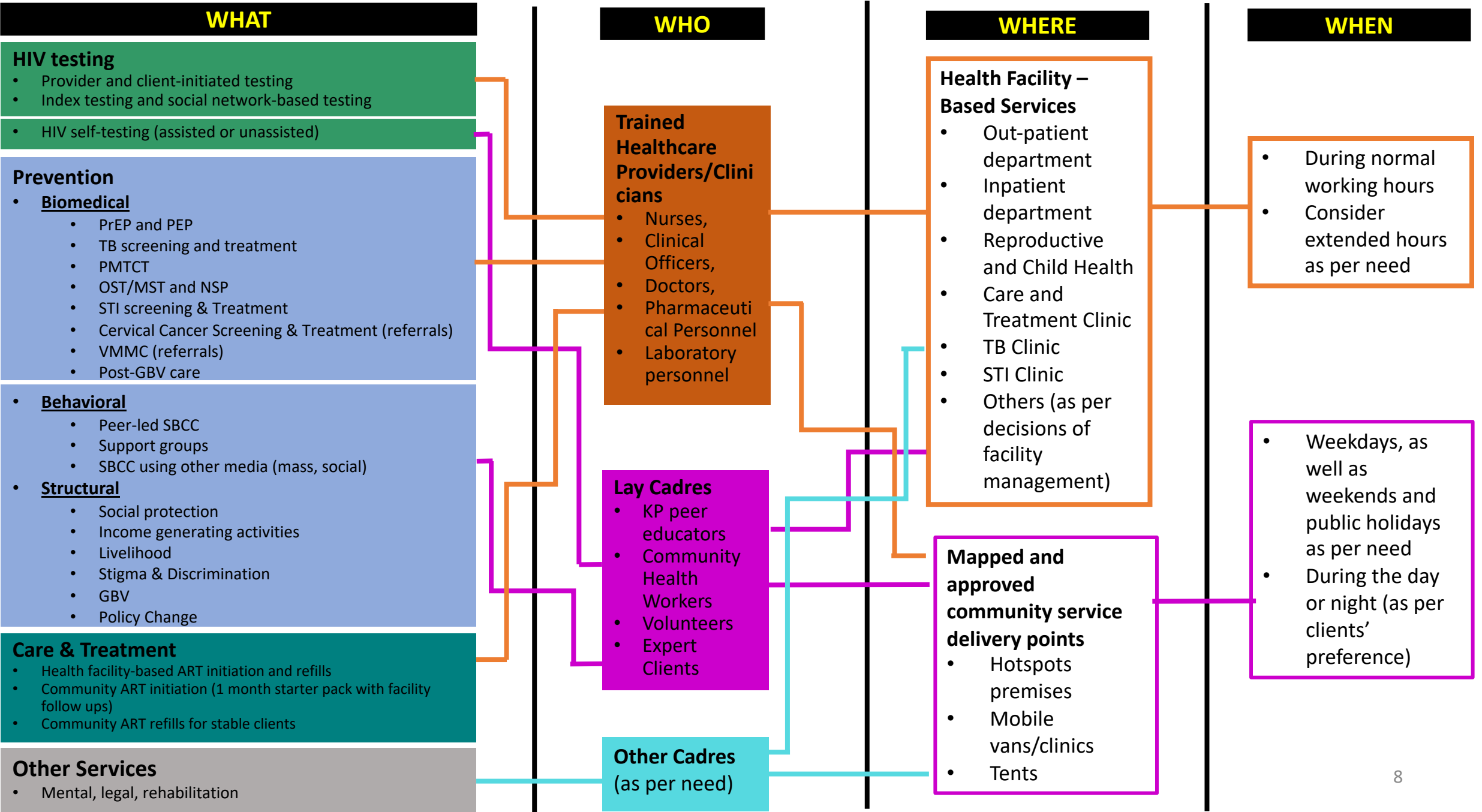
- ❖ Cognizant of the importance of KPs in controlling the HIV epidemic, in line with the local context, Tanzania has successfully integrated KP services into the broader MOH's portfolio, and taken deliberate steps to ensure meaningful engagement of KPs in programming
- ❖ Besides health services, MOH's define minimum package of services also includes health promotion, psychosocial and legal services

Overarching KP Service Delivery Approach

Tanzania uses a “**public health approach**” to address KP’s HIV and SRH needs

-  Client-centered and vulnerability-tailored interventions
-  Voluntary services
-  Respectful and friendly services
-  Non-judgmental and non-discriminatory care
-  Target hotspots/areas with high-risk individuals
-  Ensure safety of clients
-  KP service integration into the general health system (but offer verticalized services based on specific needs)

Differentiated HIV Services Offered to KPs in Tanzania



Developed KP Service Delivery Systems & Structures in Tanzania

• Guidelines, Policies & Frameworks

- 📄 National KVP Guidelines (2017)
- 📄 National KVP Training Package & SOPs
- 📄 HIV/AIDS Care & Treatment, HTS and PMTC Guidelines (includes KP services)
- 📄 PrEP Implementation Framework
- 📄 DSD Guidelines (includes KP services)
- 📄 Health Strategic Plans (general and HIV/AIDS) include KPs

• Health Management Information Systems

- 📄 KVP M&E Framework & Indicators
- 📄 KVP M&E System (DHIS)
- 📄 KVP M&E Tools (with unique identifier code for KPs)

• Human Resource for Health

- 📄 Healthcare providers (facility and community) trained on KVP friendly services, PrEP, and other KP-centered services
- 📄 KVP peers capacitated on demand creation, interpersonal communication, linkage and referrals

• Commodities and Supplies (HTS, Condoms, PrEP, ARV, laboratory reagents)

- 📄 Forecasting, quantification and procurement of health and laboratory commodities at national and sub-national level takes into account national KVP targets (HIV testing, prevention, care and treatment)
- 📄 Distribution of the products takes into account set targets

• Service Delivery

- 📄 Public health facility offering KVP services (onsite and facility-led community outreaches)

• Oversight & Coordination

- 📄 National TWGs include KVP representatives
- 📄 KVP TWG exists and engages KVPs
- 📄 KVP forum exists and works closely with the GoT
- 📄 MOH has a KVP department under Prevention Unit (manned by a KVP coordinator)
- 📄 TACAIDS also has a KVP focal person and department
- 📄 Regions and Districts convene KVP programming stakeholders' meetings

• Community Monitoring Systems

- 📄 Community-led monitoring and score card includes KP indicators
- 📄 KVPs are involved in monitoring and reporting
- 📄 KVP CSOs are engaged in the process
- 📄 KVPs are capacitated on various programming issues

Example: National Strategies, Guidelines and Packages on KP HIV Programming



THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE

Tanzania National Multisectoral
Strategic Framework for HIV and AIDS
2018/19 to 2022/23

November 2018

{Multi-Sectoral}



UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
GENDER, ELDERLY AND CHILDREN

NATIONAL AIDS CONTROL PROGRAMME



HEALTH SECTOR HIV AND AIDS STRATEGIC PLAN
(HSHSP IV) 2017-2022

July 2017

{Health Sector}



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY AND
CHILDREN

NATIONAL AIDS CONTROL PROGRAMME



NATIONAL GUIDELINE FOR COMPREHENSIVE PACKAGE OF
HIV INTERVENTIONS FOR
KEY AND VULNERABLE POPULATIONS

April 2017
Second Edition

{KVP-Focused}

How Tanzania Integrated KP Services into the Larger MOH Portfolio

STEP 1: MOH-led Evidence Generation (2009-2012):

NACP (in coordination with TACAIDS and with technical assistance from UNAIDS, WHO and other multi-lateral and bilateral agencies) did the following:

- >>Conducted a data-driven desk review (international and local evidence) and situational/needs assessment
- >>Conducted an Integrated biological behavior survey (IBBS) conducted in 2010, 2013 and 2019
- >>Conducted a national KP size estimate exercise (2014)
- >>Conducted a mapping and enumeration study (to also validate KP size estimates – 2016)



STEP 2: Stakeholder's Consultation (2012-2013):

Multi-stakeholder consultations were done to share the findings of the desk review and situational assessment

- >>Academicians from local universities and local research institutions engaged
- >>Non-public health experts were engaged (Ministry of Home Affairs, Ministry of Justice and Constitutional Affairs, and other relevant ministries, departments and agencies)
- >>Summary of the needs and proposed approaches discussed with the MOH leadership
- >>Other relevant consultations conducted



STEP 3: Develop Systems, Structures, Materials and Pilot-Testing/Demonstration (2012-2014):

- >>Developed KVP guidelines, training packages and SOPs
- >>Developed M&E system and tools
- >>Trained select providers in select regions/ councils (supported by PEPFAR and GF)
- >>Established TWG
- >>Conducted stakeholders' sensitization (police, community leaders, etc.)
- >>Introduced KVP services (small scale)
- >>Study tours and TA (internal and external)



STEP 4: Review Progress, Improve Systems and Tools, and Scale Up (2015-2017):

MOH through NACP did the following:

- >>KVP Guidelines were revised in 2017; Other national documents updated accordingly; M&E tools and systems also improved; additional trainings done
- >>Rollout country-wide done
- >>Refinements in service delivery modalities to align with country's law, culture, norms and traditions also done



STEP 5: Ongoing KVP Service Improvement (2018++):

MOH through NACP has continued to do the following in each step:

- >>Assess compliance with the national guidelines
- >>Do gap analysis and continue to make improvements
- >>Conduct refresher trainings
- >>Sensitize gate keepers to continue to create an enabling environment for programming
- >>Continuous KVP TWG meetings
- >>Guidelines and materials updates
- >>Learning visits/Knowledge Exchange

Meaningful Engagement of KP Members in National Strategic Planning and Programs

This was possible because of the established guiding principles from the startup stage:

- ✚ Universal Access, Equity, and the Rights to Health

- ✚ Meaningful Engagement of KVPs **(i.e., KVPs have been involved in design, implementation, monitoring and evaluation of HIV interventions)**

- ✚ Multi-Sectoral partnership combined with political and institutional commitment and accountability

- ✚ Advocate for an enabling environment (protection and promotion of KVP's health)

- ✚ Gender sensitivity

- ✚ Research & evidence planning

- ✚ Scaling up sustainable & culturally relevant services

