MDH
MANAGEMENT AND DEVELOPMENT FOR HEALTH

Annual Report 2024

Until Everyone is Healthy

Contents

Abbreviations

AGM	Annual General Meeting
AGYW	Adolescent Girls and Young Women
AHD	Advanced HIV Disease
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BF	Biometric Fingerprint
BMC	Bugando Medical Centre
CADRE	Cyclical Acquired HIV Drug Resistance
CAST	Clubfoot Administration System
CBHS	Community-Based Health Services
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CHMT	Council Health Management Team
COSTECH	Tanzania Commission for Science and Technology
CQI	Continuous Quality Improvement
CTC	Care and Treatment Center
CTC2	National HIV Care and Treatment Database
CTRL	Central Tuberculosis Reference Laboratory
DATIM	Data for Accountability, Transparency, and Impact Monitoring
DHIS2	District Health Information System 2
DNA	Deoxyribonucleic Acid
DOD	Department of Defence
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DVM	Digital Vending Machines
EACCR	East Africa Consortium for Clinical Research
EAPoC	East Africa Point of Care
ECHO	Extension for Community Healthcare Outcomes
EDCTP	European and Developing Countries Clinical Trials Partnership
EDR	Early Detection and Referral
EID	Early Infant Diagnosis
ENGAGE	Ending HIV Transmission to Infants by Generating Evidence
EQA	External Quality Assurance
ETL	Electronic TB & Leprosy System
FELTP	Field Epidemiology and Laboratory Training Program
FY23	Fiscal Year 2023
FY24	Fiscal Year 2024
GC7	Global Fund Cycle 7
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GFCT	Global Fund Country Team
GOT	Government of Tanzania
HC	Health Center
HCP	Healthcare Provider
HCW	Healthcare Worker
HEID	HIV Early Infant Diagnosis
HF	Health Facility
HFR	Health Facility Registry
HHSSP	HIV Health Sector Strategic Plans
HIV	Human Immunodeficiency Virus
HIVDR	HIV Drug Resistance
HIVRT	HIV Rapid Testing
HIVST	HIV Self Testing
HMIS	Health Management Information System
HPV	Human Papillomavirus
HQ	Headquarters
HR	Human Resources
HRF	Human Resource Framework
HRH	Human Resource for Health
HSSP	Health Sector Strategic Plans
HTS	HIV Testing Services
HVL	HIV Viral Load
IAS	International AIDS Society
ID	Identification
IPC	Infection Prevention and Control
IPD	Inpatient Department
ISO	International Organization for Standardization
KI	Karolinska Institutet
KPI	Key Performance Indicators
LTFU	Lost to Follow-up
MDH	Management and Development for Health
MEL	Monitoring, Evaluation, and Learning

Abbreviations

MOH	Ministry of Health
MS	Microsoft
MUHAS	Muhimbili University of Health and Allied Sciences
NASHCoP	National AIDS, STIs, and Hepatitis Control Programme
NBTS	National Blood Transfusion Service
NGO	Non-Governmental Organization
NHLS	National Health Laboratory Services
NIMR	National Institute for Medical Research
NPHL	National Public Health Laboratory
NSA	Non-State Actors
ODK	Open Data Kit
OIG	Office of the Inspector General
OPD	Outpatient Department
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PORALG	President's Office Regional Administration and Local Government
PR2	Principal Recipient 2
PT	Proficiency Testing
QATC	Quality Assurance Training and Certification
QC	Quality Control
QI	Quality Improvement
QMS	Quality Management System
RALG	Regional Administration and Local Government
RKPK	Rudi Kundini, Pamoja Kundini
RoCs	Recipients of Care
RTCQI	Rapid Testing Continuous Quality Improvement
RTK	Rapid Test Kits
SANAS	South African National Accreditation System
SEVIA	Simplified Electronic Visual Inspection Algorithm
SI	Strategic Information
SLMTA	Strengthening Laboratory Management Towards Accreditation
SMS	Short Message Service
SNS	Social Network Strategy
SR	Sub-Recipient
STI	Sexually Transmitted Infection
T-MARC	Tanzania Marketing & Communications
TA	Technical Assistance
TB	Tuberculosis
TCH	Town Council Hospital
THIS	Tanzania HIV Impact Survey
TZS	Tanzanian Shilling
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNHRO	Uganda National Health Research Organization
US	United States
USA	United States of America
USAID	United States Agency for International Development
USG	United States Government
UVRI	Uganda Virus Research Institute
VETA	Vocational Education and Training Authority
VL	Viral Load
VMMC	Voluntary Medical Male Circumcision
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WORTH	Women's Opportunity for Rural Transformation and Health
WP	Work Packages

Word from Leadership

Word from the Board of Directors

Dear Partners and Stakeholders,

As we reflect on 2024, we are proud of the impact MDH has had across Tanzania. This year, MDH continued to exemplify what it means to deliver meaningful health interventions, reaching those who are most in need and creating lasting change in communities across the country.

The achievements of 2024 demonstrate MDH's unwavering commitment to the vision of ensuring that health and prosperity are a reality for all. From providing lifesaving HIV treatment to 642,079 people living with HIV to eliminating lifelong disability among 2,090 children born with clubfoot, MDH's work in 2024 has truly touched lives of many Tanzanians. Our efforts to innovate, integrate, and collaborate have not only delivered results but also built a foundation for sustainable impact. Whether it is through cutting-edge research that informs policy, data-driven approaches that enhance program delivery, or community engagement that empowers individuals, MDH has shown what is possible when dedication meets purpose.

The partnerships that fuel MDH's efforts with government, donors, or community stakeholders are a powerful reminder of what can be achieved when we work together. These collaborations have ensured that MDH's initiatives resonate deeply and meaningfully with the communities served.

As we look to 2025, there is no doubt that MDH will continue to lead with vision, innovation, and compassion. The progress made this year is a stepping stone toward even greater achievements, firmly rooted in our promise: "**Until Everyone is Healthy.**"

To all who have contributed to this success, MDH's Board, Management, staff, partners, and communities, you have our deepest gratitude. Together, we are building a legacy of health, hope, and prosperity that will endure for generations to come.

642,079

people living with HIV provided with lifesaving HIV treatment.

2,090

lives of children born with clubfoot restored.

Word from the Senior Management Team

Dear Partners, Stakeholders, and Beneficiaries, As we close the chapter of 2024, we stand in awe of what we have accomplished together. This year was more than just a series of milestones. It was a testament to resilience, innovation, and the unyielding power of partnership. At MDH, we are not simply delivering health services; we are changing lives, sparking hope, and building a healthier future for Tanzania.

This year, our projects reached corners of the country where the odds seemed difficult, proving that no person, family, or community is beyond the reach of care. Together, we:

- Reached over 2.8 million individuals with HIV testing, while ensuring that 642,079 people living with HIV received quality treatment and care.
- Restored the lives of 2,090 children born with clubfoot, showed by stories like P's, where a mother's unwavering faith and our team's commitment turned a perceived impossibility into reality.
- Bridged gaps in TB care, strengthening systems to detect and treat thousands of people with TB disease, and introduced innovative diagnostics that have transformed client outcomes.
- Demonstrated the impact of integration bringing HIV, TB, mental health, nutrition, malignancies and non-communicable diseases management into a single, seamless system that meets people where they are.
- Trained and empowered over 3,500 healthcare workers, peer educators, and volunteers to enhance service delivery at both community and facility levels.
- Advanced research and innovation through initiatives such as CADRE, EAPoC-VL and ENGAGE, contributing to improved HIV management and maternal health .
- Improved data management with real-time systems for tracking outcomes, enabling evidence-based decision-making and better reporting.

These aren't just numbers but they are moments of change, reflecting in the lives of those we serve. They are children walking tall, families finding hope, and communities breaking free from stigma.

Behind these achievements lies the strength of collaboration. To our funders, stakeholders, and fellow implementing partners: your trust and shared vision have been our guiding light. To the incredible MDH team: your tireless efforts, innovation, and heart have made the seemingly impossible possible. And to the communities we serve: your resilience and health need is the heart of our mission.

The year 2024 also brought challenges that tested us, from commodity shortages to shifting and competing priorities. Yet, in every obstacle, we found opportunity refining our strategies, learning valuable lessons, and growing stronger. These experiences have prepared us for an even brighter 2025, where we will continue to expand access, deepen community engagement, and scale innovative solutions to address Tanzania's health priorities. Let us step into 2025 with boldness and determination that together, we can achieve health for all. Together, we are laying the foundation for a healthier, more equitable future-"**Until Everyone is Healthy.**"

2.8

million individuals reached with HIV testing.

642,079

people living with HIV received quality treatment and care.

3,500

healthcare workers, peer educators, and volunteers trained to enhance service delivery at community and facility levels.

MDH's Directorates Overview

In 2024, MDH's six directorates worked collaboratively to advance the organization's mission, achieving milestones in programs delivery, financial stewardship, diagnostic excellence, strategic information, and human resource management. Together, they strengthened health systems, enhanced service delivery, and promoted sustainability. This section presents messages from MDH directors, summarizing their directorate's contributions and outlining future outlook for 2025 in driving MDH's mission.

Directorate of Programs

"2024 has been a transformative year for MDH's programs. We started the year with a determined focus to enhance quality, expand reach and intensify integration of programs and services. We strengthened and standardized processes that drive outcomes while prioritizing quality into these processes. We tailored our approaches to reach under served people and places, and intensified efforts to provide holistic client-centered care through services integration and differentiated service delivery. Appreciating the role of our teams as drivers of our success, we enhanced our teams' competencies in key leadership and technical skills. We also strengthened engagement with our collaborators across all levels through joint planning and implementation of initiatives and regular feedback. Through these efforts, we are proud to have made a tangible impact on countless lives across Tanzania. Looking ahead, we remain committed to delivering equitable, sustainable health solutions and empowering individuals through life-saving interventions. Together, we will continue building healthier tomorrows for every member of the community we serve."

Dr. Goodluck Lyatuu,
Director of Programs

Directorate of Human Resource and Administration

"2024 has seen significant accomplishments that align with MDH's mission of enhancing health outcomes through operational excellence. The implementation of the Sub Mimosa HR System has been a key achievement, enabling the automation of key HR processes, allowing effective and efficient management of over 1,700 sub-grantee employees. Leadership and management training initiatives contributed to better teamwork and organizational performance. Administratively, numerous processes were streamlined resulting in enhanced operational efficiency. Strategic priorities for 2025 will include enhancing talent acquisition efforts, strengthening organizational culture, and implementing innovative service delivery approaches. The aim is to foster a supportive working environment that empowers the workforce and aligns with the broader objectives of MDH."

Ms. Stella Nghambi,
Director of Human Resource and Administration

Directorate of Strategic Information and Research

"As we reflect on 2024, we appreciate staff, partners and GoT collaborative support that highlights successes gained. 2024 was a year of innovation, growth, discovery and resilience. Working with partners, the Directorate of Strategic Information prioritized innovation and technology to streamline data management and program support. Together, we leveraged technological advancement and with GoT guidance scaled up systems across supported regions. Key achievements include implementation of biometrics in 100% of supported facilities, through platforms like ODK and community based systems to collect routine data and installing solar panels to ensure uninterrupted services.

Our teams also worked hand in hand with other departments to support operations by developing and updating systems to support operational efficiencies. These enhancements improved the organization's performance while allowing staff to seamlessly interact with daily tasks. In 2025, we will continue to work with collaborators, both within and outside MDH to adopt, scale up and sustain innovative approaches as we thrive to achieve programmatic excellence".

Dr. Lameck Machumi,
Director of Strategic Information and Research

Directorate of Grants and Business Development

"In 2024, the MDH Grants and Business Development Department achieved remarkable progress by disbursing TZS 40 billion from TZS 36 billion in the previous fiscal year to 55 sub-grantees across Regions and Council Health Management teams in Kagera, Tabora and Dar es Salaam. These funds supported critical activities, including human resources for health salaries, performance-based incentives, and capacity building through mentorship programs towards program sustainability.

As we move forward, our focus remains on enhancing joint sub-grants financial accountability, strengthening strategic partnerships, and diversifying funding sources to ensure sustainable program growth and greater impact in advancing MDH's mission and vision."

Mr. David Msengi,
Director of Grants and Business Development

Directorate of Diagnostic Services

"2024 has been a remarkable year for MDH Diagnostic Services. We achieved significant milestones in expanding access to diagnostic services, including advancements in HIV drug resistance and HPV testing. Our focus on capacity building and workforce development ensured ISO 15189 accreditation of laboratories, while improvements in supply chain and data quality strengthened service delivery. These accomplishments underscore our commitment to advancing diagnostic excellence and improving healthcare outcomes. Together, we will continue to drive innovation and quality in diagnostic services."

Dr. Nzovu Ulenga,
Director of Diagnostic Services

Directorate of Finance

"In 2024, the organization faced an 11% decline in total revenue, totaling Tanzania Shillings (TZS) 155.68 billion compared to TZS 174.25 billion in 2023. This decline was primarily driven by a reduction in donor grants, which fell from TZS 174.25 billion to TZS 154.43 billion. However, other income sources demonstrated positive growth, increasing from TZS 0.72 billion to TZS 1.24 billion. Despite this drop in revenue, the organization remained focused on financial sustainability and operational efficiency.

Total expenses saw a reduction from TZS 175.32 billion in 2023 to TZS 155.00 billion in 2024, reflecting effective cost containment measures. Significant reductions were observed in training costs (-42%), sub-grantee costs (-15%), and general expenses (-21%), contributing to overall financial efficiency. However, moderate increases were recorded in staff costs and office supplies. Despite these cost-cutting efforts, the organization faced external financial pressures, including unfavorable foreign exchange fluctuations.

The organization recorded a net surplus of TZS 0.32 billion, representing an 84% decline from TZS 1.99 billion in the previous year. This sharp decrease was primarily driven by lower revenue and a foreign exchange loss of TZS 0.35 billion, contrasting with a forex gain of TZS 2.34 billion in 2023. Moving forward, the organization remains committed to diversifying its revenue streams, enhancing operational efficiencies, and strengthening financial risk mitigation efforts to ensure long-term stability and program sustainability."

Mr. Damasco Peter,
Director of Finance

About Management and Development for Health

VISION

A healthy and prosperous society.

MISSION

To support, promote and address public health priorities through evidence based and innovative interventions in collaboration with the Government, other partners, stake holders and communities.

VALUES

Professionalism, Integrity, Collaboration and Accountability.

About MDH: 15+ Years Leading Innovations in Public Health Practice and Research

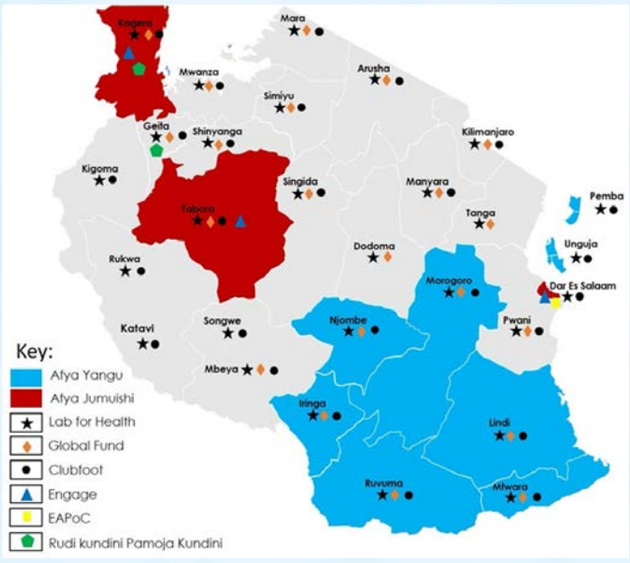
Management and Development for Health (MDH) is a Tanzanian non-governmental organization founded in 2009, driven by a vision of creating a healthier and prosperous society. With a coverage of all 31 regions of Tanzania Mainland and Zanzibar and with 31 ever and 8 current projects implemented, MDH is dedicated to improving health outcomes across Tanzania, ensuring equitable access to quality healthcare for all.

Throughout Tanzania, MDH's work enhances service delivery at health facilities and communities, strengthens health systems, practices and policy and contributes to science through research and innovations. In the past 15 years, this work included: prevention and treatment of HIV Tuberculosis and Malaria; Reproductive, Maternal, Newborn, Child and Adolescent Health; non-communicable diseases; Rehabilitation and Emerging health threats. MDH also contributed to health system strengthening in laboratory services, health information system, human resource, supply chain, health infrastructure and others.

In its operations, MDH collaborates with the Government of Tanzania (GOT) through the Office of the President, Ministry of Health, Regional Administration and Local Government, other GOT institutions. MDH also works with community-based civil society and faith-based organizations, academic institutions and other national and international organizations. These collaborations amplify MDH's reach, ensuring sustainable and culturally appropriate health interventions across the country.

MDH's work has been made possible through the generous funding from the United States (US) President's Emergency Plan for AIDS Relief through the US Centers for Disease Control and Prevention, and the United States Aid Agency, the Global Fund, Miracle Feet, Swedish Research Council, and other donors.

Through these approaches and partnerships, MDH continues to transform health practices and systems, empower communities, and advance the journey to a healthier and prosperous society.



MDH Geographical coverage 2024

Executive Summary

In 2024, MDH made remarkable strides in advancing its mission of addressing public health priorities through evidence-based and innovative interventions in collaboration with the Government, other partners, stakeholders, and communities. The MDH projects portfolio represented comprehensive efforts to tackle critical health issues across HIV and TB prevention and treatment, reproductive, maternal, newborn, child and adolescent health, rehabilitation services, emerging health threats and health system strengthening.

During 2024, eight projects were implemented: the CDC-funded **Afya Jumuishi and Laboratory for Health, USAID Afya Yangu (My Health) Southern, Global Fund Cycle 7, Clubfoot, East African Point of Care Viral Load (EAPoC VL), ENGAGE, and the Afya III: Rudi Kundini Pamoja Kundini**. These projects demonstrated the unwavering commitment of MDH to addressing global and national health priorities through innovation, data-driven approaches, and collaboration with stakeholders at all levels.

Through the Afya Jumuishi and Afya Yangu projects, in 2024 MDH reached over 2.8 million people with HIV testing services, achieving 129% of the target, and identified 39,083 new people with HIV who were linked to care and treatment services, representing 63% of the goal. A total of 642,079 people living with HIV were provided with lifesaving Anti-Retroviral Therapy (ART), achieving 93% of the target, and supported to adhere to this lifelong treatment with an overwhelming majority (98%) achieving HIV viral suppression, thereby assuring their good health and reducing the risk of HIV transmission. Also 3,402 individuals with TB disease were identified and initiated on TB treatment, achieving 80% of the target.

In the Laboratory for Health Project, in 2024 MDH continued to strengthen the quality, accessibility, and sustainability of laboratory services in Tanzania. Eighteen labs were supported to implement Quality Management System (QMS) achieving at least 3 stars rating. 15 labs were enrolled in the ISO 15189 accreditation program. Additionally, MDH supported to establish testing capacity for HIV Drug Resistance (HIVDR) at two zonal referral hospitals: the Bugando Medical Centre in Mwanza and Benjamin Mkapa Medical Centre in Dodoma. Furthermore, MDH collaborated with the Ministry of Health (MoH) to establish 4 Human Papilloma Virus (HPV) testing in routine health services for the first time in Tanzania.

In the Clubfoot Project, MDH reached and facilitated treatment of 2,090 children born with clubfoot across Tanzania in 2024, restoring the hope of life free from a disability, achieving 94% of the target.

Contributing to science, in 2024, MDH made notable advances in its six research endeavors, including three standalone research projects. Under the ENGAGE project phase 1 and 2 were rolled out, entailing three cohort analyses, a qualitative study and a systematic review. Two manuscripts were submitted for publication out of the planned eight.

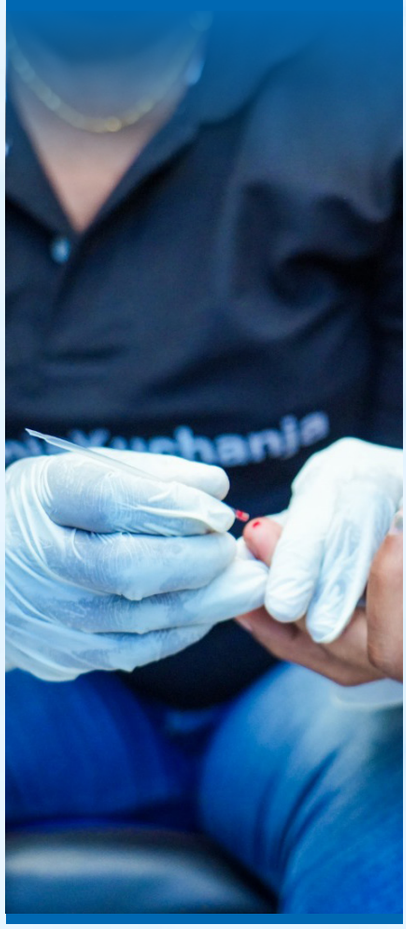
The Afya III project completed enrollment for the 2 study arms and collected the first 6-month HIV viral load samples. In the EAPoC-VL project qualitative data collection was done among 116 study participants who were on follow up. Furthermore, working with CDC, MDH continued to implement the Cyclical Acquired HIV drug resistance (CADRE) surveillance and finalized a protocol for a new youth research

2.8M
individuals benefited from HIV testing achievements.

39,083
people with HIV were newly identified and linked to HIV treatment.

642,079
people living with HIV were provided with lifesaving Anti-Retroviral Therapy (ART).

3,402
individuals with TB disease were identified and initiated on TB treatment.



project, both embedded in the Afya Jumuishi project. Together, these research endeavors advance understanding on HIV prevention and treatment among young people as well as approaches to enhance adherence and prevent drug resistance in HIV treatment, thereby generating evidence to inform patient-centred care and policy. The researches reflect MDH's unwavering commitment to evidence-based practices and contribution to science.

Moreover, to maintain operational excellence in 2024, the following key risk categories and mitigation approaches were prioritized: operational resilience through stringent protocols, financial governance through structured approval processes, multi-tiered review systems, and regular reporting, stakeholder trust and transparency by upholding ethical standards and transparency. In addition, strategic partnerships and funding stewardship through collaborative relationships, cybersecurity and data protection by advanced safeguards to protect sensitive information across digital platforms was done. Our cybersecurity framework combined staff training, system-wide monitoring, and regulatory agility by actively monitoring legal and policy landscapes.

The governance structure included: Annual General Meeting (AGM) in which stakeholders reviewed performance, set strategic directions, and made key policy decisions. The AGM also met in special circumstances and was flexible to convene for extraordinary meetings. Furthermore, the AGM appointed and reviewed the performance and tenure of Board members.

In 2024, the MDH Board of Directors provided strategic oversight and governance that assured the successful implementation of projects in 2024. The Board guided and oversaw the risk management framework, internal control systems, safeguarded organizational integrity, promoted operational resilience, and upheld compliance with all legal/ regulatory requirements.

MDH's success and achievements in 2024 were not without challenges. We encountered human resource shortages in health facilities and supplies and commodities stock-out (laboratory reagents and diagnostic kits) etc. which we embraced as learning platforms and underscored MDH's resilience and adaptability. By fostering strong partnerships with government, funders, and community stakeholders, MDH overcame these impediments and set a course for continued growth and sustainability.

As we look forward: In 2025, we plan to provide better services capitalizing on our experiences and lessons learnt in 2024. We will continue to focus on innovation, data-driven strategies, and collaborations to drive sustainable health outcomes. Guided by the motto of "**Until Everyone is Healthy**," MDH will continue to expand reach, amplify impact and empower communities to thrive.

This report is a collective effort of MDH's partners, the government, stakeholders, communities, and generous funders. It represents a year full of accomplishments. It stands as a reference for future efforts and successes.

2024 Achievements That Shaped The Year

HIV Prevention and Testing

HIV Prevention

69,538
people received drugs to prevent HIV infection.

77,062
men circumcised.

18,304
babies at risk born free from HIV.

HIV Testing

2,890,245
people tested for HIV.

39,083
people with HIV newly identified.

HIV Care, Treatment, and Monitoring

HIV Care & Treatment

46,057
people started on HIV treatment.

642,079
people with HIV treated.

3,402
people with TB treated.

HIV Monitoring

98%
people on HIV treatment virally suppressed.

2,090
children with clubfoot treated.

98%
staff capacitated in various program areas.

3,557
staff capacitated in various program areas.

107
health facilities installed solar power.

162
health facilities supported with new digital community data management system.

38
laboratories internationally recognized.

03
labs supported in emergency preparedness and response.

25
abstracts/ manuscripts presented/published.

Award for 2nd Winner on Large Taxpayer (Company's outstanding tax compliance).

Award for the Best Financial Statements by NBAA Tanzania.

Award for recognition for improving Quality of Laboratory services through SLMTA and International Accreditation.

Projects' Highlights

In 2024, MDH made remarkable progress in advancing its mission to address public health priorities through evidence-based and innovative interventions and strategic collaborations. Eight projects were implemented: **the CDC funded Afya Jumuishi and Laboratory for Health, the USAID Afya Yangu (My Health) Southern, the Global Fund Cycle 7, the Clubfoot, and three research projects of EAPoC VL, ENGAGE, Afya III Rudi Kundini Pamoja Kundini**. Through these projects, MDH demonstrated its unwavering commitment to address critical health challenges while aligning with national and global priorities. Each of these projects embody MDH's strategic focus on innovation, data-driven solutions, and collaboration. Together, they represent a comprehensive approach to tackling pressing health issues, including HIV and TB epidemics, laboratory services, maternal and child health, and others. The following section provides details of each project, highlighting their achievements and contributions to MDH's mission.

Afya Jumuishi Project

Overview and Objectives

Afya Jumuishi is a PEPFAR-CDC funded project spanning five years from 2021 to 2026. The project complements the Government of Tanzania (GOT)'s efforts in tackling HIV and TB epidemics. Implemented in Dar es Salaam, Kagera and Tabora regions, across 560 health facilities and 443 community wards, Afya Jumuishi aims to deliver integrated and comprehensive services that address HIV and TB prevention, care, and treatment.

Afya Jumuishi has five core objectives organized around HIV testing, prevention, treatment, laboratory quality management, data management and quality improvement (QI). The first two objectives seeks to accelerate identification of undiagnosed persons living with HIV (PLHIV) and linkage to antiretroviral treatment (ART) and expand access to effective HIV prevention services for persons at risk of HIV infection. The third objective focuses on providing comprehensive and integrated client-centered care to PLHIV, also known as recipients of care (RoCs), that ensure services are accessible and tailored to individual needs.

The fourth objective is invested in implementing robust quality management system (QMS) to support and ensure reliable laboratory services for effective diagnostic and patient monitoring needs. The fifth objective is geared towards ensuring robust data management systems to support data-driven program implementation and monitoring, as well as fostering a culture of continuous quality improvement (CQI) in routine healthcare services.

Afya Jumuishi Objectives

01 Provide targeted HIV testing to identify people with HIV and link them to care.

02 Expand access to evidence based prevention services to people at risk of HIV.

03 Provide comprehensive and integrated HIV/TB care and treatment services.

04 Implement laboratory quality management systems.

05 Strengthen data management systems and quality improvement to enhance outcomes.

Activities and Achievements in 2024

Area	Indicator	Beneficiaries Reached	% Target Achieved
Identifying & Preventing HIV and TB	Tested for HIV	1,559,372	132%
	HIV positive	22,112	62%
	Received HIV Prevention*	210,200	109%
	Tested for TB	18,389	96%
Treating HIV & NCDs	On HIV Treatment (Total)	335,634	94%
	Treated Cervical Cancer	2,964	90%
	Treated Hypertension	14,359	51%
Monitoring	Virally suppressed	629,237	98%
Health System Strengthening	Facilities using Biometrics	573	100%
	Facilities installed Solar	107	41%

**Means the person received at least one service to help prevent HIV, such as ARVs (PrEP) to prevent HIV, Men circumcision or DREAMS services.*

2024 was a defining year for the Afya Jumuishi project influenced by major national events such as the Tanzania HIV Impact survey (THIS 2022/2023) results, the nationwide HIV program data cleaning and HIV patients verification exercise using biometric registration of all RoCs. These events provided insights onto the state of Tanzania's HIV epidemic, progress made by regions and sub-populations and gaps that needed urgent attention.

Informed by this context, through Afya Jumuishi, MDH implemented strategic activities and tailored interventions to accelerate targeted HIV testing, expand prevention services, strengthen quality of care, and health system strengthening. Below are the key highlights:

1. We expanded access to **HIV Testing Services (HTS)** targeting under-reached sub-populations and settings through: Index HIV testing of sexual contacts and biological children of RoCs, **Social Network Strategy** (SNS) targeting social networks of at risk key and general population as well as **Optimized Provider Initiated Testing and Counselling** (OPITC) at health facilities and **Mobile HIV testing** in community avenues.

- **At the Community**: Services were expanded from 182 to 335 wards, reaching 54% ward coverage across the three regions. HIV Testing was expanded to 4,231 additional hotspots (barbershops, spas, lodges, bars) across all regions. In Kagera and Tabora 285 traditional healers were engaged to distribute 1,386 HIV self-test kits and referred 1,938 individuals to facilities for conventional HIV testing.
- **At Facilities**: Self-screening for HIV testing eligibility among adolescents attending Out-Patient Department (OPD) services was introduced in 256 facilities, and 106 adolescent peers were engaged to promote HIV testing. OPD HIV testing was also extended to family and friends who escorted patients to facilities. HIV testing of all admissions was strengthened at In-Patient Departments (IPD) of 83 facilities.

  We trained additional 943 testers and 427 expert clients to support these activities.

HIV testing achievements

1.5 Million
Tested for HIV.

22,112
new individuals were identified as having HIV.

- **41%** identified via facility testing.
- **43%** via index testing.
- **15%** via community testing.
- **1,065** individuals and their networks identified at risk by Social Network Strategy.

22,599
newly diagnosed, PLHIV linked to lifelong ART.

2. We also expanded primary **HIV Prevention Services** to reach more people at risk:

   - **To reduce the risk of HIV infection to high risk individual,** we increased facilities providing Pre Exposure HIV Prophylaxis **(PrEP)** services from 282 to 473 through training and engagement of 305 providers and 405 peer educators.
   - Deployed seven digital vending machines (DVM) to distribute 639,432 male condoms and 2,354 HIV self test (HIVST) kits.
   - **Expanded Voluntary Male Medical Circumcision (VMMC)** services through 8 informed facility led outreaches and scaled up static VMMC clinics from 31 to 46.
   - Conducted 104 dialogues with young people to understand barriers hindering their access to HIV prevention and treatment services and developed tailored interventions. We established youth-friendly spaces in 9 facilities through the "Enabling DREAMS" initiative and launched the *"My Wangu"* artificial intelligence chatbot, leveraging on technology to raise awareness on HIV prevention and testing among young people.
   - Through the **DREAMS Initiative** in Kagera region 11,802 young women aged 15-24 years, were enrolled in HIV prevention services including health education, social asset building, economic strengthening, HIV testing, PrEP, ART linkage and others. A resource center and two DREAMS shops were supported where young women met to learn, make and sell products (clothes, peanut butter and jewellery).
   - **In prevention of mother-to-child HIV transmission (PMTCT) services**, we enhanced maternal HIV re-testing later in pregnancy and introduced **early** registration (within 7 days) of infants born to women with HIV across 566 facilities.

Prevention Services Achievements

46,910
individuals were initiated on PrEP medication, marking a 44% increase compared to 2023.

77,062
men received male circumcision services.

380,919
new pregnant women were tested for HIV.

12,615
pregnant/ breastfeeding women were provided HIV treatment.

13,567
infants born to women with HIV were provided early infant HIV testing.

45,827
individuals screened for intimate partner violence and referred to post violence care.

3. We strengthened **Comprehensive HIV Care** focusing on quality, services integration, differentiated service delivery as well as retention and well-being of RoCs.

- **To Enhance Treatment Continuity,** 193 clinical trackers and 884 community-based service providers (CBHS) were engaged to remind clients on their clinic appointments and trace those who missed their appointments/ interrupted care.
- **Cervical Cancer Screening** of women RoCs was scaled up to 362 new facilities, via training of 527 providers. We also introduced SEVIA (Simplified Electronic Visual Inspection Algorithm) in 36 facilities to improve cervical cancer screening accuracy and efficiency.
- **Advanced HIV Disease (AHD) management** was strengthened across 572 facilities, focusing on diagnosing and managing Cryptococcal infections and TB co-infections through mentorship of 1,679 HCWs.
- Management of non-communicable diseases was integrated in HIV care including hypertension screening and referral in all supported facilities, hypertension treatment at HIV clinics in 8 facilities and multi-cancer screening and referral in 20 facilities.
- **Pediatric ART Care:** Age-appropriate ART services and psychosocial support were introduced in 356 facilities.

4.Viral Load (VL) Monitoring

We implemented the following activities to achieve viral load coverage and suppression rates:

Comprehensive HIV Care Achievements

335,654
people were provided ART care.

332,820 (99.2%)
PLHIV were screened for TB.

1,998
RoCs diagnosed.

1,967 (98.4%)
treated for TB disease.

25,540
eligible for RoCs initiated for TPT.

116,175
WLHIV were screened for cervical cancer.

2,315
were provided with cancer treatment.

95%
of RoCs provided viral load monitoring.

- **Client Identification and Monitoring:**
  - We introduced color-coded file systems to flag eligible clients for viral load testing, ensuring timely testing for 32,395 individuals. We also conducted last desk reviews in 256 facilities with the last desk initiative to verify client testing status and address any gaps before clients left the facility. Through our established sample transportation system and our hu and spoke model, 100% of sample reached testing labs and results returned to facilities.
- **Re-Engagement of Clients:**
  - We implemented a call-back system by phone to re-engage 20,275 clients who had missed appointments, to ensure they come back to the facility to get their viral load sample collected.
- **Community-Based Services:**
  - We integrated viral load testing into 20,825 PLHIV through community ART outreach, extending access to 20,440 (98%) clients who were unable to visit facilities and hence improved service coverage.
- **Peer-Led Interventions:**
  - We conducted peer-led education campaigns, promoting U=U (Undetectable = Untransmittable) messaging and directly reached 13,980 clients to raise awareness and encourage treatment adherence.

VL Monitoring Achievements

95%
recipients of care tested for viral load.

98%
recipients of care virally suppressed.

5. **Health System Strengthening:** Activities implemented in 2024 include:

   - **Laboratory Services**: MDH supported ISO accreditation of **22** laboratories, timely sample referrals for Viral Load, TB, CD4, and EID in **100%** of facilities and enabled **1,910** HIV testing points to participate in External Quality Assurance (EQA/PT) rounds to improve diagnostic accuracy.
   - **Supply Chain Management**: MDH trained **383** healthcare workers in logistics, achieving **98%** reporting accuracy to enhance supply chain efficiency. Also, we redistributed HIV Rapid Test Kits (RTKs) and HIVST kits to **33** facilities during regional stock-outs and worked with CDC on bi-weekly reporting to improve monitoring and decision-making.
   - **Human Resource for Health (HRH) Oversight:** MDH introduced digital and quarterly appraisal systems for **1,808** sub-grantee staff, ensuring accountability and timely performance reviews.
   - **Logistical and Resource Support:** MDH installed solar energy solutions in 323 (58%) facilities for uninterrupted power supply. We also improved the WASH (Water, Sanitation, and Hygiene) intervention in 560 facilities to enhance infection prevention and control.
   - **Emergency Preparedness and Surveillance**: MDH worked with the MOH to strengthen health system resilience and workforce capacity through training and deploying frontline healthcare workers. We also reinforced surveillance efforts to improve early detection and rapid response mechanisms to detect and respond to disease outbreaks. We completed the second round of laboratory-based Cyclical Acquired HIV Drug Resistance (CADRE) Surveillance, among RoCs on first-line ART. Laboratory readiness for Mpox and Ebola detection was strengthened by training 34 trainers from 14 high-risk regions and providing test kits to the National Public Health Laboratory.

     We expanded the health facilities conducting recent HIV infection surveillance, from 31 to 100, enhancing the ability to track transmission trends and evaluate intervention effectiveness. To improve vaccine and drug safety surveillance we trained 1,644 healthcare workers across five regions on adverse event reporting using the Vigiflow system. Additionally, we supported installation of four walkthrough thermoscanners at points of entry to enhance surveillance of infectious diseases among travellers. To combat cholera outbreaks, 21 Field Epidemiology and Laboratory Training Program (FELTP) residents were deployed to four affected regions, contributing to outbreak investigation and control efforts.
   - **Data Management**: While expanding Biometric Fingerprint Registration to **560 (100%)** facilities, MDH worked to ensure accurate client identification and timely reporting in PEPFAR and national databases across quarters.

By combining innovative interventions with health system strengthening, the project improved service delivery and health outcomes for recipients of care. These efforts underscore our unwavering commitment to the journey towards HIV epidemic control.

Health Systems Achievements

HIV drug resistance:
testing services established in 2 new health facilities.

Lab Accreditation:
22 accredited labs (4 in 2024).

573 sites certified on HIV rapid testing services.

Sample Transport:
464,733
blood samples transported from facilities to testing laboratories.

DTG Resistance:
1,200 samples enrolled in HIV drug resistance national surveillance.

Biometric Registration:
100% facilities integrated routine biometric registration of recipients of care.

Challenges

Throughout the year, Afya Jumuishi Project encountered several challenges in its efforts to deliver high-quality health services. By implementing targeted mitigation strategies, we not only overcame these challenges but also gained valuable insights to strengthen future initiatives. These challenges include:

- **Difficulty in reaching at-risk populations including adolescents and youth for HTS and retention services**: This was mainly caused by stigma, remote/rural resident locations, limited youth/men friendly services, competing work/life priorities for men etc. To address this, tailored interventions were introduced, including peer-led initiatives such as engaging adolescent and youth peers to create demand for HTS and tracking services; deployment of outreach teams to hard-to-reach areas, and the use of digital tools like SMS reminders and calls. These approaches ensured that men, youth, and children could access services conveniently.
- **Interrupted availability and rationing of commodities such as HIV rapid test kits and HIV self-testing kits in Kagera and Tabora:** This was caused by inadequate forecasting and data use, unanticipated spikes in demand for testing kits, driven by intensified HTS activities in the regions and delay in commodity distribution. We mitigated this by implementing proactive redistribution of kits between districts and facilities, improving forecasting and tracking systems, and introducing buffer stock management to prevent gaps. Additionally, collaboration with RCHMTs and zonal Medical Stores Department (MSD) helped secure consistent supply.
- **High client mobility affecting adherence to appointments in Dar es Salaam, Kagera, and Tabora**: Clients frequently missed appointments due to mobility challenges caused by economic migration, social/family activities and transportation barriers. We introduced flexible appointment systems that allowed clients to reschedule based on their mobility needs. Mobile service delivery and community ART groups were expanded to bring services closer to RoCs, while a robust referral and feedback system was developed to enable clients to access services near their travel destinations.

The challenges faced in 2024 offered the project opportunities to innovate and strengthen its strategies. Through tailored interventions, improved data management, and enhanced retention and supply chain strategies, we addressed immediate issues to improve client clinical outcomes.

Lessons Learnt:

- **Better innovations are needed to identify undiagnosed PLHIV and improve continuity of treatment**: Despite ongoing HIV testing initiatives, a number of PLHIV remain undiagnosed which delays their access to care and treatment services. There is a pressing need for improved strategies and innovative approaches such as expanding self testing and use of digital tools to effectively reach the unreached.
- **Need to Intensify Demand creation to increase uptake of PrEP for HIV Prevention Services**: While PrEP services are highly effective, uptake remains suboptimal in many settings. This calls for robust targeted awareness events, integration of PrEP services into routine health services, engagement of peers to promote PrEP use. Addressing misconceptions and reducing stigma is also essential in encouraging more clients at risk for HIV to initiate and adhere to PrEP.

Next Steps:

Afya Jumuishi Project remains committed to advancing its mission through a data-driven, quality-focused approach to HIV service delivery. Building on past achievements, challenges and lessons learnt, we will focus on the following priorities:

- **Enhancing Case Identification and Prevention:** Scale up innovative strategies to reach all people and populations at risk for HIV, ensuring no one is left behind. This includes expanding targeted community outreach and increasing access to PrEP to help prevent new infections.
- **Improving Treatment Outcomes:** Prioritize treatment continuity by enhancing client-friendly care models such as family refill centers and peer-led ART refill groups. We will also strengthen follow-up systems like appointment reminders and client tracking to support retention and viral suppression.
- **Expanding Comprehensive Care and Health System Support**: Increase access to TPT, cervical cancer screening, and management of other HIV-related conditions. We will also integrate care for non-communicable diseases such as hypertension, diabetes, mental health, and nutrition issues. Solar power backup will be expanded to health facilities to ensure uninterrupted services.
- **Strengthening Government Engagement**: Work closely with the Government of Tanzania to support local ownership and long-term sustainability of HIV programs.

In 2025, we will continue to leverage innovation, partnerships, and best practices to deliver impactful, sustainable programs that address the diverse needs of the communities we serve. This forward-looking strategy reflects our unwavering commitment to achieving global HIV targets and improving health outcomes across Tanzania.

USAID Afya Yangu (My Health) Southern Project

Project Overview and Objectives

This is a PEPFAR-USAID funded five-year project (November 9, 2021 to November 8, 2026). It aims at supporting the GOT, MOH and the PORALG in tackling HIV and TB epidemics. It is implemented in Iringa, Lindi, Morogoro, Mtwara, Njombe and Ruvuma regions to deliver high quality integrated HIV and TB prevention, care and treatment services that will improve health outcomes, particularly for youth and children. The Project is managed by MDH as the key technical partner, Deloitte Consulting Ltd as the Prime recipient and T-MARC Tanzania.

The Afya Yangu Project has three **Key Result Areas**, distributed among the three partners. MDH leads implementation of the first key result area on improved access to quality client-centred health services which covers HIV and TB prevention, care and treatment services.

Key Activities and Achievements

01 Improved access to quality client-centred health services.

02 Improved ability of individuals to practice positive healthy behaviors.

03 Enhanced enabling environment for quality health service provision.

Area	Indicator	Beneficiaries Reached	% Target Achieved
Identifying & Preventing HIV and TB	Tested for HIV	1,330,873	125%
	HIV positive	16,971	64%
	Received HIV Prevention	62,045	119%
	Tested for TB	113,355	92%
	Identified with TB	11,363	67%
Treating HIV, TB & NCDs among PLHIV	On HIV Treatment (total)	306,445	92%
	Treated Hypertension	6,296	58%
	Treated Cervical Cancer	2,604	99%
Monitoring	Virally suppressed	98%	98%
	Facilities using Biometrics	664	98%

Achievements in HIV testing Services

1,330,873
people tested for HIV.

16,971
people newly HIV diagnosed.

Year 2024 of the Afya Yangu Project was also influenced by the THIS 2022/23 results and the nationwide RoCs verification/ biometric registration exercise mentioned earlier. These two events affirmed progress made across the Afya Yangu regions but also gaps in finding undiagnosed PLHIV in Morogoro and Ruvuma regions and particularly among youth and men across all the six regions.

Informed by this context, the Afya Yangu project implemented strategic activities and customized interventions that focusses accelerating targeted HIV testing, expanding prevention services, strengthen HIV care and treatment, accelerating TB cases identification and health system strengthening. Below are the key highlights of activities done across the six project regions:

HIV Testing Services:
We scaled up HTS, enhancing reach to under served populations including adolescents, youth, men, and other at-risk groups. This included expanding oPITC services from 202 to 366 health facilities, introducing peer-based screening for HTS eligibility among young people, and strengthening eligibility screening and HTS coverage among all facility attendees and admissions. We integrated self-screening for HTS eligibility in 150 facilities, after hours/weekend oPITC in 60 facilities and the SNS in 138 facilities. We also intensified index HTS of sexual contacts and biological children of PLHIV in care, reaching 87% facility coverage through "mother-satellite sites" model where a HIV volunteer tester stationed in one facility is assigned to support 3-4 other facilities where services are provided, once or twice per week.

Community mobile HTS and SNS were also expanded focusing on young people and men hang-outs and workplaces including sports pavilions, football tournaments, bodaboda sites, marketplaces, higher learning institutions and mining/ plantation/construction sites. We trained and engaged 283 HIV volunteer testers and 600 expert clients to complement the existing limited HRH and ensure intensified and quality HTS and HIV case identification.

HIV Prevention Services:
To expand access to primary HIV prevention services, we scaled up PrEP to reach all at-risk people by integrating PrEP in all HTS modalities. We trained 156 healthcare providers, including 20 peer mother champions and 20 RCH nurses, and expanded services from 148 to 205 facilities, including 20 high-volume RCH clinics. We engaged 600 peers to create awareness and enhance demand creation for PrEP services at the community through peer-led initiatives. In PMTCT services, Triple elimination was scaled up from 171 to 430 sites using group mentorship.

Early registration within seven days of birth among infants born to women with HIV was introduced in 570 facilities. We also enhanced maternal HIV retesting later in pregnancy/ after birth, across 751 facilities. We continued to support and intensify Mother Champion Initiative for peer support and retention in PMTCT services. We conducted 364 dialogues with young people to understand barriers hindering their access to services, which informed tailored interventions to promote HIV education, testing, prevention for young people.

Achievements in Prevention Services

22,628 people initiated on PrEP.

186,717 pregnant women HIV tested at ANC.

8,958 pregnant Women newly HIV diagnosed.

7,106 HIV Exposed infants tested for HIV.

Comprehensive HIV Care:
In 2024, we made strategic investments in integration of services for RoCs at HIV clinics. To foster comprehensive and holistic care, we scaled-up integration of AHD management from 510 to 751 facilities through on site capacity building. We supported integrated hub-spoke model for AHD sample transportation from all supported facilities to 193 CD4 testing sites hence ensuring timely samples processing and results feedback.

We expanded integration of routine blood pressure (BP) monitoring and random blood glucose testing from 70 to 212 high volume CTCs to screen for hypertension and diabetes among RoCs. RoCs with confirmed elevated BP and blood sugar were referred to OPD/NCD clinics for treatment. On cervical cancer screening for women RoCs, we trained 20 providers and expanded the number of facilities providing cervical cancer screening services to women RoCs from 124 to 144. Using the hub and spoke model, we engaged trained providers in the 144 facilities to conduct outreach services for cervical cancer screening at the other 607 supported facilities.

To enhance quality of care and continuity of treatment, we scaled up client-centred services through expanded DSD Models to meet diverse needs of our RoCs providing ARVs to 33,018 hard-to-reach sub-populations. The DSD Models comprised of ART Outreach satellite clinics and ART community refills (40%), Family members refills (11%), ART home delivery services by CHWs/HCPs (32%) and Late Evening clinics (17%) . Targeted sub-populations included mobile population, casual workers in plantations, livestock keeping in Morogoro, miners, cross-border clients in Ruvuma and Mtwara regions, aging population and bedridden clients. Additionally, we continued to intensify initiatives to prevent treatment interruptions including appointment reminders, active tracking of RoCs who miss appointment via same-day tracing, 3-boxes model, and engagement of 68 Facility Trackers and 1,200 CBHSPs. During the year, 10,764 (3.5%) RoCs who interrupted treatment were re-engaged back in care.

Achievements in Comprehensive HIV Care

23,458
PLHIV initiated on HIV treatment.

306,445
currently on HIV treatment.

33,018
clients received client-centred ART refills.

98%
at early retention.

10,764
clients re-engaged back to care after interruption in treatment.

112,401
women screened for cervical cancer.

2,604
with signs of cervical cancer treated.

Viral Load Monitoring:
To sustain effective viral load monitoring among RoCs on ART, we strengthened identification of RoCs eligible for viral load testing during routine clinic visits. This entailed placing color-coded stickers on patient files to flag RoCs eligible for viral load testing ahead of their scheduled visit date, reaching 89,765 individuals who were eligible for viral load testing.

We also implemented call back initiative for 77,368 RoCs who missed their viral load testing during their scheduled clinic visits or those whose clinic appointments were not aligned to due dates for the test. Additionally, we integrated viral load sample collection in 330 community ART outreaches, extending access to 20,708 RoCs in community ART. We also supported peer-led health education on U=U messaging and demand creation for HVL test through Social Behavior Communication (SBC) approaches.

Achievements in Viral Load (VL) Monitoring

95% Viral Load coverage.

20,708
people whose samples collected at community level.

98% viral suppression rate.

Our dedicated community healthcare provider educates on the use of PrEP, empowering individuals to prevent HIV. This initiative aligns with PEPFAR's mission to support healthy communities.

TB Services:

To expand TB case detection, we strengthened integration of active TB screening at all facility entry points through supporting the implementation of Quality Improvement (QI) in active TB case detection in 212 facilities. We intensified molecular TB diagnostics by referring sputum samples to 55 molecular testing laboratories through integrated hub-spoke model where the same HVL sample transportation system carters for sputum or stool samples for TB diagnosis.

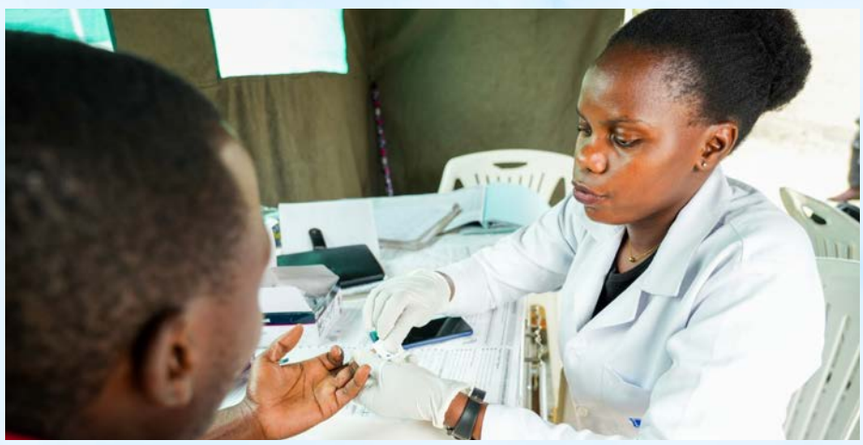
In community TB case finding we used data-driven approaches to identify and reach 455 TB hotspots and conducted community sensitization, TB screening and sample collection/ referral for molecular diagnostics. Active TB case finding was integrated in index HTS and community services, whereby 269 index testers and 1,119 CBHSPs were oriented and engaged to screen 46,232 individuals and identify 122 people with TB disease. We also continued to support TPT services including transitioning to the WHO-recommended shorter regimens since its rollout in the county January 2024, whereby 23,899 HIV RoCs and 3,280 under 5-year old contacts of TB patients were put on TPT.

Achievements in TB Services

11,377 individuals received TB treatment.

1,995 clients identified with TB/HIV Co infection.

98% TPT uptake.



On Health System Strengthening:
We supported ISO accreditation of laboratories on HVL, EID, HIV rapid test, MTB-GenXpert, TB microscopy, MRDT, VDRL, ABO Blood grouping/RH factor, Clinical Chemistry and Full Blood Count testing across 16 facilities, facilitated participation in 2 rounds of EQA for 7 HVL and EID conventional labs as well as 2 rounds of EQA for 55 POC GeneXpert HVL, EID and TB labs. We also supported referrals and transportation of 316,350 blood samples to testing labs for Viral Load, TB, CD4 and EID testing. Additionally, we enhanced commodity availability through logistics mentorship to 1,283 healthcare workers, resulting in 98% reporting accuracy, and supported Re-distribution of HIV RTKs and HIVST kits ensuring uninterrupted testing services across supported facilities.

Best Practices:
Bridging the Gap in Ending TB:
In the first two quarters of the year 2024, Afya Yangu project experienced low progress on the identification of people with TB disease. This was partly contributed by limited resources to reach at risk groups in the communities. To address this, in the third quarter we oriented and engaged HIV care providers (1,119 CBHSPs and 269 Index testers) to integrate TB screening services in their routine community HIV services. This initiative improved the number of people with TB disease identified from 2,603 to 3,142 people from quarter 1 to 4. This initiative has demonstrated the potential to leverage existing HIV care providers to improve performance on TB case detection and linkage to treatment in community avenues.

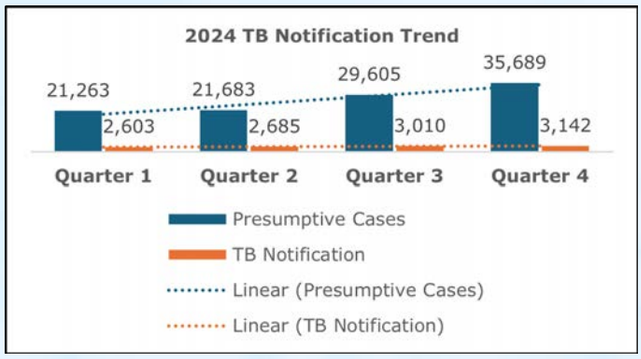
Achievements in Health System Strengthening

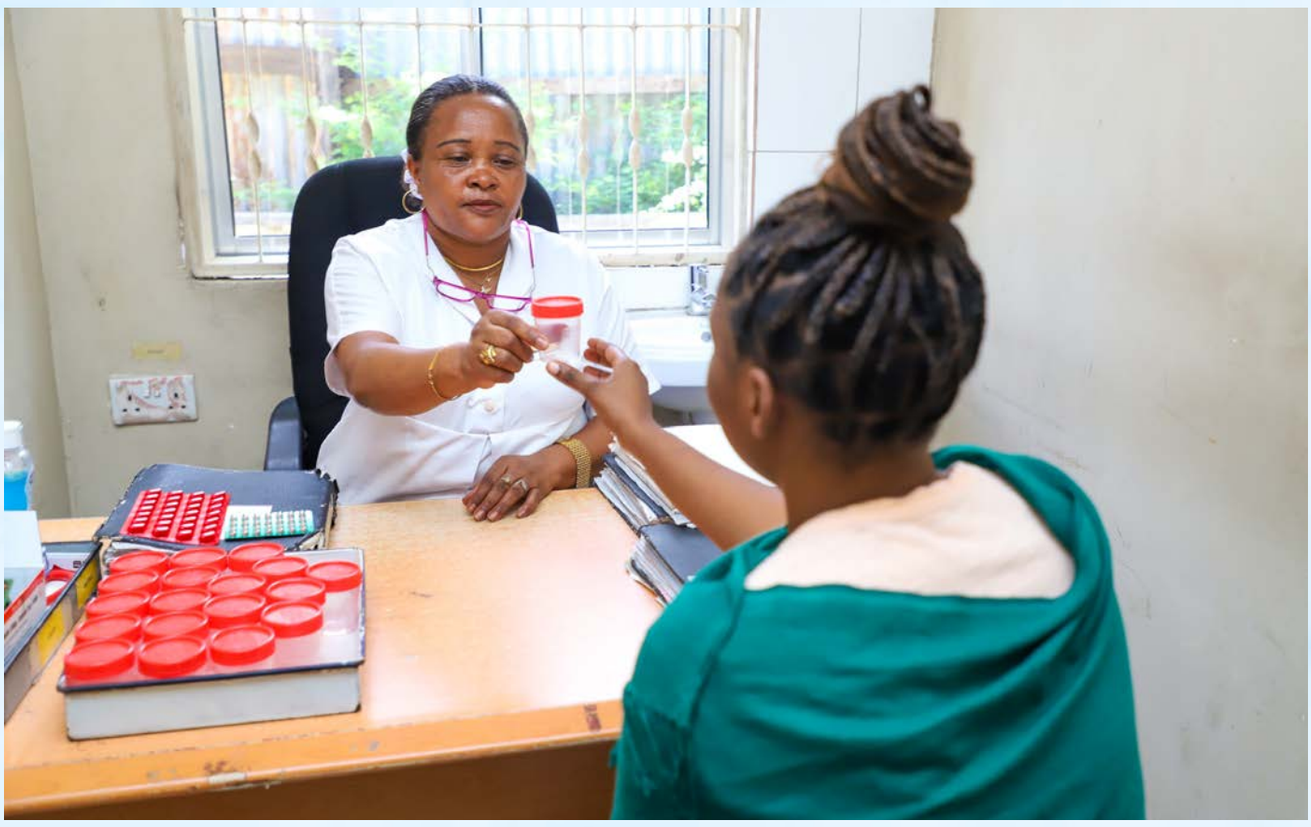
6 HIV Viral Load testing laboratories.

55 molecular testing laboratories for TB.

18 laboratories have been ISO accredited.

>90% of health commodities available throughout the year.





Challenges

In 2024, the USAID Afya Yangu Southern Project faced multiple implementation challenges. Through collaboration with partners, strategic responses were developed to maintain quality service delivery:

- **Inadequate Human Resources (HR) for Index HIV Testing Services:** This limited the scale-up of services across health facilities. The project responded with a "mother-satellite site" model, reallocating HR from high-volume facilities to under served lower-volume sites, which improved coverage and reach.
- **Prolonged Downtime of HIV Viral Load Testing Machines:** Service interruptions due to machine breakdowns were addressed by strengthening sample referral systems within supported laboratories and with facilities outside the project area.
- **Shortage of Commodities in the National Pipeline**: National-level shortages, including CD4 reagents and HIV rapid test kits, hampered continuity of services. The project mitigated this by working with R/CHMTs to redistribute available stock across sites.
- **Difficulties Reaching Undiagnosed People with HIV & TB**: Targeted case finding remained challenging, especially among men, youth, and in low-volume health facilities (HFs) and communities.
- **Lagging Progress in Reaching Total PLHIV on ART:** Despite overall progress, the project struggled to meet the targets for enrolling all PLHIV on ART, indicating the need for intensified case identification and linkage strategies.
- **Suboptimal Retention of HIV Clients**: Retention efforts required more robust, tailored strategies to prevent clients from disengaging from care.

Lessons Learnt

- **Mother-Satellite Site Model:** This innovative HRH optimization approach significantly extended the reach of HIV testing services by using available staff more strategically across facilities.
- **Sample Referral Linkages**: Strengthening partnerships between labs enabled continuity in viral load testing even during equipment downtime.
- **Proactive Redistribution of Commodities:** Collaborating with health management teams ensured service continuity during national stock-outs.
- **Service Integration is Key in Resource-Limited Settings:** Integrating HIV, TB, and other health services within existing platforms enhances efficiency, cost-effectiveness, and continuity of care.
- **Innovative Approaches Needed for Hard-to-Reach Populations:** Reaching men, youth, and under served communities requires more innovative, targeted, and community-led strategies, including differentiated service delivery.
- **HR Optimization Can Expand Access:** The "mother-to-satellite" deployment model demonstrated that existing human resources can be leveraged more effectively to close service gaps.

- **Next Steps:**
  Building on the lessons and innovations of 2024, the project will pursue the following priorities:
  - Expand targeted HIV and TB case-finding initiatives, particularly in under served communities and among priority populations such as men and adolescents, using tailored community outreach and differentiated service delivery models.
  - Strengthen retention strategies by improving client tracking, follow-up mechanisms, and offering more client-friendly models of care, including multi-month dispensing aligned with ART and TPT schedules.
  - Scale up service integration efforts by embedding HIV, TB, FP, and other health services into unified delivery platforms, reducing fragmentation and improving access and uptake.
  - Continue optimizing human resource deployment using the mother-satellite model and explore digital solutions to support staff scheduling, supervision, and performance monitoring.
  - Engage national stakeholders to advocate for timely procurement and equitable distribution of commodities, while enhancing forecasting and stock redistribution mechanisms to prevent service disruptions.

By aligning these next steps with proven strategies and continuous learning, the project is well positioned to deepen its impact and move closer to achieving epidemic control.

Clubfoot Project

Overview

Since October 2023, MDH has been working with the MoH and PORALG of both Tanzania Mainland and Zanzibar, to implement the Clubfoot Project. This project aims to provide timely and quality treatment to children born with clubfoot, a condition present at birth in which a baby is born with one or both feet turned inward and downward. The Clubfoot Project is funded by Miracle Feet, a US based NGO.

Operating across all 31 regions of Tanzania Mainland and Zanzibar, through the Clubfoot Project, MDH works with and support 72 health facilities to provide clubfoot treatment services using the Ponsenti method, a simple and effective non-surgical treatment. Across these facilities MDH supports community awareness and sensitization, capacity building of health providers and supportive supervision, treatment supplies, as well as robust monitoring, evaluation and reporting of clubfoot treatment services.

Objectives

In 2024, MDH set out to achieve four objectives for the Clubfoot Project:

Key Objectives

01 To support enrollment of 2,035 new clubfoot patients.

02 To empower 176 healthcare providers, on the treatment of clubfoot.

03 To integrate clubfoot care indicators into Tanzania's existing Health Management Information System (HMIS).

04 To implement rigorous safeguarding measures and uphold the safety and well-being of children in clubfoot treatment.

Activities and Achievements in 2024

	Area	Target	Achieved	% Achieved
Identifying and Treating Clubfoot	Children with Clubfoot enrolled	2,035	2,089	103%
	Enrolled early, <12mo	80%		86%
	New Clubfoot clinics established	10	10	100%
	Facility outreach campaigns done	200	120	60%
	Media engaged in advocacy	13	12	91%
Quality of Care Metrics	Average Casting	4-6	4.1	
	Tenotomy rate	80%		94%
	Casting Drop-out rate	<10%		9.40%
	Bracing drop-out rate	<20%		29%

In 2024, MDH's activities in the Clubfoot Project focused on demand creation in facility and community settings, capacity building of healthcare providers and integration of clubfoot treatment services in routine healthcare.

To raise community awareness for clubfoot treatment services we conducted media campaigns engaging 12 media houses, 78 awareness raising and sensitization meetings with community stakeholders (CHWs, local government leaders, religious leaders, etc) in 20 regions both in mainland and Zanzibar. We also conducted early detection and referral (EDR) outreach campaigns to 120 health facilities that refer children with clubfoot to supported clinics for treatment.

We distributed 5,000 posters and fliers in public places such as markets, bus stands, schools and village offices to ensure that the community is well informed about clubfoot treatment. The key issues during media engagement were: The public concern about treatment costs, and if the services are provided for free by the hospitals to allow more clients access to treatment.

We trained 176 healthcare providers on various modules of clubfoot treatment services including basic and advanced Ponseti techniques, casting and tenotomy. All 72 supported clinics were visited quarterly for supportive supervision and mentorship to monitor and strengthen clinical services and data.

We participated in 4 high-level events, such as the Rehabilitation Summit and a WHO consultation meeting, to showcase our work and successes in expanding access to and integrating clubfoot treatment services in Tanzania's health routine healthcare systems.

To support Integration of clubfoot care into routine healthcare we worked with the MOHs to support development of the national rehabilitation Health Management Information Systems (HMIS), training modules for CHWs as well as M&E framework for Zanzibar. We also contributed to data collection tool validation workshops and collaborated with stakeholders to enhance the M&E framework.

As a result of these efforts, in 2024, MDH reached and enrolled 2,090 new children with clubfoot to treatment to correct the deformity and improved quality of life. Majority (83%) of the children were enrolled before their first birthday. We expanded clubfoot treatment services to 10 new clinics bringing services closer to the community.

We conducted a 1-day orientation session to the 59 staff working at the MOH Afya Call center to equip them with the awareness of clubfoot deformity, its treatment and the centers through which treatment is provided. The Afya Call Center receives phone calls from all regions of Tanzania through a toll-free number 199. By working with the MoH and PORALG to incorporate clubfoot treatment indicators into the national HMIS, we supported the Government to take a step closer towards integrating clubfoot services into routine healthcare.

Challenges:

The implementation of the Clubfoot Project encountered several challenges:

- **Affordability of Treatment**: Many families struggled to meet consultation fees and transport costs due to multiple hospital visits in both public and private facilities. This financial burden posed a barrier to accessing timely care.
- **Patient Drop-out During Bracing Phase:** A significant number of patients discontinued treatment during the bracing phase, negatively impacting long-term treatment outcomes.
- **Low Enrollment in Some Clinics:** Despite awareness campaigns, some clinics recorded lower-than-expected new patient enrollments. This was largely due to limited geographic accessibility or under-optimized selection of clinics.
- **Inadequate Case Finding in Communities:** This challenge was observed in low-volume facilities and hard-to-reach areas. We will increase efforts to reach the targeted communities with clubfoot knowledge and awareness messages to facilitate recognition and timely referrals of children for screening and care.
- **Retention and Linkage Gaps:** There were gaps in retention strategies, client tracking, and effective referral systems, which contributed to treatment drop-outs and missed opportunities for care.

Lessons Learnt

- The Clubfoot Project taught us several key lessons. First, community engagement made a big difference. When we involved village and religious leaders, shared information through media and posters, and held early detection workshops, more families brought their children for treatment. This helped increase the number of new patients each quarter. For example, in the first quarter we had 457 new patients. That number grew to 563 in the third quarter, and 532 in the fourth. It was clear: when the community is informed and involved, more children get help.
- Second, targeted outreach was important, especially in areas that were not performing well. Reaching out directly to communities and supporting health workers in those areas helped find more children with clubfoot early.
- Third, strong follow-up helped reduce the number of children who dropped out of treatment. In the past, many dropped out of treatment especially during the brace-wearing stage. By making phone calls, doing home visits, and offering support, we were able to keep more children in care especially during the challenging bracing phase.
- Lastly, working closely with the government and other partners helped strengthen the program and ensured that the work we are doing will continue into the future. This kind of collaboration is essential for building a long-term, sustainable service.

Next Steps:

We aim to enhance the early identification and treatment of clubfoot by increasing the involvement of community health workers and local leaders, expanding demand creation outreaches, and strengthening referral and linkage systems between the community and health facilities will ensure that children receive timely and appropriate services.

To reduce treatment drop-out, we will improve follow-up through calls, home visits, and transport support. We also plan to integrate clubfoot care into routine health services by engaging the Government of Tanzania and national stakeholders, embedding key indicators into the HMIS, and strengthening the role of R/CHMTs in service delivery. These steps will help ensure sustainable and accessible care for all children with clubfoot.

Global Fund Cycle 7

Overview:

The Global Fund Cycle 7 is a three year (2024-2026) project, where MDH assumed the role of the second Principal Recipient (PR2) to lead the non-state actors (NSA) to contribute towards ending HIV and TB epidemics as public health threats in Tanzania. This project aims to support the Government of Tanzania's (GOT) efforts in achieving 5-specific objectives; HIV testing services, eMTCT, stigma reduction and increasing TB treatment coverage among people at high risk for TB. The project is funded by the Global Fund to fight AIDS, TB, and Malaria (GFATM) and is implemented across 19 regions of Mainland Tanzania.

Objectives:

In alignment with national and global health priorities, the following objectives have been set for the project, to accelerate progress toward the elimination of HIV and TB as public health threats. These objectives reflect a commitment to expand access, improve quality of services, and address inequities faced by vulnerable and at risk populations:

Key Activities and Interventions

As the year 2024 began, MDH geared up to launch implementation of GC7. We initiated capacity assessment for sub-recipients (SRs) earmarked to implement the project, reviewed SRs work plans and target alignment, and developed interventions business models, reporting mechanisms and tools. We began integration of Global Fund reporting mechanism into MDH internal monitoring and evaluation systems and established a reporting dashboard for routine project monitoring. A dedicated project office space was acquired and the recruitment of the full project staff initiated.

In February 2024, MDH was, however, instructed by the Global Fund Country Team (GFCT) to suspend project implementation, including SRs engagement, staff onboarding. The suspension intended to allow the Global Fund's Office of Inspector General (OIG) to investigate anonymous concerns raised to the GFCT with regard to SR selection. This suspension remained in effect throughout the year 2024 thereby preventing MDH from implementing the project.

Key Objectives

01 Implement efficient HIV testing strategies so that 95% of the people living with HIV know their status by 2025.

02 Reduce HIV related stigma to <5% by 2025 from 2013 baseline of 21-25%.

03 Reduce mother to child HIV transmission from 7.9% in 2021 to <4% by 2025.

04 Increase TB treatment coverage from 53% to 90% by addressing barriers to access, utilization, and needs of Key and vulnerable populations for TB.

05 Strengthen TB services to the population of miners and their families by 2025.

> **The Global Fund Cycle 7 is a three year (2024-2026) project, where MDH assumed the role of the second Principal recipient (PR2) to lead the non-state actors (NSA) in contributing towards ending HIV and TB epidemics as public health threats in Tanzania.**

Laboratory for Health Project

Project Overview and Objectives

MDH was awarded a 5-year cooperative agreement (October 2023 – September 2028) to implement the Laboratory for Health (Lab4Health) project, funded by USG-PEPFAR through CDC-Tanzania. The project aims to strengthen the quality, accessibility, and sustainability of laboratory services in Tanzania, in collaboration with the Ministry of Health (MoH), PO-RALG, and Regional Implementing Partners. Lab4Health supports the PEPFAR and national goal of achieving UNAIDS 95-95-95 targets and ending AIDS in Tanzania by 2030 through stakeholder engagement, targeted training, mentorship, joint supervision, and evidence-based interventions to enhance local capacity, accountability, and program sustainability.

Key Objectives

01 **Quality Management Systems (QMS):** Through Strengthening Laboratory Management Towards Accreditation (SLMTA) and ISO 15189 standard.

02 **Continuous Quality Improvement (CQI):** Expanding continuous quality improvement activities to ensure quality of HIV rapid testing through certification of non-lab testers and testing points.

03 **Proficiency Testing (PT):** Supporting quality assurance through regular evaluations using PT/EQA programs to enhance diagnostic accuracy.

04 **Diagnostic Services Support:** Enhancing capacity, timeliness and accuracy of testing HVL, EID, Human Papilloma Virus (HPV) and HIV Drug Resistance (HIVDR), CD4, TB, emerging and re-emerging diseases.

05 **Data Management:** Improve data management and quality improvement systems to improve outcomes.

Key Activities and Interventions:

- Coordinating the collection and review of daily testing reports from molecular laboratories;
- Organizing stakeholder meetings to prevent testing interruptions due to reagent shortages or equipment breakdowns;
- Managing the referral of samples and redistribution of reagents between laboratories;
- Providing technical assistance and support for the procurement, installation and user training to scale up HIVDR testing at Bugando, Benjamin Mkapa, Mbeya Zonal and Temeke Hospital laboratories;
- Supporting NPHL, CTRL, and NBTS in the production and distribution of EQA/PT samples to laboratories and healthcare facilities, perform result analyses and performance feedback;
- Coordinating training, mentorship, improvement projects and supportive supervision for Quality Management System implementation through SLMTA and ISO 15189 accreditation programs;
- Providing capacity building and TA for the licensing of HIV testers and the certification of HIV Rapid Testing (HIVRT) sites;
- Providing mentorship, procuring reagents and equipment maintenance to ensure efficiency and accurate detection of disease outbreaks.

2024 Key Achievements

1. Under the SLMTA program, 18 (90%) out of 20 laboratories achieved a rating of 3 stars or higher in implementing a Quality Management System. Among these, 15 labs were enrolled in the ISO 15189 accreditation program. Moreover, 12 out of the 14 laboratories enrolled in the accreditation program were assessed and recommended for ISO 15189 accreditation pending the clearance of a few identified gaps. The National Blood Transfusion Services (NBTS) was assessed by the South African National Accreditation System (SANAS) and recommended for ISO 17043 accreditation as an internationally certified EQA producer.
2. MDH has supported the establishment of HIV Drug Resistance (HIVDR) testing capacity at Bugando Medical Centre and Benjamin Mkapa Medical Centre, while also enhancing infrastructure at Temeke Specialized Laboratory for HIVDR, HVL, and HEID testing. These efforts have successfully doubled the country's HIVDR testing capacity.
3. After extensive collaboration with the MoH to build national capacity for Human Papilloma Virus

(HPV) testing, phase one of HPV DNA testing has successfully commenced in 10 regions, with 38,840 samples (92% of the target) tested by December 2024.

4. In RTCQI, 2,061 (103%) HIV testing sites were certified, increasing overall coverage from 35% in January 2024 to 56% in December 2024. Additionally, 4,496 (90%) HIV Non-Laboratory Testers were trained and certified, raising the total number of certified testers from 14,399 (58%) to 17,935 (74%). External Quality Assessment (EQA) for HIV rapid testing also improved, with passing rates increasing from 64% in FY23 to 73% in FY24.
5. In HIV Recency Testing, the number of HIV rapid testing sites enrolled increased from 147 to 539, all of which joined the HIV recency QC program, achieving 98% overall participation in the QC.
6. The functionality of all 341 GeneXpert machines for TB, HEID and HIV viral load testing was maintained at 100% with 96% and 100% of GeneXpert machines and biosafety cabinets calibrated respectively. Furthermore, MDH lab project in collaboration with partners, supported MoH in introducing new technologies for TB testing (37 Truenat machines and 75 new GeneXpert 10 colour) by supporting training of lab staff and facilitating stakeholders meeting to discuss TB diagnostic challenges and placement plan for new machines. Going forward, the project will continue to work with stakeholders to enhance machine utilization for patient care.

Project Achievements:

90%
of laboratories achieved a rating of 3 stars or higher in Quality Management Systems (QMS) while receiving support for ART care.

2
new laboratories with HIV drug resistance testing capacity.

15
labs were enrolled in the ISO 15189 accreditation program.

100%
functionality of GeneXpert machines.

2,061 (103%)
HIV testing sites were certified in RTCQI.

539
facilities enrolled in Recency Testing.

new laboratories with HIV drug resistance testing capacity.

Scope	Indicator	Program Target	Total Achieved	Percentage Achieved
VL/EID	VL samples received at testing laboratory and point of care	1,805,076	1,718,816	95%
	VL samples tested at testing laboratory and point of care	1,719,291	1,512,696	88%
	HEID samples received at testing laboratory and point of care	134,533	89,703	67%
	HEID samples tested at testing laboratory and point of care	99,850	75,617	76%
	Number of biosafety cabinets certified	277	278	100%
Sample referral	No of hubs that reaches their spokes through courier services	347	347	100%
	Number of HVL results returned via e-SRS	1,573,213	I	84%
	Number of HEID results returned via e-SRS	76,596	60,200	79%
ECHO	No of Health Care Workers reached through ECHO program	15,194	14,054	92%

External Quality Assurance (EQA) Progress Versus Targets (January-December 2024)

Type of External Quality Assessment (EQA)	Total Number of Testing Sites	% Sites Enrolled FY24	% Sites Participated FY24	% of Sites with Satisfactory Performance FY24
HEID PCR Point of Care	127	100%	88%	95%
HVL PCR Point of Care	147	100%	69%	72%
HVL Conventional Labs	18	100%	100%	100%
HEID Conv Labs	12	100%	92%	100%
CD4 EQA	775	30%	94%	71%
BGS EQA	730	34%	85%	44%
TB	308	100%	99%	94%
HIV Rapid Test EQA	12000	94%	98%	73%
HIV Recency EQA	539	100%	100%	86%

Best Practices

Layered Approach Accelerated Certification Of HIV Rapid Testing Sites:

To address varying certification coverage for HIV rapid testing sites caused by site preparation challenges, delays in resolving quality issues and corrective action implementation, the project developed a multi-layered approach. This strategy, which integrates key HIV Continuous Quality Improvement (CQI) activities into a single, time-sensitive processes, including gap assessments, mentorship and mock assessments. As a result, the certification rate for HIVRT sites increased from 34% to 56%. Success was driven by enhanced collaboration with Implementing Partners (IPs) and Regional and Council Health Management Teams (RCHMTs).

Social Media and Online Communities Enhanced HCW Participation in ECHO Training Sessions:

To enhance participation in ECHO training sessions, the project expanded its communication strategy beyond traditional email notifications. Additional platforms, including WhatsApp groups and SMS reminders, were introduced, with ECHO hub coordinators moderating engagement. This multi-channel approach significantly increased the utilization of the ECHO platform for sustainable training, raising the quarterly average participation from 1,500 to 5,025 HCWs.

Challenges

1. Early Infant Diagnosis (HEID), HIV Viral Load (HVL), and HIV Drug Resistance (HIVDR) Testing: Prolonged turnaround times—sometimes exceeding 30 days were reported during certain periods due to reagent stock-outs, affecting timely decision-making for patient care.
2. Supply Chain Management: There is inconsistent monitoring of stock levels at the facility level, leading to delays in reordering and occasional stock-outs of essential laboratory supplies.
3. TB Diagnostics: The lack of a Laboratory Information System (LIS) to capture TB diagnostic data limits timely reporting and data use. Additionally, the rate of unsuccessful GeneXpert tests remains high at 12.1%, surpassing the acceptable target of below 5%.
4. External Quality Assessment (EQA): There is low coverage and poor performance in the CD4 and Bacteriology (BGS) EQA programs, indicating gaps in routine quality monitoring and assurance.
5. Partner Dependency: Heavy reliance on partner-supported laboratories, especially those with advanced equipment and technologies, poses a challenge to long-term sustainability and national ownership of services.

Lessons Learnt

- Improved collaboration with regional IPs—including the timely monthly sharing of HIV recency QC participation reports and joint site monitoring activities—has increased participation in the HIV recency QC program from 39% at the beginning of FY23 to 99% in FY24.
- The development of a roadmap for the HIVRT-CQI certification program in September 2024 facilitated early engagement of partners and stakeholders at the start of FY25. This proactive approach ensured the timely and efficient implementation of RTCQI activities.

Next Steps:

For 2025, MDH will focus on the following priorities to strengthen laboratory services and support HIV and TB programs nationwide:

- Expand quality assurance (QA) efforts for HIV, VL, HEID, HIVDR, HPV, TB, and other priority diseases across 12,000 HIV testing sites and 336 laboratories.
- Advance laboratory quality systems by providing technical assistance for SLMTA implementation in 20 laboratories and supporting ISO 15189 accreditation in 15 laboratories.
- Support the Ministry of Health in improving data-driven forecasting, quantification, and efficient use of HIV/TB laboratory commodities to avoid service interruptions.
- Enhance integration of lab and clinic systems (e-SRS, LIS, and CTC2) to reduce turnaround times and strengthen data use for patient management.
- Improve laboratory surveillance through multi-sectoral capacity building and better data sharing among stakeholders.

“

90%

of laboratories achieved a rating of 3 stars or higher in Quality Management Systems (QMS) while receiving support for ART care.

Afya III – Rudi Kundini, Pamoja Kundini

Project Overview:
The Rudi Kundini, Pamoja Kundini (RKPK) study is a five-year (2021–2026) NIH funded research project, led by the University of California, Berkeley, in collaboration with HPON and MDH. The primary objective of the study is to investigate the behavioral patterns of people living with HIV (PLHIV) in the regions of Kagera and Geita who face challenges in maintaining continuity of HIV care and achieving or sustaining viral suppression. The research is conducted across 32 health facilities, with 16 facilities in each of the two regions with the primary outcome for each participant being the viral suppression at 6 and 12 months.

Specific Objectives: RKPK study is designed into three objectives which are:

Objective 1

To evaluate the effectiveness of a home visit plus one-time financial incentive on the proportion of out of care PLHIV with viral load suppression (<1000 copies/ml) 6 months after enrollment.

Objective 2

To evaluate the effectiveness of short-term financial incentive program offered to PLHIV who are predicted to be at risk of disengaging from care using machine learning and durable viral load suppression (<1000 copies/ml) at 12 months.

Objective 3

Using mixed-methods study, explore implementation successes and challenges and synthesize lessons learned to inform possible integration of incentive programs into the National AIDS Control Program for PLHIV who are out of care or at risk of disengaging.

Key Activities and Achievements

In 2024, the RKPK study implemented activities across all 32 facilities under Objective 1 and 4 sites under Objective 2 in Geita. These activities included supporting enrollment of study participants, data abstractions to capture clinical services provided to the study participants, and follow up of viral load sample collection for eligible participants.

Activities in Objective 1

A cluster-randomized trial was conducted at 32 randomly selected health facilities in the Kagera and Geita Regions. We worked with home-based care (HBC) providers to trace and recruit PLHIV who had disengaged from care. Facilities in the control arm followed the national standard of care procedures for individuals lost to follow-up (LTFU), which included tracing through phone calls and community visits by HBC providers, as well as counselling to encourage re-engagement in HIV care. Facilities in the intervention arm received the same standard of care package, with the addition of a one-time cash support incentive. Half of the amount was provided unconditionally upon enrollment, while the remaining half was given if the participant returned to care within 90 days of enrolment.

Activities in Objective 2

An individually randomized controlled trial in which each site included a mix of clients from both the intervention and control groups. Clients at risk of disengaging from care were identified from four high-volume facilities in Geita region and participants in the control group received only the standard HIV clinical services, including enhance adherence counselling (EAC) sessions. In contrast, participants in the intervention group received a monthly incentive of 22,500 TSH, conditional upon attending scheduled visits and completing all three EAC sessions.

2024 Key Achievements

Enrolment under Objective 1 was completed with 568 participants, of whom 225 (40%) were male. A total of 565 participants were followed up, with 560 (99%) successfully completing their 6-month viral load (VL) testing. Additionally, over 70% have exited the study with a 12-month VL test result. For Objective 2, enrolment has currently reached 691 participants, with 306 (44%) having completed their 6-month VL test as of December 2024.

A Preliminary Analysis of Objective 1.

	Geita (n = 289)	Kagera (n = 278)	Overall (N = 567)
Primary Outcome Data Available	233 (80.6%)	250 (89.9%)	483 (85.2%)
6M viral load drawn in window	207 (71.6%)	232 (83.5%)	439 (77.4%)
Out of care/not suppressed at 6M	25 (8.7%)	17 (6.1%)	42 (7.4%)
Died before VL window opened	1 (0.3%)	1 (0.4%)	2 (0.4%)
Missing primary outcome data	56 (19.4%)	28 (10.1%)	84 (14.8%)

Challenges/Lessons Learnt

- Missed Outcome Ascertainment: At study exit, 6.4% of participants were missing viral load (VL) results at 6 or 12 months, limiting full outcome analysis.
- Impact of Routine Monitoring: Study sites that received regular monthly monitoring visits had significantly better data completeness, with fewer than 3% of participants missing VL results—highlighting the value of consistent site support.

Next Steps:

Complete follow-up and finalize 12-month viral load testing for participants under Aim 2 to enable full outcome assessment.

16

from Kagera.

16

from Geita.

32

health facilities.

EAPoC-VL Project

Overview

The East Africa Point of Care Viral Load (EAPoC-VL) is a two year (2022-2024) multi-country research project. The project aims to examine the feasibility, acceptability, and effectiveness of using point of care viral load (PoC VL) monitoring to improve viral load suppression among children, adolescents and youth (age<24 years) living with HIV. The project employs mixed methods design, that includes a cluster randomized study in which study sites are assigned to use either a PoC [intervention] or centralized [control] laboratory testing platform for viral load monitoring in HIV care and treatment services.

The EAPoC VL is implemented across 4 countries, by the East Africa Consortium for Clinical Research (EACCR) comprising of nine institutions from East Africa and Europe. The project is funded by the European and Development Countries Clinical Trials Partnership (EDCTP).

In Tanzania, MDH partners with the Karolinska Institutet (KI), of Stockholm, Sweden (an EACCR member) to implement the EAPoC VL project. Through this partnership MDH manages four study facilities in Dar es Salaam and coordinate with the two other institutions who are also implementing the project at eight other sites in Dar es Salaam and Kilimanjaro regions.

Objectives

The EAPoC-VL has 3 objectives divided across 7 work packages (WP). MDH's scope of the project encompasses 3 objectives and 5 work packages. The objectives are:

Key Objectives

01 To determine the effectiveness of PoC VL monitoring in improving viral suppression (WP1).

02 To evaluate feasibility and acceptability of using PoC VL monitoring (WP2).

03 To understand psychosocial life and how they predict adherence and viral suppression (WP3).

Aside from these objectives MDH also implements WP5 on Training and capacity building and WP6 on Community and stakeholders engagement.

Activities and Achievements in 2024

In 2024, MDH set out to complete the remaining milestones of the EAPoC VL project. However, due to the delays in project inception, a no-cost project extension of 8 months was granted to 30th October 2025. Activities implemented in 2024 included:

1. Completed follow-up of study participants in the WP1 whereby 128 participants (94%) completed the 6-month follow-up, and 123 participants (90%) completed the 12-month follow-up, out of all 136 participants enrolled. Twelve participants transferred to other clinics and 1 participant passed away.
2. Recruited two data collectors, enrolled 116 study participants and commenced data collection on psychosocial challenges faced by children, adolescents and youth with HIV across all four study sites, for WP3.
3. Conducted an interim study monitoring in April 2024, with monitors from Rwanda and Uganda who assessed protocol adherence and data quality.
4. Conducted three progress review meetings and attended the project's Annual General Meeting in Moshi in May 2024. At the meeting, partners expressed interest to design follow-up studies, such as evaluating HIV drug resistance rates among adolescents and youth with HIV.

Project Achievements:

90%
90% of participants completed the 12-month follow-up in WP1.

100%
participants enrolled in WP3.

100%
of the planned psychosocial data collected.

2 Manuscripts submitted for publication.

Challenges/Lessons Learnt

- Participant–Provider Pairing and Active Follow-Up: Matching participants with specific providers and conducting active follow-up significantly improved participant retention and completion rates.
- Quality Assurance Measures: Regular machine calibration and proactive quality checks helped reduce GeneXpert error rates, improving diagnostic reliability.

Next Steps

- Conduct data collection for Work Package 2 (WP2), focusing on a cross-sectional survey to assess the acceptability and feasibility of the intervention.
- Hold feedback meetings with key stakeholders to share preliminary findings and gather input for final reporting.
- Finalize reporting and dissemination, including submission of abstracts and manuscripts, and outline a roadmap for future research.
- Complete study close-out activities in accordance with regulatory and institutional requirements.

ENGAGE Project

Overview

ENGAGE, is a six-year (2023-2028) research project implemented jointly by MDH and Karolinska Institutet (KI) of Stockholm, Sweden. The project aims to investigate and optimize prevention of vertical HIV transmission to babies during pregnancy and breastfeeding and reproductive health care for pregnant and post-partum AGYW with HIV in Tanzania. The project's name, "ENGAGE" is short for "ENding HIV transmission to infants by Generating Evidence to optimize prevention and care for pregnant and post-partum Adolescent Girls and young women with HIV in Tanzania" The ENGAGE project is implemented in three regions of Tanzania; Dar es Salaam, Kagera and Tabora, in collaboration with the MoH, PORALG, and the RHMTs of the three study regions. The project is funded by the Swedish Research Council.

Objectives

The ENGAGE project has seven specific objectives organized into four phases.

Phase I

Comprises of **Cohort studies** of pregnant/ postpartum AGYW with HIV receiving PMTCT care across the three regions, using routine healthcare data, which aim to:

1. Investigate patterns, trends, and correlates of PMTCT retention, service uptake, and health outcomes up to two years post-delivery.
2. Determine HIV-free infant survival by two years of age.
3. Assess timing and spacing of subsequent pregnancies.

Phase II

Consists of **Qualitative consultations** with AGYW, HCPs and other community stakeholders and a Systematic review of potential solutions, aimed to:

4. Understand social-structural drivers of PMTCT care engagement.
5. Synthesize evidence on interventions for pregnant/ post-partum AGYW with HIV.

Phase III

Entails **Co-production** of a micro-interventions package which aims to:

6. Develop and prototype a differentiated care package together with AGYW, health providers, and other stakeholders, to improve care engagement and outcomes.

Phase IV

Involves **Pilot testing** of the developed micro-interventions package using a 2-arm cluster-randomized implementation study to:

7. Assess feasibility and preliminary effect of the intervention package.

Activities and Achievements in 2024

2024 was very impactful year for the ENGAGE project. During the year we finalized activities carried forward from 2023 and successfully launched phase I and II of the project. Main activities implemented were:

- Secured ethical approval from both the Tanzanian and Swedish ethical review boards.
- Registered the project protocol in the ClinicaTrial.org and COSTECH databases.
- Conducted an inception meeting, introducing the project to key stakeholders including the MoH, PORALG, Youth Organizations and other institutions.
- Commenced implementation of phases I and II of the project including the cohort studies analyses, recruitment, training and deployment of four Qualitative Field Interview Officers as well as developing a protocol for the systematic review.

By the end of 2024, all key project milestones set for the year were achieved including: introducing the project to key stakeholders, launching the qualitative study and reaching 63% of the qualitative data collected, and developing a protocol for the planned systematic review. We successfully submitted 2 manuscripts for publication titled,

- *Attrition and virological outcomes among pregnant/ post-partum adolescent girls and young women living with HIV in Tanzania: A prospective cohort study to the Lancet Global Health and*
- *ENding HIV transmission to infants by Generating Evidence to optimize prevention and care for pregnant and post-partum Adolescent Girls and young women with HIV in Tanzania (ENGAGE): Study protocol for a mixed-methods research project to BMC Public Health.*

Project Achievements

project introduced to stakeholders.

2 manuscripts submitted for publication.

Challenges/Lessons Learnt

- **Implementation Delays:** The project experienced delays due to extended time-lines for ethical approvals, manuscript finalization, and CDC clearance processes.
- **Rapid Qualitative Analysis**: The use of rapid qualitative analysis proved effective in enabling timely, rigorous interpretation of qualitative data, allowing for real-time adaptation to emerging findings and contextual changes.
- **Data Completion:** Successful completion of the full cohort study, systematic review, and Phases I and II of qualitative data analysis provided a strong evidence base for the next phases of the project.

Next Steps

- Submit at least four manuscripts for peer-reviewed publication to disseminate key findings.
- Launch Phase III of the project, focusing on co-design with stakeholders to inform practical solutions.
- Initiate resource mobilization efforts to support the implementation of Phase IV, ensuring sustainability and scale-up.

Monitoring, Evaluation and Implementation Science

MDH operations rely heavily on robust and timely strategic information to guide program implementation, monitoring, evaluation, learning and outcomes. In 2024, MDH continued to invest resources, efforts and approaches to collect, aggregate, analyze, use, report and disseminate strategic information across supported projects through Monitoring and Evaluation (M&E) and Science activities.

Data Collection, Monitoring and Reporting

MDH collaborated with GoT to enhance its methods for gathering, consolidating, analyzing, and promoting data utilization by adopting digital tools that prioritize sustainability, cost-effectiveness, and efficiency. Currently, most reports are generated and submitted by healthcare providers (HCPs) at the facility level, using either paper-based methods or digital platforms. These include internal systems like ODK, CAST, and CARE, as well as Ministry of Health (MoH) systems such as DHIS2, CTC2, and the National Depository (Macro3), additionally, donor tools such as DATIM. These platforms incorporate various data validation and verification mechanisms to maintain high-quality data for strategic decision-making.

Data-Driven Decision Making

In 2024, MDH actively promoted data-driven decision-making by regularly sharing monthly facility and community dashboards, which helped track the progress of programmatic indicators. This initiative enabled timely follow-up on suboptimal performance at the site level, ultimately contributing to better program outcomes. Additionally, MDH conducted weekly, monthly, and quarterly data analyses of KPIs, which facilitated discussions during data review meetings. These discussions aimed to enhance accountability for program results among MDH staff, and other stakeholders, focusing on addressing identified gaps.

Solar System Installation

To ensure uninterrupted service delivery, including data entry and biometric fingerprint verification; MDH has equipped 107 (19%) health facilities (HFs) experiencing frequent power outages with solar power systems. This initiative guarantees a sustainable and reliable energy supply for critical operations. Moving forward, MDH plans to expand this support by installing solar systems in an additional 466 (81%) HFs by 2025, ensuring all supported facilities have continuous power for seamless service provision.

Biometric Implementation

In 2024, MDH enhanced client verification by rolling out biometric fingerprint capture systems across all supported facilities. This technology ensures the unique identification of PLHIV clients during visits to Care and Treatment Clinics (CTCs), improving accuracy in service delivery. By December 2024, 99% of PLHIV clients in MDH-supported regions were biometrically registered, with 74% of clinical visits verified through fingerprints. This innovation strengthened data fidelity and reliability for evidence-based decision-making and reduced duplication in records. To expand access, MDH also introduced a mobile

biometric module at 97 facilities, enabling fingerprint verification during outreach/ community ART services, and non-CTC points such as PMTCT and TB clinics. This ensures consistent identification and service tracking, even beyond traditional clinic settings.

Achievements by December 2024

100%
of supported sites had biometric fingerprint implemented by December 2024.

99%
of PLHIV registered in the BF by December 2024.

74%
of the clinical visits were verified biometrically by December 2024.

MDH operations rely heavily on robust and timely strategic information to guide program implementation, monitoring, evaluation, learning and outcomes.

Implementing Science/Research

In 2024,MDH actively participated in scientific and capacity-building initiatives, including specialized training and scientific writing.

Capacity Building and Training

MDH conducted both in-person and virtual training to enhance scientific writing and data management skills among staff. A notable training session on secondary data management was delivered to 36 staff members across all three regions, strengthening their analytical capabilities for evidence-based decision-making. Weekly online scientific updates were conducted for all staff members from time to time.

Scientific Writing and Dissemination

In 2024, MDH contributed to scientific literature and knowledge dissemination. During the year, we submitted abstracts and participated in different scientific confrences. At theTanzania Health Summit (THS) 2024, MDH successfully organized a Health Forum which was attended by various experts in HIV care and research in Tanzania. The forum aimed to share the assessment's findings on virologic failure among individuals on antiretroviral therapy (ART). Working closely with collaborators, MDH authored and co-authored several scientific works in 2024.

Contribution to Policy and Global Health Initiatives

Through these publications, MDH continues to contribute towards scientific knowledge which may influence policy-making and healthcare interventions. The research underscores MDH's role in data-driven health solutions and highlights ongoing collaborations with global health partners. These contributions inform best practices and policies that enhance health outcomes in Tanzania and beyond. MDH remains committed to driving impactful research, fostering scientific excellence, and shaping the future of public health through innovation and collaboration.

> **In 2024,MDH actively participated in scientific activities and capacity-building initiatives, including specialized training and scientific writing.**

Key MDH Science Achievements in 2024

- Published multiple scientific papers in reputable peer-reviewed journals and presented research findings at various international scientific conferences

Presenters and Moderators of Health Forum at Tanzania Health Summit. 2024 in Zanzibar, from left, Wilhellmuss Mauka (MDH), J Rugemalira (MNH), T Mnimbo (MDH), A. Mwijage (MUHAS), W Maokola (MoH)

Human Resources and Administration

Management and Development for Health (MDH) is an equal-opportunity employer. It gives equal access to employment opportunities and ensures that the best available person is appointed to any position, free from discrimination of any kind and without regard to factors like sex, marital status, tribe, religion, and disability which does not impair the ability to discharge duties. MDH had the following distribution of employees by sex: Staff under the Mainstream category are employees working with MDH and directly employed and paid by MDH. Staff under the Facilities category are employees working under facilities for MDH, employed in collaboration with facilities, and paid by MDH.

Mainstream				
Sex	**31-Dec-24**	**%**	**31-Dec-23**	**%**
Male	315	67	303	67
Female	154	33	146	33
Total	**469**	**100**	**449**	**100**
Facilities				
Sex	**31-Dec-24**	**%**	**31-Dec-23**	**%**
Male	834	40	820	52
Female	759	37	749	48
Total	1,593	77	1,569	100
Grand Total	**2,062**		**2,018**	

Welfare of Employees

Relationship Between Management and Employees

MDH management has continued to ensure it maintains a healthy and positive relationship with its employees. MDH provides transparent, fair, and consistent treatment to all its employees and grievances are resolved amicably through meetings and discussions. Work morale was good and there were no unresolved complaints from employees. There was good teamwork between management and employees, where management focused on cultivating good relationships with its employees which helped build trust between team members, mitigate conflicts, and decrease staff turnover rates.

MDH has continued to build capacity of its employees through training and provide 100% medical cover and life insurance to its employees.

Staff Performance Evaluation

MDH is committed to a robust and systematic employee performance management process aimed at supporting each employee to reach their full work and professional potential. The intention of the performance management system at MDH has always provided a positive means that ensures employees understand their roles and deliverables, recognizes good performance, provides feedback, identify and develop areas for improvement for employees who are not performing well, promote career development opportunities and make reward decisions.

MDH performance review process engages each employee to commit to a set of individual objectives and outcomes to be achieved each year, works towards these outcomes with support from supervisor and evaluate progress annually.

The process works as follows:

a. Dialogue between the employee and supervisor is conducted to plan and agree on individual SMART objectives for the year. These objectives are aligned to the overarching goals of his/her unit/ department and personal development goals.

b. Thereafter, the employee implements these objectives throughout the year with regular supervisor feedback, discussion, monitoring and support.

c. At the end of the year, after undertaking a self-appraisal, the employee conducts a dialogue with supervisor to evaluate progress and outcomes of the set objectives as well as the employee's core competencies and attributes in line with professional standards and MDH's core values.

d. The outcome of this evaluation is therefore used to inform management decisions regarding employee performance as well as recognition and reward for the future.

Leadership and Management Skills Training
Conducted an extensive training program for staff across all operating regions including Senior Management Team (SMT), HQ Managers and regional staff ensuring that leadership and management skills are acquired and applied in day to day of project activities implementation

Mimosa System for Sub-grantee
Introduced a new Human Resources (HR) system specifically designed for sub-grantees called Sub Mimosa System that includes functionalities such as time sheet, attendance, leave, payroll and performance management. The system streamlined HR processes, improved data accuracy and provided sub-grantees with better tools for managing their human resources.

Medical Facilities
MDH management determines, after consultation, a suitable health care or health insurance provider for employees (with their immediate family dependants maximum of 5, 1 spouse and 4 children). For the year under review, Strategies Ltd, was the health insurance provider.

Persons with Disabilities
Applicants for employment by disabled persons are always considered, bearing in mind the aptitudes of the applicant concerned. In the event of members of staff becoming disabled, every effort is made to ensure that their employment with the organisation continues, and appropriate training is arranged. It is the policy of the organisation that training, career development and promotion of disabled persons should, as far as possible, be identical to that of other employees.

MDH is an equal-opportunity employer. It gives equal access to employment opportunities and ensures that the best available person is appointed to any given position free from discrimination of any kind and without regard to factors like sex, marital status, tribe, religion, and disability which does not impair ability to discharge duties.

Currently, MDH have a total of 2 staff with disabilities.

Retirement Benefits
Management and Development for Health makes 20% contributions in respect of staff retirement benefits to National Social Security Funds (NSSF).

Future for Employee Welfare
MDH has provided various statutory and non-statutory staff welfare services and benefits that include free medical insurance to staff and their families, free life insurance cover, full payment of social security contributions, facilitating staff to obtain personal loans from banks to cater for personal needs, provision of time-off and support to attend training, workshops, short and long-term courses, to mention a few. These have created a healthy atmosphere in the workplace, minimized staff turnover and thereby improved staff performance.

Given increased challenges in the world of work, MDH progressively plans to improve its employee welfare on areas such as flexible working hours which will help employees meet work commitments, while at the same time supporting their personal life needs, staff recreation facilities for healthy and work-life balance. The organization also plans to improve sustenance to staff development programs.

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Stories from the Field

Overcoming Adversity: From a Young, Vulnerable Village Girl to a Successful Businesswoman - Aisha Mohamed's Journey to Empowerment and Independence

"My life has changed, it is better than before I joined DREAMS and started the tailoring business. I can say I am better off economically as a businesswoman and I can now take care of my child, my mother, and my siblings. I have one sexual partner and I use family planning properly. I pray that the DREAMS project reaches many young women struggling like I was, so that they can get rid of the challenges (mostly poverty) that make them vulnerable to HIV infection."

The story highlights the journey of young woman to free herself from socio-economic vulnerabilities that predispose to HIV infection, with the help of the DREAMS program.

Aisha lived in Nshamba village, Muleba, in the Kagera region with her family, who were small-scale farmers. Aisha's family of mother, father, and two siblings struggled to meet day-to-day needs due to low income and faced numerous trials throughout their lives.

Aisha dropped out of secondary school when she was just in form two because her parents could not afford her school needs. She returned home and lived with her parents but regularly met and discussed life issues with other girls who were not in school like her.

At the age of 19 years, Aisha started engaging in unsafe sex driven by pressure from her peers, and desire to afford good stuff like her peers (clothes, money for her family, etc). She started with one partner but soon went on to have multiple sexual partners to earn more income to meet her needs. Within a short time, Aisha found herself pregnant, not knowing who was the father.

Terrified to face her strict parents, Aisha secretly ran away from home to Bukoba town when she was 3-months pregnant. She wanted to find a safer place to hide and earn income to take care of herself and the pregnancy. She found a daily pay job as a waitress at a local restaurant. However, her earnings were not sufficient to cater to her needs, so she continued engaging in unsafe sex with multiple sexual partners to make ends meet.

Back home her family started looking for her. They searched for months and finally located her and brought her back home when she was seven and a half months pregnant. She then sought antenatal care at a clinic in her village until she safely delivered her child. It was a great joy to her, but with her family's poor economic situation, the additional family member soon turned into a burden and life became even more challenging for Aisha and her family. These circumstances pushed Aisha to more risky sexual behavior to earn income to support her baby and family. Later, she left her child at home with her parents at the age of just 1 year and 7 months and resorted to bar-tending and sex work at a town bar. She was exposing herself to further risks of STIs, HIV, sexual violence, and unplanned pregnancies. These experiences eroded her self-esteem and confidence and left her feeling hopeless and unable to see any prospects.

Fate intervened when Aisha crossed paths with Diana Katarama while working at a bar in Bukoba town. Diana worked with MDH as a mentor for the DREAMS AGYW program and had gone to the bar to raise awareness about HIV prevention. Aisha recalls when Diana first saw her working as a bar tender, "Ms. Katarama said that I am too young to be a bar tender and I told her I had no choice, she told me that there is a program for young girls called DREAMS which could help me but I refused. Four different times Ms. Katarama came to the bar to speak with me about DREAMS, I kept refusing and she persisted patiently until I understood I was at risk of HIV, something I never knew before, then I accepted."

Diana then introduced Aisha to the various DREAMS services including savings and loan groups, life skills building, social behavioral change education, access to condoms, HIV testing and reproductive health services. Aisha quickly embraced these and wanted to join the DREAMS program. Because there was no DREAMS program in Bukoba town

she moved back to her village and enrolled in the Maendeleo WORTH+ DREAMS group. She was excited to find other women her age with similar challenges benefiting from the DREAMS program. She actively participated and received comprehensive life skills training including microeconomics, and learned about reproductive health, HIV and STI prevention. The program also provided her free condoms, PrEP and HIV self-testing. Encouraged and motivated, Aisha worked hard to learn how to make baskets, handbags, and local clothes (batiki) in her group. They made profits by selling them and distributed the funds to all girls. Through the support of PEPFAR/ CDC and MDH, Aisha secured sponsorship for a three-months tailoring course at a vocational training college (VETA) to gain professional skills in tailoring and designing clothes. When she completed her training, she used her savings from the DREAMS group to purchase her first sewing machine and started her own clothes-sewing business from home in her village. Her hard work paid off, and Aisha's business thrived and she rented a bigger space in Nshamba town to attend to more customers. The business generated sufficient income to provide for her and her family. Aisha's transformation is not only evident in her new-found success as an entrepreneur but also in her resilience and determination to create a better life for her family.

Eliminating mother-to-child HIV Transmission; From Stigma, Discrimination and Fear to Resilience and an Agent of Change, Testimony from Gea, a Peer Mother

Ms Gea, is a mother of two. Gea's story highlights unique challenges of a young girl navigating through growing up with HIV since childhood to adolescence and young motherhood and the impact of HIV treatment and prevention interventions. Thanks to the dedication of the healthcare team at Sinza hospital's HIV clinic, Gea has developed the resilience to live positive and healthy, achieve her dreams, and support other women. Narrating her story Gea said;

"My parents died when I was 3 months old, hence I was taken to live with my aunt in Tanga, when I was still a baby. When I was # years old, my aunt told me that my parents died from AIDS. At 7 years old, my aunt relocated to Dar es Salaam and took me with her. In Dar es Salaam, my aunt enrolled me to a primary school. Shortly after I started school, I started getting sick with daily fevers and on and off cough. I kept getting sick all the time until my aunt doubted if I was free of HIV. She took me to a hospital to get tested and unfortunately, the HIV test results were positive.

The healthcare providers were kind and encouraging, they counselled and started me on HIV treatment and monthly clinic visits on Saturdays. I was counselled each time I went to the clinic, and encouraged to take medication so that I could achieve my dreams. I loved the clinic, especially meeting other children also living with HIV, talking and playing together kept me happy and encouraged.

At home, it was another story. As soon as I was found to have HIV my life turned upside down. I was told that I should have my own eating utensils. Most painfully, my aunt used to tell me that I had very few days to live because I had HIV, she went further blaming my mother for infecting her brother (my father) with HIV. This was so painful to take as a child.

The stigma became so overwhelming and unbearable that I chose to leave my aunt's home and move in with my boyfriend, who was also receiving care at the ART clinic in Sinza.

In 2020, I got pregnant and was referred to the clinic for antenatal care and prevention of mother-to-child HIV transmission (known as PMTCT). I was so scared as I did not want my baby to get HIV like me. I followed all the instructions given by the nurses carefully to prevent my baby from getting HIV. After delivery, I continued with PMTCT care and my baby was tested and found to be HIV negative. That day, I cried with joy and thanked God and the clinic team for their kindness and dedication to provide these services, and for me to be blessed with a HIV-free child. As I am giving this testimony, I have a second child born in 2023, a boy who is also HIV free.

I thank the HIV clinic nurses and doctors for the counselling, care and treatment. I am encouraged and motivated, I feel like a hero, and I am currently engaged as peer mother helping other young women with HIV to receive and adhere to their HIV and PMTCT care so that they too can have babies free from HIV.

Gea giving health education as a peer mother

Community Delivery of HIV Treatment Services Brings Services Closer and Reduces the Costs of Healthcare to People.

Figure 1: Community health worker and a healthcare provider delivering ARVs in the community.

Through the USAID Afya Yangu (My Health) Southern project, MDH supports the scale-up of HIV treatment services in the community. At Duthumi health centre almost half of the recipients of HIV care (RoCs) receive their medication refills under outreach services established at four refill points to address the challenge of travel distance to the clinic. There were many clients coming from Kisaki, a village 30km from the clinic. After starting community anti-retroviral (ARV) medication refill services Dr. Noel from Duthumi's HIV clinic said, "The community outreach modality has increased client adherence to appointments since they don't need to incur much cost to pick ARVs at the clinic. We the health providers enjoy providing quality services to all scheduled clients".

Also, Mrs Ali who benefited from the community HIV treatment services said, "I thank the project for saving our lives. It was very costly to go to Duthumi to pick ARVs. The cost was even higher during rainy seasons ranging from 10,000-15,000/= TZS. I am grateful for the current arrangement of bringing medication at a nearby place, I am receiving all services here at Kisaki, a walking distance from my home and I attend without missing."

A Mother's Determination: P's Journey to Healing

Pascal Idrissa was born in 31st October, 2019, in Lushimba-Msalala, in Nyang'hwale District of Geita Region. He entered the world with clubfoot in both feet, a condition in which a baby is born with feet turned inward and downward, which predisposes to disability. In a region where awareness of clubfoot is minimal, families like Pascal's often remain uninformed about the condition, its causes and treatment.

Thankfully, the Geita Clubfoot Clinic was conducting outreach programs in Nyang'hwale to raise awareness about clubfoot. It was during one of these outreach visits that Pascal's family learned that clubfoot is treatable with timely intervention. Encouraged by this revelation, Pascal's mother brought him to the clinic for his first visit just a week after his birth.

The journey to recovery was not easy. Travel costs to-from the clinic posed a significant financial burden, but the clinic team stepped in to support, ensuring Pascal could continue his treatment without interruption. The family faced discouragement from their community with some villagers believing that clubfoot was beyond human intervention and could only be "fixed by God." Others questioned Pascal's mother, wondering why she was "wasting her time" seeking treatment. Despite the doubts and negative comments, Pascal's mother remained steadfast, placing her faith in the clinic's treatment and the hope it offered her child. Her resilience and determination, and the clinic's care and support were instrumental in Pascal's treatment journey.

October 25, 2024, marked a significant milestone in Pascal's journey—the completion of his treatment and his final visit to the clinic. This momentous occasion represented not only a personal triumph for Pascal and his family but also served as a beacon of hope and inspiration for other families navigating similar challenges. His story showcases the transformative power of awareness, perseverance and accessible healthcare, and the unwavering spirit of a mother determined to secure a better future for her child.

Looking Ahead: 2025 Plans

Building on the successes and lessons learned in 2024, in 2025, MDH envisages to focus on 7 core priorities, across projects, to further strengthen its efficiency, improve programmatic excellence, and drive impactful and sustainable programs and services. These focus areas are:

1. Enhancing Programmatic Excellence

- Accelerate strategies and innovations to reach under served areas and populations, including people with/at-risk of HIV/TB, children with clubfoot and others.
- Scale up client-centered care through differentiated service delivery to improve quality of care, client satisfaction, adherence and retention to care, and treatment outcomes.
- Capitalize on all available opportunities to integrate service delivery and facilitate provision holistic and comprehensive care.

2. Enhancing Laboratory Systems

- Strengthen the National Tiered Network of Public Health Laboratories by expanding laboratory accreditation, biosafety measures, and diagnostic capabilities.
- Improve the capacity, timeliness, and accuracy of molecular diagnostics for HIV, TB, HPV, and other diseases, ensuring consistent quality assurance across facilities.

3. Driving Quality and Sustainability

- Institutionalize CQI processes across health services

Integrate CQI initiatives and IPC measures across supported facilities and programs.

4. Strengthening Data Management and Utilization

- Enhance MDH's data management systems to ensure timely, accurate, and reliable data for decision-making.
- Leverage innovative digital health tools and dashboards to monitor programmatic performance and track key indicators in real time.
- Build staff capacity on data analysis, visualization, and reporting to inform evidence-based decisions and promote data use for adaptive program management, ensuring interventions are responsive to evolving needs.

5. Scaling up Research and Innovation

- Advance implementation research through data analysis, stakeholder engagement, and evidence-based decisions to improve programmatic outcomes and sustainability.
- Leverage lessons learned from MDH research projects to inform and adapt MDH's practices and strategies.

6. Strengthening Health Systems and Partnerships

- Enhance supply chain management to ensure uninterrupted service delivery.
- Foster partnerships with government entities, donors, and other stakeholders to achieve aligned health goals and promote sustainability.

7. Prioritizing Human Resource Capacity and Development

- Invest in staff capacity-building to strengthen technical, leadership, and managerial competencies.
- Enhance virtual and in-person training opportunities for healthcare workers to improve service delivery quality.

Through the 8 continuing projects (Afya Jumuishi, Afya Yangu, Global Fund, Clubfoot, EAPoC VL, ENGAGE, Lab4Health and Afya III) and others to come, MDH will ensure that its priorities are aligned with national and global health strategies. By adopting this unified, high-level approach and integrating robust data management systems, MDH is poised to achieve significant health impact and sustainability in 2025.

Sustainability Highlight

Implementing sustainable interventions is part of MDH's organizational agenda. In 2025, MDH will continue to leverage innovation, partnerships, and best practices to deliver impactful, sustainable programs that address the needs of under served communities we serve. MDH will continue to work to strengthen sub-national levels for sustained integrated best practices and scale up working solutions to address key priorities in health.

This forward-looking strategy reflects MDH's unwavering commitment to achieving global HIV targets and improving health overall across Tanzania. We will strengthen collaboration with the GoT and other implementing partners to ensure health services infrastructure including national public health labs, regional, district, and dispensary labs, are capacitated to optimize sustained quality services, build capacity for the health workforce TOTs, and community health services as per the Health sector strategic plans (HSSP) V and HIV health sector strategic plans (HHSSP) V 2021-2026, the millennium development goals and the National Multi-Sectoral Strategic Framework on HIV and AIDS 2022-2026 as well as ensuring the community health services expand as part of health facility regular outreach for sustainability.

In 2025, we will also expand and strengthen our collaborations with key IPs, CSOs, and CBOs under GoT guidance to ensure efforts and funds are focused and prioritize health key gaps and needs to prevent duplication of efforts.

With the recently observed outbreaks of communicable diseases, MDH has been supporting the GoT and in 2025, MDH will continue to empower the health workforce on Infection Prevention Control (IPC) and support regular availability of surveillance data to inform outbreaks.

MDH will also focus on strengthening partnerships with local governments, communities, and stakeholders to ensure ownership and continuity of health interventions; promote the integration of MDH-supported initiatives into national health systems to reduce dependency on external funding; and enhance the resilience of health systems through long-term investments in infrastructure, supply chains, and digital health solutions.

Risk Management

The Board of Directors oversees the organization's robust risk management framework and internal control systems, ensuring alignment with our strategic objectives and commitment to accountability. These systems are designed to safeguard organizational integrity, promote operational resilience, and uphold compliance with legal and regulatory requirements. While no system can fully eliminate risk, our proactive approach provides confidence in mitigating material threats to our mission and stakeholders.

Throughout the financial year ending December 31, 2024, the Board—supported by an independent oversight body—conducted its annual review of risk management and control processes, confirming their continued effectiveness. This review included input from cross-functional teams to ensure alignment with evolving priorities.

To maintain trust and operational excellence, we prioritize the following key risk categories and mitigation approaches:

- **Operational Resilience**: We maintain stringent protocols to protect employee well-being and minimize disruptions to critical operations. Our approach includes comprehensive safety standards, emergency preparedness plans, and ongoing training to foster a secure work environment.
- **Financial Governance:** Rigorous financial oversight mechanisms ensure accountability and fiscal stability. These include structured approval processes, multi-tiered review systems, and regular reporting to senior leadership and governance bodies.
- **Stakeholder Trust and Transparency**; Upholding ethical standards and transparent communication remains central to our operations. We engage pro-actively with stakeholders, monitor project outcomes, and invest in continuous improvement to reinforce public confidence.
- **Strategic Partnerships and Funding Stewardship**: Collaborative relationships with global health partners and donors enable sustainable program delivery. We prioritize alignment with funder expectations, adaptive resource management, and innovation to maximize impact.
- **Cybersecurity and Data Protection**: Advanced safeguards protect sensitive information across digital platforms and ensure effective data management and fidelity. Our cybersecurity framework combines staff training, system-wide monitoring, and adherence to data protection standards.
- **Regulatory Agility**: We actively monitor legal and policy landscapes to maintain compliance and adapt to changing requirements. Engagement with sector leaders and policymakers ensures alignment with best practices.

These efforts reflect our unwavering commitment to risk-aware decision making and organizational sustainability. By embedding robust controls into daily operations, we strive to deliver lasting value to the communities we serve.

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Our Governance

The governance structure of Management and Development for Health (MDH) is organized hierarchically as follows:

Annual General Meeting (AGM)

The AGM is the highest decision-making body, where stakeholders review performance, set strategic directions, and make key policy decisions. The AGM meets annually, and in special circumstances, it can convene for extraordinary meetings. Furthermore, the AGM appoints and reviews the performance and tenure of Board members.

Board of Directors

Below the AGM, the Board of Directors oversees the organization's overall governance, ensuring that it adheres to its mission and regulatory requirements. The Board provides strategic guidance and accountability. It is comprised of seven members with a mix of skills and experience that enrich the board and enable it to make sound decisions. The Board has two technical subcommittees: the Programme, Planning and Development Committee and the Audit, Finance, HR, Risk, and Compliance Committee.

These committees serve as the technical arm of the Board to critically review issues before they are presented to the Board for final resolution. The Board meets quarterly for regular sessions and can hold special meetings in exceptional circumstances.

Management

The management team executes the strategic plans set by the Board.

It includes directors who are responsible for specific departments, overseeing operational efficiency and program implementation. They lead various functional areas, such as program delivery, strategic information, diagnostic services, grants, finance, and human resources, ensuring that departmental objectives align with the organization's goals. At the grassroots level, are the staff members, who are the backbone of MDH, engaged in everyday operations, delivering health services, and implementing programs.

2024 Moments

With support from MiracleFeet, MDH trains healthcare workers on the Ponseti method to treat clubfoot—offering early, life-changing interventions for children born with foot deformities.

Parents receiving vital consultation on clubfoot treatment for their child which will ensure the child has a chance to walk tall and thrive after treatment.

A health care provider (right) providing HIV testing and prevention services to a young man as part of efforts to promote early diagnosis and reduce new infections among men in Tabora region. Through targeted outreach, male-friendly services, and peer-led approaches, MDH has enhanced HIV case finding among men.

A community health care provider from (left) Chomo Health Centre in Tabora region provides mobile HIV prevention services in remote mining areas, bridging the gap with education and provision of medication to prevent HIV.

A Traditional Healer (right) promoting HIV testing and prevention services in hard-to-reach communities. In 2024, MDH engaged more than 260 such local influencers and transformed them into champions for public health.

Community-Based ART Delivery in action—offering continuous care and building trust through peer-led support, ensuring no one is left behind on their HIV treatment journey.

A laboratory technologist playing a critical role in HIV management—processing viral load samples to guide treatment decisions and ensure timely, effective care.

Dr. Erasto Lazaro delivers tuberculosis treatment—bringing care closer to patients and advancing the fight against TB in high-burden areas.

2024 Moments

Prioritizing NCD Care: A healthcare provider (right) conducts blood pressure screening to a client for early detection and management of hypertension and other non-communicable diseases at a supported health facility.

Demonstrating how it's done! Dr. Emmanuel Sima (right), an MDH staff member, conducts HIV testing as part of efforts to expand access to early diagnosis and link clients to life-saving care and treatment services.

Bugara dispensary is one of the 107 health facilities MDH has supported with installation of solar panels to ensure uninterrupted power supply for sustainable continuity of health care services.

With take-home MAT doses, beneficiaries spend less time traveling and more time living - no need for daily clinic visits.

Celebrating achievement: MDH receives an award for First Place for Excellence in Financial Reporting 2024 presented by the National Board of Accountants and Auditors (NBAA).

MDH Shines!! This is an appreciation award to MDH, recognizing MDH's dedication to health system strengthening and impact service delivery in Tanzania.

Ethiopian delegation engages with individuals in recovery during a community outreach visit to a drug-use hotspot in Kinondoni, Tanzania, learning about harm reduction and rehabilitation efforts.

MDH participated in the 3-day Rehabilitation Summit 2024 at JNICC, Dar es Salaam, showcasing its role in rehabilitation through an engaging exhibition booth. The event brought together key health and recovery stakeholders to support efforts aimed at restoring function and improving quality of life for those affected by illness, injury, or disability.

Acknowledgements

The Management and Development for Health (MDH) extends its deepest gratitude to organizations, partners, and individuals whose unwavering support and collaboration have been instrumental in the success of various projects and initiatives.

Our heartfelt thanks go to the Government of Tanzania i.e. Ministry of Health, PORALG and Ministry of Finance, whose support and guidance in ensuring alignment of project efforts with national health priorities and strategies has ensured that our work remains relevant and impactful. We also thank the RHMTs/CHMTs for their on-the-ground oversight, implementation, monitoring and support in all project activities.

We acknowledge PEPFAR for their generous funding and strategic guidance through the CDC and USAID, for their technical expertise and leadership in project implementation. Their contributions have provided a strong foundation for impactful healthcare interventions.

We express our sincere gratitude to the HCWs, peer educators, community health workers, and volunteers who tirelessly deliver essential services, bridge gaps, and support underserved populations with professionalism and compassion. Similarly, the contributions of CBOs, leveraging local expertise to strengthen community engagement, have been invaluable.

MDH recognizes the efforts of our other partners, including Deloitte Consulting Limited, T-MARC Tanzania, the Karolinska Institute, the Uganda National Health Research Organization (UNHRO), the Uganda Virus Research Institute (UVRI), and the East African Consortium for Clinical Research (EACCR), University of California, Berkeley, Health for a Prosperous Nation (H-PON) and Rasello. Their collaboration has played a pivotal role in designing, funding, and implementing various health programs, including the East African Point of Care - Viral Load Study (EAPoC-VL) and Afya III study RKPK study

Special thanks to EDCTP and DOD for their generous funding and technical support, as well as NPHL-QATC and NBTS, whose contributions to laboratory services, blood safety activities, and quality assurance have been critical to our success.

We are deeply grateful to Miracle Feet USA for their funding and technical support in the Clubfoot Project. We also thank the parents, children, and communities involved in this project for their active participation, as well as the dedicated clinic providers whose commitment ensures the effective delivery of treatment.

Finally, we recognize the remarkable contributions of MDH staff for their tireless efforts, innovation, and commitment to achieving project goals. Together, this collective effort exemplifies the power of collaboration in overcoming challenges, creating sustainable health solutions, and improving the lives of beneficiaries.

MDH Board Members

Adv. Victoria Mandari
Acting Board Chairperson

Dr. Rhimo Nyansao

Mr. Crescentius Magori

Prof. Muhammad Bakari Kambi

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Notes

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Until Everyone is Healthy