ANGAZA ZAIDI
Shedding More Light

BEST PRACTICES FOR HIV VOLUNTARY TESTING AND COUNSELLING IN TANZANIA

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Acknowledgements

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Photographs by Kathryn Steger unless otherwise indicated.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ASO	Area Support Office
BMU	Beach Management Unit
CBO	Community-Based Organisation
CDC	Centres for Disease Control
CSO	Civil Society Organisation
DACC	District AIDS Control Coordinator
DMO	District Medical Officer
FBO	Faith-Based Organisation
FUO	Fishers' Union Organisation
HIV	Human Immunodeficiency Virus
IGA	Income-Generating Agency
LGA	Local Government Agency
MSH	Management Sciences for Health
MSM	Men having Sex with Men
MoHSW	Ministry of Health and Social Welfare
NACP	National AIDS Control Programme
NGO	Non-Governmental Organisation
PLHIV	People Living with HIV and AIDS
PTC	Post-Test Club
RACC	Regional AIDS Control Coordinator
RMO	Regional Medical Officer
SW	Sex Worker
Vicoba	Village Community Bank
VCT	Voluntary Testing and Counselling
USAID	United States Agency for International Development

Executive Summary

As early as 1983, the first suspected cases of HIV infection were identified in Tanzania, and by the mid-80s studies showed the disease to be widespread in all 18 regions of the mainland. Voluntary Counselling and Testing (VCT) services were available by 1989, but coverage remained low until the arrival of antiretroviral therapy (ART) offered hope of survival and an increased demand for testing services.

With strong political commitment from the government of Tanzania and substantial funding support from international development partners, an ambitious public campaign began in the early 2000s to raise awareness about the disease, and to encourage all Tanzanians to know their sero-status. With these goals, the first Angaza project was launched in 2001 followed by Angaza Zaidi in 2008.

In Swahili, "angaza" means "to shed light on" and "zaidi"–used in the name of the project's second manifestation–means "more." The Angaza Zaidi project's subtitle, "Innovative Strategies to Rapidly Scale-up HIV Counselling and Testing Approaches in the Tanzania Mainland," refers to its primary goal to improve the health of Tanzanians by ensuring that they know their HIV sero-status and take steps to protect themselves, and have better quality of life if infected. Both the original and subsequent projects have had tremendous success in making "Angaza" a household term synonymous with HIV counselling and testing.

The Angaza Zaidi project has continued to spread the word about HIV prevention and care, and the benefits of counselling and testing. It has also secured the reputation of the Angaza brand by building the capacity of VCT counsellors at partner sites around the country to deliver confidential, quality services. The project has done this by aligning itself with national HIV priorities and working with a number of key partners at national and local levels.

Managed in partnership between Amref Health Africa and Management Sciences for Health, the Angaza Zaidi project operates out of a central office in Dar es Salaam and four satellite offices known as Area Support Offices (ASOs) located in zones identified as the Lake Zone, the Northeast Zone, the Southern Highlands Zone, and the Coast Zone. Partner VCT sites in each zone received intensive capacity building and funding support as sub-grantees of the project. A limited number of additional sites in the central regions of Tanzania also received basic support from the Angaza Zaidi project.

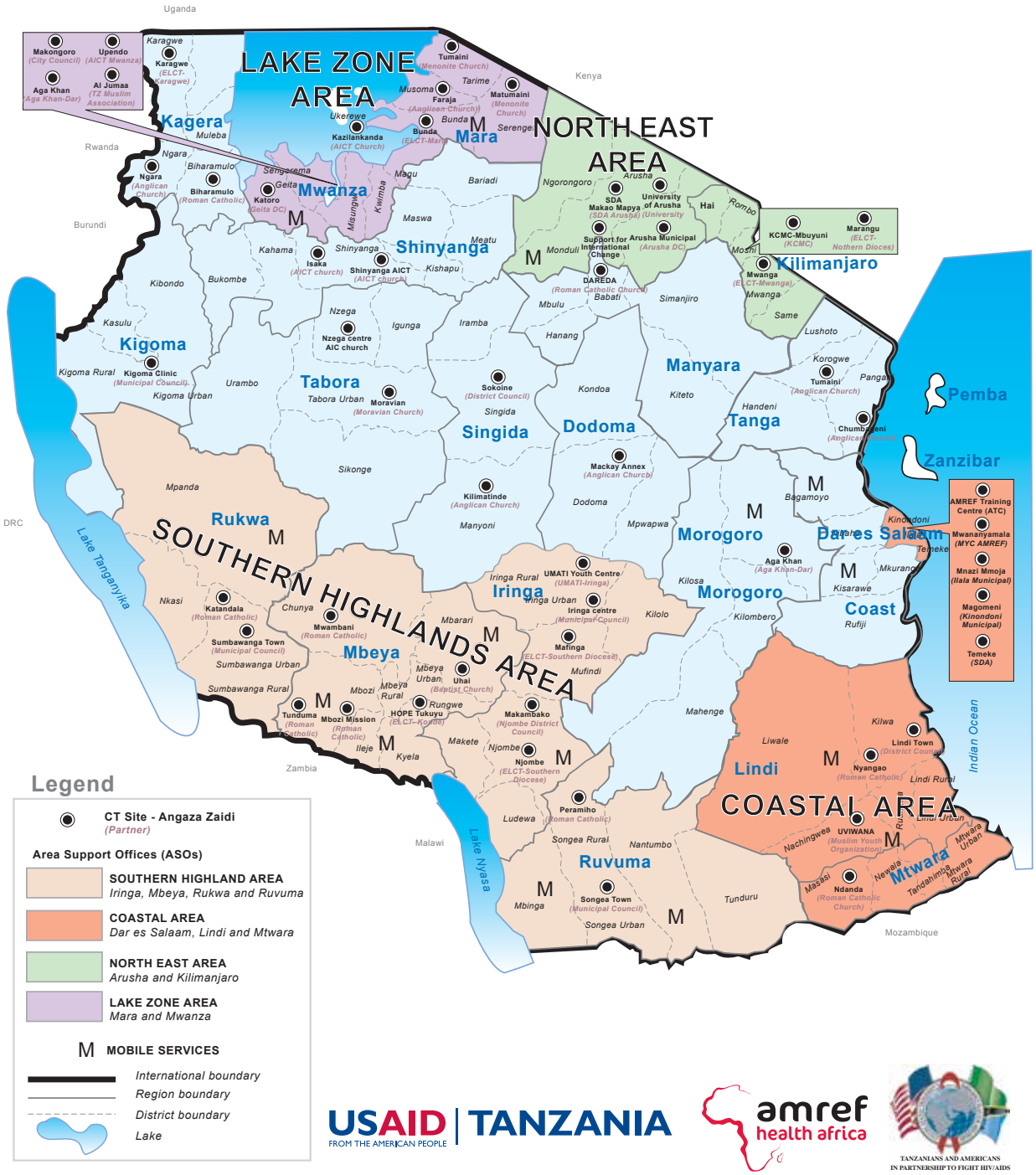
As the project comes to an end, it is therefore important to identify and share the methods and strategies that made the project's many successes possible.

Amref Health Africa and Management Sciences for Health have produced this book in the hope that the Best Practices described herein will offer stakeholders some direction in the continued support for VCT in Tanzania. A set of recommendations put forth at the end of this book may serve as a way forward that will guarantee the continuation of quality counselling and testing and keep Tanzania on course in its efforts to prevent the spread of HIV and AIDS, and improve the quality of life of those infected.

The best practices of the Angaza Zaidi project have been identified as follows:

Best Practice #1:	Collaborate with government partners and align interventions with national counselling and testing priorities.
Best Practice #2:	Decentralize training and capacity building support to establish regional networks of VCT professionals.
Best Practice #3:	Enrich support for People Living with HIV and AIDS by building income-generating capacity in Post-Test Clubs.
Best Practice #4:	Conduct mobile outreach events that combine convenient VCT services with highly public HIV education and prevention campaigns.
Best Practice #5:	Provide house-to-house and small group VCT services for hard-to-reach key populations.

Angaza Zaidi, 2008–2014 Counselling and Testing Partnership



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TANZANIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS

Angaza Zaidi Project Background and Partnership

On July 27th, 2008, the United States Agency for International Development (USAID) in Tanzania awarded Amref Health Africa - Tanzania and its partner, Management Sciences for Health (MSH), $13.5 million over five years (August 2008 – July 2013) to implement the Angaza Zaidi programme, which calls for innovative strategies to rapidly scale-up HIV counselling and testing approaches in the Tanzania Mainland. This award followed the previous USAID Tanzania funded programme known as the Angaza Programme that was supported from 2001 – 2008. Following successful implementation of the programme and its impact on the community, USAID Tanzania approved a cost extension of the programme through March 31, 2015. The extension provided additional funding to cover HIV counselling and testing (HTC) activities, with an emphasize on high risk groups.

The goal of the Angaza Zaidi programme was to improve the health of Tanzanians by ensuring that they know their HIV sero-status and take steps to protect themselves, and have better quality of life if infected. In working towards this goal, the programme sought to achieve the following objectives:

i. Greatly increase the number of Tanzanians who know their sero-status, have received counselling, and have been linked to relevant treatment, care, and prevention services.

ii. Utilize new, exceptionally innovative and effective approaches to stimulate demand for and use of testing.

iii. Ensure provision of high quality HIV counselling and testing services, the scale up of coverage, and greatly expand access to cost-effective VCT services while ensuring that high quality VCT services are provided by skilled and/or accredited providers trained according to national and international counselling and testing guidelines and standards.

iv. Build the capacity of local implementing organisations for sustainable delivery of quality, efficient counselling and testing services to ensure that sub-grantees have requisite technical and organisational capacity to offer quality VCT.

v. Build and/or strengthen referral systems for achieving integrated networks of service and increased access to comprehensive HIV and AIDS services that ensure referral systems are in place.

vi. Support implementation of the national counselling and testing priorities at regional, district, and community services by supporting the government of Tanzania to review and revise policies that hinder the uptake of VCT services.

The Angaza Zaidi project, under the Amref Health Africa - Tanzania and MSH partnership, has been funded by the US Government through USAID. Amref contributed skills in the implementation of HIV counselling and testing services acquired over the years of the original Angaza programme implemented from 2001 to 2007, while MSH offered extra expertise in strategic information and system strengthening for the implementing partners in data collection, analysis, and reporting. This partnership addressed the implementation gaps of this project and accelerated it to meet its targets. The partnership was an important and successful undertaking.

The familiar rising sun of the Angaza Zaidi logo readily identifies a VCT site in Mwanga municipality.

Angaza Zaidi Best Practices

The Angaza Zaidi project was expected to use strategic innovations to rapidly scale-up the VCT interventions identified as effective under the first Angaza project. Each of the five best practices described below represents an Angaza Zaidi endeavor that succeeded in meeting this expectation. They are summarized here and can be replicated and built upon by those individuals and institutions that are responsible for continuing to provide confidential, high-quality VCT services in Tanzania after the project has ended.

BEST PRACTICE #1: Collaborate with government partners and align interventions with national counselling and testing priorities

Summary of Approach

The Angaza Zaidi programme was tasked with ensuring the provision of high quality HIV counselling and testing services, and supporting the implementation of national VCT priorities throughout the country. To accomplish this mission, Angaza Zaidi collaborated closely with the Government of Tanzania and the Ministry of Health and Social Welfare (MoHSW).

Angaza Zaidi was developed in alignment with the *National Multi-Sectoral Strategic Framework for HIV and AIDS* under the authority of the Prime Minister. To manage the *Framework*, the Tanzania Commission for HIV and AIDS convened five technical working committees. Angaza Zaidi staff contributed technical expertise to two

"Angaza Zaidi has been working hand-in-hand with the government to know where we stand with HIV prevalence. This has been a good collaboration … Now we need Angaza Zaidi Zaidi [More 'Shedding More Light']."

— Dr. Valentino Francis Mwibangi, Mwanza Regional Medical Officer

of the five committees–HIV Prevention and HIV Care and Treatment–on an ongoing basis throughout the life of the programme. In addition, Angaza Zaidi participated in the Nutrition, HIV Testing and Counselling, and Prevention of Mother-to-Child Transmission of HIV and Care and Treatment technical working committees of the National AIDS Control Programme (NACP) under the Ministry of Health and Social Welfare.

Angaza Zaidi also supported the MoHSW to create and disseminate national standards and guidelines for VCT services, counsellor training materials, data collection tools, and more. These materials were rolled out nationally with the goal of establishing comprehensive VCT protocols and harmonizing VCT services. They also significantly improved VCT data reporting from the facility level through the district and regional AIDS control coordinators to the NACP at the ministry level.

In collaboration with the Centers for Disease Control (CDC)-funded Amref laboratory, Angaza Zaidi also developed laboratory training materials, an HIV testing algorithm, and a competence test for VCT counsellors to provide quality assurance measures for HIV testing.

The comprehensive approach was designed to have a systemic impact that would reach beyond the Angaza Zaidi-supported VCT partner sites and create a national network of VCT facilities offering quality services by counsellors with consistent training and standardized knowledge.

Partnerships and Community Involvement

First and foremost, the Angaza Zaidi approach would not have been possible without the full confidence and acknowledgement of the central government and the MoHSW. Regarding Angaza Zaidi as a trusted, go-to source for technical advice on VCT services, the MoHSW regularly consulted and engaged Angaza Zaidi staff to provide VCT expertise. Close working relationships with the NACP and with the Amref laboratory were similarly vital to Angaza Zaidi's success.

VCT services in Tanzania are also provided by many domestic and international non-governmental organisation (NGO) implementers. Angaza Zaidi actively involved these partners and solicited their input as they worked to establish national standards for VCT service delivery. Without a rich and fruitful dialog with these partners, Angaza Zaidi would not have been able to achieve its mission. Some of these implementing partners are listed and acknowledged for their contributions below.

Angaza Zaidi Implementing Partners

- Christian Social Services Commission
- Columbia University
- Elizabeth Glaser Pediatric AIDS Foundation
- EngenderHealth
- Family Health International
- Jhpiego
- Johns Hopkins University
- Intrahealth
- I-Tech
- Management Development for Health
- Muhimbili National Hospital
- National Council for People Living with HIV/AIDS
- Pastoral Activities and Services for People with AIDS Dar es Salaam Archdiocese
- Pathfinder International
- Population Services International
- Tanzania Network of Organisations of People Living with HIV/AIDS
- Tanzania Youth Alliance

Impact

Working with the Government of Tanzania, the MoHSW and domestic and international implementing partners, Angaza Zaidi led the development of and/or contributed to the documents listed below between 2008 and 2014.

Every site providing VCT services in Tanzania uses identical registries like this one, shown by Mary Mainju at the Upendo VCT Centre. The registries were developed with Angaza Zaidi support to collect and report uniform information on all clients.

In an Angaza Zaidi monitoring and evaluation training session in Mwanza in 2011, health facility and district staff practice correct data recording using the VCT client register and summarize data using the National Monthly Report Forms.

Document Title	Year of publication
• Protocol for HIV Testing and Counselling (VCT)	2009
• Comprehensive Supportive Supervision and Mentoring on HIV and AIDS Health Services Manual	2010
• National Essential Health Sector HIV and AIDS Interventions Package	2010
• Strengthening HIV and AIDS Health Service Delivery System and Improving Quality of Services Provision	2010
• National Comprehensive Guideline for HIV Testing and Counselling (Revised)	2013
• Operational plan for year 1 and year 2 of the third Health Sector HIV and AIDS Strategic Plan 2013 – 2017	2013
• Standard Operating Procedures for HIV Testing and Counselling Services	2013
• Health Systems Strengthening and Quality Improvement for HIV and AIDS Health Services (Second Edition)	2014
• National Guidelines for Quality Improvement of HIV and AIDS Services	2014
• Guideline for Positive Health Dignity Prevention	2014
VCT Training Documents developed by Angaza Zaidi for MOHSW	
• HIV and AIDS Voluntary Counselling and Testing Trainers' Guide	2008
• HIV and AIDS Voluntary Counselling and Testing Participants' Manual	2008
VCT Tools developed by Angaza Zaidi for MOHSW	
• Standardized Client Register for HIV Voluntary Counselling and Testing (Review)	2008 (Reviewed)
• Referral Form (Review)	2008 (Reviewed)
• Facility Monthly Summary Form for HIV Voluntary Counselling and Testing Services (Review)	2008 (Reviewed)
• Cue Cards: Couple HIV Counselling and Testing	2009
• Cue Cards: Individual HIV Counselling and Testing	2009
• Tools for Supportive Supervision and Mentoring on HIV and AIDS Health Services	2010 & 2014

Sustainability

Throughout the country, the MoHSW has mandated provider uptake and use of many of the VCT forms and tools developed by Angaza Zaidi. Training materials and supportive supervision and mentoring tools are also regularly used on a national scale to induct and support new VCT counsellors.

All of the materials will require periodic review and revision to keep pace with changes in technology, scientific knowledge, and best practices. Dissemination of new materials and cascading new information remains a challenge to the MoHSW due to resource restraints. As the Angaza Zaidi programme comes to an end, stakeholders may want to establish a strategy that will help the MoHSW overcome this challenge and ensure the continuation of high-quality VCT services in Tanzania. This concern informs the recommendations at the end of this book.

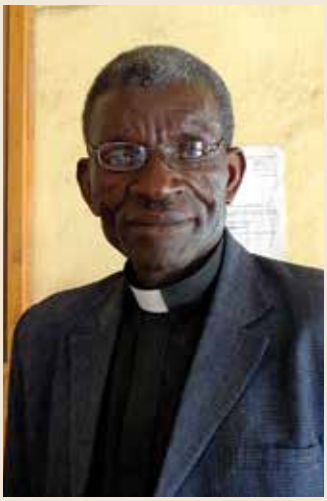
Conclusion

Angaza Zaidi helped to produce an invaluable collection of VCT materials that set national VCT standards and protocols, harmonized VCT training, and improved the quality of VCT service delivery across the country. This centralized approach laid the foundation for other Angaza Zaidi interventions at the regional, district, village, and individual levels. Therefore, we acknowledge it as a best practice in providing exceptional VCT care.

BEST PRACTICE #2: Decentralize training and capacity building support to establish regional networks of VCT professionals

Summary of Approach

The first Angaza programme improved the quality of VCT services by providing VCT training to select staff at Angaza partner sites. The training was conducted in Dar es Salaam, requiring trainees to leave their work stations, travel (in some cases, up to two days) and stay in the city for the month-long course. Subsequent refresher training was also offered in Dar es Salaam requiring multiple return trips. While this provided a meaningful mechanism to train individuals in the scale-up phase, it also resulted in challenges with manpower at the site level while individuals were in training, and were not able to learn in their regular working environment.



Rev. Joseph M. Mose, Hope VCT Manager and Counsellor

VCT Counsellor Trainee Profile

Rev. Joseph M. Mose is a laboratory technologist who is also a pastor in the Evangelical Lutheran Church of Tanzania. In 2005, he was selected by church leaders to receive training in HIV counselling and testing in Dar es Salaam under the Angaza programme. After completing the training, he was appointed to work at Hope VCT partner site in Tukuyu, Rungwe District in the Southern Highlands Zone. Later, he became the site manager and received refresher trainings under Angaza Zaidi.

He says that with Angaza and Angaza Zaidi training, he "became very much confident and comfortable in dealing with clients who were infected with HIV and others in crisis." His increased knowledge also helped him better understand the mechanisms of HIV transmission and convinced him that the stigmatizing language many religious people use to marginalize or label HIV positive individuals is unfair and counterproductive. As a VCT counsellor, he finds that clients request his services because he is their pastor and they trust his confidentiality and acceptance.

In addition, he says, "I also benefited a lot from working with various professionals, some being supervisors from the Area Support Office and from Amref Health Africa. We made a permanent friendship which I used to call 'the Angaza family.' My life has changed professionally, economically and spiritually. … Angaza and Angaza Zaidi programmes shaped me to become a total preacher of both body and mind."

In order to magnify the training success of the Angaza programme, Angaza Zaidi sought to scale-up and expand training opportunities by employing a decentralized approach. Under Angaza Zaidi, training was conducted in a decentralized fashion in each of the five zones and coordinated through the Angaza Zaidi field offices. This approach yielded numerous benefits.

Most apparently, localizing the training experience helped to create a regional network of VCT counsellors. With centralized training, classmates came from and returned to geographically separated areas. Under the new approach, classmates were coworkers from nearby facilities who could be relied upon for knowledge exchange and professional support. Localized training also offered opportunities for immediate, on-the-job application of lessons and methodologies. Additionally, VCT counsellors attending localized training received heightened recognition, respect, and trust from clients seeking services in the community.

Ally Kulindwa (left) with a VCT counsellor in the Al Jumaa VCT clinic.

Al Jumaa Health Centre Profile

The Al Jumaa Health Centre is at the heart of Mwanza's busy downtown district. Surrounded by bus stops and markets and with a popular mosque just a few steps away, it is immediately accessible to Mwanza's large Muslim community. It has been an FBO partner since the Angaza project and, under Angaza Zaidi, has continued to receive intensive support from the Lake Zone Area Support Office.

Ally Kulindwa is the Coordinator of Al Jumaa's VCT clinic. He says that having integrated VCT services at the Centre has been very helpful especially in reaching couples with VCT counselling. By offering VCT as part of routine pre-marriage and family planning services they have been able to reduce stigma and religious objections to testing.

Kulindwa and two other VCT counsellors have received initial and follow-up refresher training from Angaza Zaidi. The improved competence and confidence of the counsellors following training is easy to see, Kulindwa says. As part of their training in the use of government data collection tools, they have noticed an increase in the client-to-counsellor ratio. With VCT services in high demand, he would send more staff for Angaza training if he could.

Data analysis skills have also helped the VCT team understand HIV prevalence and at-risk areas in their community. Angaza Zaidi has assisted them in using this information to plan and execute health education and VCT outreach events. Under the Angaza name, which is familiar to many people, they have gone to many markets and other mosques to raise awareness in the Muslim community on HIV testing, prevention and care.

As a result of Al Jumaa's success in providing quality VCT services to the community, the district commissioner has designated Al Jumaa as a reliable VCT site and promoted them to a Care and Treatment Centre. Kulindwa acknowledges the Angaza Zaidi support that helped them achieve this recognition.

Another important aspect of decentralized training was the support provided by Angaza Zaidi ASO staff. ASO leaders and programme assistants knew each trainee well, and the strengths and weaknesses of each counsellor. This knowledge allowed them to connect trainees to appropriate courses, advocate for additional training support, and maximize their education through personalized mentorship.

Integrated supportive supervision was a beneficial component to the decentralized approach as well. This component reinforced classroom learning and built local government capacity to oversee VCT counsellors in the public system. It required Angaza Zaidi staff to partner with local government supervisors and conduct supervisory visits jointly. Health providers not trained in the specifics of VCT services were thereby familiarized with the reporting and quality assurance mechanisms and other knowledge gained by trained staff. DMOs recognized the superior competence of Angaza Zaidi-trained counsellors and, where possible, sent counsellors from other VCT sites under their jurisdiction to attend Angaza Zaidi trainings.

Moreover, the decentralized training approach allowed Angaza Zaidi ASO staff to build bridges in their communities, linking VCT counsellors and their clients to broader local support. Community leaders were regularly approached and engaged in VCT activities. VCT counsellors and clients, especially through post-test clubs (see Best Practice #3), were regularly coached on how to approach NGOs and other stakeholders to mobilise resources and access beneficial non-medical services.

This coaching proved especially helpful in organizing VCT outreach events that were specifically tailored to the unique needs and cultural and religious features of each community. In the course of these activities, Angaza Zaidi staff significantly built the capacity of faith-based and civil society partner organisations to raise HIV and AIDS awareness, reduce stigma, and support people in their constituent communities who were living with HIV and AIDS.

Finally, decentralized training reduced costs. Travel expenses, including transport, per diems, and lodging costs, were significantly reduced. Minimizing lost staff time also conserved resources and reduced unnecessary disruption in trainees' life and work.

Partnerships and Community Involvement

As stated above, strong local community partnerships were essential to the decentralized approach of the Angaza Zaidi programme. The government network for HIV and AIDS services was fully engaged. This engagement included District and Regional Medical Officers (RMOs) who are responsible for staff placement and supervision, as well as District and Regional AIDS Control Coordinators (DACCs, RACCs) who are responsible for HIV and AIDS data collection and reporting. VCT staff were also encouraged to build personal and professional linkages to Care and Treatment Centres to strengthen the referral network. These efforts made VCT sites and services an integral part of local health systems.

Close partnerships with faith-based and civil society organisations (FBOs, CSOs) were also nurtured; thirty-five of the 60 Angaza Zaidi partner VCT sites were at FBO-run facilities. Faith-based umbrella organisations, such as the African Inland Church of Tanzania and the National Muslim Council of Tanzania, supported the partnership by allocating staff and designating space for Angaza Zaidi-supported VCT activities. Civil society organisations such as the Fishers' Union Organisation of Tanzania also offered considerable support to Angaza Zaidi mobile outreach events (see below). In return, Angaza Zaidi trained their staff in HIV programming (including VCT outreach and HIV prevention education), financial management, monitoring and evaluation, programme reporting, and data use for decision making and planning. As a result, these entities have an increased capacity to meet the VCT needs of their communities.

Impact

VCT counsellors that received training and support from Angaza Zaidi were better able to deliver quality counselling and testing to their clients. A quality assurance mechanism, that included "mystery client" visits and client exit surveys, allowed the ASO teams to confirm and reinforce the training.

Under the Angaza Zaidi programme:

- 75 new counsellors received high quality VCT training;
- 118 counsellors received follow-up (refresher) training;
- 118 counsellors received supportive supervision;
- 117 counsellors received quality assurance testing;
- 45 partner sites received intensive support from Angaza Zaidi;
- 15 partner sites received basic support from Angaza Zaidi; and
- 25 of 60 partner sites were FBO/CSO-affiliated.

Sustainability

In anticipation of the close of the Angaza Zaidi programme, DMO and FBO administrators have been encouraged to include VCT costs in their annual operating budget for health. Some report confidence in being able to cover the continued staffing costs, though with limited human resources for health there is some concern that dedicating staff solely to VCT will not be possible. Additionally, many VCT counsellors around the country were not able to benefit from Angaza Zaidi training and support. Stakeholders may want to consider how to provide for initial and follow-up (refresher) training for VCT professionals, especially as guidelines and standard operating procedures change over time.

Local administrators also report that Angaza Zaidi assistance in providing test kits during occasional stock-outs was much appreciated. *As the project comes to a close, stakeholders may want to determine how to build a buffer stock of test kits to prevent service gaps during possible future stock-outs.* Additionally, in order to reduce or prevent stock-outs altogether, stakeholders can continue to build the capacity of all VCT staff in monitoring and evaluation and the use of data for decision-making. These concerns inform the recommendations at the end of this book.

Conclusion

Scaling up the successes of the original Angaza project required the implementation of a number of innovative strategies. The decentralization of training and staff support was crucial to Angaza Zaidi's success. For that reason, it has been identified as a Best Practice in delivering high quality VCT services in Tanzania.

BEST PRACTICE #3: Enrich support for People Living with HIV and AIDS by building income-generating capacity in Post-Test Clubs

Summary of Approach

At the end of the Angaza programme, all partner VCT sites were supporting Post-Test Clubs (PTCs) that clients with positive HIV results were encouraged to join. These clubs have continued under Angaza Zaidi, and provide social and psychological aid as well as education and advice to People Living with HIV and AIDS (PLHIV). VCT counsellors assist the clubs by attending meetings, monitoring members' health needs, and facilitating guest speakers who provide information and guidance on topics such as ART, nutrition, and condom use. Most clubs hold their regular meetings onsite at the VCT clinics.

At the beginning of the Angaza Zaidi programme, the Northeast Zone ASO Leader, Agnes Ndyetabula, began to consider how the clubs might also serve to improve the financial circumstances of PTC members. Since most of the people who elect to join the clubs are extremely poor women (and some men) who lack other social support, they are often unable to afford medicine and adequate nutrition. This can lead to diminished health and a decreased ability to work, which further exacerbates their poverty.

A PTC member is quizzed on the organization's constitution as she collects her Shares Record Book at the beginning of a Vicoba meeting.

To halt this downward spiral, "Mama Agnes," as she is known to PTC members, began to experiment with ways to get club members to pool their financial resources. She began by convincing them to forego Angaza Zaidi funds that were handed out to members to cover small transportation fees and refreshments at each meeting. Instead, she suggested they pay for their own transportation, skip the refreshments, and put the money into a common pool they could all contribute to, creating a club bank. The bank could then provide members with small loans for income-generating projects.

The experiment went through many rounds of trial and error, but Mama Agnes persevered by encouraging the clubs to stay focused on the goals, refining the process, and developing a more sophisticated system of collecting and managing funds. To aid them, she brought in small business and loan experts from the local government and other NGOs who helped the clubs create bylaws and guidelines that govern their activities. These financial subdivisions of PTCs became known as "Village Community Banks," or "Vicobas."

Eventually, the Vicoba initiative gained momentum and took off. Not all members of the PTCs elected to join the Vicobas, but those who did recognized and appreciated a significant purchasing advantage, especially at the end of the year when interest-generated proceeds were divided among Vicoba members.

Based on the Vicoba successes in the Northeast Zone, Angaza Zaidi scaled up the initiative and encouraged Post-Test Clubs in all the other zones to implement similar income-generating support. Many of the Vicobas or Income-Generating Agencies (IGAs) have established constitutions and are registered as Community-Based Organisations (CBOs). Some have even applied for grants and received funds from local NGOs and other sources.

Aside from the improvement in their financial situations, Mama Agnes also noticed that members participating in Vicobas experienced another less tangible benefit. She reports that self-sufficiency and reliance restores their collective and individual self-respect, makes them feel less stigmatized by their HIV status, and allows them to actively contribute to their families and communities.

Partnerships and Community Involvement

Each Vicoba or IGA is attached to a Post-Test Club which, in turn, is supported by an Angaza Zaidi partner VCT site. Beyond that similarity, they operate independently with unique bylaws, characteristics, and community connections. As much as possible, they have sought to establish liaisons with Local Government Authorities (LGAs), FBOs, NGOs, and private businesses operating in their locality.

Impact

Income-generating capacity building of PTC members was an innovation borne of observed necessity and opportunity. It was not part of Angaza Zaidi's original proposal and therefore did not benefit from an established monitoring and evaluation plan. However, members report anecdotally that through the Vicoba or IGA they have experienced increased buying and spending power, improved health and standard of living, and have gained more confidence, self-esteem, and optimism.

Zone	Number of PTCs with Vicoba or similar IGA	Number of Vicoba registered as CBO	Number of Vicoba members
Northeast	7	4	229
Lake	9	5	809
East Coast	5	5	1304
Southern Highlands	11	3	558
Central/Basic	4	3	201
Total	**36**	**20**	**3101**

Sustainability

Being a part of a Vicoba or IGA requires a major cultural and individual mind shift. Members must change from an attitude of passively receiving and following, to an attitude of active participation and self-reliance. This mind-shift happens gradually over time and is reinforced by demonstrated collective and individual successes. Consequently, the longer a Vicoba or IGA has been in place, the stronger and more likely its independence and sustainability will be.

PTC Member Profile

Sabatina Waziri joined the Mwanga Post-Test Club after learning her positive status at the age of 56. Her husband had passed away of unknown causes which she now suspects were HIV-related. She lives with her son and his family and joined the Vicoba so that she could help contribute financially to his household.

With a Vicoba loan, Sabatina was able to start a business selling corn feed for animals in the market. She used the proceeds to pay back the loan and cover the costs of adding water storage capacity and solar power to her son's home. She is proud of the accomplishment and intends to continue as a member of the PTC and Vicoba after Angaza Zaidi ends because she has seen the positive benefits it has brought to her and her family.

Mwanga PTC Vicoba Meeting

The meeting begins with a song. When all the members have arrived, the secretary calls the meeting to order and everyone stands up. A designated singer starts the call-and-response hymn which echoes the communal purpose and gratitude that brings them all together.

After the singing and a few opening remarks, the meeting is all business. The secretary is assisted by two other officers to distribute the individual Member Shares Record Books. As their names are called and each member steps forward to retrieve his or her record book, he or she is asked a question: "What is the total amount of collective funds in the Vicoba?" "What is the amount in the social fund?" "What is the first bylaw of the Vicoba constitution?" To accommodate varying levels of literacy and ensure maximum transparency, each member is required to memorize final tallies at each meeting, their own share amount, and the constitution in its entirety. Wrong answers and infractions of the rules, like coming late or forgetting to silence a mobile phone during a meeting, incur small fines. Everyone waits patiently while the second round begins.

One-by-one, each member steps forward with his or her record book in hand and the amount of money he or she can afford for new shares is contributed to the bank and recorded. One share costs 1000 TSh and is logged in record books with a goat stamp as well as in the Vicoba ledger. After the share-buying round, members are again called forward one-by-one to contribute to the social fund, which is distributed to members for urgent health needs, burials and other emergencies.

In the third and final round, members are called forward to purchase staples from the Vicoba store. Buying sugar, rice, and soap in bulk saves everyone money so two designated members purchase, manage, and distribute these supplies through the Vicoba.

With business completed, new tallies are announced, record books collected and all money and supplies placed in a secure box stored at the VCT site. Each lock-box has three separate padlocks - the keys of which are held by the Vicoba officers. All three officers must be present in order to reopen the box which only occurs in case of emergencies or at club meetings.

A closing song ends the official meeting after which members can linger to socialize and exchange personal news and greetings. At the end of the year, the Vicoba holds an annual celebratory meeting where Vicoba proceeds are distributed among the members and a festive banquet is shared.

"I'm now free. I'm not living in frustration and anxiety. I've found others like me to share my challenges with. I'm also a role model. I can help others understand that being HIV positive is not the end of everything."

— Bernard Ng'wandu, Mwanza Municipality PTC and Vicoba member

Angaza Zaidi ASO teams have worked hard to establish a network of support for the PTCs and Vicobas connected to partner VCT sites. Counsellors have been coached to observe and assist the Vicobas when necessary; DMOs have been briefed on how they function and the benefit they provide; financial and social institutions have been identified and recruited for support; and trust-worthy procedural practices have been put in place through bylaws and constitutions. Even for those Vicobas or IGAs that have not yet registered as CBOs, the likelihood of continuation is strong because the members have invested their own funds and are motivated to participate out of financial self-interest.

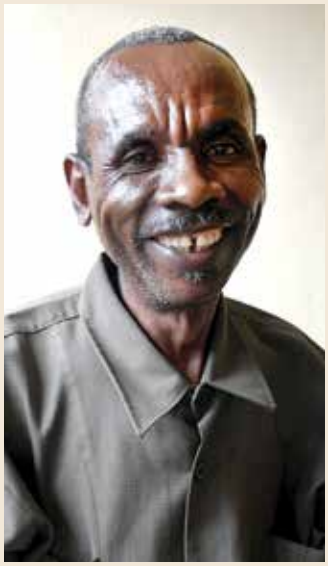
Nevertheless, it is important to recognize the gap that the close of the Angaza Zaidi programme will leave. Small amounts of Angaza Zaidi funding have provided seed money to help grow Vicoba and IGA bank funds. In order to prevent demotivation in some groups and a subsequent drop-off in membership attendance, stakeholders may want to help these groups identify some additional monetary incentive. Groups that have established CBO status are clearly better positioned to source these funds. *Continued resource mobilization capacity building will be beneficial to these groups*.

More importantly, however, Angaza Zaidi ASO staff have played an important role in coordinating and linking Vicobas and IGAs to the broader public network. They also served as knowledge exchange managers and vital coaches for VCT counsellors. At present, *there is no one in the district or regional medical system identified to take up these important responsibilities*.

Addressing the sustainability gaps and concerns for PTCs and their Vicobas and IGAs informs the recommendations at the end of this book.

Conclusion

The Angaza Zaidi programme was created in part to provide care and support services to people living with HIV and AIDS. The Post-Test Clubs have been the conduit for this support, and the Vicoba and LGAs represent the best of the innovative Angaza Zaidi approach. Public care and planning can ensure the legacy of this approach and secure the benefits for PLHIV in the years to come.



PTC Member Profile

Engelbert Kakwira, at 63, is one of the oldest members of the Mwanga Post-Test Club. He joined the PTC because managing the illness alone was too difficult. He felt he needed the common support and togetherness the club offered. His second wife, also HIV positive, is also a PTC club member. He has grown children from his first marriage but they now live independently with their own families.

Engelbert is the Secretary of the Mwanga PTC's Vicoba. He thinks he was elected to the position because had served in the army where he gained the necessary bookkeeping and writing skills. He also thinks the Vicoba members trust him because of his background and behavior.

When Engelbert joined the Vicoba he had only 3 chickens, but with a Vicoba loan, he was able to build a larger chicken coop and now keeps 80 chickens. He says that as Angaza Zaidi fades out, the Vicoba members are looking for ways to replace the funds that Angaza Zaidi has been contributing; he is convinced the Vicoba will continue since members are committed to their investments.

The Mihama Beach Management Unit meets to discuss fishing regulations, as well as VCT service accessibility. PHOTO BY JUVENARY MATAGILI

BEST PRACTICE #4: Conduct mobile outreach events that combine convenient VCT services with highly public HIV education and prevention campaigns

Summary of Approach

A successful nationwide public service campaign conducted under the first Angaza project made "Angaza"–or "shedding light" –a household name synonymous with HIV counselling and testing. Angaza Zaidi Project Director, Anatory Didi, says, "People don't say, 'I'm going for HIV testing.' They say, 'I'm going for Angaza' and everyone knows what they mean."

Capitalizing on this widespread brand recognition, the Angaza Zaidi project continued to scale up HIV awareness and VCT access by conducting mobile community outreach events. Working at the grassroots level, Angaza Zaidi Area Support Offices coordinated large, highly visible VCT campaigns at national festivals and public holidays including World AIDS Day, Nane Nane Farmers' Festival, Saba Saba Trade Fair, May Day, Uhuru Torch race and other important gatherings.

Prior to mobile outreach events, Angaza Zaidi staff met with government and community leaders to determine target populations and lay out an outreach plan. After these meetings, they generated public interest in advance by broadcasting announcements and posting event notices. Angaza Zaidi branded tents were set up at the market or fair grounds and events opened with song and dance, educational entertainment performances, and communal HIV and AIDS awareness and prevention discussions. Subsequently, clients lined up for individual onsite testing and counselling sessions conducted in the privacy of the nearby tents.

Because of the size and length of the events, some lasting for several days and reaching thousands of clients, counsellors from a number of the Angaza Zaidi partner sites teamed up to provide VCT services. This collaborative approach allowed the counsellors to reach more people, have a large-scale/highly public impact, and increase the community's awareness of and demand for their services. In some cases, the value and success of these events were recognized and awarded by festival organizers.

The Beach Management Units of The Fishers' Union Organisation

A major geographic feature and economic hub in East Africa, Lake Victoria has coasts that touch Uganda, Kenya and Tanzania. Its longest shoreline, in Tanzania, falls under the jurisdiction of five different administrative regions encompassing many districts, municipalities, towns and villages. Coastal islands, designated as national conservation areas with building and development prohibitions, are home to many semi-temporary and somewhat self-governing fishing communities. Relaxed social conventions, low-levels of education and ready money from a thriving fishing trade put men, women and children living in these communities at high-risk for HIV infection. Though difficult to ascertain with certainty, some research suggests an HIV prevalence rate of 35–45%.

To reach these communities with HIV education and quality counselling and testing, Angaza Zaidi first approached the Fishers Union Organisation (FUO), a registered community-based organisation headquartered in Mwanza. Established in 2005, the FUO represents and protects the interests of small fishing businesses, fishermen, and their households in coastal communities. It works in association with smaller, semi-autonomous Beach Management Units (BMU).

Angaza Zaidi's work with the FUO began with capacity building for the umbrella organisation's staff. After gaining a better understanding of HIV transmission, counselling and testing protocols, and recommended care and treatment, the staff then helped Angaza Zaidi establish connections with BMUs. The Lake Zone ASO team met with BMU leaders and began to mobilise the communities by providing HIV education in advance of large scale, mobile VCT events. When Angaza Zaidi tents were set up on the beach fronts and in the remote villages where the fishing communities gathered, the response was very positive.

Nyagambi Achanja, Mihama BMU Chairman says that BMU members come for testing whenever it's available. Because Angaza Zaidi has enriched their knowledge of HIV and AIDS, they better understand its effect on their health and their capacity to work. They also believe the Angaza Zaidi counselling and testing is high quality and reliable.

He adds that the fishermen either leave at sunrise and return at dusk, or they sleep during the day and fish all night. Consequently, both groups have difficulty accessing static VCT clinics at distant health centres without missing work. They appreciate Angaza Zaidi for bringing the VCT services to them and making testing and counselling so convenient.

Juvenary Matagili, FUO Executive Director agrees. He says fishermen with positive results trust the confidentiality of the VCT counsellors and have welcomed their assistance in accessing care and treatment. Special consent forms and good communication between Angaza Zaidi staff, the BMUs and the Fishers Union Organisation have helped mobilise individualised client support when necessary.

With such high HIV prevalence in his constituent community, Matagili is sorry to see the Angaza Zaidi project coming to an end and is anxious to replace its expertise and valuable services. He says that VCT is a priority for their organisation and has been incorporated into their policy, but it's difficult to meet this need without continued government and NGO support.

Right: Mihama Beach is one of many fishing communities on the Tanzanian coast of Lake Victoria. Left: Juvenary Matagili (left), Executive Director of the Fishers' Union Organisation and Nyagambi Achanja, Chair of the Mahama Beach Managment Unit, stand in front of an Angaza Zaidi tent during a mobile VCT outreach event. PHOTOS BY RESPEACE MGAWE

The mobile outreach approach was also effective in reaching some targeted key populations and addressing high-risk behaviour. At institutions of higher learning, where research has indicated a slightly higher and growing rate of HIV prevalence, these events were especially important. Industrial workers and fishing communities (see below) were other populations that benefited from Angaza Zaidi mobile outreach events.

Partnerships and Community Involvement

Angaza Zaidi's mobile outreach events would not have been possible without the coordinated participation of many community partners and local leaders. They included government officers, village elders, religious clerics, educational deans and college presidents, business executives and managers, labor union organizers and civil society and NGO representatives. The cross-cutting and comprehensive nature of the community's involvement is a testament to the confidence the public has and the value placed on Angaza Zaidi's VCT services.

Impact

In terms of numbers of clients reached with HIV prevention messages and VCT counselling services, Angaza Zaidi's mobile outreach events were very successful and account for the continued name recognition of the Angaza brand (see quantitative results in call-out box below).

5,000
Number of mobile VCT outreach events conducted by Angaza Zaidi

3 million
Number of people counselled and tested for HIV over the last six years of the project

1.8 million
Number of people who received VCT services at mobile events

10 million
Estimated number of people reached with HTC and HIV prevention messages at mobile outreach events

Sustainability

The staff and facility capacity to organize and manage a mobile event exists at all of the Angaza Zaidi partner VCT sites. The tents used for mobile VCT will remain with the facilities. With a track record of widespread uptake of the mobile VCT services, public demand and government support is also quite high.

However, without the Angaza Zaidi project, *central coordination and advocacy will be absent*. VCT sites can conduct smaller mobile outreach events on their own, but they may lack the penetrating impact of larger events. Significantly, *the ability to transport staff and equipment to mobile event sites will not be available* once the Angaza Zaidi project ends unless VCT sites have arranged to use borrowed or hired vehicles. Consequently, *VCT site budgets need to cover costs for mobile outreach events including transportation, tent replacement, advertising, and commodities costs*. These sustainability concerns are addressed in the recommendations at the end of this book.

Conclusion

Mobile outreach events have proven effective in reaching a large number of clients with VCT testing at one time. In addition, they have played a significant role in raising awareness about HIV and AIDS, reducing stigma in the community, and promoting prevention and safe-sex behaviors. These highly public events continue to educate populations around the country not yet fully informed about the complexities of HIV and AIDS, and prepare young Tanzanians to safeguard their reproductive health.

BEST PRACTICE #5: Provide house-to-house and small group VCT services for hard-to-reach key populations

Summary of Approach

While highly public mobile events can be effective for reaching large numbers of people with VCT services, certain segments of the population remain hard-to-reach due to their marginalised status in society or other challenges. To reach these key populations, Angaza Zaidi used small-group counselling and a house-to-house approach.

Unfriendly services, stigma, and discrimination at health facilities deter sex workers (SWs) and men having sex with men (MSM) from seeking health services. Many suffer abuse and harassment from police as well, making them suspicious of outsiders and government health personnel. To address the low yield of SWs and MSMs at VCT clinics, Angaza Zaidi tested an intervention in slum areas where these key populations live.

Angaza Zaidi Counsellor, Lillian Msaki (above left), discusses PMTCT with a client during a visit to the Manzese Slums where sex workers live and operate. Two years later, the client (left), who is HIV positive, with her son, who is HIV negative, thanks to Msaki's support. PHOTOS BY ANGANZA ZAIDI STAFF

Going first to social leaders such as church clerics and community elders, Angaza Zaidi staff explained the situation and the need to reach these people with VCT services. They then sought an introduction to one or two index clients who were approached for further discussion. By building trust with these individuals, Angaza Zaidi staff were then connected to a local network of SWs and MSMs who agreed to meet in small, discreet groups for HIV and STI education, reproductive health counselling and VCT. Index clients and others committed to disseminating health information were then trained as peer educators to promote healthy sexual behaviour in their communities and advocate for better access to and uptake of health services.

Since HIV prevalence in these communities is high, referrals to care and treatment were also important. The Angaza Zaidi outreach team actively linked clients to HIV care and treatment as well as to other services including PMTCT, tuberculosis, reproductive health, psychological, and intravenous drug use rehabilitation services. In Morogoro, Angaza Zaidi even met with health service providers at the Morogoro Regional Hospital. After the discussion, hospital staff designated one day a week to attend to sex workers, who welcomed the opportunity to receive care.

"When I visited a VCT clinic, health personnel were not polite and immediately asked me if I was a sex worker. A counsellor asked me outright, 'Are you HIV-positive?' This discouraged me from going to the VCT."

— A waitress at the Zubeda Highway Bar

The MSM peer group went even further, requesting Angaza Zaidi to connect them to capacity building support that would help them establish a community-based organisation linked to a wider MSM network based in Nairobi, Kenya. This has allowed them to apply for funding and receive rights-based social support.

Other hard-to-reach groups that have benefited from the house-to-house approach have been couples and the elderly. Uptake of HIV testing services at VCT clinics by these populations is typically low due to time-constraints, stigma, sensitive marital issues, and the perceived lack of need. However, when Angaza Zaidi staff have organized house-to-house campaigns in communities surrounding VCT clinics, they have not only been welcomed into family homes, but have identified many HIV-positive cases. The privacy and convenience of this approach makes it ideal for providing reproductive health education and VCT services to the whole family.

Partnerships and Community Involvement

Making inroads, building connections, and involving reticent key population communities in VCT services requires patience and non-discriminatory care. Angaza Zaidi counsellors have had to identify and address systemic social and medical obstacles to HIV testing, care, and treatment for these populations as well as work to disarm clients, earn their trust, and engage their cooperation on an individual basis. The care Angaza Zaidi has taken in doing this has garnered a high level of confidence in Angaza Zaidi counsellors and their reliable services. Donathapeace Kayoza, an Angaza Zaidi Project Assistant who works with key populations,

Salha's Story

"Salha" is a sex worker who began her trade at age 9. Now, at 24, she has 5 children between the ages of 12 years and 1 month. They all live together in a single room which is also used for sex work. Her oldest daughter has also begun to earn money as a sex worker.

Salha's grandfather heard that Angaza Zaidi staff were providing VCT services to sex workers in the community and approached an Angaza counsellor about Salha. After he facilitated an introduction, the counsellor was able to offer confidential HIV-testing. In spite of Salha's history as a sex worker, her test was negative. The counsellor was then able to coach her on prevention methods for herself and her daughter, as well as provide a welcome referral for family planning.

"We can't carry condoms without being beaten by police; so to avoid arrest that can involve violence, rape, and other trauma, many [of us] avoid things such as condoms that may identify [us] as sex workers."

— A sex worker at the Kahumba Bar in Pendo

says it requires an accepting and non-judgmental attitude. "I can't say I like the job [sex workers] do," she explains, "but I like them the way they are." This attitude is essential to Angaza Zaidi's success in reaching key populations with VCT services through the house-to-house and small group approach.

Impact

Though the numbers of clients reached through the house-to-house and small group approach are minor compared to those reached through the large-scale mobile outreach events, they indicate a success in creating inroads into marginalised, at-risk, and hard-to-reach communities. This success warrants scale-up in future attempts to serve these populations.

907

Number of SWs reached with individual and/or small group VCT services

128

Number of MSM reached with individual and/or small group VCT services

Sustainability

VCT counsellors at Angaza Zaidi partner sites have received refresher training on reaching and working with key populations in their areas. Training has included stigma reduction, sensitization to specialized sexual health and psychological needs, and an induction to the house-to-house and small group approach. Staff capacity has been built to solidify leadership commitment, identify an index client, and work to gain community trust. They have also received training on couples counselling.

Since these communities and other key populations such as fishing, mining, trucking, and plantation communities yield high HIV-positive rates, *an increased emphasis on data analysis at the district and facility level will aid VCT counsellors to appropriately target local areas for use of the house-to-house and small group approach*. This suggestion informs the recommendations at the end of this book.

Conclusion

Stopping the spread of HIV infection in Tanzania requires not only widespread public knowledge of the disease but also careful attention to marginalised communities where it is highly prevalent and easily transmitted. Since these communities do not exist in isolation from the rest of society, VCT and care and treatment services must be readily accessible. Angaza Zaidi's innovative house-to-house and small group approach has proven successful in creating and nurturing an enabling environment for VCT within these key populations.

Conclusion and Recommendations

The stated goal of the Angaza Zaidi project has been to improve the health of Tanzanians by ensuring that they know their HIV sero-status and take steps to protect themselves and have better quality of life if infected. In fulfilling that goal, Angaza Zaidi helped more than 3 million Tanzanians learn their HIV status through its VCT partner sites, outreach events, and house-to-house services. It also significantly improved the quality of VCT services nationwide and supported people living with HIV and AIDS around the country. Table 1 shows summary results achieved over the life of the project.

Table 1. Highlight of programme results – August 2008 to September 2014

Indicator	Target	Results	Percent achieved
Number of HIV counselling and testing outlets	60	60	100%
Number of individuals who received HIV Testing & Counselling services and received their test results	2.7 million	3.0 million	113%
Number of key population (MSM and SWs), reached with individual and/or small group level preventive interventions and VCT services	N/A	MSM: 128 SW: 907	N/A
Proportion (number) of HIV positive individuals referred to care and treatment centres	100% (125,455)	98% (122,946)	98%
Number of individuals reached with HIV prevention messages and VCT promotional messages	15 million	Over 10 million	

As the Angaza Zaidi project comes to a close, it is important to review the changes that have occurred in the VCT landscape in Tanzania over the past decade and acknowledge the role that Angaza Zaidi has played in shaping these changes. To the greatest extent possible, Angaza Zaidi has embedded sustainability measures into its activities. Nevertheless, the faze-out transition will leave some notable gaps. This book of Best Practices has been assembled to address those gaps and to help the community of VCT stakeholders identify how to best sustain and continue the progress that has been made.

Based on these Best Practices, Angaza Zaidi would also like to suggest the following recommendations for the thoughtful consideration of VCT stakeholders. They are offered in order to guide decision-makers and help to address stakeholder concerns regarding the sustainability of current VCT services. *To encourage stakeholder interaction and dialog regarding these recommendations, a set of discussion questions have been included in Annex 1 at the end of this book.*

By working together and carefully considering how to achieve the above recommendations, stakeholders can ensure continued progress towards reaching the desired result of the elimination of HIV and AIDS, and better health for all Tanzanians.

"Until we have zero prevalence, our job is not done."

— Dr. Christopher Mlamakaya, Moshi District Medical Officer

RECOMMENDATION #1: The Ministry of Health and Social Welfare should:

- Continue to develop its strategy to review, revise and disseminate updated VCT guidelines, training materials and tools;
- Share this strategy with stakeholders along with a proposed timeframe;
- Establish an annual forum for VCT professional development and knowledge exchange;
- Develop a professional education programme to provide and ensure well-trained VCT personnel; and
- Identify sources of funding to support this ongoing work.

RECOMMENDATION #2: The Ministry of Health and Social Welfare and Local Government Authorities should work with donors, development partners, and NGO implementers to identify and earmark funds to address VCT needs at the facility level including:

- VCT staffing and training costs;
- Provisions for the purchase of test kits during stock-outs;
- Strengthen supply chain system for HIV test kits and consumables distribution to sites to avoid stock-outs at facilities;
- Transportation for mobile events;
- Tents and other commodities for mobile events;
- Membership funding and/or income-generating funding for PLHIV; and
- Explore the possibility of addressing some of these needs in collaboration with other government ministries through results-based financing mechanisms.

RECOMMENDATION #3: To support the continuation of FBO and CBO VCT activities, the MoHSW and Local Government Authorities should:

- Consider seconding VCT staff to FBO health facilities; and
- Engage NGO and private partners to continue to build FBO, CBO and Vicoba capacity by providing business planning, resource mobilization, budgeting, financial management, and other institutional strengthening training.

In addition, FBOs and CBOs, including newly registered PTC Vicobas, should:

- Develop budgets for the continuation of former Angaza Zaidi-funded VCT and income-generating activities; and
- Mobilise resources to cover these costs, including actively exploring and developing public-private partnerships with key local businesses and industries.

RECOMMENDATION #4: The Ministry of Health and Social Welfare, along with Local Government Authorities, should:

- Develop a collaborative approach between the Prime Minister's Office Regional Administration and Local Government (PMO-RALG) and MOHSW to strengthen VCT coordination and support at the national, regional and local levels;
- Review and enrich the job descriptions of District VCT Coordinators to determine how they can take up the coordination roles and responsibilities formerly played by Angaza Zaidi ASO staff; and
- Consider other district and regional mechanisms that will intensify VCT coordination and integration into the operation of the Regional Health Management Teams and the Council Health Management Teams including the possibility of establishing a Regional VCT Coordinator position.

Annex 1: Angaza Zaidi Best Practices and Recommendations Discussion Questions

The Angaza Zaidi Best Practices for HIV Voluntary Counselling and Testing identified in this book are:

- Best Practice #1: Collaborate with government partners and align interventions with national counselling and testing priorities.
- Best Practice #2: Decentralize training and capacity building support to establish regional networks of VCT professionals.
- Best Practice #3: Enrich support for People Living with HIV and AIDS by building income-generating capacity in Post-Test Clubs.
- Best Practice #4: Conduct mobile outreach events that combine convenient VCT services with highly public HIV education and prevention campaigns.
- Best Practice #5: Provide house-to-house and small group VCT services for hard-to-reach key populations.

The Recommendations and discussion questions that follow are intended to encourage stakeholders to take action to sustain and build upon these best practices. They provide an opportunity for interactive engagement in the ongoing task of achieving the Angaza Zaidi goal: to improve the health of Tanzanians by ensuring that they know their HIV sero-status and take steps to protect themselves and have better quality of life if infected.

Recommendation #1: The Ministry of Health and Social Welfare should:

- Continue to develop its strategy to review, revise and disseminate updated VCT guidelines, training materials and tools;
- Share this strategy with stakeholders along with a proposed timeframe;
- Establish an annual forum for VCT professional development and knowledge exchange;
- Develop a professional education programme to provide and ensure well-trained VCT personnel; and
- Identify sources of funding to support this ongoing work.

What need does this recommendation address? Why is it important?
Within the Ministry of Health and Social Welfare, who should be mandated to oversee this work? What support do they need?
Which other government sectors that can be approached for support?
Which development partners can be enlisted for support?
Which other stakeholders does this recommendation affect? How might they be engaged for support?
What priority should this recommendation receive?
If this recommendation is not addressed, what will be the likely consequences?

Recommendation #2: The Ministry of Health and Social Welfare and Local Government Authorities should work with donors, development partners and NGO implementers to identify and earmark funds to address VCT needs at the facility level including:

- VCT staffing and training costs;
- Provisions for the purchase of test kits during stock-outs;
- Transportation for mobile events;
- Tents and other commodities for mobile events;
- Membership funding and/or income-generating funding for PLHIV; and
- Explore the possibility of addressing some of these needs in collaboration with other government ministries through results-based financing mechanisms.

What need does this recommendation address? Why is it important?
Within the Ministry of Health and Social Welfare, who should be mandated to provide for these needs? Do they have adequate funding? What additional support do they need?
Which Local Government Authorities should be mandated to coordinate and ensure that VCT needs are being met at the facility level? What support do they need?
What can facilities do to advocate for and address their VCT needs? Who is responsible for ensuring these needs at the facility-level? What support do they need?
Which other government sectors can be approached for support? What kind of results-based financing mechanisms might be effective? What is required to develop and implement these mechanisms?
Which development partners can be enlisted for support? What public-private partnership opportunities exist that can be engaged to address these needs?
What priority should this recommendation receive?
If this recommendation is not addressed, what will be the likely consequences?

Recommendation #3: To support the continuation of FBO and CBO VCT activities, the MoHSW and local government authorities should:

- Consider seconding VCT staff to FBO health facilities; and
- Engage NGO and private partners to continue to build FBO, CBO and Vicoba capacity by providing business planning, resource mobilization, budgeting, financial management, and other institutional strengthening training.

In addition, FBOs and CBOs, including newly registered PTC Vicobas, should:

- Develop budgets for the continuation of former Angaza Zaidi-funded VCT and income-generating activities; and
- Mobilise resources to cover these costs, including actively exploring and developing public-private partnerships with key local businesses and industries.

What need does this recommendation address? Why is this recommendation important?
Which acting agents are identified in this recommendation? In what way do they share responsibility for continued support to FBO and CBO VCT activities? Why is a collaborative approach necessary?
Which other government sectors that can be approached for support? What businesses can be approached to build public-private partnerships? Which development partners can be enlisted for support?
What priority should this recommendation receive?
If this recommendation is not addressed, what will be the likely consequences?

Recommendation #4: The Ministry of Health and Social Welfare along with Local Government Authorities should:

- Develop a collaborative approach between the Prime Minister's Office Regional Administration and Local Government (PMO-RALG) and MOHSW to strengthen VCT coordination and support at the national, regional and local levels;
- Review and enrich the job descriptions of District VCT Coordinators to determine how they can take up the coordination roles and responsibilities formerly played by Angaza Zaidi ASO staff; and
- Consider other district and regional mechanisms that will intensify VCT coordination and integration into the operation of the Regional Health Management Teams and the Council Health Management Teams including the possibility of establishing a Regional VCT Coordinator position.

Some of the Angaza Zaidi ASO duties that need to be transferred include:

- Building a strong network of VCT professionals;
- Determining VCT training needs;
- Ensuring appropriate manpower for mobile VCT events;
- Linking PTCs and Vicobas to community support; and
- Identifying key populations to reach with high quality VCT services.

Within the existing system, who is mandated to oversee each of these duties? Are they adequately supported and trained to do this work?
Where are there gaps in covering these responsibilities? How can those gaps be addressed?
What priority should this recommendation receive?
If this recommendation is not addressed, what will be the likely consequences?

Annex 2: List of Angaza Zaidi Partner VCT Sites

Site Name	Region	ASO	Partner Type
Agakhan Centre Mwanza	Mwanza	Lake Zone ASO	FBO
Agakhan VCT Centre Morogoro	Morogoro	Lake Zone ASO	FBO
AICT Shinyanga VCT Centre	Shinyanga	Basic Sites	FBO
Al Jumaa	Mwanza	Lake Zone ASO	FBO
AMREF Training Centre (ATC)	Dar es Salaam	Coast ASO	NGO
Arusha Municipal VCT	Arusha	North East ASO	Public/Government
Biharamulo VCT	Kagera	Basic Sites	FBO
Bukoba VCT centre	Kagera	Basic Sites	Public/Government
Bunda DDH VCT	Mara	Lake Zone ASO	Public/Government
Chumbageni VCT Tanga	Tanga	Basic Sites	FBO
Dareda Hospital VCT	Manyara	Basic Sites	FBO
Faraja VCT centre, Musoma	Mara	Lake Zone ASO	FBO
Hope VCT Tukuyu	Mbeya	Southern Highland ASO	FBO
Iringa Municipal Counselling Centre (IMCC)	Iringa	Southern Highland ASO	Public/Government
Isaka AICT VCT	Shinyanga	Basic Sites	FBO
Karagwe VCT	Kagera	Basic Sites	Public/Government
Katandala	Rukwa	Southern Highland ASO	FBO
Katoro VCT	Mwanza	Lake Zone ASO	Public/Government
Kazilankanda AICT	Mwanza	Lake Zone ASO	FBO
Bondeni	Kilimanjaro	North East ASO	Public/Government
Kidia Health Centre	Kilimanjaro	North East ASO	FBO
Kigoma VCT	Kigoma	Basic Sites	Public/Government
Kilimatinde Hospital VCT	Singida	Basic Sites	FBO
Lindi VCT Centre	Lindi	Coast ASO	Public/Government
Lyamungo Halth Centre	Kilimanjaro	North East ASO	FBO
Machame VCT	Kilimanjaro	North East ASO	FBO
Mafinga VCT	Iringa	Southern Highland ASO	FBO
Magomeni Health Centre VCT	Dar es Salaam	Coast ASO	Public/Government
Makambako VCT	Iringa	Southern Highland ASO	Public/Government
Makongoro Health Centre	Mwanza	Lake Zone ASO	Public/Government
Marangu VCT	Kilimanjaro	North East ASO	FBO
Masama Health Centre	Kilimanjaro	North East ASO	FBO
Matumaini	Mara	Lake Zone ASO	Public/Government
Mbozi VCT	Mbeya	Southern Highland ASO	FBO
Mc Kay annex Dodoma	Dodoma	Basic Sites	FBO
Mnazi Mmoja Health Centre VCT	Dar es Salaam	Coast ASO	Public/Government
Moravian Tabora	Tabora	Basic Sites	FBO
Mwambani Chunya	Mbeya	Southern Highland ASO	Public/Government
Mwananyamala Youth Centre (MYC)	Dar es Salaam	Coast ASO	NGO
Mwanga Health Centre	Kilimanjaro	North East ASO	FBO
Ndanda	Rukwa	Southern Highland ASO	FBO
Ngara VCT	Kagera	Basic Sites	Public/Government
Njombe VCT	Mbeya	Southern Highland ASO	FBO
Nyangao	Lindi	Coast ASO	FBO

Site Name	Region	ASO	Partner Type
Nzega VC	Kagera	Basic Sites	FBO
Peramiho VCT	Ruvuma	Southern Highland ASO	FBO
SDA Makao Makuu VCT Arusha	Arusha	North East ASO	FBO
Shirati VCT	Mara	Lake Zone ASO	Public/Government
SIC Arusha	Arusha	North East ASO	NGO
Sokoine VCT centre Singida	Singida	Basic Sites	Public/Government
Songea Zimamoto HC VCT	Ruvuma	Southern Highland ASO	Public/Government
Sumbawanga VCT	Rukwa	Southern Highland ASO	Public/Government
Temeke VCT	Dar es Salaam	Coast ASO	FBO
Tumaini VCT Korogwe	Tanga	Basic Sites	FBO
Tunduma RC VCT Centre	Mbeya	Southern Highland ASO	FBO
UHAI VCT Mbeya	Mbeya	Southern Highland ASO	FBO
UMATI Youth Centre Iringa (UMATI)	Iringa	Southern Highland ASO	Public/Government
University of Arusha VCT	Arusha	North East ASO	Public/Government
UPENDO AICT Mwanza	Mwanza	Lake Zone ASO	FBO
Uviwana	Mtwara	Coast ASO	FBO

Annex 3: List of Contributors

This book of Best Practices was compiled on behalf of the Angaza Zaidi project and Management Sciences for Health by Kathryn Steger, MA, MPH in cooperation with Angaza Zaidi Strategic Information Officer Respeace Mgawe. Special thanks goes to Dr. Beati Mboya, Anatory Didi, Dulle Robert, Stephanie Calves and Jessica Golden for their assistance and to the following individuals who generously provided their time and knowledge through interviews:

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