

PROVISION OF COMPREHENSIVE CARE AND TREATMENT PROGRAMS BY LOCAL INDIGENOUS ENTITIES IN THE UNITED REPUBLIC OF TANZANIA

End-line Assessment Report
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ACRONYMS AND ABBREVIATIONS

3TC	Lamivudine
AIDS	Acquired Immune Deficiency
ART	Antiretroviral Therapy
ARV	Antiretroviral
AZT	Zidovudine
CDC	Centre for Disease Control
CTC	Care & treatment clinics
DMO	District Medical Officer
DQA	Data Quality Assurance
EID	Early Infant, Diagnosis
GoT	Government of Tanzania
HCPs	Health Care Providers
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counselling Services
IEC	Information Education and Communication
M&E	Monitoring and Evaluation
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOHZ	Ministry of Health Zanzibar
NGOs	Non-Governmental Organization
NIMR	National Institute for Medical Research
NVP	Nevirapine
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother to child transmission
R/CHMTs	Reginal/Council Health Management Team
RACC	Regional AIDS Control Coordinator
RCH	Reproductive and Child Health
RMO	Regional Medical Officer
TB	Tuberculosis
EFV	Efavirenz
TDF	Tenofovir
FTC	Emtricitabine
THPS	Tanzania Health Promotion Support
UNAIDS	United Nations Programme on HIV
US	United State

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This end-line evaluation of provision of comprehensive care and treatment programs by local indigenous entities in the united republic of Tanzania was conducted by Ipsos, a contractor to Tanzania Health Promotion Support (THPS). This evaluation provides rich information on the program activities to expound on its gains since implementation. The report was authored by **Samuel Muthoka, Bisaku chacha** and **Evangeline Wanyama**.

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EXECUTIVE SUMMARY

HIV/AIDS remains an epidemic in Tanzania despite the comprehensive and integrated ingenuities put in place by a multiplicity of agencies to combat it. Concerted efforts have been put in place by several agencies including the government and other non-state actors. Tanzania Health Promotion Support (THPS) a local non-government organization have been implementing a comprehensive care and treatment programme to support to the Tanzanian government through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) in mainland and Ministry of Health (MOHZ) in Zanzibar. THPS' primary goal has been to increase local and indigenous capacity to deliver expansion of activities to maximize coverage through quality comprehensive HIV care and treatment services. The program covers all districts in Pwani, Kigoma and Zanzibar, after terminating activities in Mtwara.

The program was built on evidenced interventions focused on capacity building to Health Care Providers (HCPs), managers and community based volunteers on HIV program management, mentorship and on job training, continuous medical education, joint supportive supervision; technical assistance to MoHCDGEC and MOHZ in ensuring that HCPs provide HIV care and treatment services according to the most current national and international guidelines; health systems strengthening through infrastructure improvement, procurement and distribution of medical equipment, supplies of commodities and furniture, and upgrading the monitoring and evaluation system.

To assess the progress made by the programme, THPS commissioned Ipsos to undertake an end-line evaluation which aimed at assessing program achievements since implementation. Other objectives included to:

- i. Provide an in-depth review of how the transition and capacity building from an international to a local indigenous partner has progressed
- ii. Provide recommendation for dissemination and scalability
- iii. Assess the local institutional capacity; regional and district facility level capacity as well as community engagement for continued care provision in a sustainable manner to achieve project goals.

The evaluation was guided by three broad evaluation questions related to transition and capacity building:

1. Is the transition of activities from international to local indigenous partners and to the government taking place as intended?
2. What challenges have local partners faced in the transition process?

3. Did the transition lead to the increased local ownership and sustainability of the program?

A mixed method approach comprising desk review, qualitative and quantitative approaches was adopted during the evaluation. The motive behind using a mixed methods approach was to facilitate triangulation of the outcomes of the assessment of the key actors in the project implementation namely; beneficiary institutions, partners (local non-governmental organizations) as well as local and national governments. A total sample of sixty (60) beneficiary facilities, and nineteen (19) key-stakeholder interviews split into partner non-governmental organizations and government officials at national, regional and district levels was considered for this study.

Key findings

Overview of THPS supportive services at facilities

The study found out that all the surveyed facilities (100%) had received some form of support from THPS. It also emerged that THPS was the most prominent provider of supportive services among the facilities. Across facility levels, THPS support was more prominent at lower-level facilities; dispensaries, health centres and district hospitals compared to higher level facilities. Human resource support (100%), capacity building (87%), infrastructural support (87%) and laboratory support (75%) were the top most support services received.

Quality Improvement

The ability of clients to access quality of HIV/AIDS services was reported as having improved across all facilities since THPS started providing different kinds of supports. For instance, 95% of facilities visited reported that since they started receiving support from THPS, the quality of HIV/AIDS services in their facility had improved, and that the ability of the average patient to access HIV/AIDS testing and counselling and HIV/AIDS care and treatment services in their areas had improved too.

Laboratory Services and Products

The findings of this study indicate that laboratory services were limited at lower-level facilities, while they were steady in higher level facilities. This may be explained by the fact that the donors (PEPFAR) through THPS stopped supporting all lab services, and remained with CD4, EID, HTS and HVL tests. Consequently, this study established that more than 90% of the facilities that offered HIV/AIDS care and treatment services performed basic HIV laboratory services.

Pharmaceutical Services and Products

Nine in every ten facilities visited (90%) had dispensed ARVs first line medicines, while 88% of all facility offered treatment for opportunistic infections. The study also found that 84% of the facilities dispensed Anti-TB first line medication at the time of the survey.

Supportive Supervision:

Two-thirds of the health facilities have supportive management practices in place. Supportive management had been realized through supervisory visit and record review (95%), providing guidance and mentorship to staff (85%) and review of facility challenges (82%). However, only half of the facilities (52%) reported that THPS was giving feedback action items to be followed a supervisory visit.

Human Resources

Almost all the facilities (95%) reported the practice of routine staff training. Sections of staff that received training include care & treatment clinics (CTC) (98%), RCH (96%) and Laboratory (88%). Information officers were the least often in receiving training (25%).

Monitoring and Evaluation

From the results, there was evidence of M&E systems which were built-in during the program implementation, mainly at facility level. Quarterly program reviews and supportive supervision were found to be an essential M&E component. It helped review trends against achievements of the program.

Infrastructure

Findings showed that there was quality HIV/AIDS care and treatment associated with infrastructural support from THPS. 76% facilities received support in terms of supplies (e.g. repairs and upgrades, furniture, registers, playing materials for children/adolescents, office supplies, IEC materials), computers and laboratory equipment.

Leadership and Governance

From the results, there was evidence of leadership and governance inculcated into the running of facilities in mainly two ways; firstly, through meetings and discussions, and secondly through training. Nearly all Regional and District Medical Officers reported that all the facilities under their jurisdiction held review meetings where challenges were discussed, and the way forward agreed on, as well as regular trainings, which helped develop both technical and effective leadership skills.

Financial Management

On the overall, the average operational budgets for the facilities had increased by more than a half for the current year compared to last fiscal year yet all facilities had a capped budget based on available funds, as was reported by most RMOs and DMOs.

Transition;

Only 58 % of facilities surveyed were aware of the transition in THPS programming. Among those aware only 50% had a strategy for how to cope without THPS support in the future.

Sustainability of the program;

This study established that the programme was fully institutionalized in government and community health systems right from the beginning, and this safeguards its sustainability, as it has been adopted by the local communities and health care workers.

The end-line evaluation has found substantial evidence that THPS comprehensive care and treatment programs implementation partnership between governments and nongovernment organization has worked well in all programme sites to deliver a sustained HIV/AIDS prevention care and treatment interventions over the five-year programme period.

In moving forward, there will be a need for broad-based support of this programme to ensure the benefits gained are not watered down. Since this programme helped build capacity through recruitment and training of staff as well as catering for their staff costs, we recommend these staff be transitioned and absorbed by the government to ensure continuity, but also to reap their full benefits.

We also recommend budgetary support from the national government on the various initiatives that were funded to ensure their sustainability.

This study has found out that the initiatives carried out by THPS were successful in the four regions: Pwani, Kigoma, Mtwara and Zanzibar. This success can be scaled up to national level, especially on the HIV care and treatment.

INTRODUCTION

1.1. Context of the Evaluation

HIV/AIDS remains an epidemic in Tanzania despite the comprehensive and integrated ingenuities put in place by a multiplicity of agencies to combat it. The Joint United Nations Programme on HIV (UNAIDS), estimates that about 1.5 Million Tanzanians (adults and children) live with the HIV virus, with the highest prevalence (5.5%) among women of the reproductive age group; 15-49 years old of the infected, about 66% are on antiretroviral therapy (ART), and 48% of those on treatment have reached suppressed viral levels¹. There is therefore need for continued effective care and treatment to reach the excluded 34% who are not on ART, as well as raise the number of those with suppressed viral load which is currently below half. The global goal is to achieve 90% of access to ART after diagnosis and yet another 90% of viral suppression after introduction to treatment². Based on this, it is evident that there are still gaps in the quest to reduce mortality in Tanzania.

Concerted efforts have been put in place by several agencies including the government and other non-state actors. The government of Tanzania in its quest to reduce the effects of the pandemic has mooted the 'Fourth Sector HIV and AIDS Strategic Plan (HSHSP IV) 2017-2022'³, whose efforts are aimed at reducing new infections through prevention, improved access to care and treatment, as well as supportive services to actors in the sector through such efforts as training, supplying ART and treatment for other opportunistic infections as well as facilitation of service integration. One of the expected gains of this strategy is reducing mortality by achieving the second 90 of the global goal; raising the number of the infected accessing ART to 90%.

1.2. Research Background

Tanzania Health Promotion Support (THPS) is a local non-government organization which offers support to the Tanzanian government through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC). Established as a partnership between the Government of Tanzania and United States Government, THPS primary goal is to increase local and indigenous capacity to deliver expansion of activities to maximize

¹ UNAIDS (2018): Country Fact Sheet [online]. Available at <http://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania> (Accessed on the 6th of December 2018)

² UNAIDS (2014): 90-90-90: Treatment for all [online]. Available at <http://www.unaids.org/en/resources/909090> (Accessed on the 6th of December 2018)

³ Ministry of Health, Community Development, Gender, Elderly and Children (2017): National Aids Control Programme: Health Sector HIV and AIDS Strategic Plan (HSHSP IV) 2017 – 2022.

coverage through quality comprehensive HIV care and treatment services. The program covers all districts in Pwani, Kigoma and Zanzibar, after terminating activities in Mtwara.

Following successful program implementation in Mtwara and Pwani regions while working as a sub grant of an international organisation (ICAP), in 2013 THPS became a prime recipient of PEPFAR funds through US Centres for Disease Prevention and Control (CDC) to support the GoT in delivering comprehensive services in Pwani, Mtwara and Kigoma regions and Zanzibar.

THPS support include capacity building to Health Care Providers (HCPs), managers and community based volunteers on HIV program management through mentorship and on job training, continuous medical education, and joint supportive supervision; Technical assistance to MoHCDGEC in ensuring that HCPs provides HIV services according to the most current national and international guidelines; Health systems strengthening through infrastructure improvement (rehabilitations, renovations and repairs of health facilities, procurement and distribution of medical equipment, supplies, commodities, furniture's, and upgrading the monitoring and evaluation system.

THPS commissioned Ipsos to undertake an end evaluation of its activities to elucidate on its gains since inception. This document is presentation of the results of the evaluation.

1.3. Purpose

The goal of the end-line evaluation was to assess the progress made by the THPS activities. Other objectives included to:

- i. Provide an in-depth review of how the transition and capacity building from an international to a local indigenous partner has progressed
- ii. Provide recommendation for dissemination and scalability
- iii. Assess the local institutional capacity; regional and district facility level capacity as well as community engagement for continued care provision in a sustainable manner to achieve project goals.

1.4. Research Questions

This evaluation was guided by the following three broad evaluation questions and sub questions related to transition and capacity building:

4. Is the transition of activities from international to local indigenous partners and to the government taking place as intended?
5. What challenges has local partners faced in the transition process?

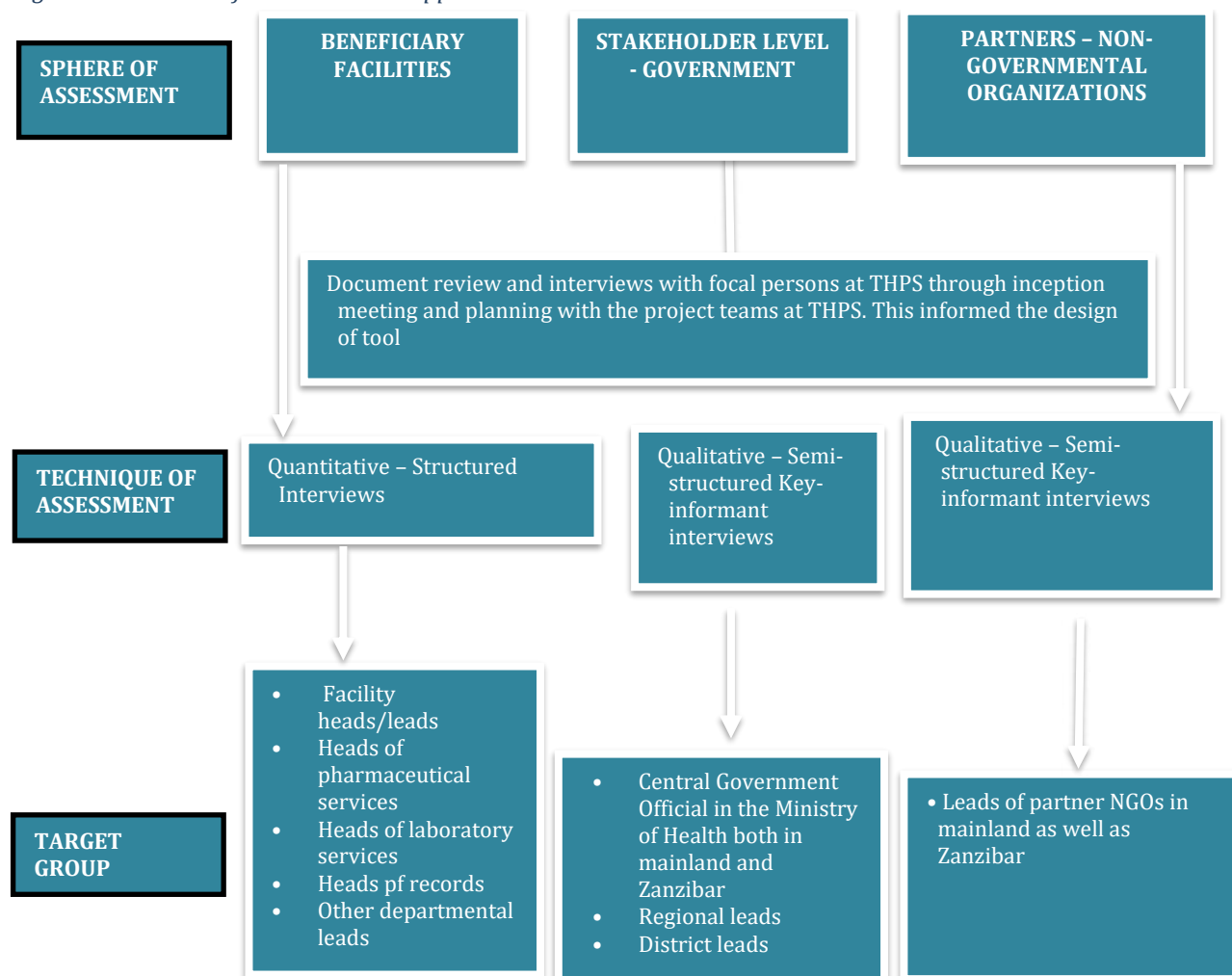
- a) To facilitate transition to local government partners, how are critical health systems challenges that mitigate such transition being addressed by THPS' technical assistance activities?
- 6. Did the transition lead to the increased local ownership and sustainability of the program?
 - a) Was capacity improved among the R/CHMTs and at facility level for leadership and management of the HIV prevention, care and treatment program?
 - b) Is increased local government ownership and sustainability of the program demonstrated through program progress monitoring and outcomes?

EVALUATION DESIGN

2.1. Approach

The evaluation adopted a mixed methods design comprising of desk review, qualitative and quantitative approaches. The motive behind using a mixed methods approach was to facilitate triangulation of the outcomes of the assessment of the key actors in the project implementation namely; beneficiary institutions, partners (local non-governmental organizations) as well as local and national governments.

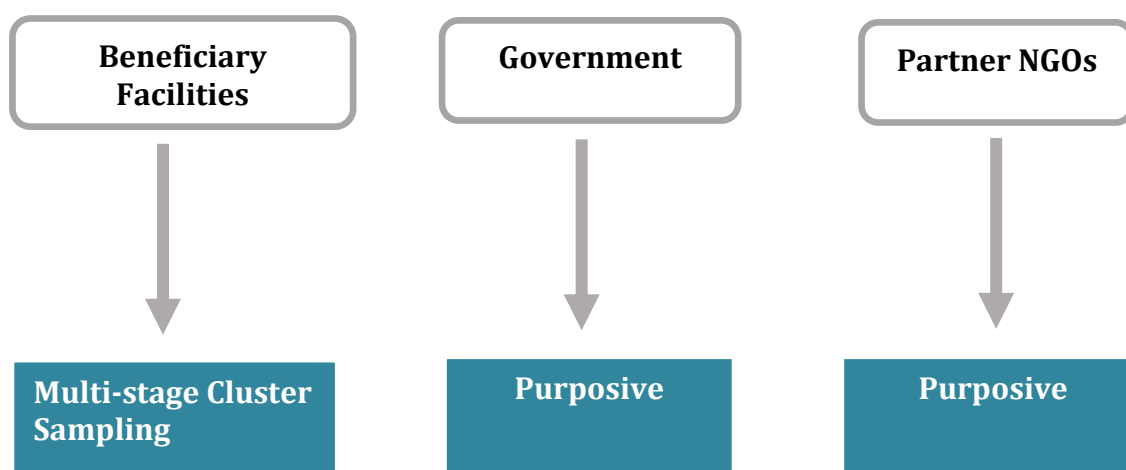
Figure 1: Structure of the Evaluation Approach



The beneficiary facilities sample was to give an understanding on the impacts of the capacity building program as well as give an indication on how ready the facilities were in continuing the best practices of managing HIV/AIDS situations after THPS. The government sample was to corroborate the results obtained from facilities, and finally information from the partner NGOs was to inform on the sustainability and continuity of the best practices as passed on by THPS after the program has ended.

2.2. Sampling and Sample Design

The total sample for this evaluation was sixty (60) beneficiary facilities, and nineteen (19) key-stakeholder interviews split into partner non-governmental organizations and government officials at national, regional and district levels. Figure 2 below is the taxonomy of the sampling approach for each of the sample segment.



Below is an in-depth account of how the sampling was implemented by sample segment.

i.) Beneficiary facilities capacity Assessment

The universe for this sample segment was a list of 207 beneficiary facilities of regional, district, dispensary and health center status, as was provided to the evaluator by THPS. Sample coverage was three regions of focus for the THPS activities namely; Kigoma, Pwani, Zanzibar and Mtwara. A sample of 60 facilities was drawn from the list. The sample operated at a margin of error of +/- 10%, and it was partly informed by budgetary constraints as well as distance from one facility to the other. A two-stage cluster sampling design was adopted. Firstly, the sample was distributed in proportionate to population size of each of the three regions. The second stage involved distribution of the facilities to district level in proportions equivalent to the different levels of facilities – district, dispensary, health facility etc.

Table one below is a summary of the sample as was distributed.

Table 1: Sample Distribution for Beneficiary Facilities

Region	Facility Level	Rural	Urban	Total
Kigoma	Dispensary	4	2	
	District Hospital	0	2	2
	Health centre	6	2	8
	Hospital	0	1	1

	Regional Hospital	0	1	1
Kigoma Total		10	8	18
Mtwara	Dispensary	3	2	5
	Health centre	3	3	6
	Hospital	0	4	4
	Juu centre	0	0	0
	Regional Hospital	0	0	0
	Sudi centre	0	0	0
Mtwara Total		6	9	15
Pwani	Dispensary	8	2	10
	District Hospital	0	3	3
	Estate centre	0	0	0
	Gertrude centre	0	0	0
	Health centre	4	4	8
	Hospital	0	1	1
	Regional Hospital	0	1	1
Pwani Total		12	11	23
Zanzibar	Dispensary	0	1	1
	District centre	0	0	0
	Hospital	0	3	3
	PHCU	0	0	0
Zanzibar Total		0	4	4
Grand Total		28	32	60

ii.) *Stakeholder Segment - Government*

This segment comprised of government officials from the Ministry of Health at national, regional and district levels. Participants for this segment were purposively selected by virtue of the office they hold. National government officials were recruited to represent Tanzania Mainland and Zanzibar. The rest were equally split between the three regions and districts of focus; one official per region and district. In total, 13 officials were surveyed.

iii.) *Stakeholder Segment – Partner Non-Governmental Organization*

This sample segment constituted of governmental organizations who had been working in partnership with THPS, and whose inclusion was majorly to facilitate sustainability of the program after THPS wraps up the program. In total, three NGOs were interviewed spread across Zanzibar and Tanzania Mainland.

Table 2 below is depiction of the sample as distributed for two stakeholder sample segments; government and partner NGOs.

Table 2:Stakeholder Sample Distribution

Region	District	National Level	Regional level Government Officials	District level Government Officials	Partner NGOs	Total
Kigoma	Kigoma DC	-	1	3	1	5
	Kigoma Ujiji MC	-	-	-	-	-
	Kasulu TC	-	-	-	-	-
Mtwara	Masasi DC	-	-	2	1	3
	Masasi TC	-	-	-	-	-
	Mtwara Mikindani MC	-	-	-	-	-
Pwani	Bagamoyo DC		1	2	1	4
	Kisarawe DC	-	-	-	-	-
	Kibaha TC	1				1
Zanzibar	Mjini	1	1	1	3	6
Grand Total		2	3	8	6	19

2.3. Data Collection Methods

As earlier mentioned, this evaluation employed a mixed-methods research design utilizing quantitative and qualitative approaches. A mixed-methods design is best suited for evaluative assessments because it allows researchers to gain a broader and more in-depth perspective about the themes under investigation and to use this perspective to triangulate the results and thereby obtain a more accurate interpretation of a program's progress and or gains. Hence, for this evaluation, data collection approaches for the different modules was as summarized below:

i.) *Beneficiary Capacity Assessment*

A pure quantitative approach was utilized for this sample segment. A structured questionnaire (composed of mainly closed-ended questions) was used to collect the data from the facility leads of concerned departments. A quantitative approach was favored because of its ability to give the magnitude of the study variables under examination. In this case, quantitative approach provided data that gave an indication of the extent of adoption of standards as passed on by THPS.

The questionnaire was designed to yield data on the key indicators of capacity of facilities required for the effective treatment and care for HIV/AIDS patients namely; quality improvement, laboratory services and products; pharmaceutical services and products, supportive supervision, human resources, monitoring and evaluation, infrastructure,

leadership and governance, financial management as well as budget planning and monitoring.

The questionnaire was firstly designed through Microsoft Office Word then scripted onto Ipsos owned mobile phone data collection platform; the iField.

The scripting process involved setting up commands, instructions and logics which automatically redirect the enumerators during the interview process to ensure that only questions which apply to a respondent are asked. In this case, since the questionnaire consisted of sections which could be answered by different heads of department, commands were set to allow to only allow the person responsible to answer the specific sections.

The scripting process and use of iField has one major advantage of improving quality control measures through inbuilt commands as follows:

- By in-building automated skip routines and routing all questions.
- Enforcement of parameter controls. This minimizes errors of commission (a field can be commanded to reject an entry that's an obvious outlier. For example, if the required age of respondents is 18+, then the field will now allow an age that is below 18 years
- Order of questions is automatically enforced
- Zero errors of omission – The questionnaire will not proceed unless a required question is answered
- Real time submission of data back to the office ensured daily checks were conducted on the data and any errors flagged out for immediate correction before the teams left the sampling point.

A second pilot was conducted after training of the field teams and scripting to assess the workability of the script, general questionnaire understanding by the team members, test the logistical set up as well as examine the suitability of the tool after amendments from the initial version. Adjustments were made to the tool and script based on the second pilot outcome before commencement of data collection.

ii.) Stakeholder Sample Segment (Government and Partner NGOs)

For this sample segment, a key-informant approach was utilized. Key informant interviews are an exploratory method of gathering information populations privileged to have access to certain information or to have knowledge of a key thematic area due to the positions they hold. It involves an unstructured interview using discussion guides which allow for free flow of information and further probing on areas of interests on a one-on-one basis, but also give the researcher an opportunity to solicit for further statistics (usually not available in the public domain) which may be quantitatively reported. The interviewing guides consisted of unstructured, open-ended to allow a dynamic build-up of the discussions with the respondents. Data collection was conducted in a face-to-face set up. Enumerators set up prior appointments with the participants owing to their busy kind of work, at a date, time

and venue of convenience to the respondents. Appointment were set up through e-mail and/or telephonic platforms.

The discussions were recorded on audio files, which were then transcribed in readiness for reporting.

1.5. Methodological Limitations

Just as it is with most evaluations designs, the design adopted in this end-line evaluation is subject to a set of methodological limitations, and users of this results must take them into consideration. The limitations include the following:

Sample Size

The universe for facility beneficiaries in this evaluation was too small; 207 facilities. Statistics would recommend a census or a near census for such universes. It was, however, not possible to conduct a larger sample particularly due to the distance between facilities, and cost implications. Nevertheless, a conscious effort was made to use a very scientific method in selecting the participants from the universe, to ensure as much representation as possible. In addition, the sample size of 60 is above the required statistical minimum of $n=30$ that a researcher can make inferences from.

Lack of baseline indicators

As is with most evaluations, periodical assessments are conducted at different stages of the project life cycle to enable program implementers evaluate progress and gauge if the project is on track to achieve its goal. Each evaluation conducted at a different stage of the life cycle is compared to previous evaluation. There was no baseline assessment prior to this evaluation, and therefore, no comparative assessment possible for the readers and users of this results. Even so, the set-up of this evaluation was based on a “check-list” kind of questioning. Hence, progress and impacts were inferred from the presence or absence of key service standards as delivered by THPS.

Self-reported data

The ‘check-list’ of existing facilities and standards was completed through self-reported data. While the enumerators asked to see some of the facilities such as the records system, order systems, ART drugs/other drugs for opportunistic infections among others, it was not possible to countercheck every aspect as per the quality service indicators.

1.6. Challenges During Data Collection

1. Although all the necessary permits (NIMR, Ministry, regional and district level) were acquired prior to the data collection phase, some of the participants requested for specific letters addressed directly to them, notifying them to participate in the study.

2. Some of the targeted respondents had a very busy schedule, especially the in-charge at lower level-facilities because they doubled up as the in-charge of the facilities, as well as the staff responsible for attending to patients. There were cases where enumerators had to wait for more than six hours in one facility to obtain a successful interview. This delayed data collection in the areas.
3. Little cooperation from some department specifically the department of finance, in the incidence that when the finance in-charge were not available at the time of interview the assistant was not allowed to disclose any financial information. This attributed the delays at some point.

MAIN FINDINGS

3.1. Profile of the participants

Beneficiary Facilities

To effectively address the key-indicators of the service quality provision in the treatment and care for HIV/AIDS, different departmental leads were interviewed inclusive of in-charge of health facilities, in-charge of supplies, pharmacy or laboratory services, in charge of finance & planning and in charge human resources. On a quest to assess department/personnel available at that facility table 3 and 4 below is a representation of the distribution of the by designation. There were slight variations in the distribution of these designations when an assessment was made by the different facility levels.

Table 3: Distribution of the Respondents by designation

Facility Level	Count	%
Medical officer in charge /Facility in-charge	57	95%
Care & treatment clinic (CTC) in charge	59	98%
RCH in charge	57	95%
TB coordinator	46	77%
Lab in charge/Lab manager	51	85%
HIV Testing Service focal person	55	92%
Pharmacy in charge	50	83%
Regional/District Health information officer (HMIS – MTUHA)/ Medical Records Office	48	80%
Health Secretary	15	25%
Peer educators (adults and adolescents)	50	83%
Paediatric/Adolescent club	26	43%
Quality improvement team	39	65%

Table 4: Distribution of respondents by designation, by the different facility levels

Facility Level	Regional (3)	District (9)	Other Hospital (4)	Health Centers (24)	Dispensaries (20)
Medical officer in charge /Facility in-charge	3	9	3	23	19
Care & treatment clinic (CTC) in charge	3	9	4	23	20
RCH in charge	2	9	3	24	19
TB coordinator	3	9	4	21	9
Lab in charge/Lab manager	3	9	4	23	12

HIV Testing Service focal person	3	9	4	23	16
Pharmacy in charge	3	9	4	21	13
Regional/District Health information officer (HMIS – MTUHA)/ Medical Records Office	3	6	4	22	13
Health Secretary	3	9	3	-	-
Peer educators (adults and adolescents)	3	9	4	21	13
Paediatric/Adolescent club	2	9	2	13	-
Quality improvement team	3	9	4	23	-

In terms of the specific HIV/AIDS care and treatment services offered, it appears that the top 4 services provided by majority of the facilities were: HIV Testing and Counselling Services (HTC), Care and treatment (CTC), Reproductive and Child Health (RCH); Prevention of mother to child transmission of HIV (PMTCT), Early Infant, Diagnosis (EID), as well as laboratory services (Viral load, CD4, HB, TB sputum test, etc). Provision of other related services; integrated services appears to be practices on marginal scale.

Table 5: Distribution of HIV/AIDS Care and Treatment Services Among facilities

	Count	%
HIV Testing and Counselling Services (HTC)	60	100%
Care and treatment (CTC)	59	98%
Reproductive and Child Health (RCH)	59	98%
Laboratory service (Viral load, CD4, HB, TB sputum test, etc)	58	97%
TB/HIV	58	97%
Cervical Cancer screening	32	53%

When an assessment was made by level of facilities, it appeared that regional, district and 'other hospitals' mainly offered HIV/AIDS care and treatment services. Dispensaries and health centers on the other hand appeared to mainly offer basic HIV/AIDS care and treatment. This could have been driven by the level of stocking of necessary amenities needed in the handling of HIV/AIDS cases; pharmaceutical and laboratory available at lower level hospitals.

For majority of the facilities offering HIV/AIDS care and treatment, the service is provided as an integrated one; offering both care and treatment alongside other services that would be beneficial to the patients such as PMTCT, cervical cancer screening, among others. This trend was observed in all the levels of facilities right from region to dispensary level.

Stakeholders Profiles– Government/Partner Non-Governmental Organizations

Table 6 and 7 represent stakeholders from the government and non-governmental organization participated during evaluation.

Table 6:Stakeholders – Government

Level	Person interviewed
National level – Main land	NACP
National level - Zanzibar	General Secretary Ministry of Health - Zanzibar
Regional Level - Kigoma	Assistant Regional Medical Officer
Regional Level - Kigoma	Regional AIDS Control Coordinator
Regional Level - Pwani	Regional Medical Officer
District Level - Pwani	District Medical Officer
District Level - Pwani	District Medical Officer
District Level - Mtwara	District Medical Officer
District Level - Mtwara	District Medical Officer
District Level - Kigoma	District Medical Officer
District Level - Kigoma	District Medical Officer
District Level - Kigoma	District Medical Officer

Table 7:Stakeholders – Partner Non-Governmental Organizations

NGO	Location	Person Interviewed
ZYF	Zanzibar	Managing Director
ZAYEDES	Zanzibar	Chief Executive Officer
ZAPHA+	Zanzibar	Executive Director
BAKAIDS	Kigoma	Field officer
SHIDEPHA+	Pwani	Founder
TALIA	Mtwara	Focal Person

3.2. Overview of THPS Activities

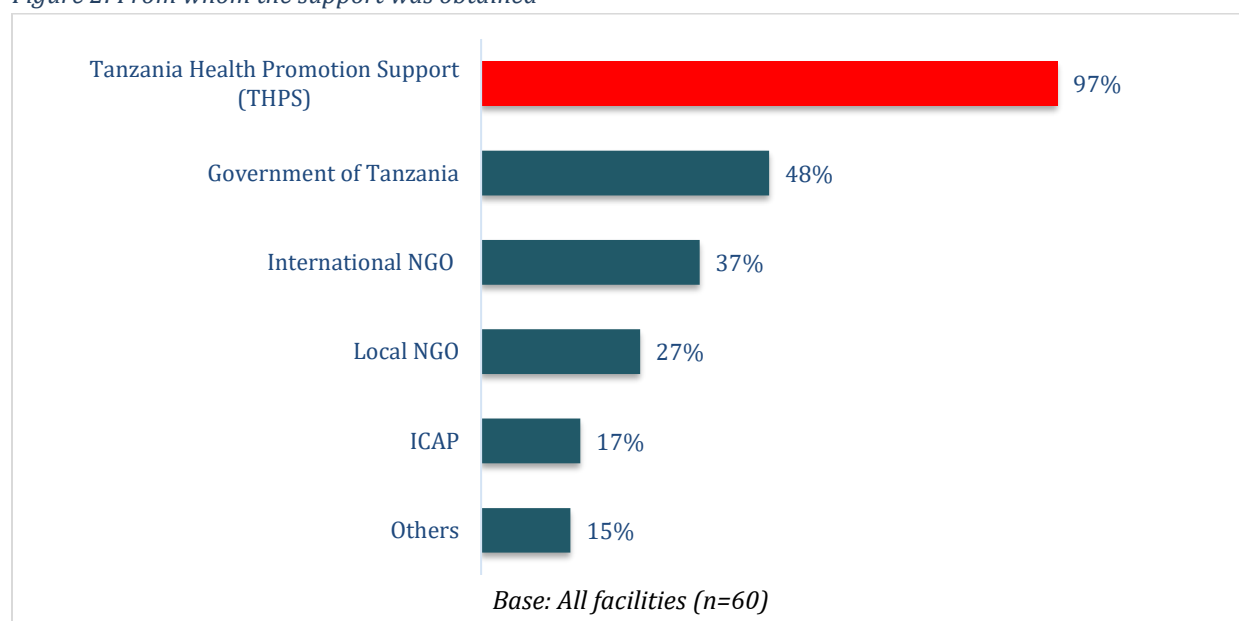
3.2.1. Land Scape of Supportive Services received at facilities

To obtain a basis on which to assess the quality of services provided in the treatment and care for HIV/AIDS, because of THPs interventions in the facilities, the evaluation firstly sought to understand the facilities involvement with THPS. Hence, a close-ended question on whether the surveyed facilities received any trainings, technical assistance, cash support, or any other kind of support from anyone/organization was asked of the in-charge of the facilities. It occurred that all the surveyed facilities (100%) had received some form of support. On further probing regarding the source of the support, it occurred that majority of THPS was the most prominent provider of supportive services among the facilities surveyed. This is because out of the 60 surveyed facilities, 53 of them spontaneously recalled THPS,

with yet another 5 mentioning it on prompting translating to 97 percent* recall. This was distantly followed by the government with 48% recall. When an assessment was made by level of facility it appears that THPS was more prominent among lower-level facilities; dispensaries, health centres and district hospitals when compared to regional facilities who appeared to have felt the government support a lot more. This is based on the number of spontaneous mentions, which in communication terms implies prominence of a brand or service or product to the target audience. Fifty-three (53) of the sixty (60) facilities mentioned THPS. Figure 3 below summarizes this enquiry.

*2 of the surveyed facilities were not able to recall THPS as a provider of supportive services even though they were drawn from the list of beneficiary facilities.

Figure 2: From whom the support was obtained



Regarding the kind of support received, it emerged that human resource support with (100%) mentions, capacity building (87%), infrastructural support (87%) and laboratory support (75%) were the top most support services received. Other supportive service points with mentions among over half of the facilities surveyed included: Supply chain support for HIV supplies (60) and supportive supervision (52%).

Figure 3: Type of Support Received

	Count (n=60)	%
Human Resource Support (Staff training, recruitment, placement, reviews)	60	100%
Capacity building through mentorship, on the job training and other didactic modular trainings	52	87%

Infrastructural support (Refurbishing of buildings, furniture, air conditioning, computers, equipment etc)	52	87%
Laboratory Support (Stocking, equipment, making online orders etc)	45	75%
Supply Chain Support for HIV supplies including reagents, test kits and ARVs	36	60%
Supportive supervision (Supervision visits from THPS)	31	52%
Logistical support – Transport samples, transport of orders/supplies	28	47%
Financial support – Funds	26	43%
Monitoring and Evaluation (HIV Management Information Systems - Structures o report on HIV information, Quality assessments,80% data accuracy)	23	38%
Quality Improvement (reduced attrition of patients, ART eligibility determination	22	37%
Financial Management/ Program Planning (Production of financial reports in time)	21	35%
Budget Planning and monitoring (Accurate budgeting to cover all planned activities and track expenditure)	8	13%
Other specify	2	3%

3.2.2. An Assessment of THPS supportive Services to facilities

Zeroing in on THPS support, Table 6 below summarizes THPS supportive activities as mentioned by the facilities which participated in the evaluation. It details the number of facilities who recalled and mentioned receiving the specific support from THPS and the result in percentage form. Further, the output further details the expected number of facilities who should have recalled and mentioned having received the service from THPS (assumption is that all the facilities should have mentioned the services since participants were 100% THPS beneficiaries), and afterwards the gap. Noticeably, THPS seems to be prominent in offering support for human resource (87%), infrastructure support (78%), and capacity building (72%). Laboratory services came in a distant fourth, with close to two thirds mentions (57%). The rest of the supportive areas were mentioned by half of the facilities.

Table 8:Assessment of THPS supportive Activities in the facilities

	No. of facilities	%	Expected (100%)	Resultant gap (%)
Human Resource Support (Staff training, recruitment, placement, reviews)	52	87%	100%	-13%

Infrastructural support (Refurbishing of buildings, furniture, air conditioning, computers, equipment etc)	47	78%	100%	-22%
Capacity building through mentorship, on the job training and other didactic modular trainings	43	72%	100%	-28%
Laboratory Support (Stocking, equipment, making online orders etc)	34	57%	100%	-43%
Supply Chain Support for HIV supplies including reagents, test kits and ARVs	22	37%	100%	-63%
Supportive supervision (Supervision visits from THPS)	22	37%	100%	-63%
Logistical support – Transport samples, transport of orders/supplies	19	32%	100%	-68%
Monitoring and Evaluation (HIV Management Information Systems - Structures o report on HIV information, Quality assessments,80% data accuracy)	17	28%	100%	-72%
Quality Improvement (reduced attrition of patients, ART eligibility determination	16	27%	100%	-73%
Financial support – Funds	9	15%	100%	-85%
Financial Management/ Program Planning (Production of financial reports in time)	9	15%	100%	-85%
Budget Planning and monitoring (Accurate budgeting to cover all planned activities and track expenditure)	1	2%	100%	-98%

3.3. Facility and Above Site Capacity Assessment

3.3.1. Quality Improvement

To assess the state of quality improvement because of THPS interventions, the surveyed facilities were presented with a set of statements which described an improvement in quality in the service touch point. The service touch points included:

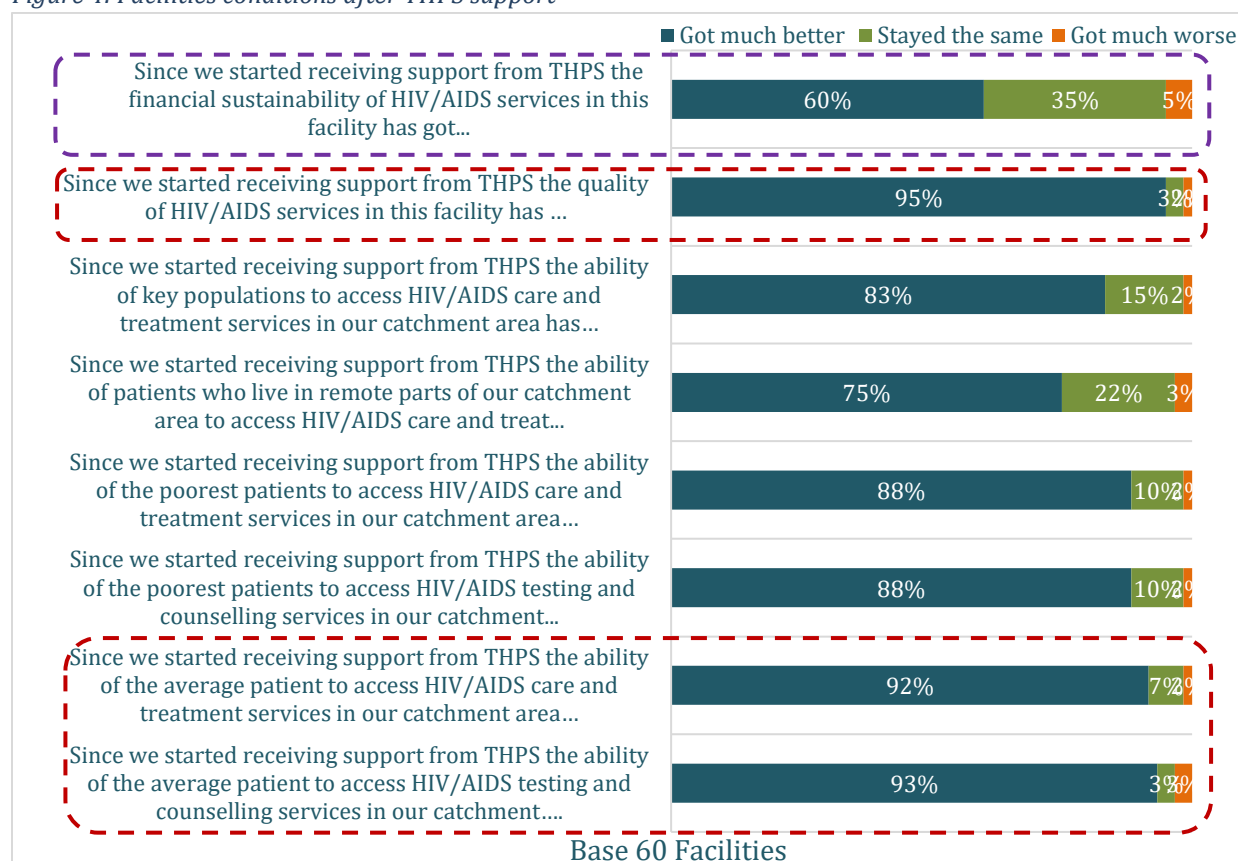
- Ability of the average patient to access HIV/AIDS testing and counselling services
- Ability of the average patient to access HIV/AIDS care and treatment services
- Ability of the poorest patients to access HIV/AIDS testing and counselling services
- Ability of the poorest patients to access HIV/AIDS care and treatment services
- Ability of patients who live in remote parts of our catchment area to access HIV/AIDS care and treatment

- Ability of key populations to access HIV/AIDS care and treatment services
- The quality of HIV/AIDS services
- Financial sustainability of HIV/AIDS services

Respondents were then asked to say whether the quality of HIV/AIDS care and treatment on the specific touch point had improved, remained the same, or got worse. Result of this inquiry are presented at figure 5 below: On overall, the ability for clients to access quality of HIV/AIDS services have improved across all facilities since THPS started providing different kinds of supports.

Almost all facilities (95 %) surveyed reported that since they started receiving support from THPS the quality of HIV/AIDS services in their facility has gotten much better. Likewise, more 9 out of ten facilities reported since they started receiving support from THPS the ability of the average patient to access HIV/AIDS testing and counselling and HIV/AIDS care and treatment services in their areas have improved. However, only six out of ten facilities reported their financial sustainability of HIV/AIDS services has been improved since they started receiving support from THPS.

Figure 4: Facilities conditions after THPS support



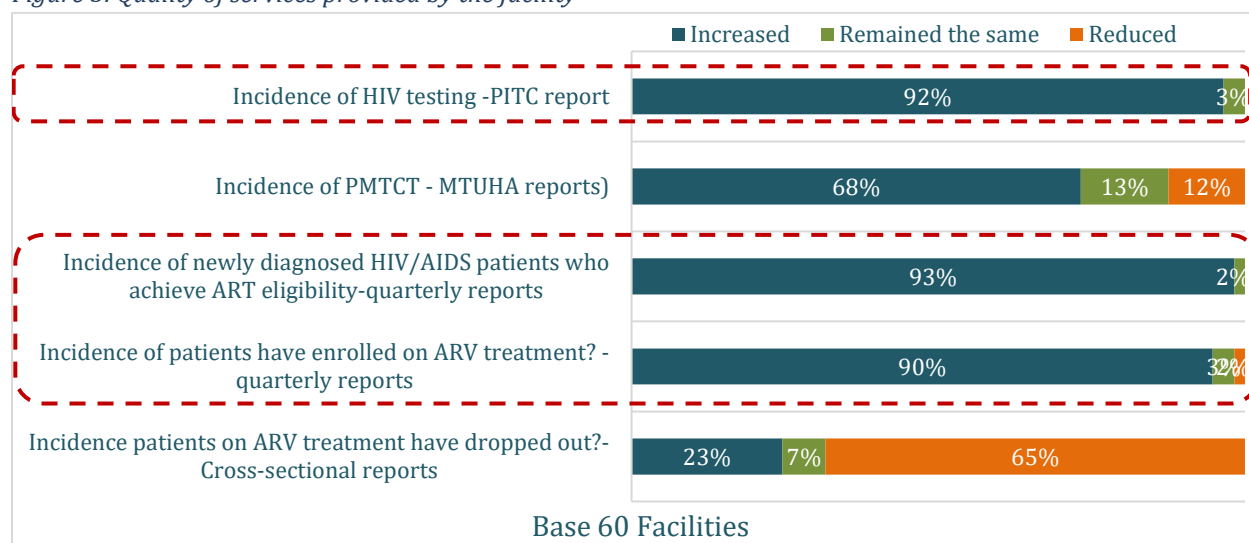
Further, in continuing to assess the status of quality improvement, the surveyed facilities were presented with yet another set of statements which describe improved quality from

the slant of increased or decreased uptake of the service touch point. The statements included the following;

- Incidence of HIV testing
- Incidence of newly diagnosed HIV/AIDS patients who achieve ART eligibility
- Incidence patients on ARV treatment dropped out from Cross-sectional reports
- Incidence of patients enrolled on ARV treatment
- Incidence of PMTCT

Respondents were then asked to say whether the service touch point increased or decreased since THPS activities started at the facilities. From the results, over nine in ten (93%) facilities reported an increase in the incidence of newly diagnosed HIV/AIDS patients who achieve ART eligibility, another reported increase in the incidence of HIV testing (92%), and yet another increase in those enrolled-on ARV treatment (90%). Further, the incidence of patients' dropout on ARV treatments has declined in 65% of the facilities.

Figure 5: Quality of services provided by the facility



The key informant interviews corroborated the findings above as captioned in the verbatim below:

"... Firstly, HTC helps us to know the number of new HIV infections, where infections have reduced... Secondly, patient dropout on ARVs has reduced. For the past years, many individuals dropped out from ARVs drugs however these days' individuals are returning to ARVs treatment. Specifically, we receive a lot of support from Community Health Providers in tracing the patients who are not showing up for the treatments. For instance the MAULE GROUP and SAUTI GROUP passes house after house to help us to make a follow up on those patients... in all centers, when a person is diagnosed with HIV, a follow up is made and the patient is required to report on a monthly basis at the clinic, if that patients don't show up for a period of time then we use these CHP responsible at that community to follow up on him" **DMO MASASI**

3.3.2. Laboratory Services and Products

Having the ability to perform laboratory tests on-site saves time for both the client and the provider. It also makes it much more likely that the client will undergo recommended tests and that the results will be used by both the client and the provider to make care decisions. Table 9 presents data on the capacity of health facilities to conduct tests that are important in providing quality care to clients. The result indicates that testing capacity is limited at lower-level facilities, with an average of 73% of dispensaries reporting that they had the capacity to conduct any of the tests included in the table. The findings shows that more than 90% of facilities offering HIV/AIDS care and treatment services perform rapid HIV antibody tests, hemoglobin, rapid syphilis test pregnancy test, and more than 80% offers Urine microscopy and over offers dried blood spot for virological testing (infant diagnosis) using PCR, venous whole blood collection for CD4 cell count, viral load testing, blood sugar (glucose) Urine microscopy and only more than 70% of these hospitals offers sputum for smear microscopy and peripheral blood smear.

Similarly, the result indicates that testing capacity is steady at higher at higher-level facilities with all facilities at regional and district levels have the capacity to conducts all the tests in the table, while limited at lower-level facilities, with an average of 73% of dispensaries reporting that they had the capacity to conduct all tests included in the table.

Table 9: Capacity to conduct the indicated tests at the facility

	Count (n=60)	%
Rapid HIV antibody tests	59	98%
Dried blood spot for virological testing (infant diagnosis) using PCR	48	80%
Haemoglobin	56	93%
Venous whole blood collection for CD4 cell count	48	80%
Viral load testing	53	88%
Blood sugar (glucose)	49	82%
Sputum for smear microscopy (TB diagnosis)	43	72%
RDTs for malaria)	59	98%
Peripheral blood smear (malaria diagnosis)	44	73%
Rapid syphilis test	57	95%
Pregnancy test	59	98%
Urine microscopy	52	87%

3.3.3. Pharmaceutical Services and Products

Consistent availability of essential HIV/AIDS medications is critical to the delivery of quality health services. The survey assessed the availability of ARVs first line, first line Anti-TB, Opportunistic infections drugs, and Equipment and supplies for cervical cancer screening. Table 10 in present information on the availability of these medications. On average, 90% of

all facility surveyed dispense ARVs first line medicines 88% of all facility offers Opportunistic infections and 84% dispense Ant-TB fist line medication at the time of the survey.

Table 10: Medicines available in the facility on the day of the survey, by facility type

	Count (n=60)	%
TDF/3TC/EFV	60	100%
TDF/FTC/EFV	52	87%
AZT/3TC/NVP	53	88%
AZT/3TC	51	85%
NVP	55	92%
HRZE	54	90%
EH	44	73%
RH	51	85%
HIV test kits	57	95%
Condoms (male)	51	85%
Condoms (female)	37	62%
CTX	56	93%
Cipro	52	87%
Metronidazole	52	87%
Fluconazole	36	60%
Antifungals	47	78%
Antibiotics	55	92%
Antivirals	49	82%
Equipment and supplies for cervical cancer screening	32	53%

3.3.4. Supportive Supervision

A facility was considered to have supportive management practices if the facility had received THPS supervision during the three months before the evaluation and at least one of its department offering HIV/AIDS care and treatment services received supportive supervision. Overall, around two-thirds of health facilities have all these supportive management practices in place.

Figure 6: Facilities received supervisory visit

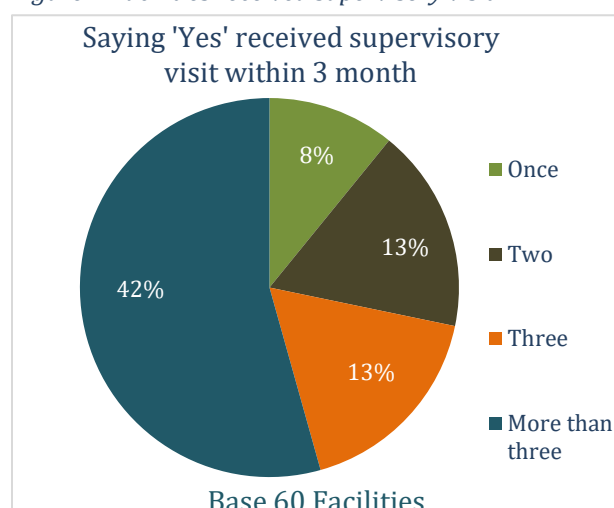


Table 11: Department received Supervisory visits

By total level (n=60)	
Care & treatment clinic (CTC) in charge	95%
RCH in charge	85%
TB coordinator	58%
Lab in charge	78%
HIV Testing Service focal person	57%
Pharmacy in charge	52%
District Health information officer (HMIS – MTUHA)	28%
Health Secretary	32%
Peer educators	45%

Further, great majority of health facilities reported activities carried out during THPS supervisory visit were record review with 95% incidence, providing guidance and mentorship to staffs with 85% incidence, review of facility challenges with 82% incidence and only 52% of facilities reported THPS have been giving a way forward after the visit. As can be seen in figure 4 below.

Figure 7: Activities performed during THPS supervisory visits



3.3.5. Human Resources

Staff training is essential for updating health workers with knowledge, skills, and technical competence to improve the quality of health care services. The evaluation assessed whether health care providers had received any formal or structured in-service training related to the services they offer since they started receiving support from THPS and whether there were

new recruitments. If any staffs from department offering HIV/AIDS services at a facility had received training, the facility was deemed to have routine staff training.

Overall, majority of facilities (95%) reported to have a routine staff training (figure 7). The great majority of Care & treatment clinic (CTC) (98%) have routine staff training (figure 8). Routine staff training occurs most often in RCH (96%) and Laboratory (88%) and least often in Information officers (25%).

Figure 8: Facilities with staff attended training

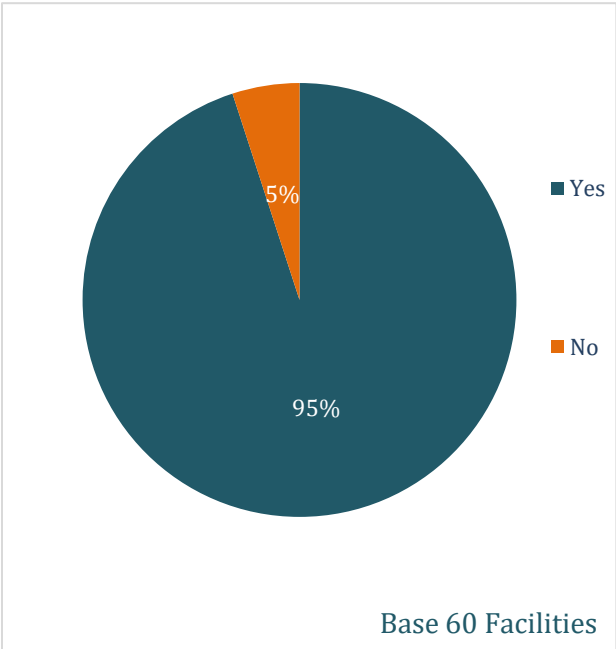
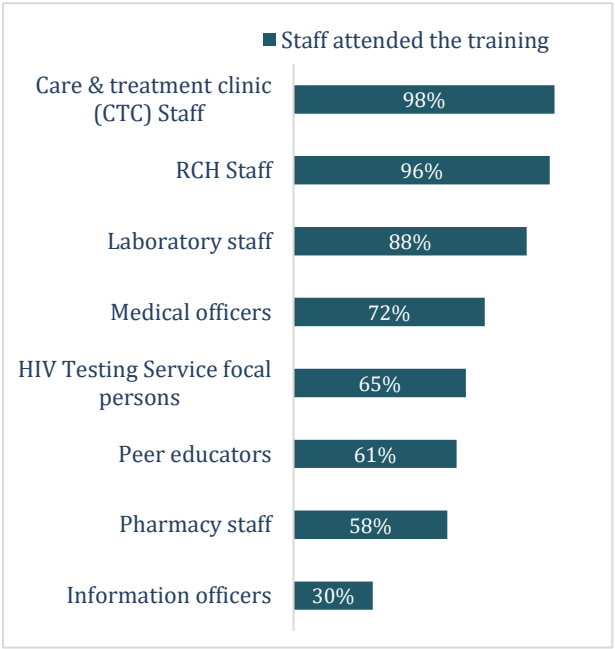


Table 12:Staffs attended the trainings



The above finding was corroborated by the government stakeholders in the Ministry of Health. Most of them agree that their staff receives in-service training and some of them are hired by THPS. As captioned in the verbatim below;

“... All of our staffs from all facilities have received and then they are able to take over...The trainings are planned regionally, for example last year, we trained about 400 staffs, we also trained 150 staffs on HIV testing, 150 staffs on dispensing medicine and 150 staffs on filling the registration. Despite of the trainings we still have human resources challenges, if you look in all our reports the main challenge discussed is staff gaps, we need human resources, currently one person plays many roles...” **RMO KIGOMA**

“...we have staff who are paid by THPS, for instance; the data clerks, laboratory personnels and the nurse counselor. Health system do not have data clerk posts, but we needed a person in that position, THPS helped us by hiring a personel to fill the post” **DMO KIBITI**

3.3.6. Monitoring and Evaluation

THPS support was successful in strengthening M&E systems through quarterly quality assessments with R/CHMT generated according to recommended national guidelines. The end-line evaluation found that M&E systems were built during programme implementation and were mainly based at facility level. The quarterly program review was found essential for the M&E component as it helped review trends against achievements of the program. At facility level quarterly Data Quality Assurance (DQA) helped maintain quality of data. As captioned in the verbatim below:

"..... there is an M&E unit under NACP which coordinates all the monitoring system where we set the agreeable indicators at national level. Whereas, HIV/AIDS data is collected at facilities daily, escalated for quarterly analysis and feedback shared with different stakeholders. Supportive supervision is another way of monitoring and evaluation used at national level which is conducted quarterly and accompanied by DQA conducted twice a year" **NACP**

"..... we usually share technical and financial report after every quarter, on technical reports we showcase what has been achieved technically. We also have data sharing meetings (progress meetings) which help us to know where we are and where we are heading. We also have HIV stakeholders' meetings facilitated by THPS at a district level for program review and discussion." **DMO KIBITI**

"All facilities have to completely capture daily HIV/AIDS data and share with HMIS monthly. We conduct CHMT review meeting after every three months, and we have also made some rules for ourselves that after every six months we conduct district review and discussion" **DMO MASASI**

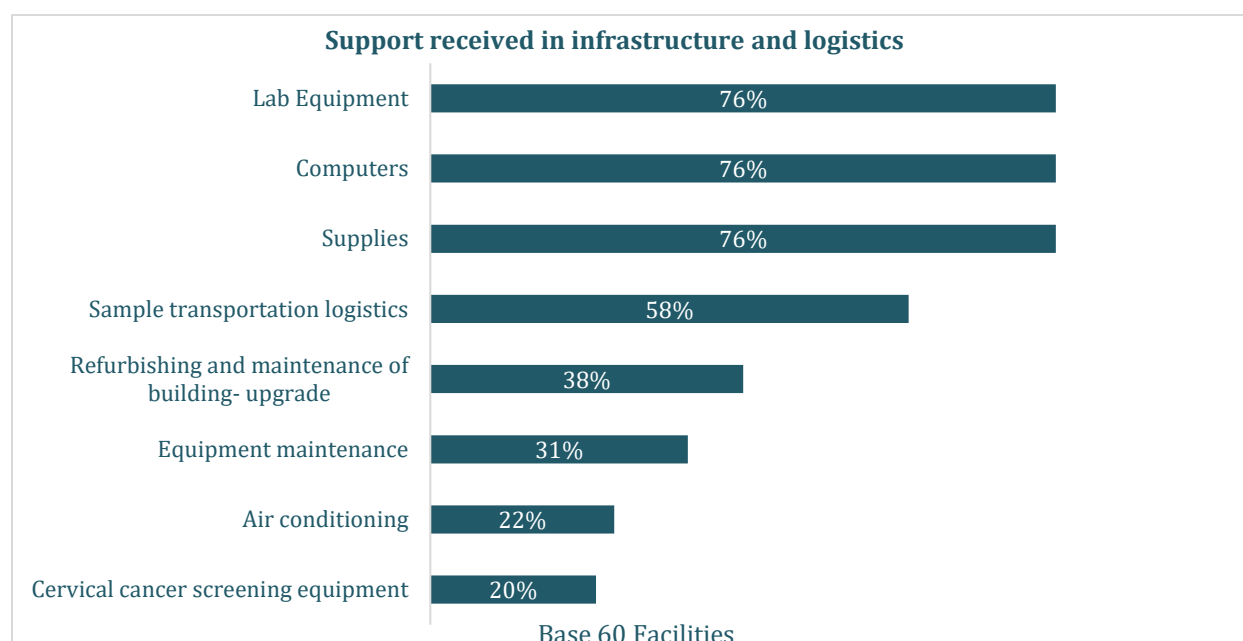
"We usually have DQA after every three months, where more than 80% of facilities have data accuracy" **RMO KIGOMA**

".....we usually conduct M&E review after every quarter where CHMT and RBF review the data received at regional office from each facility. Whereas, majority of health facilities have more than 80% data accuracy....." **RACC KIGOMA**

3.3.7. Infrastructure

Facility infrastructure resources, including structural elements of a health care system that comprises organizational, physical, and technical components, are essential for offering qualified health care. Thus, facility infrastructure is a major component of a health care system. The finding shows that high quality of HIV care and treatment is associated with infrastructure support from THPS (Figure 9). Majority of health facilities (76%) received support in terms of supplies (e.g. registers, playing materials for children/adolescents, office supplies, IEC materials) computers and laboratory equipment followed by sample transportation logistics (58%) and least cervical cancer screening equipment (20%).

Figure 9: Infrastructure support received from THPS



The key informant interviews corroborate the findings above as captioned in the verbatim below:

“THPS has given us support on infrastructure, for example Pwani region had no CTC buildings but they have now built it, they have also given out cars. Not only that, they also provided chairs, tables and furniture which are still used in every building.”

SHIPHEDA PWANI

“THPS provide us with different equipment for instance THPS bought the scanner for me as well as this table and chair. The printer which I borrow from someone to use for printing materials was also provided by THPS, if you have a chance to visit OPD you can also find that their facilities are supported by THPS. THPS also sent electronics to CTC and option B building; computers and medicine shelves, they also renovated buildings for specific services...”

DMO KIBITI

“We draw a facility maintenance plan in each quota and dedicate a budget for the same. The budget plan includes maintenance of electric supply, water drainage supplies and others.”

DMO KISARAWA

3.3.8. Leadership and Governance

Facilities through support from THPS developed a leadership strategy which helped keep their sights on organizational goals while ensuring readiness for future challenges. The end-line evaluation found that leadership was in-built with mainly two ways, one through meetings and discussion and secondly through trainings. Almost all facilities reported to have review meetings where challenges are discussed and their way forward. The trainings helped in development of both technical skills and leadership effectiveness. By building skills

to boost facility capacity to deliver high quality health services and prepare the facility to sustain delivery services in the future. As captioned in the verbatim below:

“... THPS through their capacity building, our staffs are able to attend to job training and mentorship. They allocate a specific budget each year, which we use for running the office, capacitating those who are at the facilities and motivate the extra working hours”

DMO KIBITI

“We always have a meeting with our staffs after every six months, However, it depends on the availability of the budget. We also have partners who are working with us and we usually have a meeting with them after every three months”

DMO MASASI

CTC have monthly meetings, CHMT have meetings every three months. The AIDS coordinator then submits what he/she has observed and be give relative expertise advice on how to resolve the challenge.

DMO KISARAWA

“Generally, we have 43 centers but only the Reginal Council Centers provide all test services and accurate data, we normally review areas where there are weaknesses and resolve them together. The purpose is to make sure they give quality and better services.”

RACC KIGOMA

“...THPS helps to build ability of implementing those HIV prevention care and treatment activities”

SHIPHEDA PWANI

3.3.9. Financial Management

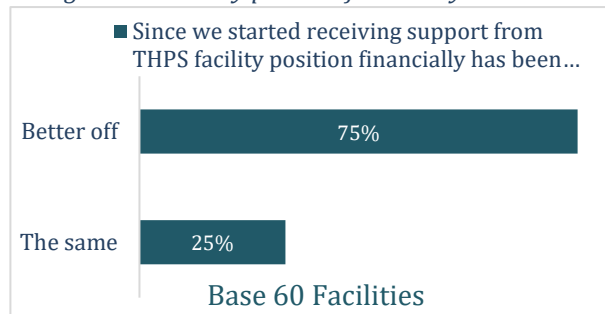
Financial management plays a vital role in ensuring that resouces are managed responsibly and effectively to achieve intended results. Table 13 present information on the facility budget for the current fiscal year and the last fiscal years. Facility budget has raised by more than a half for the current year compared to last fiscal year.

When further requested to compare facility status before and after they started to receive support from THPS, majority reported the facility have been better off (75%) financially since they started receiving support. While only fewer facilities thought they have been the same as seen in figure 10 below.

Table 13: Facility budget

Facility budget fiscal years	Mean
2017/2018	222,428,819
2018/2019	357,091,187

Figure 10: Facility position financially



The key informant interviews collaborated the findings above as captioned in the verbatim below:

"...there is a system called dotcom that helps control financial loss loops. There are trainings conducted to help those on the financial sectors, as well as auditing. The council usually come check if work is done well and if here are any loss loops they then take discipline actions' **DMO MASASI**

"...almost all facilities must give reports to get money, it may have a delay of a day or two days" **RMO KIGOMA**

3.3.10. Budget Planning and Monitoring

Good financial management systems and processes for tracking resource utilization are vital for facilities to make effective use of its resources. Effective planning and financial control help facilities to; ensure the efficient and effective use of resources, make sound decisions, demonstrate accountability, and take remedial action where needed. The study found that majority of facilities budget planning are limited to available facility funds as captioned in the verbatim below:

"The facility budget is usually prepared at the facility. The facility brings out challenges, from those challenges make a budget for it, then there is a committee where people sit together and discuss. We have organized ourselves that every CHMT has a facility to take care of so when it comes to budget making they are also present. Now we have a FAS system that monitors all the money in and out of the system" **DMO MASASI**

"All health facilities have authority to plan their budget; the problem they are ceiling to amount available, so they are forced to prioritize..." **DMO KISARAWA**

".....I can say we at Kigoma DC have entered in the RDF plan where they usually have a work plan and we discuss it together which we implement every quarter" **DMO KIGOMA**

3.4. Scale-up ability and Sustainability

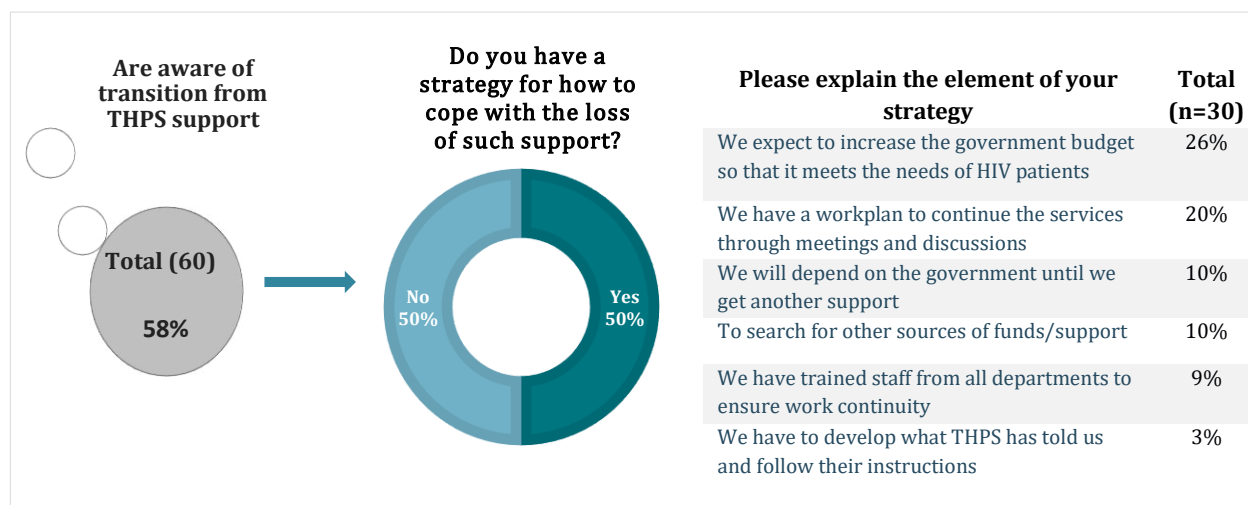
3.4.1. Awareness of the Transition

In a quest to understand whether facilities were aware about the transition from THPS support and whether they have a strategy for how to cope with a such loss, as presented in figure 11 below. Only 58% facilities reported knew about the transitions, among those aware about the transition only 50% have a strategy for how to cope with a such loss.

On a further enquiry to understand the key elements of their strategy 26% reported to increase the government budget so that it meets the needs of HIV patients, followed by

ensuring the continual of services through meetings and discussions (20%) while only 3 percent reported to follow instructions given to them by THPS.

Figure 11: Transitioning from THPS support



The above finding was corroborated by the NGO stakeholders in the Ministry of Health. Most of them were aware about the transition from THPS support as captioned in the verbatim below;

"When we were being engaged with THPS, we were given a 5-year time frame which had started from 2014 at Kigoma region and moved to September 2018, it ended"
BAKAIDS_KIGOMA

"The agreement was clear that after 5 years, it will come to an end, thanks God that they informed us on the last planning year, when it reached March this year they informed us that we will be with us till September this year." **ZAYADESA ZANZIBAR**

"The project started in 2014 where by 2018 marks five years, we had a lot of questions like will THPS contracts be renewed? Are we going to stay? We have received answers to our questions that although THPS support has come to an end we will be partnering with AMREF, we will also have the Chinese people" **ZYF ZANZIBAR**

3.4.2. Sustainability of the program

The study found that sustainability was integral in the HIV/AIDS prevention care and treatment programme design. The programme was fully institutionalized in government and community health systems right from the beginning. Implementation of the programme in all target regions included engagement at community level to ensure adoption of the programme interventions, this contributed to the potential for sustainability of the programme results and interventions. As captioned in the verbatim below:

"... We cooperate with facilities and supervisors of HIV in the district, our work is to make follow ups... Also, we work on a sustained project which link people living with HIV with CTC clinics." **BAKAIDS_KIGOMA**

"Peer educators are in every sector and hospital, the peer educators living at that area are already trained so even if THPS leave the peer educators will take up and do the same activities..." **SHIPHEDA PWANI**

"...the thing we have been emphasizing with THPS is the ability to sustain when they leave and fortunately, they did trainings with equipment's and other things as well. All the projects are done by our people, so there isn't anything huge that is going to be lost because if people have gotten enough training and the equipments are available why can't we now progress?" **PERMANENT SECRETARY, MOH ZANZIBAR**

It may get a little bit hard, but we can try as a government, but we can't reach at that level... we have told them to set aside enough money for HIV which we expect by the year 2018/19..." **RMO KIGOMA**

"We have it in our budget, but we are now depending on THPS, whose support is coming to an end. For instance, this November we shall meet and plan how it's going to be..." **DMO KIGOMA**

CONCLUSION

This end-line evaluation has found substantial evidence that THPS comprehensive care and treatment programs implementation partnership between governments and nongovernment organization has worked well in all programme sites to deliver a sustained HIV/AIDS prevention care and treatment interventions over the five-year programme period. There was effective agreement and leadership at national level in both governments and NGOs; which ensured institutional support for programme implementation at lower levels.

The program was successful in strengthening Monitoring and Evaluation systems generated according to recommended national guidelines. The end-line evaluation found that M&E systems build-in during program implementation and were mainly based at facility level. The quarterly program review was found essential in M&E component as it helped review trend against achievements of the program. At facility level quarterly Data Quality Assurance (DQA) has helped maintain quality of data.

Substantial improvement has been attained in delivery of HIV/AIDS prevention care and treatment services prioritized in the programme outcome for access to services. The major improvements realized in testing and counselling and access to HIV/AIDS care and treatment services for newly diagnosed HIV/AIDS patients in program areas are in large part attributable to programme action in enhancing capacity of local and indigenous to deliver expansion of activities to maximize coverage through quality comprehensive HIV care and treatment services.

The program has flourished in equipping health workers with knowledge and technical competence to improve the quality of health care services. The evaluation found that THPS not only trained staffs offering HIV/AIDS care and treatment services but also hired personnel in case where there was a gap in staff.

Important matters affecting service utilization such as laboratory equipment, supplies and utilities; information systems strengthening; and transport for samples have been addressed through the programme. However, action to address other key challenges such as staff numbers, making respectful HIV care and treatment services in some health facilities, effective deployment of cervical cancer service delivery, health facility upgrades and major infrastructure modifications was largely limited to facility budgets; which yielded limited results.

RECOMMENDATIONS

The end-line evaluation has found substantial evidence that THPS comprehensive care and treatment programs implementation partnership between the government and partner non-government organizations has worked well in all programme sites to deliver a sustained HIV/AIDS prevention care and treatment interventions over the five-year programme period. This study has found out that the initiatives carried out by THPS were successful in the four regions: Pwani, Kigoma, Mtwara and Zanzibar. This success can be scaled up to national level, especially on the HIV care and treatment.

The success of this programme also calls for enhanced partnerships and bringing on board other donors to support this programme.

In moving forward, there will be a need for broad-based support of this programme to ensure the benefits gained are not watered down. Since this programme helped build capacity through recruitment and training of staff as well as catering for their staff costs, we recommend these staff be transitioned and absorbed by the government to ensure continuity, but also to reap their full benefits.

We also recommend budgetary support from the national government on the various initiatives that were funded to ensure their sustainability.

ANNEXES I: FACILITY QUESTIONNAIRE

Date / Tarehe	
Interviewer Name / Jina la mhoji	(Script)
Interviewer Number / namba ya mhoji	(Script)
Supervisor Name / Jina la msimamizi	(Script)
Supervisor Number / Namba ya msimamizi	(Script)
Region / Mkoa	(Script)
District / Wilaya	(Script)
Interview Start time / Muda wa kuanza mahojiano	(Script)
GPS Coordinates	(Script)

ENUMERATOR NOTE: Visits start from Officer in charge, visitors book, then proceed to respective department. / **NUKUU KWA MHOJI:** Matembezi yanaanza kwa afisa msimamizi, kitabu cha wageni kisha kuendelea kwenye idara husika.

INTRODUCTION / UTANGULIZI:

Good morning/afternoon/evening. My name is..... I'm from Ipsos Tanzania; a local market and social research company based in Dar es Salaam. Ipsos conducts research studies of all kinds on market, media and social issues in Africa and all over the world. We are here today to talk to you to obtain an understanding of your HIV/AIDS handling practices. Your participation in this survey is very important. We will be talking about different sections of your facility and may be required to direct different sections of our discussions to the in-charge of the concerned department. Everything that we shall discuss about will be kept confidential and will only be reported on aggregate and not by individual. All the discussions will take about one hour. Can we go on? / *Habari za asubuhi / za mchana / za jioni. Jina langu ni kutoka Ipsos Tanzania; ambayo ni kampuni ya utafiti wa masoko na kijamii iliyopo dar es salaam. Ipsos inafanya tafiti za kila aina kwenye masoko, vyombo vya habari na maswala ya kijamii kwa Bara la Afrika na dunia nzima. Tupo hapa kwa siku ya leo kupata uelewa wa jinsi mnavyoshughulika na gonjwa la VVU/UKIMWI. Ushiriki wako katika utafiti huu ni muhimu sana. Tutazungumzia juu ya sehemu tofauti za ofisi yenu na muda mwingine tutahitajika kumuuliza msimamizi wenu baadhi ya maswali tofauti kwa msimamizi husika wa kitengo. Kila tutakachozungumza kitachukuliwa kwa usiri mkubwa sana na ripoti yake itatolewa kwa ujumla na sio kwa mtu mmoja mmoja. Mahojiano haya yatachukua takribani lisaa limoja. Je tunaweza kuendelea?*

FIRMOGRAPHICS

Facility Name / Jina la Kituo:
Facility Address / Anuwani ya kituo:
Facility phone number / namba ya simu ya kituo:
Facility type/level / aina / kiwango cha kituo:
Facility region / mkoa wa kituo

Facility district / wilaya ya kituo

THE MEDICAL OFFICER IN-CHARGE CHARACTERISTICS / SIFA ZA AFISA MSIMAMIZI WA TIBA

Name / Jina:
Position held at facility / Cheo chako katika kituo
How long have you been In-Charge at Current Facility / Je umekuwa ukiongonza kituo hichi kwa muda gani
Professional experience (years) / Uzoefu wa kitaaluma (miaka)
Age / umri
Gender / Jinsia
Contact Information / taarifa za mawasiliano

SECTION 1: FACILITY SCREENING AND PROFILING SECTION / SEHEMU YA 1: MCHUJO WA KITUO NA SEHEMU YA MAELEZO MAFUPI

S1. ONLY ASK THIS QUESTION OF THE IN-CHARGE OF THE FACILITY BASED ON THE LEVEL OF THE FACILITY / ULIZA HILI SWALI KWA MSIMAMIZI WA KITUO KULINGANA NA AINA YA KITUO: Do you have the following departments/personnel at this facility? **CHECK ALL THAT APPLY / kati ya vitengo / wataalamu wafuatao, je ni vitengo vipi / wataalamu gani uliyonao kwenye kituo chako? WEKA ALAMA YOTE YANAYOHUSIKA**

	Regional Hospital / Hospitali ya mkoa	District hospital / hospitali ya wilaya	Other Hospital / hospitali nyingine	Health centres / vituo vya afya	Dispensaries / zahanati
1.	Medical officer in charge (** Must) / Mganga Mfawidhi (** lazima)	Medical officer in charge (** Must) / Mganga Mfawidhi (** lazima)	Medical officer in charge (** Must) / Mganga Mfawidhi (** lazima)	Medical officer in charge (** Must) / Mganga Mfawidhi (** lazima)	Facility in-charge / Mganga Mfawidhi
2.	Care & treatment clinic (CTC) in charge / CTC in charge	Care & treatment clinic (CTC) in charge / CTC in charge	Care & treatment clinic (CTC) in charge / CTC in charge	Care & treatment clinic (CTC) in charge / CTC in charge	Care & treatment clinic (CTC) in charge / CTC in charge
3.	RCH in charge / RCH in charge	RCH in charge / RCH in charge	RCH in charge / RCH in charge	RCH in charge / RCH in charge	RCH in charge / RCH in charge
4.	TB coordinator / Mratibu wa kifua kikuu	TB coordinator / Mratibu wa kifua kikuu	TB coordinator / Mratibu wa kifua kikuu	TB coordinator / Mratibu wa kifua kikuu	TB coordinator / Mratibu

					<i>wa kifua kuu</i>
5.	Lab in charge/Lab manager / <i>Msimamizi / meneja wa maabara</i>	Lab in charge/Lab manager / <i>Msimamizi / meneja wa maabara</i>	Lab in charge/Lab manager / <i>Msimamizi / meneja wa maabara</i>	Lab in charge/Lab manager / <i>Msimamizi / meneja wa maabara</i>	Lab in charge/Lab manager / <i>Msimamizi / meneja wa maabara</i>
6.	HIV Testing Service focal person / <i>Mkuu wa huduma za upimaji wa VVU</i>	HIV Testing Service focal person / <i>Mkuu wa huduma za upimaji wa VVU</i>	HIV Testing Service focal person / <i>Mkuu wa huduma za upimaji wa VVU</i>	HIV Testing Service focal person / <i>Mkuu wa huduma za upimaji wa VVU</i>	HIV Testing Service focal person / <i>Mkuu wa huduma za upimaji wa VVU</i>
7.	Pharmacy in charge / <i>Msimamizi wa duka la madawa</i>	Pharmacy in charge / <i>Msimamizi wa duka la madawa</i>	Pharmacy in charge / <i>Msimamizi wa duka la madawa</i>	Pharmacy in charge / <i>Msimamizi wa duka la madawa</i>	Pharmacy in charge / <i>Msimamizi wa duka la madawa</i>
8.	Regional Health information officer (HMIS – MTUHA) / <i>Afisa wa taarifa za afya ngazi ya mkoa (HMIS – MTUHA)</i>	District Health information officer (HMIS – MTUHA) / <i>Afisa wa taarifa za afya ngazi ya wilaya (HMIS – MTUHA)</i>	Health information officer (HMIS – MTUHA) / <i>Afisa wa taarifa za afya ngazi ya wilaya (HMIS – MTUHA)</i>	Medical records office / <i>Afisa rekodi wa afya</i>	Medical records office / <i>Afisa rekodi wa afya</i>
9	Health Secretary / Health Secretary	Health Secretary / Health Secretary	Health Secretary / Health Secretary	-	-
10.	Peer educators (adults and adolescents)	Peer educators (adults and adolescents)	Peer educators (adults and adolescents)	Peer educators (adults and adolescents)	Peer educators
11	Pediatric/Adolescent club	Pediatric/Adolescent club	Pediatric/Adolescent club	Pediatric/Adolescent club	-

1	Quality improvement team	Quality improvement team	Quality improvement team	Quality improvement team	-
2					

S2. What HIV/AIDS care and treatment related services do you offer at this facility? LIST ALL THAT APPLY / *Je mnatoa huduma gani zinazohusiana na huduma na matibabu ya VVU/UKIMWI katika kituo hiki?* **WEKA ALAMA ZOTE ZINAZOHUSIKA**

S2a. PROGRAMMER: SHOW THOSE NOT MENTIONED AT S2 ABOVE. ENUMERATOR: READ OUT LIST: And which of the following HIV/AIDS care and treatment related services do you offer at this facility? **CHECK ALL THAT APPLY / PROGRAMMER: ONYESHA ZILE AMBAZO HAZIJATAJWA KWENYE S2 HAPO JUU. MHOJI: MSOME: Na ni zipi Kati ya huduma na matibabu zifuatazo zinazohusiana na VVU/UKIMWI mnazitoa katika kituo chenu?** **WEKA ALAMA ZOTE ZINAZOHUSIKA**

		S2	S2a
1.	HTC - HIV Testing and Counselling Services		
2.	CTC- Care and treatment (PEP, HAART, Isoniazid, Opportunistic infections treatment, Adherence support, STI screening)		
3.	RCH – Reproductive and Child Health; Prevention of mother to child transmission of HIV (PMTCT), EID (early infant, diagnosis)		
4.	Laboratory service (Viral load, CD4, HB, TB sputum test, etc)		
5.	TB/HIV		
6.	Cervical Cancer screening		
	Other specify (.....) / <i>nyingine elezea (.....)</i>		

S3. Do you offer HIV / AIDS care and treatment as a separate service, or as an integrated service? By Integrated services I mean that you offer HIV/AIDS care and treatment alongside other related services that would be beneficial to your client such treatment and management of TB, PMTCT services among others. / *Je mnatoa huduma na matibabu ya VVU ikiwa ni huduma ya pekeyake au inakua imeambatanana huduma zingine? Nikisema imeambatana na huduma zingine na maanisha mnatoa huduma na matibabu ya VVU/UKIMWI pamoja na huduma zingine kwa mfano HIV/AIDS pamoja na TB au HIV/AIDS pamoja na PMCTC.*

		CHECK ALL THAT APPLY / WEKA TIKI KWA ZOTE ZINAZOHUSIKA
--	--	---

1.	We offer HIV/AIDS care treatment as a separate service / <i>tunatoa huduma na matibabu ya VVU/UKIMWI kama huduma ya pekeyake</i>	
2	We offer HIV/AIDS care and treatment as an integrated service. <i>/ tunatoa huduma na matibabu ya VVU/UKIMWI ikiambatana na huduma zingine</i>	
99	Don't know / <i>Sijui</i>	

SECTION A: FACILITY RELATIONSHIP WITH THPS / SEHEMU YA A: UHUSIANO WA KITUO NA THPS

ENUMERATOR NOTE: ASK THESE QUESTIONS OF THE FACILITY IN-CHARGE SHOULD THE SECTION BE DELEGATED TO A DIFFERENT PERSON, PLEASE COLLECT THEIR BIODATA AS BELOW BEFORE PROCEEDING WITH THE QUESTIONS / NUKUU KWA MHOJI: ULIZA MWASWALI HAYA KWA MSIMAMIZI WA KITUO ENDAPO SEHEMU HII ITATOLEWA KWA MTU MWINGINE TOFAUTI. TAFADHALI KUSANYA TAARIFA ZAO KAMA ILIVYO HAPO CHINI KABLA YA KUENDELEA NA MASWALI

Is this the respondent still the same respondent as the previous section?

1. Yes Go to Q1

2. No

If NO, record the following information of the respondent:

CHARACTERISTICS OF THE RESPONDENT / SIFA ZA MHOJIWA

Name / <i>Jina</i> :
Position held at facility / <i>Cheo chako katika kituo</i> :
How long have you been In-Charge at Current Facility / <i>Je umekuwa ukiongonza kituo hichi kwa muda gani</i> :
Professional experience (years) / <i>Uzoefu wa kitaaluma (miaka)</i>
Age / <i>umri</i>
Gender / <i>Jinsia</i>
Contact Information / <i>taarifa za mawasiliano</i>

Q1. In the last four years, has this facility received any support (i.e. trainings, technical assistance, cash support, or any other kind of support)? / *Katika miaka minne iliyopita, je kituo hichi kimepokea msaada wowote (kama mafunzo, kitaaluma, kifedha au msaada mingine yoyote)?*

1. YES / *NDIYO*.....**CONTINUE / ENDELEA** 2. No / *Hapana*..... **GO TO Q6 / RUKA KWENYE Q6**

Q2. From whom did you receive this support? **SPONTANEOUS. DO NOT READ OUT.** / *Je msaada huu mlipokea kutoka kwa nani? JIBU BILA KUDADISIWA. USIMSOME*

Q2.1 IF THPS is not mentioned at Q2, probe: Did you get any support from THPS? / *Endapo THPS haijatajwa, dadisi: Je mlipata msaada wowote kutoka THPS?*

		Q2	Q2.1
--	--	-----------	-------------

1.	Government of Tanzania / <i>Serikali ya Tanzania</i>		
2.	ICAP		
3.	International NGO – Specify / <i>Taasisi ya kimataifa isiyokuwa ya serikali - elezea</i>		
4.	Local NGO – Specify / <i>Taasisi ya kitaifa isiyokuwa ya serikali - elezea</i>		
5.	Tanzania Health Promotion Support (THPS)		
	Other specify (.....)/ <i>nyingine elezea (.....)</i>		

Q3. ASK FOR EACH MENTIONED ABOVE: What type of support did you receive? / **KWA KILA ILIYOTAJWA HAPO JUU:** Je ulipokea msaada wa aina gani?

		Q3
1.	Financial Management/ Program Planning (Production of financial reports in time) / <i>Usimamizi wa kifedha / mpangilio wa mradi (utoaji wa ripoti ya kifedha kwa muda mwafaka)</i>	
2.	Human Resource Support (Staff training, recruitment, placement, reviews) / <i>msaada wa rasilimali watu (mafunzo kwa wafanyakazi, kuajiri, wafanyakazi mbadala, Mapitio)</i>	
2.a	Capacity building through mentorship, on the job training and other didactic modular trainings / <i>Kujenga uwezo kwa kuongoza, mafunzo kazini na mafunzo ya mengine yaliyokusudiwa kufundishwa</i>	
3.	Supply Chain Support for HIV supplies including reagents, test kits and ARVs / Supply Chain Support for HIV supplies including reagents, test kits and ARVs	
4.	Laboratory Support (Stocking, equipment, making online orders etc) / <i>Msaada kwenye maabala</i>	
5.	Monitoring and Evaluation (HIV Management Information Systems - Structures o report on HIV information, Quality assessments,80% data accuracy) / Monitoring and Evaluation (HIV Management Information Systems - Structures o report on HIV information, Quality assessments,80% data accuracy)	
6.	Supportive supervision (Supervision visits from THPS) / <i>Msaada wa usimamizi (kutembelewa na THPS)</i>	
7	Quality Improvement (reduced attrition of patients, ART eligibility determination) / Quality Improvement (reduced attrition of patients, ART eligibility determination)	
8.	Infrastructural support (Refurbishing of buildings, furniture, air conditioning, computers, equipment etc)? / <i>Misaada ya miundombinu (Refurbishing of buildings, furniture, air conditioning, computers, equipment etc)</i>	
9.	Budget Planning and monitoring (Accurate budgeting to cover all planned activities and track expenditure) Jinsi ya Kupanga bujeti na kuimona	

10.	Financial support – Funds / <i>msaada wa kifedha</i>	
11.	Logistical support – Transport samples, transport of orders/supplies / <i>Msaada wa miundombinu- kusafirisha sampuli, kusafirisha oda/vitu</i>	
	Other specify (.....) / <i>Nyingine elezea</i>	

Q4. ASK IF THPS IS SELECTED AT Q2 and IF YES AT Q2.1. When did you first learn that your facility would receive support from THPS (write in Month/year?) **WRITE BELOW / ULIZA KAMA THPS IMECHAGULIWA KWENYE Q2.** *Je ulijua lini kwamba kituo chako kitapokea msaada kutoka THPS? ANDIKA HAPA CHINI*

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Q5. I am going to read out a series of statements, I would like you to complete these sentences for me using a scale of 1-5, where: - 1= Got much worse, 2= Got worse, 3= Stayed the same, 4= Got better, and 5= Got much better / *Nitakusomea baadhi ya sentensi na ningependa unikamilishie sentensi hizi kwa kutumia mzani wa 1-5, ambapo: 1=umeharibika Zaidi, 2=umeharibika, 3 =umebaki palepale, 4=umekuwa nzuri, na 5=umekuwa nzuri zaidi*

A	Since we started receiving support from THPS the ability of the average patient to access HIV/AIDS testing and counselling services in our catchment area has got / <i>Tangu tumeanza kupokea msaada kutoka THPS kwa wastani uwezo wa mjongwa kupata huduma ya vipimo na ushauri nasaa juu ya VVU/UKIMWI katika eneo letu ume.....</i>
B	Since we started receiving support from THPS the ability of the average patient to access HIV/AIDS care and treatment services in our catchment area has got / <i>Tangu tumeanza kupokea msaada kutoka THPS kwa wastani uwezo wa mjongwa kupata huduma na matibabu ya VVU/UKIMWI katika eneo letu ume</i>
C	Since we started receiving support from THPS the ability of the poorest patients to access HIV/AIDS testing and counselling services in our catchment area has got / <i>Tangu tumeanza kupokea msaada kutoka THPS kwa wastani uwezo wa mjongwa masikini sana kupata huduma ya vipimo na ushauri nasaa juu ya VVU/UKIMWI katika eneo letu ume</i>
D	Since we started receiving support from THPS the ability of the poorest patients to access HIV/AIDS care and treatment services in our catchment area has got / <i>Tangu tumeanza kupokea msaada kutoka THPS kwa wastani uwezo wa mgongwa masikini sana kupata huduma na matibabu ya VVU/UKIMWI katika eneo letu ume</i>
E	Since we started receiving support from THPS the ability of patients who live in remote parts of our catchment area to access HIV/AIDS care and treatment services has got / <i>Tangu tumeanza kupokea msaada kutoka THPS kwa wastani uwezo wa wagonjwa wanaoishi katika maeneo mbali sana kupata huduma na matibabu ya VVU/UKIMWI katika eneo letu ume.....</i>

F	Since we started receiving support from THPS the ability of key populations to access HIV/AIDS care and treatment services in our catchment area has got / <i>Tangu tumeanza kupokea msaada kutoka THPS kwa wastani uwezo makundi ya watu maalumu kupata huduma na matibabu ya VVU/UKIMWI katika eneo letu ume.....</i>
G	Since we started receiving support from THPS the quality of HIV/AIDS services in this facility has got / <i>Tangu tumeanza kupokea msaada kutoka THPS ubora wa huduma za VVU/UKIMWI katika kituo hiki ume</i>
H	Since we started receiving support from THPS the financial sustainability of HIV/AIDS services in this facility has got / <i>Tangu tumeanza kupokea msaada kutoka THPS uwezo wa kifedha wa kuendeleza huduma za VVU/UKIMWI katika kituo hiki ume</i>

- Q6.** Currently what are your greatest challenges in the management and treatment of HIV & AIDS this facility? / *Kwasasa ni changamoto gani kuu zinazowakabili katika kusimamia na kutoa matibabu ya VVU/UKIMWI katika kituo hiki?*

- Q7.** What has been done to overcome this challenge? **WRITE IN SPACE PROVIDED. PROBE FULLY** / *Je ni nini kimefanyika ili kukabiliana na changamoto hizi? ANDIKA KATIKA NAFASI ILIYOTOLEWA HAPO CHINI. DADISI KIKAMILIFU*

- Q8.** What support would you require in handling the challenges mentioned above? / *Je ungehitaji msaada gani ili kukabiliana na changamoto zilizotajwa hapo juu?*

		Q8
1.	Financial Management/ Program Planning (Production of financial reports in time) / <i>Usimamizi wa kifedha / mpangilio wa mradi (utoaji wa ripoti ya kifedha kwa muda mwafaka)</i>	
2.	Human Resource Support (Staff training, recruitment, placement, reviews) / <i>msaada wa rasilimali watu (mafunzo kwa wafanyakazi, kuajiri, wafanyakazi mbadala, Mapitio)</i>	
2.a	Capacity building through mentorship, on the job training and other didactic modular trainings / <i>Kujenga uwezo kwa kuongoza, mafunzo kazini na mafunzo ya mengine yaliyokusudiwa kufundishwa</i>	
3.	Supply Chain Support for HIV supplies including reagents, test kits and ARVs / <i>Supply Chain Support for HIV supplies including reagents, test kits and ARVs</i>	
4.	Laboratory Support (Stocking, equipment, making online orders etc) / <i>Msaada kwenye maabala</i>	

5.	Monitoring and Evaluation (HIV Management Information Systems - Structures o report on HIV information, Quality assessments,80% data accuracy) / Monitoring and Evaluation (HIV Management Information Systems - Structures o report on HIV information, Quality assessments,80% data accuracy)	
6.	Supportive supervision (Supervision visits from THPS) / <i>Msaada wa usimamizi (kutembelewa na THPS)</i>	
7	Quality Improvement (reduced attrition of patients, ART eligibility determination / Quality Improvement (reduced attrition of patients, ART eligibility determination)	
8.	Infrastructural support (Refurbishing of buildings, furniture, air conditioning, computers, equipment etc)? / Misaada ya miundombinu (Refurbishing of buildings, furniture, air conditioning, computers, equipment etc)	
9.	Budget Planning and monitoring (Accurate budgeting to cover all planned activities and track expenditure) Jinsi ya Kupanga bujeti na kuimonia	
10.	Financial support – Funds / <i>msaada wa kifedha</i>	
11.	Logistical support – Transport samples, transport of orders/supplies / Msaada wa miundombinu- kusafirisha sampuli, kusafirisha oda/vitu	
	Other specify (.....) / Nyingine elezea	

SECTION B: SERVICE DELIVERY / SEHEMU YA B: UTOAJI WA HUDUMA

ENUMERATOR NOTE: ASK THESE QUESTIONS OF THE FACILITY IN-CHARGE SHOULD THE SECTION BE DELEGATED TO A DIFFERENT PERSON, PLEASE COLLECT THEIR BIODATA AS BELOW BEFORE PROCEEDING WITH THE QUESTIONS / NUKUU KWA MHOJI: ULIZA MWASWALI HAYA KWA MSIMAMIZI WA KITUO ENDAPO SEHEMU HII ITATOLEWA KWA MTU MWINGINE TOFAUTI. TAFADHALI KUSANYA TAARIFA ZAO KAMA ILIVYO HAPO CHINI KABLA YA KUENDELEA NA MASWALI:

Is this the respondent still the same respondent as the previous section?

1. Yes go to Q9

2. No

If NO, record the following information of the respondent:

CHARACTERISTICS OF THE RESPONDENT / SIFA ZA MHOJIWA

Name / Jina:
Position held at facility / <i>Cheo chako katika kituo:</i>
How long have you been In-Charge at Current Facility / <i>Je umekuwa ukiongonza kituo hichi kwa muda gani:</i>
Professional experience (years) / <i>Uzoefu wa kitaaluma (miaka)</i>
Age / <i>umri</i>
Gender / <i>Jinsia</i>
Contact Information / <i>taarifa za mawasiliano</i>

Q9. Please tell me, / *Tafadhali niambie*

- Do you offer the following services in your facility? / *Je mnatoa huduma zifuatazo katika kituo hiki?*
- Have you received support for it (financial or technical) from agencies outside of this facility, for this service? / *Je umepokea msaada (wa kifedha au kitaalamu) kwa ajili ya huduma hii kutoka kwa taasisi iliyopo nje ya kituo hiki?*
- From whom did you receive support from (district/county health office; national government, development partner _ specify which one; NGO [specify]; other [specify]) / *Je mlipokea msaada kutoka kwa nani (afisa afya wa wilaya; serikali kuu, mbia wa maendeleo_elezea ni ipi; taasisi isiyo ya kiserikali [elezea]; nyingine [elezea])*

	a	b	c
HTC - HIV Testing and Counselling Services			
CTC- Care and treatment (PEP, HAART, Isoniazid, Opportunistic infections treatment, Adherence support, STI screening)			
RCH - Prevention of mother to child transmission of HIV (PMTCT), EID (early infant, diagnosis)			
Laboratory service (Viral load, CD4, HB, TB sputum test, etc)			
TB HIV / kifua kikuu / VVU			
Cervical Cancer screening			
Other (Specify) / nyingine (elezea).....			

Q10. Do you have a means of obtaining feedback from your clients regarding the above services? / *Je una njia ya kupata mrejesho kutoka kwa wateja wako kuhusu huduma zilizotajwa hapo awali?*

- YES / *NDIYO*..... CONTINUE / *ENDELEA* 2. NO / *HAPANA*.....**Go to Q11 / Nenda swali la Q11**

Q10.1 IF YES AT Q10: What system? / **KAMA NDIYO KWENYE Q10:** kwa mfumo gani?

- Suggestion box / *sanduku la maoni*
- Peer educators / *utoaji wa elimu kwa makundi ya rika moja*
- Feedback meeting with clients / *mkutano wa wateja wa mrejesho*
- Social media/other online platforms / *kitandao ya kijamii / na majukwaa mengine ya kimtandao*
- Other (specify) / nyingine (elezea).....

ASK ALL / ULIZA WOTE

Q11. Has your facility started to offer any new approaches in the provision of HIV/AIDS care and treatment in the past year? /Je kituo chako kimeanza kutoa njia mpya zozote za utoaji wa huduma na matibabu ya VVU?

1. YES / NDIYO..... **CONTINUE / ENDELE** 2. NO /
HAPANA.....**Go to Q14 / Nenda swali la Q14**

Q12. ASK IF YES AT Q11: Do you receive any support (financial or technical) from agencies outside of this facility, for this new approach? (yes/no) / **ULIZA KAMA NDIYO KWENYE Q11:** Je huwa unapokea msaada wowote (wa kifedha au kitaalam) kutoka kwa taasisi ziliyopo nje ya kituo hiki kwa ajili ya njia hii mpya? (ndiyo / hapana)

Q13. ASK FOR ALL CODED YES AT Q12 ABOVE. ELSE GO TO Q14: Please specify who provides support (district/county health office; national government, development partner _ specify which one; NGO [specify]; other [specify]) / **ULIZA KWA ZOTE ZENYE GERESHO NDIYO KWENYE Q12 HAPO JUU:** Tafadhali niambie ni nani anayetoa msaada (afisa afya wa wilaya; serikali kuu, mbia wa maendeleo_elezea ni ipi; taasisi isiyo ya kiserikali [elezea]; nyingine [elezea])

	Q12		Q13
Name of service / jina la huduma	Yes / ndiyo	No / hapana	WRITE IN CODE / ANDIKA GERESHO
Test and start policy / sera ya kupima na kuanza			
Index testing (family testing) / upimaji wa familia			
Multi-months ART prescriptions / maagizo ya dawa za ART kwa miezi kadhaa			
Other (Specify) / Nyingine (elezea).....			

CODES FOR Q13 / GERESHO KWA AJILI YA Q13

1. National Government / Serikali kuu
2. Regional/District Office / Ofisi ya mkoa/wilaya
3. Local NGO (Specify) / taasisi isiyo ya kiserikali ya hapa nchini (elezea) 4.
International NGO – Specify / taasisi ya kimataifa isiyo ya kiserikali – elezea

SECTION C: SUPPORT FOR SERVICES AND PRODUCTS / SEHEMU YA C: MSAADA WA HUDUMA NA BIDHAA

ENUMERATOR NOTE: ASK THESE QUESTIONS OF THE FACILITY IN-CHARGE SHOULD THE SECTION BE DELEGATED TO A DIFFERENT PERSON, PLEASE COLLECT THEIR BIODATA AS BELOW BEFORE PROCEEDING WITH THE QUESTIONS / NUKUU KWA MHOJI: ULIZA MWASWALI HAYA KWA MSIMAMIZI WA KITUO ENDAPO SEHEMU HII ITATOLEWA KWA MTU MWINGINE TOFAUTI. TAFADHALI KUSANYA TAARIFA ZAO KAMA ILIVYO HAPO CHINI KABLA YA KUENDELEA NA MASWALI:

Is this the respondent still the same respondent as the previous section? Je mhojiwa ni yule wa awali?

1. Yes /Ndio Go to Q14

2. No/Hapana

If NO, record the following information of the respondent: /Kama ni hapana tafadhali chukua taarifa zake kama ifuatavyo;

CHARACTERISTICS OF THE RESPONDENT / SIFA ZA MHOJIWA

Name / Jina:
Position held at facility / Cheo chako katika kituo:
How long have you been In-Charge at Current Facility / Je umekuwa ukiongonza kituo hichi kwa muda gani?
Professional experience (years) / Uzoefu wa kitaaluma (miaka)
Age / umri
Gender / Jinsia
Contact Information / taarifa za mawasiliano

Q14. During the past years has THPS provided you with any Infrastructure or logistics support relevant to your HIV/AIDS services (exclude cash support and drugs, pharmaceuticals, and medical supplies, which will be discussed in the next sections)? / Katika miaka iliyopita, je THPS imekuwa ikitoa msaada wowote wa miundombinu au utaratibu wowote wa ugavi unaohusika na huduma za VVU/UKIMWI (usijumwishe msaada wa kifedha na dawa, madawa, na vifaa vya afya, ambayo yatajadiliwa katika sehemu zifuatazo)?

**1. YES / NDIYO CONTINUE / ENDELEA
.....Go to Q16 / NENDA KWENYE Q16**

2. NO / Hapana

Q15. What kind of support have you received / Je umepokea msaada wa aina gani?

	Check all that apply / Weka tiki katika zote zinazohusika
Supplies (e.g. registers, playing materials for children/adolescents, office supplies, IEC materials (Information Education	

Communication), Opportunistic Infection Medicines-OI) / <i>vifaa (kama registers, playing materials for children/adolescents, office supplies, IEC materials (Information Education Communication), Opportunistic Infection Medicines-OI)</i>	
Computers / <i>kompyuta</i>	
Lab Equipment / <i>vifaa vya maabara</i>	
Equipment maintenance / <i>Marekebisho ya vifaa</i>	
Sample transportation logistics / <i>Miundombinu ya kusafirisha sampuli</i>	
Cervical cancer screening equipment / <i>vifaa vya upimaji wa saratani ya mlango wa kizazi</i>	
Refurbishing and maintenance of building- upgrade /	
Air conditioning / <i>Kiyoyozi</i>	

Q16. During the past year has THPS provided you with any support relevant to your maternal, neonatal and child health services (exclude cash support and drugs, pharmaceuticals, and medical supplies, which will be discussed in the next sections)? / *Katika miaka iliyopita, je THPS imekuwa ikitoa msaada wowote unaohusiana na huduma za maternal, neonatal na child health (usijumwishe msaada wa kifedha na dawa, madawa, na vifaa vya afya, ambayo yatajadiliwa katika sehemu zifuatazo)?*

1. YES / *NDIYO* **CONTINUE / ENDELEA** 2. NO / *HAPANA*
**Go to Q18 / NENDA KWENYE Q18**

Q17. What kind of support have you received / *Je mmepokea msaada wa aina gani*

	Check all that apply / Weka tiki katika zote zinazohusika
Capacity building – off-site staff training, continuous medical education (CME), audio-visual	
Supportive supervision, mentorship and on the job training	
Supportive transportation of DBS (dried blood spot), HIV viral load samples	
Adherence counselling support	
Formation of psychosocial support groups (PSG) for pregnant and lactating mothers with their partners	
Other (Specify / <i>Nyingine (elezea).....</i>	

Q18. ENUMERATOR OBSERVE TO SEE THE PRESENCE TO SEE Presence of the following. OTHERWISE ASK TO BE SHOWN / MHOJI ANGALIA KUONA UWEPO WA VITU VIFUATAVYO. VINGINEVYO OMBA KUVIONA

- PSG attendance register / *rejesta ya mahudhurio ya PSG*
- Attendance forms / *fomu za mahudhurio*
- Quarterly reports / *ripoti ya kila quota*
- Training log
- Counselling checklist or observe client files
- Mother Child register

ENUMERATOR: Make any comments on what you observe below. / **MHOJI:** *Toa maoni yoyote hapa chini kuhusu utakachokiona.*

--

Q19. ALSO ASK TO BE SHOWN THE PRESENCE OF THE FOLLOWING AND CHECK WHAT IS AVAILABLE / PIA OMBA KUONYESHA UWEPO WA VITU VIFUATAVYO KISHA WEKA TIKI KWA VINAVYOPATIKANA.

- Availability of national guidelines / *uwepo wa muongozo wa taifa*
- Knowledge of guidelines / *ufahamu ya muongozo*
- Training log on specific service / *orodha ya mafunzo kwa huduma maalum*
- Available of national M&E tools / *Uwepo wa vifaa vya kitaifa vya M&E*

ENUMERATOR: Make any comments on what you observe below. / **MHOJI:** *Toa maoni yoyote hapa chini kuhusu utakachokiona.*

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SECTION D: SUPPORTIVE SUPERVISION AND QUALITY IMPROVEMENT / SEHEMU YA D: MSAADA WA USIMAMIZI NA UBORESHAJI WA UBORA

ENUMERATOR NOTE: ASK THESE QUESTIONS OF THE FACILITY IN-CHARGE. SHOULD THE SECTION BE DELEGATED TO A DIFFERENT PERSON, PLEASE COLLECT THEIR BIODATA AS BELOW BEFORE PROCEEDING WITH THE QUESTIONS / NUKUU KWA MHOJI: ULIZA MWASWALI HAYA KWA MSIMAMIZI WA KITUO ENDAPO SEHEMU HII ITATOLEWA KWA MTU MWINGINE TOFAUTI. TAFADHALI KUSANYA TAARIFA ZAO KAMA ILIVYO HAPO CHINI KABLA YA KUENDELEA NA MASWALI:

Is this the respondent still the same respondent as the previous section?

1. Yes Go to Q20

2. No

If NO, record the following information of the respondent:

CHARACTERISTICS OF THE RESPONDENT / SIFA ZA MHOJIWA

Name / <i>Jina:</i>
Position held at facility / <i>Cheo chako katika kituo:</i>
How long have you been In-Charge at Current Facility / <i>Je umekuwa ukiongonza kituo hichi kwa muda gani:</i>
Professional experience (years) / <i>Uzoefu wa kitaaluma (miaka)</i>
Age / <i>umri</i>

Gender / <i>Jinsia</i>
Contact Information / <i>taarifa za mawasiliano</i>

Q20. In the last three months, how many supervisory visits from THPS have you received at this institution? / *katika miezi mitatu iliyopita, je ulitembelewa mara ngapi na wasimamizi wa THPS katika kituo hiki?*

1. One / *moja* **CONTINUE / ENDELEA**
2. Two / *mpili* **CONTINUE / ENDELEA**
3. Three / *tatu*..... **CONTINUE / ENDELEA**
4. More than 3 / *Zaidi ya mara tatu*.....**CONTINUE / ENDELEA**
5. None / *hakuna*.....

Q20.1 What departments received the supervisory visits? / *Je ni idara gani ilipata kutembelewa ana wasimamizi?*

		Check All that Apply / Weka tiki katika zote zinazohusika
1.	Care & treatment clinic (CTC) in charge	
2.	RCH in charge	
3.	TB coordinator	
4.	Lab in charge	
5.	HIV Testing Service focal person	
6.	Pharmacy in charge	
7.	District Health information officer (HMIS – MTUHA)	
8.	Health Secretary	
9.	Peer educators	

Q21. Activity log: What activities were completed during the supervisory visits? / **Orodha ya shughuli:** *Je ni shughuli gani zilifanyika wakati mlitembelewa na msimamizi?*

1. Working together with you (workload support) / *kufanya kazi pamoja naye (msaada wa kimajukumu)*
2. Records review / *kupitia rekodi*
3. Review of challenges / *kupitia changamoto*
4. Guidance / mentorship to staff / *Ushauri/muongozo kwa wafanyakazi*
5. Way forward / next steps / *wanaendelea vipi kutoka hapo/ hatua nyingine*
6. Feedback at departmental level, feedback to Head of institution / *Mrejesho katika kila idara, mrejeshe kwa mkuu wa kituo*

Q22. Before you started receiving support from THPS what was the actual frequency with which your facility received supportive supervision visits? / *Kabla hamjaanza kupokea msaada kutoka THPS, je ni mara ngapi kituo hiki kimekua kikitembelewa na wasimamizi?*

		Check only One/ <i>Weka tiki kwenye moja tu</i>
1.	Weekly/ kila wiki	
2.	Twice a month/ Mara mbili kwa mwezi	
3.	Once every month/ Mara moja kwa mwezi	
4.	Quarterly/ kila baada ya Miezi mitatu	
5.	Twice a year/ Mara mbili kwa mwaka	
6.	Once a year/ Mara moja kwa mwaka	
7.	Never/ Kamwe	

Q23. Since you started receiving support from THPS what is the actual frequency with which your facility receives supportive supervisory visits? / *Tangu mlipoanza kupokea msaada kutoka THPS, je ni mara ngapi kituo hiki kimekua kikitembelewa na wasimamizi?*

		Check only One/ <i>Weka tiki kwenye moja tu</i>
1.	Weekly/ kila wiki	
2.	Twice a month/ Mara mbili kwa mwezi	
3.	Once every month/ Mara moja kwa mwezi	
4.	Quarterly/ kila baada ya Miezi mitatu	
5.	Twice a year/ Mara mbili kwa mwaka	
6.	Once a year / Mara moja kwa mwaka	
7.	Never / Kamwe	

Q24. Does your facility typically receive a summary of the feedbacks? / *Je kituo chako hua kinapokea mhusasari wa mrejesho?*

1. YES /Ndiyo

2. NO/Hapana

Q25. How helpful are these supervisory visits? / *Matembezi haya ya usimamizi yanasaidia kwa kiasi gani?*

		Check only One/ <i>Weka tiki kwenye moja tu</i>
1.	Not helpful at all / Hayasaidii kabisa	
2.	Not helpful/Hayasaidii	
3.	Helpful/Yanasaidia	
4.	Very helpful/Yanasaidia sana	
99.	Don't Know/Sijui	

97.	Refused to answer/ <i>Amekataa kujibu</i>	
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Q26. Since you stated receiving support from THPS, /*Tangu umeanza kupokea msaada kutoka THPS.*

		Inc rea sed /im eon gez eka	Remained the same/ <i>Imeb aki vilevile</i>	Reduced/ <i>Kupun gua</i>	D/K/ <i>Sij ui</i>
1	Incidence patients on ARV treatment have dropped out? increased, same, reduced (cross-sectional reports) / <i>Idadi ya wagonjwa kwenye matibabu ya ARV imepungua?</i>				
2	Incidence of patients have enrolled on ARV treatment? increased, same, reduced - quarterly reports / <i>Idadi ya wagonjwa waliojiunga na matibabu ya ARV?</i>				
4	Incidence of newly diagnosed HIV/AIDS patients who are enrolled in the care and achieve ART eligibility – increased, same, reduced - quarterly reports / <i>Idadi ya wagonjwa wapya ambao wamepimwa VVU / UKIMWI ambao wamejiunga na huduma na kufikia ustahiki wa ART</i>				
5	Incidence of PMTCT increased, same, reduced - MTUHA reports / <i>Idadi ya PMTCT imeongezeka, imebaki vilevile, imepungua - ripoti ya MTUHA</i>				
6	Incidence of testing - increased, same, reduced-				

PITC report / <i>Idadi ya upimaji -- ripoti ya PITC</i>				
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SECTION E: SUSTAINABILITY AND CONTINUITY/*SEHEMU E: MUENDELEZO NA UENDELEWU*

ENUMERATOR NOTE: ADDRESS THIS QUESTIONS TO THE FACILITY IN-CHARGE IF IS YOU ARE AT HC II OR III FACILITY. AND IF HC IV OR HOSPITAL ADMINISTER THIS QUESTIONS TO THE HEAD OF THE HIV UNIT. / NUKUU MHOJI: ULIZA MASWALI HAYA KWA MSIMAMIZI WA KITUO HUSIKA KAMA HC II AU KITUO III. NA KAMA HC IV AU HOSPITALI ULIZA KWA MKUU WA KITENGO CHA UKIMWI.

Is this the respondent still the same respondent as the previous section?

1. Yes, Go to Q27 2. No

If NO, record the following information of the respondent:

Name / <i>Jina</i> :
Position held at facility / <i>Cheo chako katika kituo</i> :
How long have you been In-Charge at Current Facility / <i>Je umekuwa ukiongonza kituo hichi kwa muda gani</i> :
Professional experience (years) / <i>Uzoefu wa kitaaluma (miaka)</i>
Age / <i>umri</i>
Gender / <i>Jinsia</i>
Contact Information / <i>taarifa za mawasiliano</i>

Q27. Are you aware that you will be transitioning from THPS support? / *Je unafahamu kuwa na kutakua na mabadiliko/ukomo wa msaada kutoka THPS?*

ASK ALL

Q28. Did you have a strategy for how to cope with the loss of such support? / *Je mna mkakati wa jinsi ya kukabiliana na kupoteza msaada huo?*

1. YES / *Ndiyo* 2. NO / *Hapana*

Q29. Please can you explain the key elements of your strategy (open-ended response): / *Tafadhali unaweza kuelezea mambo muhimu ya mkakati wenu (majibu ya wazi)*

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THANK AND EXPLAIN THAT THE NEXT SECTIONS ARE MORE SPECIFIC TO DEPARTMENTS AND YOU WOULD LIKE TO SPEAK TO DEPARTMENTAL HEADS. THE FIRST DEPARTMENT IS LABORATORY SERVICES. ASK TO BE TO SPEAK TO THE IN-CHARGE OF LABORATORY SERVICES. IT IS IMPORTANT TO NOTE THAT IN SOME FACILITIES, THE IN-CHARGE MIGHT BE THE ONE TO RESPOND TO SOME SPECIFIC DEPARTMENTAL QUESTIONS / MSHUKURU KISHA MWAMBIE KWAMBA SEHEMU ZIFUATAZO ZINAKUWA NI MAALUMU KWA AJILI YA IDARA NA UNGEPENDA KUONGEA NA

WAKUU WA IDARA. IDARA YA KWANZA NI HUDUMA YA MAABARA. NI MUHIMU KUELEWA KWAMBA VITUO VINGINE, MSIMAMIZI NDIYE ATAKAYE HITAJIKA KUJIBU MASWALI MAALUMU YA IDARA

SECTION F: DRUGS, COMMODITIES AND LABORATORY SUPPORT / SEHEMU YA F: MADAWA, BIDHAA NA MSAADA WA MAABARA

ENUMERATOR NOTE: THESE QUESTIONS CAN BE ANSWERED BY THE PERSON IN CHARGE OF SUPPLIES/PHARMACY AND LABORATORY. ASK THE INCHARGE PERSON TO REFER YOU TO THE RELEVANT PERSON. AFTER YOU FIND THE RIGHT PERSON, PLEASE COLLECT HIS/HER DETAILS AS BELOW: /NUKUU YA MHOJI: HAYA MASWALI YANAWeza KUJIBIWA NA MUHUSIKA WA FAMASI AU MTOA HUDUMA WA MAABARA.MUOMBE MSIMAMIZI AKUONYESHE MUHUSIKA. BAADA YA KUMPATA MTU SAHIHI, TAFADHALI KUSANYA TAARIFA ZAKE KAMA HAPO CHINI:

Is this the respondent still the same respondent as the previous section?

1. Yes, Go to Q35

2. No

If NO, record the following information of the respondent:

THE IN-CHARGE OF SUPPLIES/PHARMACY CHARACTERISTICS/PHARMACY CHARACTERISTICS / SIFA ZA MSIMAMIZI WA UGAVI/FAMASI

Name://jina:
Position held at facility://Cheo chako katika kituo
How long have you been In-Charge at Current Facility / Je umekuwa ukiongonza kituo hichi kwa muda gani
Professional experience (years)/Uzoefu wa taaluma(miaka)
Age/Umri
Gender//Jinsia
Contact Information//Taarifa za mawasiliano

Q30. During the last 2 years has THPS provided you with any drugs and/or Lab commodities relevant to your HIV/AIDS services? / Katika kipindi cha miaka miwili iliyopita, je THPS imekupa dawa zozote na/au bidhaa za maabara zinzohusiana na huduma zako za VVU/UKIMWI?

1. YES..... **CONTINUE/NDIYO..... ENDELEA** 2.

NO.....**Go to Q37/HAPANA.....NENDA SWALI LA 37**

Q31. What kind of support have you received? **CHECK ALL THAT APPLY** / Je umepokea msaada wa aina gani? **WEKA TIKI KWA YOTE YANAYOHUSIKA**

1. in-kind support for drugs of Opportunistic infections/ msaada wa aina yake kwa dawa za magonjwa nyemelezi
2. in-kind support for lab Consumables/ msaada wa aina yake kwa bidhaa zinazotumika maabara

3. technical support with ordering, /Msaada wa kiufundi / kitaaluma baada ya kuagiza
4. Support in delivery to facility from Medical Stores Dept (pro borno) / Msaidizi wa kuleta vitu kutoka kitengo cha madawa kuleta kwenye kituo (pro borno)
5. Other (Specify)...../Nyingine(elezea)

Q32. Do you dispense these at your facility? **READ OUT LIST** / Je huwa mnatoa hizi katika kituo chenu? **MSOMEE ORODHA**

Q33. ONLY ASK IF YES AT Q37 ELSE GO TO Q45: Are they in stock now? / **ULIZA TU KAMA NDIYO KWENYE Q37 VINGINEVYO NENDA SWALI LA Q45:** Je zipo kwenye hifadhi kwa sasa?

	Q37		Q38	
	YES/NDIYO	NO/HAPANA	YES/NDIYO	NO/HAPANA
a. ARV First line/Mstari wa kwanza wa ARV				
1. TDF/3TC/EFV				
2. TDF/FTC/EFV				
3. AZT/3TC/NVP				
4. AZT/3TC				
5. NVP				
b. 1st line Anti-TB medicine / Mstari wa kwanza wa dawa ya kifua kikuu				
6. HRZE				
7. EH				
8. RH				
9. HIV test kits/Vipimo vya VVU				
10. Condoms (male) / Kondomu (Za kiume)				
11. Condoms (female) / Kondomu (Za kike)				
c. Opportunistic infections drugs / Madawa ya magonjwa nyemelezi				
12. CTX				
13. Cipro				
14. Metronidazole				
15. Fluconazole				

15.Anti-bacterials				
16.Antifungals				
17.Antibiotics				
18.Antivirals				
d. Equipment and supplies for cervical cancer screening/Vifaa vya uchunguzi wa saratani ya mlango ya kizazi				

Q34. ONLY ASK IF NO AT Q38 ABOVE. ELSE GO TO Q45: For how long has it been out of stock? / **ULIZA TU KAMA HAPANA KWENYE SWALI LA Q38 HAPO JUU.VINGINEVYO NENDA SWALI LA Q45:** Je kimeisha kwenye hifadhi kwa muda gani?

	Q39					
	Below 7 days / Chini ya siku 7	Last two weeks / Wiki mbili zilizopita	Last one month / Mwezi mmoja uliopita	1 – 3 months / Mwezi 1-3	3-6 months / Miezi 3-6	Above 6 months / Zaidi ya miezi 6
a. ARV First line/Mstari wa kwanza wa ARV						
1. TDF/3TC/EFV						
2. TDF/FTC/EFV						
3. AZT/3TC/NVP						
4. AZT/3TC						
5. NVP						
b. 1st line Anti-TB medicine / Mstari wa kwanza wa dawa ya kifua kikuu						
6.HRZE						
7.EH						
8.RH						
9.HIV test kits/Vipimo vya VVU						
10.Condoms (male) / Kondomu (Za kiume)						
11.Condoms (female) / Kondomu (Za kike)						

c. Opportunistic infections drugs / Madawa ya magonjwa nyemelezi						
12.CTX						
13.Cipro						
14.Metronidazole						
15.Fluconazole						
15.Anti-bacterials						
16.Antifungals						
17.Antibiotics						
18.Antivirals						
e. Equipment and supplies for cervical cancer screening/ Vifaa vya uchunguzi wa saratani ya mlango wa kizazi						

Q35. IF NOT STOCKING I.E IF NO AT Q38: Why are these drugs out of stock? USE CODES BELOW/KAMA HAKUNA HIFADHI KAMA HAPANA KWENYE SWALI LA 30: Kwanini hizi dawa haziko kwenye hifadhi?

Q36. ASK FOR ALL MENTIONED AT Q39: How frequently have you experienced out of stock in the past one year? Would you say: / ULIZA KWA ZOTE ZILIZOTAJWA KWENYE SWALI LA Q39: Kwa mwaka mmoja uliyopita, je kwa mara ngapi umekuwa ukiishiwa na hifadhi? Unaweza kusema:

	Q41					
	1.Never / Kamwe	2.Seldom / Mara chache	3.Sometimes / Mara kwa mara	4.Frequently / Mara nyingi	5.Always / Kila siku	99.Don't know / Sijui
a. ARV First line/Mstari wa kwanza wa ARV						
1. TDF/3TC/EFV						
2. TDF/FTC/EFV						
3. AZT/3TC/NVP						
4. AZT/3TC						
5. NVP						

b. 1st line Anti-TB medicine / Mstari wa kwanza wa dawa ya kifua kikuu						
6.HRZE						
7.EH						
8.RH						
9.HIV test kits/Vipimo vya VVU						
10.Condoms (male) / Kondomu (Za kiume)						
11.Condoms (female) / Kondomu (Za kike)						
c. Opportunistic infections drugs / Madawa ya magonjwa nyemelezi						
12.CTX						
13.Cipro						
14.Metronidazole						
15.Fluconazole						
15.Anti-bacterials						
16.Antifungals						
17.Antibiotics						
18.Antivirals						
Equipment and supplies for cervical cancer screening/ Vifaa vya uchunguzi wa saratani ya shingo ya kizazi						

Q37. What was the Schedule of ordering in the past 12 months? **ENUMERATOR USE THE CODES BELOW** / Je ulikuwa na ratiba gani ya kuoda katika miezi 12 iliyoipta? **MHOJI TUMIA GERESHO ZILIZOPO HAPO CHINI**

- a.) Monthly /kila mwezi
- b.) Quarterly /kila baada ya miezi mitatu
- c.) Less Often/Mara chache

Q38. a. Did you experience any delayed ordering in **the past 12 months?** /Je umewahi kuchelewesha kuoda kwa miezi 12 iliyopita?

	Scripter Pull those mentioned at Q37	Q43	
		YES/NDIYO	NO/HAPANA
a. ARV First line/Mstari wa kwanza wa ARV			
1. TDF/3TC/EFV			
2. TDF/FTC/EFV			
3. AZT/3TC/NVP			
4. AZT/3TC			
5. NVP			
b. 1st line Anti-TB medicine / Mstari wa kwanza wa dawa ya kifua kikuu			
6. 6.HRZE			
7. 7.EH			
8. 8.RH			
9.HIV test kits/Vipimo vya VVU			
10.Condoms (male) / Kondomu (Za kiume)			
12. 11.Condoms (female) / Kondomu (Za kike)			
c. Opportunistic infections drugs / Madawa ya magonjwa nyemelezi			
12.CTX			
13.Cipro			
14.Metronidazole			
15.Fluconazole			
15.Anti-bacterials			
16.Antifungals			
17.Antibiotics			
18.Antivirals			
Equipment and supplies for cervical cancer screening / Vifaa vya uchunguzi wa saratani ya shingo ya kizazi			

Q39. Have you made emergency orders* for this drug during the past 12 months? – **Verify from Electronic Logistics Management Information System (eLMIS)** / Je mmeagiza dawa hii kwa dharura kwa kipindi cha miezi 12 iliyopita? **Thibitisha kutoka kwenye mfumo wa usimamizi wa utaratibu wa ugavi wa vifaa vya kielektroniki(eLMIS)**

Emergency order definition: Any order that has to be placed when a set threshold is reached any time before the end of a review period. / Ufafanuzi wa

oda za dharura: Oda yoyote inayowekwa wakati kiwango flani kimefika kabla ya wakati wa mwisho wa mapitio.

Q40. How many emergency orders have you made during the past 12 months? / *Je ni oda ngapi za dharura umeagiza katika kipindi cha miezi 12 iliyopita?*

Q41. How has the frequency of stock-outs of this drug **changed since the you started** receiving support from THPS? / *Je kumebadilika vipi huku kuishiwa madawa kwenye hifadhi **tangu muanze** kupokea msaada kutoka THPS?*

	Q44		Q45		Q46	
	Yes/Ndiy o	No/Hapan a	WRITE IN NUMBER / ANDIKA KWA IDADI		YES/NDIY O	NO/HAPAN A
a. ARVs First line/Mstari wa kwanza wa ARV						
1. TDF/3TC/EFV						
2. TDF/FTC/EFV						
3. AZT/3TC/NVP						
4. AZT/3TC						
5. NVP						
b. 1st line Anti-TB medicine / Mstari wa kwanza wa dawa ya kifua kikuu						
HRZE						
EH						
RH						
c. CTX						
d. HIV test kits/ Vipimo vya VVU						
e. Condoms (male) / Kondomu (Za kiume)						
f. Condoms (female) / Kondomu (Za kike)						

c. Opportunistic infections drugs / <i>Madawa ya magonjwa nyemelezi</i>						
12.CTX						
13.Cipro						
14.Metronidazole						
15.Fluconazole						
15.Anti-bacterials						
16.Antifungals						
17.Antibiotics						
18.Antivirals						
g. Supplies for cervical cancer screening / <i>Vifaa vya uchunguzi wa saratani ya shingo ya kizazi</i>						

ASK THE FOLLOWING QUESTIONS OF THE IN_CHARGE OF LABARATORY SERVICES. IF HE IS DIFFERENT FROM THE ONE FROM THE ONE WHO ANSWERED THE FIRST PART OF SECTION E, PLEASE ASK FOR HIS DETAILS AS BELOW: / *ULIZA MASWALI YAFUATAYO KWA MSIMAMIZI WA HUDUMA ZA MAABARA. ENDAPO ATAKUWA TOFAUTI NA MTU AMBAYE AMEJIBU MASWALI YA SEHEMU YA E, TAFADHALI ULIZA TAARIFA ZAKE HAPO CHINI:*

Is this the respondent still the same respondent as the previous section?

1. Yes, Go to Q47

2. No

If NO, record the following information of the respondent:

THE IN-CHARGE OF LABARATORY CHARACTERISTICS / *SIFA ZA MSIMAMIZI WA MAABARA*

Name: / <i>Jina:</i>
Position held at facility: / <i>Cheo chake katika kituo:</i>
How long have you been In-Charge of this facility? / <i>Je umekuwa ukiongonza kituo hichi kwa muda gani</i>

Professional experience (years)/Uzoefu wa taaluma(miaka)
Age/Umri
Gender/Jinsia
Contact Information/Taarifa za mawasiliano

Q42. Does your facility have a laboratory or offer laboratory services? / Je kituo hiki kina maabara au kinatoa huduma za maabara?

1. YES..... **CONTINUE / NDIYO..... ENDELEA** 2.
NO.....**Go to SECTION G / HAPANA..... NENDA SECTION**
INAYOFUATA

Q43. ONLY ASK IF YES AT Q47: Do you currently conduct these tests and services at your facility? / **ULIZA TU KAMA NDIYO KWENYE SWALI LA Q47:** Je kwa sasa mnapima na kutoa huduma hizi kwenya kituo hiki?

	Q48	
	YES/NDIYO	NO/HAPANA
Rapid HIV antibody tests/Vipima vya kupambana kwa haraka na HIV		
Dried blood spot for virological testing (infant diagnosis) using PCR		
Haemoglobin estimation		
Venous whole blood collection for CD4 cell count		
Viral load testing		
Blood sugar (glucose)		
Sputum for smear microscopy (TB diagnosis)		
RDTs for malaria		
Peripheral blood smear (malaria diagnosis)		
Rapid syphilis test		
Pregnancy test		
Urine Routine		
Chest X-ray		
Screening for cervical cancer screening		

Q44. ASK IF YES AT Q47: Have there been any gaps in provision of laboratory services provided in the treatment and care of HIV/AIDS in the last 12 months? / **ULIZA TU KAMA NDIYO KWENYE SWALI LA Q47:** Je kumekuwa na gepu/kukatishwakatishwa katika utoaji wa huduma za maabara zinazotolewa katika kituo hiki zinazohusu VVU/UKIMWI katika miezi 12 iliyopita?

1. YES..... **CONTINUE/NDIYO..... ENDELEA** 2.
NO.....**Go to Q51/HAPANA..... NENDA SWALI LA Q51**

Q45. ONLY ASK IF 'YES' AT Q49 ABOVE: what was the cause of the gap in laboratory services provided? **ENUMERATOR PROBE FULLY / ULIZA TU KAMA NDIYO KWENYE SWALI LA Q41 HAPO JUU:** Je nini kilisababisha kukatishwakatishwa katika kutoa huduma za maabara?

Q46. Was there a halt in any laboratory services? / Je kuna huduma yoyote ya maabara iliyositishwa?

1. YES..... **CONTINUE / NDIYO.....ENDELEA** 2.
NO.....**Go to Q53 / HAPANA..... NENDA SWALI LA Q53**

Q47. If YES AT Q51 ABOVE: What was the cause of the halt in laboratory services provided? / **KAMA NDIYO KWENYE SWALI LA Q51 HAPO JUU:** Je nini kilisababisha kusitishwa kwa huduma hizo zilizokua zikitolewa?

Q48. Has there been a change in the speed of processing laboratory services in the past 12 months? / Katika miezi 12 iliyopita, je kumekuwa na mabadiliko katika kasi ya utoaji wa huduma za maabara?

1. YES..... **CONTINUE / NDIYO..... ENDELEA** 2.
NO.....**Go to Q56/HAPANA.....NENDA SWALI LA Q56**

Q49. If YES AT Q53: How has the speed of processing laboratory services provided changed? / **KAMA NDIYO KWENYE SWALI LA Q53:** Ni kwa jinsi gani kasi ya utoaji huduma za maabara imebadilika?

Q50. what was the cause of the change in speed of processing laboratory services? / Je nini kilisababisha haya mabadiliko katika kasi ya utoaji huduma za maabara?

Q51. IF NO TO Q48: Did you use to conduct these laboratory tests in the past 12 months? / **KAMA HAPANA KWENYE Q48:** Je mlikua mnapima vipimo hivi vya maabara katika miezi 12 iliyopita?

1. YES/NDIYO..... **CONTINUE/ENDELEA**
2. NO/HAPANA...**Go to Q558/NENDA Q58**

Q52. ONLY ASK IF YES TO Q56 OTHERWISE GO TO Q58: What led to the change in the lab tests or services offered here? / **ULIZA TU KAMA NDIYO KWENYE Q56 VINGINEVYO NENDA Q58:** Je nini kilisababisa mabadiliko haya ya vipimo na huduma za maabara zinazotolewa hapa?

Q53. During the past years has THPS provided you with any laboratory support relevant to your HIV/AIDS services? / **Kwa miaka iliyopita je, THPS imekua ikiwapa msaada wowote wa maabara yenu inayotoa huduma VVU/UKIMWI?**

1. YES/NDIYO..... **CONTINUE/ENDELEA**
2. NO/HAPANA..... **Q60**

Q54. IF YES ATQ58. ELSE GO TO SECTION G: What kind of support have you received (e.g. testing kits, provision of lab equipment or reagents, transport for specimens to lab, or financial support to transport specimens)? **CHECK ALL THAT APPLY / KAMA NDIYO KWENYE Q58.VINGINE NENDA SEHEMU G:** Je mlipokea msaada wa aina gani (kama vipimo, utoaji wa vifaa vya maabara au reagents, usafirisha wa sampuli za maabara, au msaada wa kifedha kusafirisha sampuli)? **WEKA TIKI KWA VYOTE VINAVYOHUSIKA**

1. CD4 Machine
2. HIV Test kits
3. Hematology estimation
4. Chemistry
5. Viral load specimen collection/

6. Lab equipment (Fridges, Centrifuges, cooler box, ice bags) / <i>Vifaa vya maabara (Jokofu, Centrifuges, cooler box, ice bags)</i>
7. Screening for cervical cancer/ <i>Kuchunguza saratani ya mlango ya kizazi</i>
8. Transport of lab specimens to regional labs/ <i>Kusafirisha sampili maabara ya mkoa?</i>
9. Financial support for facilities to transport lab specimens to regional labs/ <i>Msaada wa kifedha kwa kituo kusafirisha sampuli za maabara kwenda maabara ya mkoani.</i>

SECTION G: FINANCE AND BUDGET / SEHEMU YA G: FEDHA NA BAJETI

ASK THE FOLLOWING QUESTIONS OF THE IN_CHARGE OF FINANCE AND PLANNING. IF HE IS DIFFERENT FROM THE MEDICAL OFFICER IN CHARGE OF FACILITY, PLEASE FILL HIS/HER DETAILS BELOW / ULIZA MASWALI YAFUATAYO KWA MSIMAMIZI WA FEDHA NA MIPANGO. KAMA NI MTU MWINGINE ZAIDI YA OFISA AFYA MSIMAMIZI WA KITUO, BASI JAZA MAELEZO YAKE HAPO CHINI:

Is this the respondent still the same respondent as the previous section?

1. Yes, if Yes, Go to Q60

2. No

If NO, record the following information of the respondent:

THE IN-CHARGE OF FINANCE & PLANNING CHARACTERISTICS / SIFA ZA MSIMAMIZI WA KIFEDHA NA MIPANGO

Name:/Jina
Position held at facility:/Cheo chako katika kituo
How long have you been In-Charge of finance and planning at this facility? / Je umekuwa ukiongonza fedha na bajeti katika kituo hichi kwa muda gani?
Professional experience (years)/Uzoefu wa kitaaluma(miaka)
Age/Umri
Gender/Jinsia
Contact Information/Maelezo ya mawasiliano

Q55. What is the facility budget during the current and previous fiscal years? WRITE IN / Kwa mwaka wa fedha huu na uliyopita, je bajeti ya kituo hiki imekuwa ni ipi? ANDIKA HAPA

- Q56.** Comparing the period before you started receiving support from THPS with the current period, would you say that the facility is better off, worse off or in the same position financially? / *Linganisha kipindi kabla hujaanza kupokea msaada kutoka THPS na kipindi cha sasa, Je unaweza kuseama kituo ni Kizuri zaidi, Kibaya zaidi au kipo vile vile kifedha?*
1. Better off/Nzuri zaidi
 2. Worse off/Mbaya zaidi
 3. The same/Vile vile
- Q57. FOR ALL RESPONSES GIVEN AT Q61 ABOVE PLEASE ASK: Why do you say so? / KWA WAHOJIWA WOTE WALIOSEMA KWENYE Q61 ULIZA: Kwa nini unasema hivyo?**
- Q58.** Do you have any other income generating activities (sub-budgets/back-aids) at this facility? / *Je mna shughuli nyingine yoyote ya kuwaingizia kipato (kama vile bajeti ndogondogo /misaada isiyo rasmi) katika kituo hichi? –*
1. YES/NDIYO..... **CONTINUE/ENDELEA**
 2. NO/HAPANA.....**Go to Q65/NENDA Q65**
- Q59.** What are these other streams of income generation (sub-budgets/back-aids) at this facility? / *Vyanzo hivi vingine vya kipato katika kituo hiki ni vipi (kama vile bajeti ndogondogo /misaada isiyo rasmi)?*

SECTION H: HUMAN RESOURCES / SEHEMU YA H: RASILIMALI WATU

ASK THE FOLLOWING QUESTIONS OF THE IN-CHARGE OF HUMAN RESOURCE. IF HE IS DIFFERENT FROM THE MEDICAL OFFICER IN CHARGE OF FACILITY, PLEASE FILL HIS/HER DETAILS BELOW / ULIZA MASWALI YAFUATAYO KWA MSIMAMIZI WA RASILIMALI WATU. KAMA NI MTU MWINGINE ZAIDI YA OFISA AFYA MSIMAMIZI WA KITUO, BASI JAZA MAELEZO YAKE HAPO CHINI: THE IN-CHARGE OF HUMAN RESOURCES CHARACTERISTICS / SIFA ZA MSIMAMIZI WA RASILIMALI WATU

Is this the respondent still the same respondent as the previous section?

1. Yes, Go to Q65
2. No

If NO, record the following information of the respondent:

Name:/Jina
Position held at facility:/Cheo chako katika kituo:

How long have you been In-Charge of Human Resources at this facility? / <i>Je umekuwa ukiongonza msimamizi wa rasilimali watu katika kituo hichi kwa muda gani</i>
Professional experience (years)/ <i>Uzoefu katika taaluma(miaka)</i>
Age/ <i>Umri</i>
Gender/ <i>Jinsia</i>
Contact Information/ <i>taarifa za mawasiliano</i>

Q60. Have you or any of your staff members attended a training since you started receiving support from THPS? / *Je wewe au mfanyakazi wako yeyote ameshawahi kuhudhuria mafunzo tangu mlipoanza kupata msaada kutoka kwa THPS?*

1. YES/NDIYO..... **CONTINUE/ENDELEA**
Q70/NENDA Q70

2. NO/HAPANA...**Go to**

Q61. IF YES AT Q65: Which member/s of staff attended the training? / **KAMA NDIYO KWENYE Q65:** *Je ni wafanyakazi gani walihudhuria mafunzo?*

1.	Medical officers
2.	Care & treatment clinic (CTC) Staff
3.	RCH Staff / <i>Wafanyakazi wa RCH</i>
5.	Laboratory staff
6.	HIV Testing Service focal persons
7.	Pharmacy staff
8.	Information officers
9.	Health Secretary
10.	Peer educators
	Other(Specify)/ <i>Nyingine(Elezea)</i>

Q62. IF YES AT Q65: What was the topic of training? / **KAMA NDIYO KWENYE Q65:** *Je maada za mafunzo zilikuwa zipi?*

a. ART/HIV clinical care, / <i>ART</i>
b. PMTCT,

c. PMS
d. Lab related training topic e.g. external quality assurance (EQA), Biosafety etc.
e. Maternal health
f. STIs,
g. Family Planning
h. Malaria
i. Reporting other

Q63. IF YES AT Q65: How long was the training? / **KAMA NDIYO KWA Q65:** Mafunzo yalikuwa ya muda gani?

Q64. IF YES AT Q65: Who provided the training provider? / **KAMA NDIYO AT Q65:** Je nani aliyetoa mafunzo?

		Q69
1.	Internal Trainings	
2.	Government of Tanzania	
3.	ICAP	
4.	International NGO – Specify/ <i>Taasisi za Kitaifa zisizo za kiserikali - Elezea_____</i>	
5.	Local NGO – Specify/ <i>Taasisi zisizo za kiserikali za hapa nchini - Elezea</i>	
6.	Tanzania Health Promotion Support (THPS)	
	Other specify / <i>nyingine elezea</i> (.....)	

Q65. ASK ALL: During previous calendar week, how many hours did you spend on each of the following activities? / **ULIZA WOTE:** Kwa kalenda ya wiki iliyopita, je mlitumia masaa mangapi kwa kila shughuli ifuatayo?

Clinical Care in HIV or PMTCT clinic / <i>Huduma za kliniki za VVU au kliniki za PMTCT</i>	
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Non-HIV clinical care/ <i>Huduma za kliniki zisizo za VVU</i>	
Preparing reports for THPS/ <i>Kuandaa repoti za THPS</i>	
Preparing Reports for MOHEDEC/ <i>Kuandaa repoti ya MOHEDEC</i>	
Preparing Reports for other entity/ <i>Kuandaa reporti za taasisi zingine</i>	
On-site meetings or trainings/ <i>mikutano au mafunzo ya ndani</i>	
Off-site meetings or trainings/ <i>Mikutano au Mafunzo nje ya kituo</i>	
Outreach/ <i>Utoaji huduma nje ya kituo</i>	
Administrative Roles and Other Non-Clinical Care/ <i>Majukumu ya kiutawala na huduma nyingine zisizo za kliniki</i>	
Other (Please specify)/ <i>Nyingne elezea</i>	
Total number of hours worked/ <i>Jumla ya masaa waliofanya kazi</i>	

“Thank the respondent and close / *Mshukuru mhojiwa kisha tamatisha*”

ANNEX II: KII GUIDE GOVERNMENT

ENDLINE EVALUATION FOR THPS INITIATIVES STAKEHOLDER KIIS – GOVERNMENT

Please Note: This document serves as a guide to the moderator. The discussion may not follow in exactly the same flow; or questions may be asked in a different way during the actual discussion. The moderator may paraphrase and / or change the flow of the discussion to suit the group dynamics and / or the context / culture where the group is held if it better addresses the research objectives/*Nukuu: Hii nakala inatumika kama muongozo wa msimamizi majadiliano yanaweza yasifuate mtiririko sahihi; au maswali yanaweza kuulizwa kivinginge wakati wa majadiliano. Msimamizi anaweza kufupisha na / au kubadili mtiririko wa majadiliano ili kuendana na mabadiliko ya kikundi na / au ujumbe/utamaduni ambapo kikundi kinafanyika.*

1. To start off, Tell me more about yourself. Your name, your profession, your position at NACP, and how long you have been in this role. */Kwa kuanza, Niambie zaidi kuusu wewe, jina lako, Taaluma yako, Cheo chako kwenye kampuni na umefanya kwa mda gani.*
2. How many facilities do you directly oversee at a national level? */Ni vituo vingapi unavisimamia?*
3. How many of your facilities provide care and management of HIV/AIDS at national level? *Ni vituo vingapi vinatoa huduma na usimamizi wa VVU/UKIMWI katika ngazi ya kitaifa?*
4. Do you have any policies and guidelines regarding the provision of care and treatment of HIV/AIDS among the facilities at national level? */Je una sera na Muongozo kuhusiana na utoaji wa huduma na matibabu ya VVU/UKIMWI kwa vituo vilivyopo katika ngazi ya kitaifa?*
 - a. What are the policies? Are they different for the different levels of facilities? Why it so? */Ni sera zipi? Je zinatofautiana kwa ngazi tofauti za vituo? Kwanini ipo ivyo?*
 - b. What are the guidelines used at national level? Are they different for the different levels of facilities (regional hospitals, district hospitals, other hospitals, health center and dispensaries? Why it so? */ Ni mwongozo upi? Je ni tofauti kwa ngazi tofauti za vituo? Kwa nini ipo ivyo?*
 - c. How do you ensure its enforcement at national level? */Ni namna gani unahakiki utekelezaji wake kwa ngazi ya taifa?*
 - d. Is there a monitoring system in place at national level? *Tell me more about i/Kuna mfumo wa uangalizi kitaifa? Tafadhali nielezee zaidi?*
5. Do you have records of all patients seeking for HIV/AIDS care and treatment in the facilities at a national level? */Una kumbukumnu ya wagonjwa wote wanataka kuhudumiwa na kutibiwa VVU/UKIMWI kwenye vituo kitaifa?*

- a. How many patients since the last 2 years? /*Ni wagonjwa wangapi tangu miaka miwili iliyopita?*
 - b. Do you have the same number of patients now as was 2 years ago? By this I mean patients who were obtaining treatment for HIV/AIDS but stopped along the way. /*Je idadi vile vile sasa kama ilivyokua miaka miwili iliyopita? Hapa namaanisha wagonjwa waliokua wanapata matibabu ya VVU/UKIMWI lakini waliishia njiani?*
 - c. **If number dropped:** what were the main reported causes for the drop out in most of the facilities at a national level? /*Kama idadi imepungua: Ni sababu zipi kuu zilirepotiwa kwa upungufu kwenye vituo kwa ngazi ya kitaifa?*
 - d. **IS there any follow up for those who dropped?** /*Je kuna ufuatiliaji wa wote waliopungua?*
6. Are there partners in the sector who are providing your facilities with support in the care and treatment of HIV/AIDS? At a national level / *Je, kuna washirika wa sekta wanaotoa msaada wa huduma na matibabu ya VVU/UKIMWI kitaifa?*
 IF YES, /*Kama ndio,*
- a. Who are they? Mention all of them. *Ni akina nani? Wataje wote?*
 - b. What Kind of support are they giving you? /*Ni aina gani ya msaada wanatoa?*
 - c. What is your view regarding the support which you receive? /*Nini mtazamo wako kuhusiana na msaada unaopokea?*
 - d. How effective is the support in helping you care, treat and meet the medical needs of patients at a national level? / *Hii misaada inasaidia kwa kiasi gani katika kuhudumia, kutibu na kufikia mahitaji ya dawa kwa wagojwa?*
7. **I would like you to think of all the facilities at a national level.** I will need you tell me how many have undertaken each of the activities that I will read out to you. You may refer to any records if you have. /*Sasa ningependa ufikirie kuhusu vituo vyote katika ngazi ya taifa. Ningependa uniambie ni vingapi vimepata matukio yafuatayo ntakayo kusomea kwa kila kimoja. Unaweza kutumia kumbukumbu zote.*
RESPONDENT CAN ALSO USE WRITTEN MATERIALS/REPORTS/RECORDS TO HELP COMPLETE THIS SESSION/ ANAWEZA KUTUMIA VIPEPERUSHI/REPORTI/KUMBUKUMBU KUKUSAIDIA KUKAMILISHA SEHEMU HII.

In the past three months, how many of them would you say: /*Kwa miezi mi3 iliyopita: Ni vingapi kati yao unaweza kusema:*

PHARMACY/DUKA LA DAWA

- a. Had stock of HIV-related medication has been updated in the inventory/control system /*Ina hifadhi ya VVU-madawa yanayofuatana*
- b. Ha no stock-outs of pharmacy supplies (HIV test kits, CTX, ARVs) for a certain period e.g. how many stock-out free quarters /*Hawana hifadhi ya nje ya*

maduka ya dawa ya (Vipimo vya HIV, CTX, ARVs) kwa kipindi Fulani k.m je kuna hifadhi ya nje kwa miezi mitatu.

- c. How many completed supply order forecasting and submitted them timely/
Umewakamilisha na kukusanya oda ngapi za usambazaji kwa wakati?

LABARATORY/MAABARA

- a. And how many no stock outs of Laboratory supplies (HIV test kits, CD4, hematology, chemistry, viral load reagents,) for a certain period e.g. how many stock out free quarters /*Na ni mara nagapi umeishaiwa hifadhi ya vifaa vya maabara (vipimo vya Ukimwi,CD4, hematology, Chemisrty, viral load reagents) Kwa kipindi Fulani m.f ni mara ngapi haukuwa na hifadhi katika miezi mitatu.*
- b. How many completed well forecasted report and request order and submit them timely / *Je ni wangapi wanamaliza ripoti za utabiri na kuweka oda au kuziwasilisha kwa muda mwafaka*

M & E / TATHMINI NA USIMAMIZI

- a. Number of facilities/districts reporting complete HIV HMIS data to districts/regions according to recommend national timeline / *Idadi ya vituo / wilaya kutoa ripoti kamili za data za VVU HMIS za wilaya / mikoa kulingana na muda pendekezwa wa taifa.*
- b. How many have a platform to undertake quarterly data quality assessments conducted by R/CHMT supervisors / *Je ni wangapi wana jukwaa la kufanya tathmini ya ubora wa takwimu kwa kila baada ya miezi mitatu inayofanywa na wasimamizi wa R/CHMT*
- c. How many have at least at least 80% data accuracy across indicators assessed during site DQAs / *Je zipi zina angalau asilimia 80 ya usahihi wa data kwenye viashiria vilivyopitiwa kipindi cha DQA?*

SUPPORTIVE SUPERVISION / KUTEMBELEWA NA WASIMAMIZI

- a. And how many would you say that have received supportive supervision visits from R/CHMT within specified period, according to national guidelines / *Je ni wangapi wamepata msaada wa kutembelewa na R/CHMT katika muda tajwa, kulingana na muongozo wa taifa.*

QUALITY IMPROVEMENT / KUBORESHA UBORA

- a. And how many of the facilities have facilities having less than 25% attrition in patients on ARVs; / *Je ni vituo vingapi vina vituo vyenye wagonjwa wa ARV chini ya idadi ya asilimia 25*
- b. How many have newly enrolled HIV patients who achieve ART eligibility determination within 1 month of enrollment / *Je ni ngapi zina wagonjwa*

wapya wa VVU waliyojiunga wanaostahili kupata ART ndani ya mwezi mmoja wa kujiunga

- c. How many have diagnosed HIV patients (PITC, PMTCT, CITC) who are enrolled in care and achieve ART eligibility determination (e.g. are not lost to follow-up soon after linkage) / *Je ngapi zina wagonjwa wa VVU waliyopimwa (PITC, PMTCT, CITC) ambao wamejiunga na hutuma na wanastahili kupata ART (kama)*

HUMAN RESOURCE / RASILIMALI WATU

- a. And how many have recruited to fill the sanctioned clinical positions / *Je wangapi wamesajiliwa ili kujazilizia vyeo vilivyoruhusiwa rasmi katika kliniki*
- b. Have had their staff go through HIV/AIDS trainings planned by the district that were completed / *Ambayo wafanyakazi wake wamefundishwa mafunzo ya VVU/UKIMWI yaliyopangwa na wilaya ambayo yalikamilika*
- c. How many have seconded positions absorbed into district financial/budget plans / *Je ni ngapi ambazo nafasi zake za pili zimemezwa kwenye mipango ya bajeti/fedha za wilaya*

LEADERSHIP / UONGOZI

- a. How many have planned R/CHMT meetings that were conducted; % of R/CHMT meetings in which HIV service delivery data or other HIV-related data were discussed / *Je wangapi wana vikao vya R/CHMT vilivyopangwa na kufanyika asilimia % ya vikao vya R/CHMT ambapo uwasilishwaji wa data za huduma za VVU au data zingine zinazohusiana na VVU zilijadiliwa*
- b. How many have held R/CHMT meetings in which HIV quality improvement issues were discussed / *Je wangapi wamefanya vikao vya R/CHMT ambapo maswala ya uboreshaji wa ubora wa VVU ulijadiliwa*

INFRASTRUCTURE / MIUNDOBINU

- a. How many have the basic equipment functioning as mandated for the level of facility by national guideline? / *Je ngapi zina vifaa muhimu vinavyofanya kazi kama inavyostahili kwa ngazi ya kituo kwa muongozo wa taifa*
- b. How many with planned renovation (electricity, water, or physical renovations) completed on time? / *Je ngapi zina mpango wa urekebishaji (umeme, maji au jingo) uliyoisha kwa muda muafaka?*

FINANCIAL MANAGEMENT/PROGRAM PLANNING / USIMAMIZI WA KIFEDHA / MPANGO WA MRADI

- a. How many produces accurate and correct quarterly financial reports on time? / *Je ngapi zinatoa ripoti ya kifedha ya kila baada ya miezi mitatu iliyosahihi na yenye ubora na kwa wakati muafaka*

BUDGET PLANNING AND MONITORING / USIMAMIZI NA MPANGO WA BAJETI

- a. How many recipients who manage to come up with accurate budget to cover all planned activities? How many tracks all expenditures against budget? / *Je ni wapokeaji wangapi wanaotengeneza bajeti sahihi kugharamia shughuli zote zilizopangwa?*
8. In, the event that these partners are not available, what mechanisms do you have in place to continue meeting the needs of your HIV/AIDS patients with the same standards? / *Ikitokea wabia hawa hawapatikani, una njia gani ya kutumia ili kuendeleza kukidhi mahitaji ya wateja wa VVU/UKIMWI kwa kiwango kilekile?*
 - a.) Have a training plan in place – ask for evidence / *Wana mpango wa mafunzo – omba uthibitisho*
 - b.) Have recruited staff with the knowledge of handling the various touch points – Lab, peer educators, M & E etc. / *Wana wafanyakazi waliyosajiliwa wenye ujuzi wa kushughulikia maeneo tofauti – maabara, muelimisha rika, tathmini na usimamizi n.k*
 - c.) Have M & E facilities in place – record keeping infrastructure – **Ask for evidence** / *Wana vituo vya tathmini na usimamizi – miundombinu ya kukusanya rekodi – omba uthibitisho*
 - d.) Have included HIV/AIDS care in budget / *Wamejumwisha huduma za VVU/UKIMWI kwenye bajeti yao*
 - e.) Have an inspection plan of the facilities every quarter/period / *Wana mpango wa ukaguzi wa vituo kila baada ya miezi mitatu / katika kipindi*

ANNEX III: KII GUIDE NGOs

ENDLINE EVALUATION FOR THPS INITIATIVES STAKEHOLDER KIIS – NGOs

I would like to know a little bit more about you. Starting by telling me what your name is, your position in this organization, and how long you have been holding this position. / *Ningependa kukufahamu kidogo. Naomba anza kuniambia jina lako, cheo katika taasisi hii na umekuwa katika cheo hiki kwa muda gani?*

9. Now tell me a bit more about your organization. When it was started and what you mainly do. Your Geographical footprint / *Naomba niambie kidogo kuhusu taasisi yenu. Ilianza lini na mnafanya nini haswa. Na mpo katika maeneo gani.*

10. What sections of the population do you work with? / *Je huwa mnafanya kazi na sehemu gani ya idadi ya watu?*

11. Currently, are you implementing any programs related to HIV/AIDS care and treatment? / *Kwa sasa, mnafanya mradi wowote unaohusiana na huduma na matibabu ya VVU/UKIMWI?*

a. IF YES: What programs are they? Whom are you working with? **EITHER POPULATION OR INSITUTIONS OR HEALTH FACILITIES** / KAMA NDIYO: *Je ni miradi gani? Je mnafanya kazi na nani? IWE NI IDADI YA WATU AU ASASI AU VITUO VYA AFYA*

b. What regions does the program cover? / *Je mradi huu upo katika mikoa ipi?*

c. What is your mandate/goals of carrying out these programs? / *Je majukumu / lengo lako katika kufanya miradi hii ni lipi?*

12. Are you partnering with any other institutions or organization in the implementation of these programs aimed at care and management for HIV/AIDS? / *Je mmeingia ubia na asasi au taasisi zingine zozote katika kufanya miradi hii inayolenga huduma na usimamizi wa VVU/UKIMWI?*

- a. Which organizations are these? **Probe if THPS is not mention** / *Je hizi ni taasisi zipi? Dadisi kama THPS haijatajwa*
- b. What's the nature of these partnerships? / *Je sifa za ubia huu ni zipi?*
- c. What are your mandates? / *Majukumu yako ni yapi?*
- d. And what are the mandates of the partners? / *Je mbia wako naye ana majukumu gani?*

13. You mentioned to be earlier that you work with health facilities in the implementation of these of programs. Please tell me more about this. / *Mwanzoni umeniambia kwamba unafanya kazi na vituo vya afya kufanya miradi hii. Tafadhali naomba niambie Zaidi.*

- a. What kinds of health facilities do you work with? / *Je huwa unafanya kazi na vituo gani vya afya?*
- b. And how many health facilities which provide Care and management for HIV/AIDS are under this programs that you are implementing? **Probe if they have different levels** / *Je ni vituo vingapi vya afya vinavyotoa huduma na usimamizi wa VVU/UKIMWI vinashughulika na miradi hii mnayoifanya? Dadisi endapo vituo hivyo vina viwango tofauti*
 - Regionals levels / *Viwango vya mkoa*
 - Districts levels / *Viwango vya wilaya*

- Community levels / *Viwango vya jamii*
- c. What's the Geographical spread of the facilities? / *Je vituo hivi vimesambaje katika maeneo tofauti?*

14. What services/support do these programs offer to these facilities? **Probe for their level and whether the support differ from different levels. USE THE LIST OF SERVICE POINTS BELOW TO PROBE.** / *Je miradi hii inatoa huduma/msaada gani kwa vituo hivi vya afya? Dadisi kwa viwango vyao na endapo msaada unatofautiana kutoka kiwango kimoja hadi kingine. TUMIA ORODHA YA HUDUMA ZILIZOPO HAPO CHINI KUDADISI*

- a. Production of financial reports in time / *Utoaji wa ripoti ya kifedha kwa muda mwafaka*
- b. Human Resource Support / *Msaada wa raslimali watu*
- c. Pharmaceutical Support / *Msaada wa madawa*
- d. Monitoring and Evaluation (HIV Management Information Systems - Structures of report on HIV information, Quality assessments, 80% data accuracy) / *Tathmini na usimamizi (mifumo ya taarifa na usimamizi wa VVU – muundo wa ripoti juu ya taarifa za VVU, tathmini ya ubora, usahihi wa asili 80 wa data)*
- e. Laboratory supplies relevant to HIV/AIDS services / *Vifaa vya maabara vinavyohusiana na huduma za VVU/UKIMWI*
- f. Supervision visits / *Kutembelewa na wasimamizi*
- g. Reduced attrition of patients, ART eligibility determination
- h. Refurbishing of buildings / *Kurekebisha majengo*

- i. Budget Planning and monitoring / *Kupanga na kusimamia bajeti*
- j. Financial donations/grants / *Misaada/michango ya kifedha*
- k. Transport samples, transport of orders/supplies / *Kusafirisha sampuli, oda/vifaa*

15. As you might be aware, THPS is closing this program. Are you aware of that? **IF NOT:**

TEL RESPONDNET THAT THE PROGRAM IS COMING TO AN END. Are you aware that you will be transitioning from THPS support? / *Kama unavyofahamu, THPS inafunga mradi huu. Je unafahamu hilo? KAMA HAPANA: MWAMBIE MHOJIWA KWAMBA MRADI UNATAMATISHWA. Je unafahamu kwamba utakuwa mkibadilika kutoka kwenye msaada wa THPS?*

- a. **IF YES:** When did you learn that you will no longer receive support from THPS? / *KAMA NDIYO: Je ulijua lini kwamba hutopokea msaada tena kutoka THPS?*
- b. What plans do you have in place to continue with the activities with the health facilities? / *Je mna mpango gani ili kuendelea na shughuli hizi katika vituo vya afya?*

16. Have you worked on a transition plan with THPS? Please tell me more about the plan.

/ Je mmeshughulikia mpango wa mabadiliko haya na THPS? Naomba niambie Zaidi kuhusu mpango huu?

17. How do you ensure sustainability of the following services within program areas even after the withdraw of THPS support? / *Je una hakikishaje uendelezaji wa huduma zifuatazo katika eneo la mradi hata baada ya THPS kukata msaada wao?*