TANZANIA COP 20 CIVIL SOCIETY CHECKLIST

CSO Priorities	COP19 language + data	Draft language & budget for COP20	Target for COP20	COP20 SDS language	Comments/ Suggested language for the COP20 SDS
Testing	**SDS P3:** Support community activities for index testing Strategies to find key and vulnerable populations and men; Recency testing will be built into routine case-finding strategies; in-depth sexual network tracing will be conducted for all cases of recent infection **SDS P19:** PEPFAR/T faces daunting challenges to scale-up evidence-based solutions with fidelity due to slow community-level adoption of policies for successful case identification and	PEPFAR/T efforts will be made to work with community actors including CSOs, and Key and Vulnerable Population (KVP) to promote demand for HIV testing among the risky groups. PEPFAR/T will address the directives of the 2020 COP guidance by ensuring that it's delivered in a manner that is respectful to the clients. Index testing will be implemented in a	Increased testing targets to ensure that > 95% of people living with HIV are aware of their status with priority given to district with the lowest testing indicators A plan for reviewing implementation of Index testing that engages civil society that ensures that index testing is client centered addressing their safety needs Testing targets set should include a combination of testing modalities and not just index	**SDS P3**: Continue to roll out index testing with fidelity, with a continued emphasis on ensuring that services offered are of high quality, non-coercive, and confidential. **Sec 4.1.1:** This will include routine tracing of intimate partner violence and reporting of any related adverse events **SDS P3:** Hone PITC screening to ensure we are testing those most at risk. Self-testing scale-up with fidelity will be	**Index testing:** Ensuring that tools for monitoring adverse events are created with a participation of CSOs. That there are clear ways to monitor and report adverse effects with a clear redress mechanism. pg. 30 "In COP20, the post-contact tracing adverse event screening for index clients will include physical and non-physical violence, undesired disclosure of status or identity, and conditioning of

	retention. **SDS P7:** focus on models and populations where self-testing can have an impact (including uptake and linkage) in the short-term (e.g. male partners of women in antenatal settings) with structured programming to learn how best to use kits amongst other groups including partners of sex workers and key and vulnerable populations **SDS P47:** PEPFAR/T will guide partners to conduct mapping of local CSOs that work with KP, especially MSM, and identify collaboration areas to accelerate geographic expansion. Through this approach, peers/seeds will be selected as key	manner that does not jeopardise the safety of people living with HIV exposing them to negative outcomes. PEPFAR will support community based monitoring to ensure that index testing respects confidentiality and voluntary testing and human In COP20, PEPFAR will support the creation of tools to track IPV in scale up index testing among the most vulnerable. Support the creation of tools to track IPV in scale up index testing among the most vulnerable. Review policy to ensure	testing	rolled out nation-wide. Recency testing will be built into our routine case finding strategies, and in-depth sexual network tracing will be conducted for all cases of recent infection. **SDS P27, Sec. 4.1.1:** client centered targeted community testing, including peer/social network testing (SNT) approaches for key and priority populations focusing in geographic hot spots on areas where new diagnoses are occurring.	services on participation in index testing, and will be developed with input from civil society organizations." *Remove mention of specific index testing targets, specifically this sentence:* "The goal is to increase the number of index positives by almost 115,705 being identified through index testing modalities in FY21 being 50% of the total positives identified." Add language identified in the index testing addendum at bottom **Other** Provide community peers and navigators with

	contacts to enable increased access for MSM to services such as HTS and to link those found to be HIV-positive to ART services. **SDS P 46**: GOT committed to roll out HIVST as part of its efforts on comprehensive prevention pending the law to lower the age of consent. **SDS P 90:**HIVST being registered in the country pending approval by Parliament **SDS P32**: In collaboration with the Association of Private Health Facilities in Tanzania (APHFTA) PEPFAR/T will intensify work place approach by distribution of HIV self-testing (HIVST) in male dominated workplaces, both	confidentiality of data collected the implementation through index testing. In COP20, PEPFAR will Fast track the roll out of HIVST with full engagement of community actors in service demand creation. PEPFAR will support the creation of HIV status awareness by targeting hotspots in the district with the lowest HIV status awareness. In COP20, PEPFAR will support community based testing for workplace in 50 high burden councils targeting men			identification (IDs, Uniform) so that they may assist in introducing them to the concerned communities, facilities and when required law enforcement agencies

	public and private. **SDS P33**: introduce HIVST for high-risk females in facility and community–based settings	PEPFAR will in COP20 immediately roll out self testing for all the populations.Support community groups to create awareness on self testing to increase demand Invest in pre and post test counselling for clients taking up self testing. Community actors will be supported to monitor the practice of index testing at the facility and eventually offer suggestions of its improvements. PEPFAR/T will continue to support community based			

		and universal innovative approaches to HIV testing targeting the general population and vulnerable groups. These include strategies to find men and youth, early diagnosis of infants, reaching out to KVPs and AGYW. PEPFAR will support the government to hasten the adoption of policies so as to achieve successful identification and retention of clients. In addition it still remains important to involve men in antenatal clinics . For the obscure groups, PEPFARs investment in self tests will assist them much to know their status. However it will be			

		important that special directives are made linking them to appropriate services e.g. linkage to treatment for those found to be living with HIV and PrEP for those who are HIV negative. With the successful lowering of the age of consent in 2019, PEPFAR/T to assist GOT initiate a process of successful national launch of HIVST.			
Gender Based violence	**SDS P43:** The recent violence against children (VAC) study conducted in Tanzania showed that more than one-third (33%) of girls experience sexual violence. GBV acts as a strong deterrent to accessing HIV services.	PEPFAR will integrate endeavors to address GBV and other high risk factors that predispose women and members of key and vulnerable groups into high risk of contracting	NA	SDS P29 Sec 4.1.1 IPs will address intimate partner violence (IPV), community and facility partners will strengthen the inclusion of gender -based violence (GBV) screening through PEPFAR/T	Support community based mobile clinics to create awareness on prevention in 30 councils with the highest pregnancy rate, HIV infection and GBV. Geita, Mwanza, Dodoma, etc.

		HIV in its interventions. Special interventions will be made to reach men in places noted to have high rates of GBV rates.		support by rolling out GBV screening and referrals in HTS settings.	
Support CSOs and communities to implement innovative methods or reaching to high risks/ vulnerable groups (KPs, AGYW, OVCs and youth) and men and people in the workplaces	**SDS P21:** support expansion and tracking of DREAMS and post gender-based violence (GBV) care interventions for AGYW. **SDS P30:** intensify targeted facility-led community case finding strategies with high yield focusing on KVP and priority populations (PPs) in community settings. **SDS P31:** IPs will increase the numbers of KVP and PLHIV peer volunteers to cover all districts and fast track HTS at all levels. **SD P33:** Program data	In COP20, PEPFAR will address challenges identified through programme data that show special difficulties in reaching to pediatric living with HIV while at the same time assisting them stay suppressed. In COP20, PEPFAR will support monthly outreach services for KPs and strengthen referral systems from the community to the facility and work with popular opinion leaders to	COP20 Target: Funding for monthly outreach models for KVPs and strengthened referral systems	VMMC to focus on older men, and innovation funding to expand evidence-based and data-informed innovative strategies: **P49: Sec 4.3 d:** back to back campaigns integration of Shang ring device, workplace-focused campaigns, and mobile VMMC vans. **P62: Sec 4.6.4** Best practices and creation of communities of practice **P30: Sec 4.1.1** integrate nighttime, Integrate home visits and moonlight testing activities,	Continue Rolling out SDM with respect to aggressively introduce Multi Month Dispensing throughout the country.

	show major gaps in reaching pediatric populations and low yield of HIV testing and viral suppression. The overall strategy for addressing the gap in ART coverage in pediatric populations has 4 elements: 1) Improving EID coverage; 2) Index testing for biological children of mothers with HIV; 3) OVC activities; and 4) Focused PITC. **SDS P32:** PEPFAR will support targeted testing through private sector workplace programs which have demonstrated success to improve HTS access among men. PEPFAR/T will also accelerate case finding in the military setting through the U.S. Department of	implement implement the program of outreach PEPFAR will support quarterly outreach for youth in schools in secondary and institutions of higher learning and out of school in informal sector settings. (15-24: In School and Out of school (75% in Informal setting). Create a DREAMS like program for men in the community ; 25-45:Out of school (75% in Informal setting). COP20 will work with organisations in the informal sector to reach men and women who are not in the formal institutions		extended operating hours, deploying male service providers, adherence counseling for people with poor VLS, appointment reminders, SDM roll out including MMD and facility community ART refills.	

	Defense (DOD) funded programs.	for linkage and retention. COP20 will further support the father to father program where 5 fathers are in a support group and they join another group of 5 where they are sensitized on the entire cascade (Geita) need to increase across the country. (Reach out on report) COP 20 will support male champions/ opinion leaders at the clinic and in the community to create demand for increased services in the formal and Informal sectors The PEPFAR COP20 will support number of religious			

		organisations to reach men to reduce stigma which hinders access to services and retention.			
Prevention	**SDS P7:** Following 2018 shifts to scale-up pre-exposure prophylaxis (PrEP) for key populations and discordant couples. In preparation for COP 2019, the GOT has proposed to immediately scale-up PrEP nationwide, including expanding eligibility criteria to include adolescent girls and young women. **Govt Data:** According to the NACP, results of the pilot test show a lower uptake and a lot of misconceptions	Finalize PrEP specific tools and guidelines that are inhibiting its full roll out. GoT and PEPFAR to develop the cost scale up plan for PrEP and develop a sustainable plan in its provision. The budget for PrEP introduction inclusive of communications will be xxxx. PrEP retention target will be XXX in the COP20. In COP20, PEPFAR will support the purchase of lubricants at a	Support immediate acceleration of national PrEP roll out and development of guidelines and SOPs for PrEP rollout.	**P3 Goal Statement: Last Para:** PEPFAR/T immediate nationwide PrEP scale up by May 2020 to reach out to most at risk populations (vAGYW, MSM, PWID, Transgender persons, FSW, Fishers, discordants, and other KVPs). **P4 Para1:** In COP20, the policy focus will be on scaling up PrEP and self-testing and rolling out biometric finger scanning for unique identification.	Finalize PrEP specific tools and guidelines that are inhibiting its full roll out. GoT and PEPFAR to develop the cost scale up plan for PrEP and develop a sustainable plan in its provision. PEPFAR will review the transition from Sauti to EPIC that is leaving communities without services and medicines. PEPFAR in COP20 will Integrate PrEP into other services for specific

	about PrEP at all levels (facilities and community). **Community:** This finding of poor uptake and misconception has also been corroborated by community actors. **SDS P7:** Expanding PREP eligibility criteria to include adolescent girls and young women **SDS P15:** Pepfar provides no support for condoms in the country. Table 2.2.2 shows 0 support. **SDS P38:** The table shows that there are a number of14 to 24 aged youth having condom-less sex. The primary intervention includes condom provision and contraceptives through DREAMS interventions	subsidised rate of the HIV prevention general population. PEPFAR will review the transition from Sauti to EPIC that is leaving communities without services and medicines. PEPFAR in COP20 will Integrate PrEP into other services for specific population groups such as AGYW, KVPs, youth and other groups in need PEPFAR/T to strengthen the condom supply chain management system to address ordering hitches. With regard to 14 to 24 age categories having condomless sex, there is need for PEPFAR to elicit the assistance of community actors			population groups such as AGYW, KVPs, youth and other groups in need PEPFAR/T to strengthen the condom supply chain management system to address ordering hitches. PEPFAR/T to strengthen the condom supply chain management system to address ordering hitches. With regard to 14 to 24 age categories having condomless sex, there is need for PEPFAR to elicit the assistance of community actors in condom literacy and demand creation among the youth. **Amend pg 49:** PrEP services are among the key components of this package. PrEP has been prioritized for

	SDS P41: In COP 2019, PEPFAR/T will assist the GOT to adopt a TMA for condoms by supporting the social marketing sector, complementing GFATM support for male and female condoms distributed within the public sector. Support for condom programming will remain national in scope, with condom promotion activities limited to scale-up councils where targets are set for comprehensive prevention interventions. **SDS P38:** COP Guidance 2020 provides that VMMC not be done for age groups below 15.	in condom literacy and demand creation among the youth. Reconsider the decision to lock out children who are less than 15 years old. Considerations could be made at least for children who are 13 years old .			groups of people who havesubstantial risk of acquiring HIV: serodiscordant couples; AGYWs; all HIV negative pregnant and breastfeeding women; MSM; transgenders; sex workers; and PWID. **Add pg 49:** PEPFAR will support people on PrEP with support groups to increase retention of those on PrEP across ALL PEPFAR sites offering PrEP.
DTG Roll	**SDS P94:** Because TLD	PEPFAR/T will	Review the existing	(***SDS.section 4.3 pg***	priorities being well

Out	offers a pack size that lasts three months and six months, the transition to TLD provides an opportunity to expand multi-month prescribing for stable patients from two to three or six months	support the government to phase out the existing stock of TLE and ensure a smooth transitioning to TLD. With the clearance of WHO on the safety of TLD to women of child bearing potential, treatment literacy will be supported to ensure correct information is accessed. PEPFAR will fastrack TLD transition as planned and work with community actors to effect treatment literacy and adherence support	TLE stock in the country and give permissions right off cost of TLE to allow the country to move to TLD (example from Zimbabwe). Support a full roll out TLD in the country and tracking of weight gain	***47:parag 2***) PEPFAR/T has supported introduction of lopinavir granules use for young children and DTG for children weighing above 20kg and will continue to support rollout throughout the country. (***SDS PG,52 section 4.4:parag 4***)The use of Dolutegravir based regimen is now implemented in all facilities following the GoT circular that was released in February 2020.In terms of proportion of eligible clients receiving DTG based regimen, the phase I and II facilities are at 80%, and phase III facilities are at nearly 30%.	addressed to the commitment PEPFAR will fastrack TLD transition as planned and work with community actors to effect treatment literacy and adherence support.

Human Resources for Health.	The GOT will allow lay cadres to conduct HIV testing as part of its effort to close the HIV identification gap in Tanzania. by using CHWs, CDWs, CDOs, SWOs, HAs, VHWs, HIV HBC providers, and members of health facility governing committees.	IN COP20, the government will ensure implementation of its COP19 commitments to allow lay cadres to conduct HIV testing as part of the ambitious strategy to scale up HIV testing in Tanzania. The government and PEPFAR will use lay cadre to improve the friendliness and uptake of HTS and assist in linkage and adherence to other services. GoT and PEPFAR collaborate in enabling Health workers and community lay cadre to work together to improve HIV testing and retention.	Hire 20,000 additional community health workers (as per COP19). Policy: Implement the COP 2019 commitment by government to hire community health workers by reversing the hiring freeze on community health workers/expert patients and support linkage and retention on PLHIV for those lost to follow up.	**COP20 Page 7:** This will also include a deeper analysis using the PEPFAR/T Health Worker Inventory of 2019 and other data sources to triangulate information to effectively guide HRH investment based on needs. **COP 20 page 52. Para2** will continue to collaborate and coordinate with GoT and the Global Fund to address key human resources for health gaps that stand as key barriers to fully implementing activities required for epidemic control. The investment will	To add GF to the health worker inventory to ensure a joint GoT/PEPFAR and GF health worker inventory As above to add to the last sentence on this paragraph as agreed in Joburg that, PEPFAR will engage CSOs in discussions with the GoT in prioritising the cadres and scope of these 5,000 additional workers. CSOs should be engaged effectively during the process of developing job descriptions for the recruitment of these volunteers. PEPFAR to support GOT on developing a framework that will enable

		PEPFAR will ensure sufficient community health care workers to follow up on the clients to be initiated on ART (long distance to the facility people who do demand creation are different from the persons who accompany the clients tofacility for refill. PEPFAR will ensure additional **i**nvestment (this includes personnel) in data quality improvement that is related to linkage and referral. PEPFAR will recruit additional health workers (whether retired or lay health workers) to intensify screening and comprehensive		target allocative efficiency and improved performance of communit-y health workers using evidence-based approaches to estimate the site level needs and client-centered approaches **COP20 page 53:** Lay/non-health HIV testing and counseling personnel. The GoT is not in support of allowing lay/non-health personnel to conduct HIV testing and counseling. The GoT is examining availability and interests of existing unemployed HRH and will assess how to cover the gap for	collaboration between skilled and the community lay cadre in working together on HIV community.Skilled health workers will conduct professional health related services while the community lay cadre to conduct non health professional services in the community. To also add, PEPFAR will agree with the GoT on a specific timelines for the recruitment of these volunteers and engage CSOs in these discussions (the point is we don't want government to come back to COP21 with no

		counseling to reduce repeat testing but also solve issues related to linkage.		personnel who will be performing HIV testing and counselling. The GoT plans to advertise HIV testing and counseling positions and solicit unemployed health workers. PEPFAR will continue advocating for using lay counselors as self-testing agents. During COP20 discussion, PEPFAR/T also agreed to hire 5000 community workers to support important prevention and treatment-related demand creation activities. COP 20 page 79, point number 4:	recruitment done, they need to communicate a clear timeline and by when these will be done and engage and involve CSOs in these discussions) Can PEPFAR

				Support advocacy for increased budget allocation (HRH financing) according to the needs and HRH data utilization (supportive evidence).	clarify how they intend to do this and explain further in the SDS, and how they will engage and collaborate with CSOs working on the same in Tanzania?
Implementation of differentiated service delivery and MMS	**SDS P47:** PEPFAR/T will continue using differentiated service delivery models for HIV case finding and linkages to treatment among KP/PP, which include self-testing, index testing, contact tracing, social/sexual network demand creation and testing, enhanced KP peer navigation/escorted referrals, and rollout of community ART initiation and refills for KP living with HIV	In COP20, PEPFAR will invest in the actualization of Community ART to ease the burden experienced at the facilities and with the health care workers.	Rollout out implementation of 6MMS/D with emphasis on the community based models e.g workplaces, community differentiated service delivery including community ART. Invest in organizations serving high burden/low coverage areas to	Already addressed	Already addressed

	including Fast Track ARV refills (FASTA) schemes for differentiated service delivery models (P79). **SDS P60:** Specific policy developments that support COP19 implementation include community outreach ART, differentiated service delivery including 6 month MMS, nurse-initiated management of ART, HIV case based surveillance (CBS).		support community–led treatment literacy and community system strengthening		
Use of Biometric to Unique Identifier	**SDS P20:** PEPFAR/T will support the GOT to implement UIS to strengthen availability of client level data for effective, national case base management. UIS will facilitate longitudinal records for the diagnosed case across the course of HIV disease (P76) and best track HIV Cascade	PEPFAR/T to continue working with the government to ensure effective client based data management with a high degree of measures put in place to protect confidentiality and to minimize risks of loss of privacy.	NA	**P63: Section 4.6.6:** Client register development is underway. In addition, the strategy includes immediate scale-up of biometrics in HIV C&T sites covering 80% of TX_CURR, and a National Health Client Register to support	PEPFAR/T to continue working with the government to ensure effective client based data management with a high degree of measures put in place to protect confidentiality and to minimize risks of loss of privacy.

	(78). **SDS P20** The strategy allows for multiple forms of identification, such as phone number, voter identification, birth registration identification, national insurance identification and biometrics. SOPs are in place to protect confidentiality and to minimize risks of loss of privacy. **SDS P78** an ongoing, intensive biometric scale-up in 756 C&T sites to capture 80% TX_CURR, targeted scaleup of biometrics within HTS services where a hospital management system is available **SDS P107:** Unique identifier has been incorporated into			probabilistic matching of clients. The unique identification strategy will link testing, treatment, and dispensing records so the data can be analyzed across sentinel events.	CSOs to be involved in monitoring its implementation with relation to safety issues and ethics. Amend to: **SDS pg 49** PEPFAR has committed to ensure HIV services among KP do not put people at risk. PEPFAR/T acknowledges the need to take extra precautions with the information collected, documented, or stored in electronic systems. PEPFAR/T and GoT have developed national KP M&E tools and a database for reporting all KP services with unique

	eHealth strategy; PEPFAR/T team to work to build on success of biometrics pilot in Zanzibar to expand to the mainland				identifiers and data protection with the aim of protecting vulnerable people. PEPFAR will work with GOT to develop data protection and privacy laws that outline the use of health data collected from health clinic to ensure the safety of communities at the facility.
Paediatrics (testing, treatment and retention)	**SDS P33:** Based on FY19 Q1 results out of the 12,932 HIV-exposed infants (83% of eligible infants) had dried blood spot (DBS) collected, 289 tested HIV-positive while 328 (114%) were initiated on ART **SDS P33:** PEPFAR/T achieved only 64.2% of EID at 2 months, with	Address the delays in DBS turnaround time for pediatrics. Improve performance for EID at two months and the tensing of HEI at 12 months. The infant ART gap also needs to be addressed. There is a need to use all opportunities presenting	Immediate phase out of nevirapine for children as per COP 2019 agreements and introduction of DTG and lopinavir granules and/or pellets Support point of care Early Infant diagnosis (POC-EID) (E.g. EGPAF in several countries)	**Page 73: Sec 4.6:** PEPFAR/T will continue to support timely VL/EID test result return and utilization; optimization of laboratory VL/EID testing services, including improvements on specimen transport and results return system; tracking	Shorten the turnaround time (TAT) required for returning the EID DBS test results. Continue the phasing out of Nevirapine and fast track Lopinavir /Ritonavir (pellets or granules) based regimens

	only 79.9% of HIV-exposed infants being tested for HIV at the age of 12 months. **SDS P33:** Challenges contributing to identifying HIV+ infants and ART gap among HEI include missed opportunities in facility processes, shortages in human resources, sub optimal use of lay workers including peer mothers to identify and follow-up mother-baby pairs. **SDS P27:** pregnant women and infants identified through early infant diagnosis (EID) are prioritized through same day ART initiation **SDS P33:** Long turn-around times for DBS results also contribute to low EID coverage.	themselves to identify EIDs as early as possible. PEPFAR will support CSOs/ community actors to engage mothers and caregivers on literacy on testing treatment and retention of paediatrics.All challenges related to PMCTC be addressed to ensure lesser and lesser transmission to infants is occuring. PEPFAR will ensure the use of reminders for mother and caregivers to find children lost. PEPFAR will create and maintain support groups and outreaches for	Support purchase of cotrimoxazole for children with HIV at the facility. Track morbidity of children.	turnaround time (TAT)	**Amend pg 48:** In addition to implementing approaches to improve ART coverage among this group, PEPFAR/T is working to support GoT in transitioning out suboptimal pediatric regimens, including NVP based regimens urgently.

	SDS P33: PEPFAR/T is working to ensure a systematic approach is used to identify all HEI through screening their immunization cards and have an EID sample collected at the first immunization visit. **SDS Ps 45 and 46:** ART coverage among this group, PEPFAR/T expanded the use of age-/weight-appropriate dosing charts including providing advocacy and rollout support to the GOT during the TLD transition for children weighing >30kg. **SDS P46:** In COP 2018 PEPFAR/T is also working with the GOT to phase out the Nevirapine regimen by supporting healthcare workers use of available DTG and	paediatric treatment days for caregivers and mother (e.g in Kenya there are specific days for Men, Mothers and adolescents). PEPFAR will support mobile treatment literacy on children and adult health . In addition, PEPFAR will support intensive treatment literacy for caregivers on paediatrics Health in all PMTCT sites . PEPFAR will review the data of mothers who have dropped out of care to see if they had children (0-10) and review viral suppression of the children Involve men in			

	Lopinavir tablets for children able to swallow while awaiting the introduction of Lopinavir/Ritonavir granules. **SDS P45:** The COP 2018 program data shows only 18% viral suppression among children age 0-14. **SDS P46:** In COP 2018 PEPFAR/T is also working with the GOT to phase out the Nevirapine regimen by supporting healthcare workers use of available DTG and Lopinavir tablets for children able to swallow while awaiting the introduction of Lopinavir/Ritonavir granules which is expected prior to the beginning of FY2020. SDS P52: The prevalence of HIV among children aged	child health/ a support person who is educated about treatment. Support access to testing, treatment and retention of pediatrics across the country and VLT (important to address EID and treatment challenges and gaps) Implement treatment days at facilities for children, messaging and demand creation at community level using mobile clinics. Support increase of point of care early infant diagnosis (POC EID) for early			

	0-14 years is less than 1% (0.3%) yet the proportion of children with HIV who are virally suppressed is low at 18%. SDS P31: PEPFAR/T will also strengthen and support PLHIV support groups and networks to improve overall quality of services to increase retention and achieve viral suppression for both adults and children living with HIV. SDS P36: For adolescents and children, PEPFAR/T plans to strengthen pediatric and adolescent friendly health services (AFHS) to address adolescents' needs and to promote retention.	detection for children. Speed up introduction of Lopinavir/Ritonavir granules which was expected prior to the beginning of FY2020 as a formulation for pediatrics. PEPFAR to support CSOs/ community actors to engage mothers and caregivers on literacy on testing treatment and retention of paediatrics. Support access to testing, treatment and retention of pediatrics across the country and VLT (important to address EID and treatment			

		challenges and gaps) Implement treatment days at facilities for children, messaging and demand creation at community level using mobile clinics. Support increase of point of care early infant diagnosis (POC EID) for early detection for children. There is a need to involve institutions such as schools and FBOs to address the challenge of low suppression rates among children aged 0 to 14 years. Key is support to PLHIV support			

		groups led by youth to ensure that this challenge is addressed. There is also a high need to involve parents of the children to assist them in the technical issues of ensuring that the youth are virally suppressed. Moreover there is a high need of continuously investing in AFHS and finding reasons from the youth on what is contributing to their low suppression rates.			
ADULT WOMEN				**No Text provided on the SDS draft**	**Add the sections below** PEPFAR will track children of virally unsuppressed mothers to ensure that the whole family is virally

					suppressed. PEPFAR will offer HIV negative pregnant women with PrEP to prevent HIV acquisition
Linkage and Retention kennedy	**SDS P4:** PEPFAR/T has already initiated a focus on 241 facilities that account for 50% of clients currently on treatment. These sites will be a focus of rapid scale-up of the Bukoba Combination Prevention (BCPE) model for optimized provider-initiated testing and counseling (PITC) and linkage case management, which is now in place at all sites. **SDS P 31:** PEPFAR/T will implement the evidence-based linkage case management (LCM) model, assigning all	PEPFAR/T to work with communities to unearth other models that may prove to improve linkage and address any ensuing challenges. This is quite important at this time with the introduction of HIVST. Continue supporting evidence based methods that have shown good results in connection with linkage. These include BCPE, LCM and OVC case management.	Use of reminders for clients to come to the facilities Support treatment champions in all PEPFAR funded sites. Roll out tracking mechanisms for PLHIV at facility level to minimize LFTU with the exclusion of key population specific sites	(***SDS page 36 para 2 &37 para 4&5 section 4.2)*** PEPFAR/T will continue to implement the LCM and will explore extending LCM beyond the routine six-week period for specific at-risk population In the context of treatment, PEPFAR/T will build on current efforts to roll out 6-multi-month dispensing (6MMD) and complete the transition to Dolutegravir-based regimens, so that in	PEPFAR/T to work with communities to unearth other models that may prove to improve linkage and address any ensuing challenges. This is quite important at this time with the introduction of HIVST. PEPFAR/T should prepare a system that will track hence monitor side effects for PLHIV on treatment.

	newly initiated PLHIV to an expert client for the first 60 days, to support adherence to ART and promote early retention. **SDS P34:** OVC community case managers will support linkages from the community to the facility through escort referrals and track clients that are lost to follow up. **SDS P31:** PEPFAR/T will implement the evidence-based linkage case management (LCM) model, assigning all newly initiated PLHIV to an expert client for the first 60 days, to support adherence to ART and promote early retention. LCM is prioritized in high-volume facilities, hosting approximately 80% of PLHIV on	Support community actors to provide community based monitoring that will lead to the improvement of these innovative models. Support follow up intensive counseling after initiation to test and start to increase retention and reduce lost to follow up across all sites.		COP20, efforts to strengthen linkage and retention efforts will continue to minimize patient loss. For adolescents and children, PEPFAR/T will scale up pediatric and adolescent friendly health services (AFHS) to address adolescents' needs and to promote retention. PEPFAR/T will ensure 90% of children and adolescents receiving ART are offered the opportunity to enroll into OVC programs. PEPFAR/T will continue to support tracking of quality of care indicators, supply chain management, and	

	treatment. **SDS P34:** OVC community case managers will support linkages from the community to the facility through escort referrals and track clients that are lost to follow up. …. viremia clinics will be conducted to address challenges regarding unsuppressed children			transition to optimized treatment regimens. PEPFAR/T will assist GoT in exploring point-of-care viral load to mitigate logistical challenges associated with hard-to-reach areas and long distances between facilities and testing laboratories PEPFAR/T will ensure accountability through real-time monitoring of monthly performance at the site level. The PEPFAR/T monthly indicators include retention and viral load suppression (among the priority indicators) for enhanced partner management	

Adolescent Girls and Young Women	**SDS P46:** In line with GOT commitments, in COP 2019, PEPFAR/T will scale-up PrEP nationwide with a focus on key and vulnerable populations including AGYW and discordant couples. PrEP will have a prevention benefit, while HIVST will help with the identification of AGYW, KP and sexual partners of FSW that are reluctant to go for services because of stigma. **SDS P21:** In COP 2019 PEPFAR/T will support expansion and tracking of DREAMS and post gender-based violence (GBV) care interventions for AGYW. **SDS P37** For COP 2019, PEPFAR/T has identified vulnerable AGYW (vAGYW) age 15-24 as a priority	Expand and adopt Comprehensive AGYW interventions and like programs that have proven to work in other regions. Consider the establishment of an AGYW council that will be entrusted with AGYW issues. Involvement of young people in program designing, implementation, monitoring and evaluation for sustainability. Involving adolescent boys and young men in all potential AGYW SRHR programs Improve and expand community (parents/guardians /teachers/CHWs) and facility based services for adolescents living	Expand DREAMS coverage to reach more AGYW together with their partners. Provide HIV testing as part of a core package of services to improve their knowledge of their serostatus.	SDS page 41 para 2. In Cop20 DREAMS will increase coverage in the same SNUs by targeting 91,919 (27,608 rollover) AGYW and their sexual partners, SDS page 4 para 2. All DREAMS girls will access HIV testing as part of a core package of services to increase knowledge of their serostatus. SDS page 4 para 3. Significantly scale-up PrEP among AGYW to support them to take control of their sexual health and reduce their HIV risk. COP 20 Page 42, will work with the TACAIDS to ensure effective	Parents and guardians to be involved in the PrEP programming for efficient community support for their adolescents below 15 years. There is no commitment on improving HIV counseling, testing, and treatment adherence for AGYW PEPFAR to support the AGYW stakeholders on reviewing the role of the already existing AGYW platforms to see if the need of

	population, with a target of 418,059 for PP_PREV in scale-up districts **SDS P38** By the end of FY 2019, it is expected that 56,233 new AGYW (age 10-24) will be reached with DREAMS primary interventions. Approximately 70% of the total AGYW reached will also receive appropriate secondary interventions.	with HIV (community support). Improve adherence counselling and retention among 15-24 years		coordination of AGYW activities at national and sub-national levels. Strengthening adolescent participation in local governance and sensitization of communities on priorities of adolescents and young people SDS Page 26 Para 2: In COP20, PEPFAR/T will continue to prioritize case finding among men and AGYW.	establishing an AGYW council/FORUM that is led by empowered AGYW. **Amend:** **SDS Pg 37** AFHS, including adolescent/teen clubs and peer treatment support groups, will be scaled up across the country to reach more adolescents for HIV prevention and will include components addressing poor viral suppression, such as adherence counselling and ART regimen optimization.
Key and Vulnerable Populations (KVPs) **MARINEUS**	**SDS P6:** COP 2019 coverage for key and vulnerable populations (KVP) include expanding geographic and hotspot coverage of AGYW, FSW, MSM, and PWID to 30%; 95%;	There is a need to address factors that hinder KVPs from accessing health services including stigma and problems with law enforcement.	Create enabling environment supporting the revision of the anal testing circular. Support service delivery at the	**SDS P53:Section 4.4 paragraph 6: Circular to prohibit forced anal examinations -** The Minister of Health rather endorsed the CSO-led KVP Forum	We have not seen STI screening and testing for KVPs. For general population we've seen STI screening and management/referrals but no treatment

	80%; and 75% respectively. Some interventions targeting some groups of KVPs cannot take place as a result of environmental factors **SDS P30** PEPFAR/T will intensify targeted facility-led community case finding strategies with high yield focusing on KVP and priority populations (PPs) in community settings with a focus on high-risk areas informed by mapping of KVP hotspots and concentrations of PLHIV (P31). **SDS P31:** IPs will increase the numbers of KVP and PLHIV peer volunteers to cover all districts and fast track HTS at all levels. **SDS P31:** PEPFAR/T in collaboration with GOT	Some key interventions could include: Conducting sensitization to law enforcement, health care workers and judiciary Assisting community actors to establish and strengthen crisis response teams to respond to incidents and report all incidents occurring Use of champions to aid policy changes Support KVP organizations to conduct CLM on service delivery. Support continuous training for health worker	community level and have more than one month dispensing Support 15 community organisations to provide services for KP/work with KPs to provide services as peers. Re-open the DICs for key population services delivery Complete the KVP size estimation as planned	and recommended revisions to the GoT's KVP Technical Working Group (TWG).MOHCDGEC also supports sensitizing law enforcement and health care workers on forced anal exams by way of including content on sensitization into their training curricula.	(language is not clear) Community-led monitoring has been addressed generally but not specific for KVPs because the level of stigma and discrimination at the facilities towards KVPs is higher. Basically the CLM will enable KVP-led CSOs to track maltreatment and malpractices from HCWs at the facilities, the aim is to observe if KVPs are cared and treated equally and fairly like other groups Collaboration between MOH with MOIA (law enforcements and judiciary systems) to promote safety and security in order to

	will support community ART initiation and refills for KVP (30 day prescriptions), in line with the new MOHCDGEC guidelines. **SDS P35:** Targeted testing including sexual network tracing to be done in seven metropolitan centers Mwanza, Tanga, Geita, Tabora, Mbeya, Dar es Salaam and Njombe targeting KVPs **SDS P47:** COP 2019 will fund the implementation of stigma and discrimination sensitization programming for healthcare workers and law enforcement.	on stigma discrimination Support community service delivery to increase access to services for KPs STI screening and treatment Support implementation of an enabling environment for KVPs to access health services Engage community actors/Peers to link for KVPs to health services There are no national tools used to capture data on KPs during testing, linkage and retention.			promote safe implementation. Develop tools for monitoring stigma and discrimination reduction at health care facilities. The use of peers to perform linkage and support HIVST. Employ KP oriented case managers at facilities, case managers to either being competent or among key and vulnerable population members. This may be an effective way to promote friendliness at facilities, monitoring of adverse events at facilities and controlling of stigma and discrimination towards KVP clients
Support	**SDS P 34:** PEPFAR will	PEPFAR/T to	N/A	N/A	

Literacy of Nutritional Support for PLHIV	work in malnutrition wards malnutrition wards and increase the use of screening tools in outpatient and high-volume facilities	support nutrition counseling programs and support cases in severe malnutrition. Community actors will also be supported to advice on nutrition			
Community Led Monitoring	No mention	PEPFAR/T will support community actors to conduct community led monitoring addressing different aspects of service quality		Cop 20 page 62 para 3. Community-led monitoring activities will be supported primarily by the PEPFAR Small Grants program, as well as through USAID's ongoing activities with the National Council for People Living with HIV/AIDS (NACOPHA) A CDC M&E partner will likely offer technical assistance for NACOPHA and selected CSOs to finalize the data collection tools, and in data collection	Please note that reporting from CLM should occur continuously. At clinic level, findings should be communicated through the proper channels for immediate changes when possible. Higher-level reporting is useful, even quarterly, to identify cross-cutting issues in how the program is being run. But when issues are identified that cannot wait until the next quarterly meeting, they must

				itself.	be resolved immediately. KVP forum's capacity building through UNAIDS to perform CLM through training of monitors and data collection activities. Funding for KVP Forum capacity building to be managed by UNAIDS.
TB Prevention and Treatment kennedy	**SDS P36:** In addressing low numbers of diagnosed TB cases among PLHIV, PEPFAR/T will strengthen TB screening with fidelity for case detection by focusing on screening QI measures pursuing an integrated approach to HIV and TB screening PEPFAR/T will also optimize the use of Gene-Xpert machines	In COP20, PEPFAR will make sure that all eligible PLHIV complete a dosage of TPT, and make sure the provision Cotrimoxazole is available at no cost. IN COP 20, PEPFAR and the government will initiate a strategy of shifting from IPT to 3HP and the scale-up Urine-LAM testing and use in	To make sure that all eligible PLHIV complete a dosage of TPT , and make sure the provision Cotrimoxazole is available at no cost. Government to initiate strategy of shifting from IPT to 3HP. Scale-up Urine-LAM testing and use in combination with Xpert MTB/RIF Ultra	***(SDS PG,61section 4.6.3:para3)*** PEPFAR/T will also support the scale-up of LAM Assay for TB screening of HIV clients with advanced HIV disease and will continue to use data and explore opportunities for Multiplexing and diagnostic integration for POC HIV and TB testing within the existing	**p36** on TPT add: "Should GoT decide to include 3HP in national guidelines, PEPFAR/Tz will work with GoT and partners including USAID TB and the Stop TB Partnership to ensure PLHIV have access to 3HP."

	for TB diagnosis among PLHIV by ensuring the availability of cartridges and intensifying mentorship on the use of the machines **SDS P37:** IPT coverage only increased from 9% (FY2017) to 12% (FY2018) and IPT completion increased from 33 % (FY2017) to 47 % (FY2018). PEPFAR/T aims to achieve 100% IPT coverage of all eligible clients during COP 2019 (P38). PEPFAR/T implementing partners will follow up on IPT implementation through regular supervision, on-job training and mentorship to health care providers. PEPFAR/T is also working to improve	combination with Xpert MTB/RIF Ultra. PEPFAR will incorporate urine-LAM testing into TB and HIV guidelines and testing algorithms. PEPFAR in COP20 will fund the scale up procurement of commodities required for urine-LAM testing (e.g., TB LAM Ag assays, urine cups, pipettes and tips, timers) in quantities that at minimum match the number of people projected to present to care with advanced HIV disease PEPFAR will implement both urine-LAM and Xpert MTB/RIF Ultra testing to test PLWHA for TB according to PEPFAR COP20 Guidance (see above in bold/italics)	Incorporate urine-LAM testing into TB and HIV guidelines and testing algorithms. Scale up procurement of commodities required forurine-LAM testing (e.g., TB LAM Ag assays, urine cups, pipettes and tips, timers) in quantities that at minimum match the number of people projected to present to care with advanced HIV disease Implement both urine-LAM and Xpert MTB/RIF Ultra testing to test PLWHA for TB according to PEPFAR COP20 Guidance (see above in bold/italics) Ensure placement of GeneXpert platforms and use of urine-LAM testing at the point of care,	diagnostic network ***(SDS page 35 section 4.1.1;para 2)***PEPFAR/T will also optimize the use of GeneXpert machines for TB diagnosis among PLHIV by ensuring the availability of cartridges and intensifying mentorship on the use of the machines. (***page 107, section 6.0 appendix :D.***) GOT Looking into use of 3HP, which will be dependent on availability of fixed dose and price.	

	data collection through the CTC databases to ensure IPT provision is documented and monitored Isoniazid-rifapentine (3HP) is currently not a registered treatment option in Tanzania. Discussions are underway to explore including 3HP as a treatment option provided technical and financial priorities	Ensure placement of GeneXpert platforms and use of urine-LAM testing at the point of care, and track Xpert MTB/RIF Ultra results turn-around time	and track Xpert MTB/RIF Ultra results turn-around time		
Address Stigma and Discrimination in PEPFAR Based Facilities	**SDS P71:** PEPFAR/T will streamline its focus on community-index testing and HIVST to reach key and vulnerable populations who don't typically seek services at health facilities due to fear of persecution or stigma and discrimination. **SDS P21:** PEPFAR/T will take to scale engagement with Faith Based Organizations in	PEPFAR/T will scale up the funding of community actors to assist in identification and suggest ways to address stigma and discrimination.	Support all implementing partners and government to coordinate permissions and approval for outreach at the community level for service delivery. Working with law enforcement to ensure the safety of communities.	**SDS pg 49 section 4.3 C para 2:** In COP20, PEPFAR will continue to fund the implementation of stigma and discrimination sensitization programming for healthcare workers and law enforcement. In COP20, PEPFAR/T	In pg93 of SDS the IBBS has left out the transgender group. We reccomend inclusion of Transgender group in IBBS PEPFAR/T will scale up the funding of community actors through KVP Forum to assist in identification and suggest ways to address stigma and

	order to reduce stigma and discrimination including the stigma that often prevents children and adolescents from accessing HIV services **SDS P21:** COP 2019 will fund the implementation of stigma and discrimination sensitization programming for healthcare workers and law enforcement. **SDS P21:** scale engagement with FBOs in order to reduce stigma and discrimination, accelerate index testing		Track the effects of intimate partner violence that reduces capacity to test for HIV and reduces the capacity for adherence and retention among men and women Support continous training for health worker on stigma discrimination and gender diversity Implement a comprehensive stigma index (TB; HIV; Community and facility based)	will continue engaging KP groups in the design and implementation of KP programs.	discrimination. This will go hand in hand in with the creation of an enabling environment. Develop tools to monitor adverse events, stigma and discrimination at facilities. Tools can be used to assess the level of awareness of HCWs on KP issues related to HIV care, treatment and retention.
Advanced HIV disease	**SDS 58: Sec 4.5.3** PEPFAR/T will also support scale-up use of LAM Assay for TB screening of HIV clients with advanced HIV disease.	a. Scale up prevention, diagnosis and treatment of opportunistic infections	NA	**P61: Sec 4.6.3** PEPFAR/T will also support the scale-up of LAM Assay for TB screening of HIV	a. Scale up prevention, diagnosis and treatment of opportunistic infections

	SDS P94 Section 6.8. improving management of HIV advanced disease	(Cryptococcal meningitis and severe bacterial infections) b. Designing , developing and implementing a comprehensive package as part of DSD approaches to address AHD including CD4 monitoring AHD CrAg screening		clients with advanced HIV disease and will continue to use data and explore opportunities for Multiplexing and diagnostic integration for POC HIV and TB testing within the existing diagnostic network.	(Cryptococcal meningitis and severe bacterial infections) b. Designing , developing and implementing a comprehensive package as part of DSD approaches to address AHD including CD4 monitoring AHD CrAg screening **c.** Implement the WHO minimal standards on AHD

Index Testing Annexure:

The below is modified from the Draft Tanzania SDS as agreed upon. This is consistent with the discussions in Johannesburg, and with the language already included in the SDS about ensuring index testing is implemented in a way that is safe and respects consent. We have similar expectations for the Tanzania SDS.

Table 4.1 Index Testing with Fidelity: Addressing Safety Concerns	
Deliverables	PEPFAR Action Item

PEPFAR IP messaging to implementing partners will be devoid of a targeted % expectation from index testing. Index testing services will be offered to all eligible clients at facilities that meet the certification requirement.	• PEPFAR will communicate to all IPs that there is no specific target for positives to be achieved through PN. • IPs will immediately communicate to and remove any PNS-related targets that may have been in place at supported sites/facilities. • IPs will ensure that staff are trained that index testing is voluntary and that clients can decline the service for any or no reason. • IP workplans will not include targets for index testing.
PEPFAR IPs will collect and report routinely data on the following index testing indicators: 1. # offered index testing 2. # who accepted index testing after counseling.	• Although not reported in DATIM, facility index testing tools will be used to collect # of clients offered and accepted or declined index testing services. • PEPFAR will work with IPs to ensure proper documentation in the index testing registers in order to enable collection of acceptance and refusal rates per facility and IP.

PEPFAR IPs will monitor acceptance rates and offer technical assistance/QI where acceptance rates are higher than best practices suggest for ensuring consent is meaningful (note long-standing programs e.g. Cameroon, have shown an acceptance rate no higher than 75%).	• IPs will report on a monthly basis on the following indicators: 1) total # of newly diagnosed and virally unsuppressed individuals offered index testing; 2) total # accepted and number of contacts solicited. • IPs will monitor acceptance rates by facility and flag any site with greater than 75% acceptance for review. • PEPFAR will follow-up with IPs on any additional mentorship and supervision on index testing being voluntary and also ensure that the 5 Cs outlined in the HTS policy guideline are observed at all times.

PEPFAR will carry out investment in pro-active monitoring for adverse events and quality	• PEPFAR IPs will use the REDCap Index Testing Minimum Program Components Tool to assess supported sites on index testing program gaps and training needs. This will NOT be considered as a certification tool, as it will only be used to assess quality of services. Data from the assessments will be shared with CSOs. CSOs may/will participate in the assessment process as part of community monitoring processes. • PEPFAR Kenya in collaboration with the Ministry of Health, CSOs and other stakeholders will develop a multi-pronged, routine, continuous site monitoring plan covering: • IPs role in site monitoring/QA including mentorship and supervision • How to leverage/refine existing SIMS index testing monitoring questions to ensure they respond to safety monitoring aspects within index testing modalities/strategies. • How the community-led monitoring plan will be included in the quality monitoring plan/process for index testing programs. • The schedule for routine monitoring by all multisectoral stakeholders.

PEPFAR will support a certification process that move quickly, in which any facility that does not meet minimum requirements will be suspended from conducting index testing until these requirements are met Note: Not all facilities are expected to meet certification criteria and this will be communicated to IPs that the expectation is NOT that index testing services will be implemented in all facilities.	• Participants during the certification process will include MoH, CSOs, Human Rights organizations, and other stakeholders • Certification goals will entail the following: • Index testing services certification tool for the facilities/sites adapted by counties and stakeholders from the PEPFAR draft certification document. • Index testing certification for counselors, including a minimum of at least 1-year experience based on a stakeholder-adapted PEPFAR draft certification document. • Index testing certification for index testing supervision and mentorship.

PEPFAR will share data on index testing cascades with CSOs as part of the monitoring system for all facilities moving forwards	• PEPFAR Malawi will report aggregated index testing services data starting with high volume facilities (e.g. those identifying >20 HIV positive per month).
	• Monthly reporting for each facility includes:
	  ◦ Aggregated # of clients aged >15 years offered index testing services (aggregated both newly diagnosed, and clients virally suppressed)
	  ◦ Aggregated # of clients aged >15 years accepting index testing services (aggregated both newly diagnosed, and clients virally suppressed)
	  ◦ Of those clients aged >15 years accepting index testing services, number of contacts listed by <15 and >15+ years
	• If a facility reports <20 clients offered index testing services in that month, a blank facility report with the note “low numbers reported” will be submitted
	• PEPFAR will itself continue to assess sites with low volumes of clients offered index testing services (<20 clients per month)
	• Quarterly reporting for each facility will entail the following variables aggregated for clients aged >15 years across the entire PNS cascade.
	  ◦ # of clients offered index testing services

	● # of clients who accepted index testing services ● Of those accepted, # of contacts elicited by age disaggregation of <15 years and 15+ years ● Of the contacts elicited by the above age groups, # contacted, # known positive, # eligible for testing, # newly diagnosed HIV positive, # HIV negative, and # HIV positive linked to care