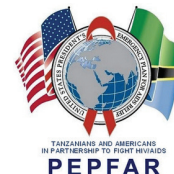




PHOTO: MKAMA MWIJARUBI/EGPAF



# BORESHA AFYA PROJECT

## WHO ARE WE?

Between October 2016 and September 2021, with funding from the United States Agency for International Development (USAID) a consortium of partners has implemented the Boresha Afya (“Improve Health”) project in the north and central zones of Tanzania<sup>1</sup>. Boresha Afya aims to increase access to quality, comprehensive, and integrated health services among women and youth in six regions. This consortium is comprised of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), EngenderHealth and the Government of Tanzania, in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC). Through its strategic partnerships, the project offers technical expertise and evidence-informed technical assistance approaches, for integrated HIV, TB, family planning (FP), reproductive health (RH) services and health systems strengthening (HSS).

## WHERE DO WE WORK?

The project works with regional and council health management teams (R/CHMTs) in 44 councils, to improve services in 425 health facilities. These facilities are located in the Arusha, Dodoma, Kilimanjaro, Manyara, Sindiga, and Tabora regions. This project is part of a larger USAID Boresha Afya Project that is implemented by other organizations in 12 Tanzanian regions.

## WHAT ARE WE SOLVING?

In collaboration with the Tanzanian Government, Boresha Afya seeks to address the underutilization of available HIV, health, and social services, which constrains the improvement of Tanzanians’ health outcomes. The project also addresses the lack of differentiated health services, customized to the needs of particular groups, such as infants, adolescents, women, and their families. This gap, combined with gender inequities across these six regions,

serve to undercut national gains in the HIV response. These challenges limit the ability of the health sector to identify new HIV cases, manage the known cases, increase access to RH services, and respond to opportunistic infections like TB.

## OBJECTIVES AND STRATEGIES

These six regions are struggling to address higher TB prevalence rates and a greater unmet need for family planning than reported national averages. Boresha Afya works to mitigate challenges through:

- Facilitating an enabling environment for health service provision
- Improving the availability of quality, integrated health services at the health facility level
- Increasing access to health services at the community level

Because integrated care can allow clients greater access to a variety of health services, Boresha Afya’s integration strategies involve combining HIV services with sexual/ RH, TB, and FP services, in addition to coordinating health service providers and communities. Additionally, the project employs a number of cross-cutting strategies, including:

- A district-focused approach to support integrated service delivery
- Client-centered approaches to reach vulnerable populations, including children and adolescents
- Rigorous use of data for accountability and continuous quality improvement
- Streamlining gender, and gender-specific approaches, into all aspects of health services

<sup>1</sup>The project has two other modules, in the southern and lake zones; this brief refers to the ongoing developments in the North and Central zones, specifically

## RESULTS

EGPAF has been implementing Boresha Afya for the past two years. During this time, most project activities have been integrated into the comprehensive council health plans in the 44 project-supported councils. Using EGPAF's "district approach plus", Boresha Afya has worked alongside R/CHMTs to implement project activities. In project year two (October 2017 - September 2018), implementation has led to a number of achievements.

### FP SERVICES

Boresha Afya facilitates the provision of long and short-term FP services. From October 2017 through September 2018, the project served the family planning needs of 308,027 clients. Among those served, injectable contraceptives were highly preferred (by 38% of clients), followed by implants (27%), pills (12%), condoms (12%), and the intrauterine contraceptive device (8%). The increased number of service providers with the knowledge and skills in FP service provision, and the greater availability of FP commodities, contributed to greater availability of various FP methods. Adolescents aged 10-19 had the lowest uptake of FP service; a total of 1,631 adolescents aged 10-14 accessed FP services and 83,831 adolescents aged 15-19 accessed FP services. The largest demographic proportion of clients accessing FP services was the 20-24 young adult age group; 192,345 young adults accessed FP. The numbers of clients accessing FP services over the course of the project has steadily increased (see Table 1).

Table 1. FP access by age group

Age group	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sept 2018	Total
10-14	397	363	510	361	1,631
15-19	17,295	16,032	24,421	26,083	83,831
20-24	44,142	40,983	52,146	55,074	192,345
<b>Total</b>	<b>61,834</b>	<b>57,378</b>	<b>77,077</b>	<b>81,518</b>	<b>277,807</b>

### HIV SERVICES

Boresha Afya promotes and facilitates targeted testing approaches aimed at increasing the number of HIV-positive clients that access care and treatment services. Most supported sites conduct index testing as a key targeted-testing strategy. The project also supports the integration of HIV services into other services provided at health facilities. As a result, HIV-infected clients are identified at reproductive child health units, inpatient departments, TB clinics, and outpatient departments. These clients are subsequently linked to care and treatment centers (CTC) for antiretroviral therapy (ART) initiation and management. Health care workers' efforts to identify new clients are responsible for the majority of CTC referrals.

By the second year of the project, index testing among new care and treatment clients grew from 4.8% in December 2017 to 7.6% in September 2018. Through service integration, Boresha Afya also supported HIV testing for clients in TB wards, in addition to pregnant and breastfeeding women in reproductive and child health (RCH) units. Overall, from October 2017 to September 2018, the project:

- Tested 1,575,826 people for HIV
- Identified 37,978 people as HIV-positive
- Tested 10,012 children and adolescents through index testing
- Served 150,999 clients with care and treatment services (an increase from 126,902 clients in 2017)
- Enrolled 1,802 children into care and treatment across the six supported regions
- Increased the rate of new client linkage to care and treatment services from 83% to 86%

Since HIV presents an especially critical challenge for children and adolescents, it is imperative to provide youth-specific services tailored to their needs. Boresha Afya supports monthly club meetings for this population, in high-volume facilities across the supported regions. These gatherings are held during weekends, so children and adolescents can attend. The project also supports children support group meetings, which provide them with additional adherence counseling, prepare them for HIV status disclosure, and discuss how to live positively with HIV. From October 2017 to September 2018, Boresha Afya:

- Tested 10,012 children and adolescents through index testing
- Facilitated the testing of 79,957 infants and children; 614 were identified as HIV-infected
- Enrolled 1,802 children across the supported regions on to ART

- Continued to support the Child Centered Family Care Clinic (CCFCC) models at Dodoma, Mawenzi, Mount Meru, and Kitete regional hospitals, in addition to Kilimanjaro Christian Medical Center (KCMC), where CCFCC services have been fully established for years

## HIV VIRAL LOAD (HVL) MONITORING

Adherence to treatment is key to maintaining viral suppression. To encourage this, Boresha Afya supports viral load testing by training lab technicians, procuring needed equipment to run specialized test, and creating capacity for delivery of samples and results to and from specialized testing labs. As a result, the number of HVL samples tested increased from 39,902 in October 2017 to 153,696 in October 2018.

## TB SERVICES

The project supports TB case finding through the implementation of quality improvement interventions aimed at strengthening TB screening services, documentation for presumptive TB cases identified, and patient follow-up throughout the TB diagnostic and treatment cascade. Boresha Afya also facilitates the integration of TB services at all entry points across the supported regions and increases the accessibility of services by procuring crucial equipment (e.g. GeneXpert machines and microscopes) to facilitate laboratory investigation. From October 2017 to September 2018, the project:

- Increased the number of TB cases notified from 8,909 to 10,371
- Increased the number of sites providing Isonizid Preventive Therapy (IPT) from 146 to 255, which increased HIV clients' access to TB preventive therapy
- Increased the number of facilities that provide TB and HIV services from 66 to 216
- Procured lab equipment and installed it at key sites in Dodoma, Manyara, Singida, and Tabora
- Supported the establishment of centers of excellence in treating children affected with TB in three regions: Dodoma, Singida, and Tabora

## GOING FORWARD

After achieving strong results during the first and the second year, USAID Boresha Afya North/Central is in its third year of implementation. In 2019, the project is expected to retain more HIV-positive clients in care and treatment (including children and adolescents), notify and refer more TB cases for treatment, and support more clients to utilize FP services available at supported health facilities. The project will also support 425 sites – five more than in PY2 – and intensify index testing. Beyond this, there will be particular emphasis on male involvement and integration of FP and TB services. Concerning TB services specifically, the project will facilitate the implementation of innovative models of care for pediatric TB care. This will be achieved using an integrated approach rolled out leveraging the Unitaid-funded Catalyzing Pediatric TB Innovations project (CaP TB) project (also implemented by EGPAF Tanzania) in select Boresha Afya-supported sites.

**To find out more about EGPAF's work in Tanzania, go to: <http://www.pedaids.org/country/tanzania/>**



PHOTO: DANIEL HAYDUK/EGPAF,2016