

The Tanzania W o m e n R e s e a r c h F o u n d a t i o n N a r r a t i v e R e p o r t

January 1

2020

In the year 2020 TAWREF turned 10! This report shares the 10 year impact and challenges. It also has a compilation of what worked well for TAWREF in 2020 and what needs to be improved for 2021. The results reflect the degree of realization of TAWREF's Outcomes as per Theory of Change. The 10 year celebrations were on 9th April 2021 despite challenges of Covid-19. Thanks to all development partners, volunteers & friends who supported our community transformation process for 10 years! Dan Clemency and Tom Zulaf notwithstanding for website maintenance and updating. Dafrosa

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LIST OF ABBREVIATIONS

ACC	Arusha City Council
ADC	Arusha District Council
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behaviour Change Communication
CBSPs	Community Based Health Service Providers
CHAC	Council HIV AIDS Coordinator

CSO	Civil Society Organization
CTC	Care and Treatment Clinic
DAC	District AIDS Control Coordinator
DED	District Executive Director
DHS	Demographic Health Survey
DFID	Department for International Development
DMO	District Medical Officer
EpiC	Epidemic Control
FBOs	Faith Based organizations
FHI	Family Health International
FP	Family Planning
FSW	Female Sex Workers
GBV	Gender Based Violence
HDC	Hai District Council
HIMS	Health Information Management System
HIV	Human Immunodeficiency Virus
HTS	HIV and Testing and Services
IGA	Income Generation Activities
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KAP	Knowledge, Attitudes and Practices
KP	Key Populations
KVP	Key and Vulnerable Populations
LGA	Local Government Authority
MDC	Moshi District Council
MEAL	Monitoring Evaluation Accountability and Learning
MMC	Moshi Municipal Council
MoU	Memorandum of Understanding
MSC	Most Significant Change
NGOs	Non-Governmental Organizations

NPA-VAWC	National Plan of Action to end Violence Against Women and Children
OVC	Orphans and Vulnerable Children
PFSW	Partners of Female Sex Workers
PLHIV	People Living with HIV
POFO	Positive Outcomes for Orphans
POLARG	Presidents' Office Regional Administration and Local Government
PPs	Priority Populations
PREP	Pre Exposure Prophylaxis
PwD	People with Disability
RAS	Regional Administrative Secretary
SBCC	Social Behavior Change Communication
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TAWREF	Tanzania Women Research Foundation
TCRF	Tanzania Child Rights Forum.
TEMCO	Tanzania Elections Monitoring Committee.
TFCBT	Trauma Focused CognitiveBehavioural Therapy
THIS	Tanzania HIV Impact Survey
TOMSHA	Tanzania Output Monitoring System for HIV and AIDS.
UNAIDS	The Joint United Nations Programme on HIV and AIDS.
USAID	United States Agency for International Development
VICOBA	Village Community Banking
VL	Viral Load

TAWREF 2020 ANNUAL REPORT

1.0 INTRODUCTION TO THE 2020 TAWREF ANNUAL REPORT

The Tanzania Women Research Foundation (TAWREF) was formed and registered under the 2002 NGO Act of Tanzania in 2010 by a group of experienced researchers and community interventionists. The Registration Number is OONGO 00004319 of 24th December 2010.

1.1 TAWREF's new Vision for 2021 – 2025: “A community where people are able to address social, cultural, economic and health challenges and have transformed their lives”.

1.2 TAWREF's Mission Statement

“To implement evidence-based innovative projects and promote better livelihood”.

1.3 Our beneficiaries:

The Key beneficiaries in 2020 were Orphans and Vulnerable Children, Primary School Children, People Living with HIV, People Living with Disability, Key and Vulnerable Populations as well as Priority Populations who are at risk of HIV infection, but do not seek healthcare services. TAWREF aims at leaving no one behind. Most times, vulnerable women and People Living with Disability are left behind and experience health inequalities.

1.4 TAWREF's Projects: TAWREF runs the projects to improve the position & roles of women and populations at risk of HIV transmission; facilitates access to health care services related to HTS including linkage to Care and Treatment services; awareness raising to transform community behaviours that put vulnerable populations at risk, stigma and discrimination related to HIV and Disability also linkage to Gender Based Violence services. TAWREF also addresses poverty related to shelter for families caring for OVC and income poverty for marginalized women.

One of TAWREF's Best Practices has been to link her work with the government to deliver health services and also to link with Human Rights Instruments: National and International Strategies, Goals and Laws. These include the National Multisectoral Framework (NMSF IV); The National Plan of Action for Violence Against Women and Girls (NPA VAWG); The

Convention for the Rights of Children (CRC), The Convention for Elimination of Violence Against Women (CEDAW), The Sustainable Development Goals 1.4, 3.7, 5.2; and 11.10 the UNAIDS Targets for 2020, *Targeting 90% of HIV positive people to have known their status and 90% of those to have accessed ARVs while 90% of those to have suppressed their viral load by 2020.*

In 2020 TAWREF went on contributing towards her track record of moving closer to the epidemic control through Increased access to SRHR services, HTC and Linkage to Care and Treatment Clinics also GBV desks for Key Populations and Priority Populations (FSW, AGYW, PFSW & PWD for 4 districts namely; Moshi Municipal Council, Moshi District Council, Hai District Council, Arusha City Council and Arusha District Council.

Other highlights for 2020 include the participatory development of the 3rd Strategic Plan (2021-2025), staff and volunteers capacity building, enhanced performance through synergy building, networks and strategic partnerships, monitoring, evaluation, accountability and learning, reviewing TAWREF's sustainability indicators, observing compliance requirements and collaborating in research publications.

To move a mountain, History is needed

1.5: TAWREF's 10 Year Impact: In the year 2020 TAWREF turned 10. It was time to reflect back on the theme of *"Together we can move the mountain . . . one stone at a time!"* It has not been a downhill journey. TAWREF struggled here and there to overcome various threats for her existence including major projects coming to an end; inability to retain some staff members and rising office rent.

Some indicators of our 10 year impact include: Study findings have been supporting design of evidence based interventions; acquiring an MoU with the government to support work from the regional, to district and lower levels; participatory planning with the LGA at different levels; celebrated From 2016-2020 TAWREF celebrated 5 years of saving lives by applying the government and PEPFAR Guidelines; Reduced Health Inequalities in accessing healthcare services; reduced risk behavior among primary school children, reduced HIV related stigma;

increased position, respect, status and voices of women who got economic empowerment; reduced homelessness for 135 families caring for orphans with disability inclusion through provision of decent houses, capacity to win new development partners (see Table 1); having a team of trained and capable Peer Educators and Health workers as volunteers supporting our community work through HTS and providing same day ART, getting regular feedback from the community for accountability also Synergy Building, Networks and Strategic Partnerships. Finally TAWREF has been getting some income each year for 10 years.

Table 1. TAWREF's Income for 10 years

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Tshs.in'000,000	629	610	692	766	794	745	696	1,079	1,130	1,484

Source: TAWREF Audited Reports 2011-2020

Figure 1. below displays an Impact Tree of our 10 year journey



The Board of TAWREF extends gratitude to our main development partners, government, friends and volunteers who supported our community work for 10 years and particularly in 2020 namely; FHI360/USAID; African Initiatives /DFID (UK); Vine Trust (Scotland), Malfrid Utne and other Norwegian Friends, Susan Bhaumik and other Scottish friends.

1.6 The HIV and AIDS Situation in Tanzania

The HIV prevalence for adults above 15 years for 2017 -2019 is presented in Table 2 below

Table 2. The HIV and AIDS Situation in Tanzania

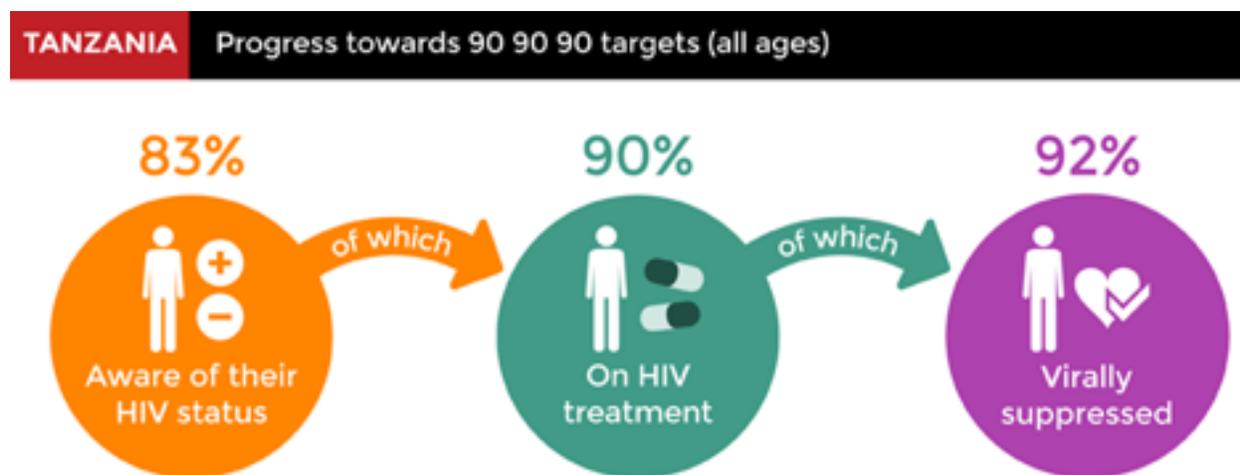
Year	2016-17	2018	2019
HIV Prevalence Rate for 15+ years	5%	4.6%	4.8%
# of PLHIV	1.4m	1.6m	1.7m

Source: UNAIDS and THIS

Despite the increasing trend, Tanzania has done well to control the HIV epidemic over the last decade by scaling up access to ART. However, linkage to care is still a challenge in HIV treatment cascade.

UNAIDS reports of 2020, indicate that 83% of Tanzanians had tested and knew their status while out of these 90% were linked with ARVs and 92% of these had suppressed viral load. TAWREF is a contributor to such goals. These findings displayed a gap in the initial percentage and called for intensifying tailor effective strategies to close the gap alongside responsive policies but also to increase the linkage component. See Figure 2 below.

Figure 2. Tanzania Progress towards 90- 90- 90 targets



Source: UNAIDS Publications

To move a mountain, Clear Outcomes are needed

2.0 THE TAWREF'S THEORY OF CHANGE IS BASED ON 7 STRATEGIC OUTCOMES:

Outcome 2.1: Improved Performance through Synergy Building, Networks and Strategic Partnerships.

2.1.1 Collaboration with National and International NGOs:

Technical Training support was offered by National Trainers from the National AIDS Control Programme. Topics covered were on KVP service provision and awareness raising on different modalities of HTS to increase uptake.

TAWREF attended a Joint EpiC Planning Meeting in Dodoma: Weeklong meeting organized in Dodoma and aTCRF pre AGM and an AGM of TCRF to provide input and synergy in this national child protection network.

One TAWREF staff member participated in the month long observation of the Election Process in Karatu district by invitation of the Tanzania Elections Monitoring Committee (TEMCO).

2.1.2 Collaboration with Regional Administration and District Councils: TAWREF received HTS and FP Commodities and Supplies from the HDC, MMC, MDC, ACC, ADC DMOs offices.

2.1.3 Collaboration with District NGO Networks: This includes Hai district NGOs, Moshi Municipal NGOs, Moshi District Council NGOs and individual NGOS such as Tusonge CDO: Attended Networking interventions with Tusonge CDO including sponsorship for 2 staff members to attend a Human Rights training. Umoja International Organization offered a wheel chair for a disabled girl and furniture while EGPAF supported data verification.

Outcome 2.2: Reduced Health Inequalities in accessing healthcare services related to HIV Testing, Family Planning and Linkage to care and Treatment Clinics for KPs and PPs.

2.2.1: The Epic Project: In 2020, partnership was won with the USAID funded FHI 360 and launched the Epidemic Control project in March 2020 with the scope which covered 2 districts in 13 wards of ACC; 13 of ADC; 11 wards of MMC; and 31 wards of MDC.

The EpiC project aims at “Meeting Targets and Maintaining the Epidemic Control” with the objectives to (i) Attain and maintain HIV epidemic Control among at-risk adult men and women and priority populations; (ii) Attain and maintain HIV Epidemic Control among Key Populations; (iii) Improve Programme management, health information systems, human

resources for health and HIV financing solutions... (iv) Support transition of direct funding and implementation to capable local partners”. The main focus is on care and treatment through partners using the “Reach, Test, Link and Retain” strategy.

EpiC is target oriented meaning that targets must match with funding. Evidence shows that there is a concentrated epidemic among KPs and women from 15 years are heavily burdened by HIV. The KPs do play a critical role in HIV transmission dynamics. For example in Dar es salaam alone the prevalence among sex workers is 26%. THIS 2016/2017 research gave findings which informed innovation aiming at more comprehensive health services for KPs and PPs, by prioritizing targeted testing to minimize over testing with the modalities of Mobile HTS, Index testing and HIV Self Test. The project operates by hiring part time counsellors from the government health facilities and from the community and provides same day ART to approximately 95% of the clients who test positive.

Best Practice: One of the best Practices initiated by TAWREF was through an innovation of extending same day ART Linkage by lobbying with 12 health facilities in MDC and MMC for CTC flexible hours of a CTC nurse being available up to 10 pm to avoid losing clients. A Power point presentation is attached as Annex 4.

Results are displayed in Table 2 below.

2.2.2 The “Shirikisha Wote “ project funded by DFID through African Initiatives of UK: TAWREF worked on the 2nd and 3rd Years of the “ Accessing Sexual and Reproductive Health Rights for AGYW and FSW in Kilimanjaro also focusing on care and treatment using the “Reach, Test, Link and Retain “ strategy in 6 wards of Hai District Council also through Peer Educators.

Basically, the 2 projects have once again led to improved wellbeing of beneficiaries. Table 2 displays 41,942 hard to reach clients who accesses HTS services and 1,333 Positive casewere linked to Care and Treatment Clinics and started suppressing their viral loads. This was another paradigm change of HIV infection that increased the use of ART, increased the life span and quality of life of the beneficiaries who otherwise would not have been reached. This TAWREF’s

major project is in support of *SDG No. 3.0: “Ensure healthy lives and promote wellbeing for all at all ages: 3.3: by 2030 end the epidemics of Aids, tuberculosis, malaria.....”*

Despite the outbreak of COVID 19 sensitization sessions in 7 wards of HDC on women and children’s rights as well as gender equality went on with communities particularly targeting priority populations like motorbike and long truck drivers, bar and guest house workers. Topics covered were; Sexual and Reproductive health rights; gender equality; the rights of women, children, people living with HIV and people living with disability.

Tables 3-5: Results for various interventions for Key Populations in2020 for Kilimanjaro & Arusha regions.

Table 3. EpiC- Arusha

Category	Tested			Positives			Positive rate	Linked	Linked rate
	Mobile	Index	HIVST	Mobile	Index	HIVST			
FSW	3,265	176	401	219	13	17	6.5%	222	89%
AGYW	969	0	0	28	0	0	2.8%	24	86%
PFSW	385	183	84	82	25	0	16.4%	79	74%
TOTALS	4,619	359	485	329	38	17	9.9%	325	85%

Table 4. Epic- Kilimanjaro

Category	Tested			Positives			Positive %rate	Linked	Linked rate
	Mobile	Index	HIVST	Mobile	Index	HIVST			
FSW	13,881	844	4,835	354	436	36	4.22%	577	69.85%
AGYW	1,338	0	0	10	4	0	1.05%	12	85.71%
PFSW	10,462	750	1,746	226	213	11	3.47%	394	87.56%
TOTALS	25,681	1,594	6,581	590	653	47	3.0%	983	81%

Source: EpiC Project Report

Table 5. Shirikisha Wote –Hai District Council

Category	Tested	Positive	% yield	Linked	% linked
FSW	1,125	16	1.4%	14	100%
AGYW	486	4	1%	4	100%
PFSW	771	8	1%	7	75%
TOTALS	2,623	28	1.1%	25	92%

Source:”Shirikisha Wote” Project Report

2.2.3 Social Behaviour Change and Communication as Entry point to HTS services.

The trained Peer Educators and Peer navigators are the main drivers of change for this project as they ran SBCC classes for FSW and AGYW, created demand for their peers to increase access to knowledge that helped them to prevent unwanted pregnancies, access HIV Testing, early access to ARVs, monitor retention into treatment by emphasizing on treatment literacy to minimize patients loss. See Table 6 below.

Table 6. SBCC Classes organized

SBCC classes in MMC &MDC		SBCC classes in ADC & ACC		SBCC classes in HDC	
Sensitization of Bar and guest house workers, motorcyclists and long truck drivers on women's rights and safe sex					
FSW	16,430	FSW	3,773	85	
AGYW	5,352	AGYW	13,555	156	
Total	21,782		17,328	241	369

Source: EpiC Project Report

Outcome 2.3: Reduced experience of GBV and improved access to quality GBV services for FSW, AGYW, PLHIV, PWD

TAWREF screened GBV cases and worked closely with the Village and ward leaders as well as the Police Gender Desk, and the Health facilities especially for sexual abuse cases. This is in support of, *SDG No.5.0: Achieve gender equality and empower all women and girls. 5.2: eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation.*

See Tables 7 and 8 below.

Table 7. GBV Cases attended and referred in ADC na ACC

Category	Number of people who reported outside the facility that they have experienced any form of violence and who are provided with or referred for clinical or non-clinical post-violence care	Number of people receiving care for physical and / or emotional violence	Number of people receiving care for Sexual Violence	Number of people decline referral for any form of Violence
FSW	373	372	1	-
AGYW	156	148	8	-
PFSW	12	12	-	-
Total	541	532	9	-

Source: EpiC Project Report

Table 8. Gender Based Violence (GBV) Cases – EpiC Project – MDC &MMC

Category	Number of people who reported outside the facility that they have experienced any form of violence and who are provided with or referred for clinical or non-clinical post-violence care	Number of people receiving care for physical and/or emotional violence	Number of people receiving care for Sexual Violence	Number of people decline referral for any form of Violence
FSW	277	212	57	8
AGYW	4	4	0	0
PFSW	115	108	4	3
Total	396	324	61	11

Source: EpiC Project Report

Table 5.c Gender Based Violence (GBV) – “Shirikisha Wote” Project - HDC

T o t a l Reached	Cases not Reported because perpetrators were close family relatives			
16	4			

Source: Shirikisha Project Report

Outcome 2. 4: Reduced housing, and household poverty and increased education opportunities

1. Reduced # of homeless OVC through increased access to the right to proper shelter, psychosocial well being, increased property ownership and protection. Inverness school's visit supported construction of 2 houses (Nos. 134 and 135) for 8 OVC (2 m and 6f) in MDC and reduced shelter poverty improved their psychosocial wellbeing and care giving burden to the family heads. This project supported by the Vine Trust of Scotland, aims at promoting positive living for OVC through provision of their strategic needs and SDG supporting *11.10-support least developed countries, including through financial and technical assistance, for sustainable and resilient buildings utilising local materials*. Also in line with the Law of the Child Act (2009) 8.-(1) *It shall be the duty of a parent, guardian or any other person having custody of a child to maintain that child in particular that duty gives the child the right to - (a) food; (b) shelter; (c) clothing; etc.* (Also See Annex 1)
2. Four VICOBA groups of 133 members formed in 2019, have been so empowered, that they reported having increased status by controlling family funds, participating in family decision making, being more respected by their husbands. Access to financial literacy, reduced income poverty among AGYW and FSW from Tsh 5,000 to Tsh 50,000 per week for about 22 women and a bit less for others. 4 women contested and were elected into village government in the October General Elections. As decision makers, they will lobby for more resources for groups and for higher positions.

This is in support of *SDG No. 1.4: by 2030 ensure that all men and women, particularly the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology, and financial services including microfinance.*

3. Poverty is a major barrier to accessing Education. Opportunities were extended to 12 children, 6 at primary school sponsored by the TAWREF Charity shop and 5 at college level sponsored by Susan Bhaumik and another TAWREF Friend and 1 at Primary school level sponsored by another friend. All friends are from Scotland. *This supports SDG 4.1*

Outcome 2. 5: Reduced risk of HIV infection through access to HIV & Life Skills Education to promote an AIDS Free Generation among PS children. (SDG 3.3) unique project in Tanzania.

2.5.1 Notable Behaviour Change

This was the 4th and last year of the project funded by the African Initiatives of the UK through various Foundations for children's social protection: The project reached 720 school children who gave feedback on behavior change realised after a 3 year HIV and AIDS prevention intervention in 12 primary schools of MDC and MMC. Reports indicated positive behaviour change impact on pupils. They demonstrated internalization of knowledge and behavior change related to HIV and AIDS and Life skills which they shared with their peers. There was improved communication about GBV, HIV and AIDS, assertiveness towards pressures, readiness to report and there were increased sources of HIV and AIDS information to children.

Also notable was increased teachers and parental responsibility for child protection through information on HIV and AIDS. Moreover, more children got school lunch as a protection against free rides and free food. Through moot courts and children's parliaments, their voices were heard and behavior change was evidenced. All participating schools reported improved academic performance. HIV testing done on 67 pupils found only one female pupil and one male parent positive. All these results are evidence that the 3 year education has worked well and that there

is a window of hope for the children thus leading to an AIDS Free Generation. *“The training I got enabled me to change risk behaviours and I helped 30 more children to change”*, said one Peer Educator. The participating schools received Certificates of appreciation.

To move a mountain, MEAL is needed

Outcome 2. 6: Monitoring, Evaluation, Accountability and Learning

TAWREF has structures in place that get feedback from the community rather than taking a lead in everything. Monitoring, Evaluation Accountability and Learning are key to project success as they involve getting community feedback at all stages of implementation to monitor how programmes are transforming the wellbeing of beneficiaries. TAWREF also uses data to identify gaps and design tailor effective strategies to close gaps.

2.6.1: Supportive Supervisions: The Management and projects’ staff conducted weekly supportive supervision visits to HC providers and PEs to ensure that services are properly delivered. Regular Participatory MEAL sessions were organized with staffmembers to share supervision findings for timely adjustments, documentation and reporting on Daily, Weekly, Monthly, Quarterly, Biannually and Annually basis. Feedback from beneficiaries and stakeholders were dealt with promptly.

2.6.2: Monthly and Quarterly Participatory MEAL Feedback and shared/joint Accountability sessions for HDC were organized with PEs, and LGA leaders separately for sharing/reporting progress of results, documentation, buying in their time, seeking technical advice and joint planning. Qualitative data was collected through FGDs and KI surveys. Such meetings gave feedback on what was going on well and what was not working and needs adjustments. The Hai District AIDS Control Coordinator appreciated the way TAWREF has introduced Community HTS which was not there before and that it contributed 8% of all the HTS in the district. The Hai District Gender Desk in charge reported an increased reporting of cases in the project wards.

Through such sessions we learnt more about the location of new hotspots and the best timing for HTS in order to get the real Key Populations. At such meetings, TAWREF demanded

Accountability from the LGA whereby the ward and village local government leaders made presentations on what they have achieved and challenges experienced in that quarter. The learning obtained was also documented as it showed progress of community wellness and how the LGA commitments were being met.

Figure 3. Community Feedback meetings



Ward and Village leaders sharing their accountability FGD: Feedback meeting with community members

Source: Shirikisha Project Reports, 2020

2.6.3: The Community Demanding Accountability from TAWREF:

TAWREF gave voices and space to citizens who got negative experiences related to accessing services as the right to the community members to pick learning and to hold service providers accountable. Feedback obtained was analysed for informing learning and taking back action to the community. In 2020, some of the beneficiaries among the KPs used quarterly feedback meetings to share that they were being discriminated by healthcare providers at some health facilities. We had to pay visits to such facilities to raise awareness on the importance of equal health care access for all people disregarding their status. From the “Suggestion Boxes” placed

near the village offices and at the Testing sites, it was learnt that communities were not satisfied with the behaviour of some of the TAWREF Peer educators and asked why they were not reporting at the village leaders before starting their activities in the community”. Ongoing mentorship was used to keep Peer educators aware of the SOPs as they tend to overlook them.

At a community meeting men wanted to know what plans we had for men who were being beaten by their wives. We agreed with them to follow proper channels available in their community. At a Focus group discussion, women said they were not satisfied by having HIV testing by itself but wanted more health services, “Why can’t you test us for blood pressure, diabetes and cervical cancer?” They even wanted a Covid - 19 test. We could only promise to help with blood pressure once in a while but encouraged them to visit nearest health facilities as those diseases were not linked with stigma. At a stakeholders’ meeting shelter beneficiaries demanded to know follow up plans after houses have been handed over and TAWREF is working on this. AGYW demanded to be given vocational and entrepreneurship skills.

2.6.4 Shared Accountability and Compliance:

Regional and District joint Supervisions: Joint meetings and Joint supervisions with the RHMT and CHMT for Arusha and Kilimanjaro regions were conducted for learning, performance improvement of the EpiC and “Shirikisha Wote” projects. This enhanced shared accountability, oversight and technical support in the 5 project districts. Some Health Facilities were not supportive at first but a consensus was reached on how to work together smoothly.

The community offered training and testing venues like verandahs, back yards, unused rooms/ houses etc. The local leaders supported in the hot spot mapping by identifying hotspots for offering HTS services and sometimes accompanied our mobile team in case of hostile environments. In the OVC shelter Construction the LGA and FBO leaders participated in selecting shelter beneficiaries. Moreover, beneficiaries were supported by the community to add toilets and during house hand over, the neighbours brought food and other materials to support the families.

2.6.5 Accountability to the government through Reports' submission:

District Level: TAWREF shared progress reports to Focal persons at district levels for accountability and compliance. The collected data was entered on Infolink (FHI) daily and weekly and the DHIS2 monthly and CTC2 on daily basis and entered on Datim (PEPFAR) on Quarterly basis all done to maintain a single national data system. Data was collected by counsellors and PEs on HTC Registers by HC Providers and PE Registers and KoBo by PEs on the "Shirikisha" project. Data collected was converted into Strategic Information to inform research and policy.

National level: Quarterly TOMSHA for multisectoral data and HMIS (MTUHA) for Family Planning data Reports were submitted to the CHACC and DACC respectively to be synchronized with the district, regional and national data keeping systems; NGO Form No.10 was filled in and sent together with the 2019 Audited Report and AGM Minutes sent to Ministry of Health Community Development, Gender the Elderly and Children before the 15th April deadline. Data Revolution was used to reach KPs and KVPs leading to greater program efficiency, Transparency, Coordination and Mutual accountability.

2.6.6: VICOBA Follow up: Women Reported increased Voices, Decision making power, increased respect by husbands as they now contribute to household economy also improved health due to reduced risky behaviours. They also shared how they have diversified their businesses like from market stalls to brick laying, to keeping rabbits, food vending and others.

2.6.7: Oversight done through Quarterly Board meetings for approvals of plans budgets, reports, Audit and policies: The Board revised and approved the Financial Policy; the scope of the EpiC project and purchase of another vehicle, among other things.

2.6.8 Most Significant Change/Impact stories were collected from children, caregivers, Peer Educators, and other beneficiaries. See Annex 1.

2.6.9 *Annual Internal Evaluation and Retreat*: This took place at Miwaleni Camp. The staff got time to recreate with games and sports but also to reflect on what strategies worked well during the year and what needed new innovations. There were issues related to our own accountability

like introducing a target based Performance Appraisal but also to the volunteers' accountability like observing confidentiality, the reporting procedures and observing fidelity.

Outcome 2.7: Research Findings used to inform new interventions

2.7.1 From 2020 TAWREF has been participating in the FHI360 EpiC project that uses research and evidence to design and deliver innovative programmes that change behaviours increase access to services and improve lives. Lots of data was collected entered on Infolink and Datim softwares and HTS registers ready for analysis and informing new innovations.

2.7.2. TAWREF conducted an End line study for the School HIV and AIDs project the results of which revealed improved understanding and reduced risk behaviours among primary school children from 12 participating schools. This project was best practice for replication,

2.7.3 TAWREF finalized plans for an End line Evaluation and External Evaluation, both for the “Shirikisha Wote” DFID funded project to be conducted early 2021.

2.7.4 TAWREF conducted a Covid Impact Study in Magu district by being commissioned by Kivulini Women's Rights Organization at the end of 2020.

2.7.5 A TF CBT Publication:

Shannon Dorsey, PhD¹; Leah Lucid, MS¹; Prerna Martin, MPH¹; Kevin M. King, PhD¹; Karen O'Donnell, PhD²; Laura K. Murray, PhD³; Augustine I. Wasonga, MA⁴; Dafrosa K. Itemba, MS⁵; Judith A. Cohen, MD⁶; Rachel Manongi, MD, PhD⁷; Kathryn Whetten, PhD⁸. Effectiveness of Task-Shifted Trauma-Focused Cognitive Behavioral Therapy for Children who experienced parental death and Posttraumatic Stress in Kenya and Tanzania. A Randomized Clinical Trial. *JAMA Psychiatry*. 2020;77(5):464-473. doi: 10.1001/jamapsychiatry.2019.4475

Other Key Strategic Issues for TAWREF's Organizational Development

To move a mountain, Organizational Sustainability is needed

3.0 TAWREF'S SUSTAINABILITY

Resources Mobilized for Organizational Sustainability Strategies

TAWREF's Sustainability at Organizational Level

1. **Strong Governance:** From her onset, TAWREF set up sustainability indicators including having a strong governance of the Board to ensure oversight and that proper systems are in place and are utilized effectively also there is observance of professional ethics, risk reduction plan, compliance with existing policies and systems, financial accountability and approval of organizational policies and participatory programme planning. Involvement of LGAs was ensured at all levels from village to ward to district and regional levels in planning, service provision, supervision and demanding accountability from TAWREF.
2. **Active MoU:** In 2020, the MoU with the RAS was still active and it added to our credibility, acceptability, and increased bond with what we do with the government like Joint Supervisions and data sharing meetings. Another MoU was signed between TAWREF and Kilema Designated Hospital for the management of PREP services.
3. **Organizational Financial and Human Resource capacity:** Regular Fund raising and Capacity building for Human Resource went on in 2020 through existing and new funders. TAWREF's Income for 2020 was 1,484,771,943 Tanzanian shillings, equals to 31.3% over the 2019 income which was 1,130,671,943. There was regular training for staff and volunteers also daily progress monitoring sessions were organized to enhance organizational, staff and volunteers' performance. Staff performance was assessed using a Target Based Performance Appraisal tool. The Staff Retention policy was observed to some extent.

SUSTAINABILITY AT PROGRAMME LEVEL:

4. TAWREF set indicators of programme sustainability through an "Exit Strategy" to ensure sustainability of impact after the programme ends. These included stakeholders'

engagement throughout the project cycle, community capacity building on HIV and AIDS, Gender based violence so that they make informed decisions and for knowledge retention. Community Feedback sessions were helpful in monitoring behavior change and wellbeing resulting out of projects but also showed how the LGA's commitments were being met.

5. TAWREF also trained health facilities' health workers in KP management so that they retain knowledge and sustain the service when the project ends. Different training sessions were also organized for community volunteers as shared above. The government registered VICOBA groups for sustainability as they could now access loans from the government and progress out of poverty.
6. Phasing Over: Planning was made with the LGA at district, ward and village levels to integrate HIV and AIDS also GBV services in their agendas for the 'Shirikisha Wote' project that came to an end. They showed a sense of ownership and commitment to continue as the demand for those activities was still high. This facilitated TAWREF to transfer to them some project activities. TAWREF handed over the Village Community Banking groups to the Ward and District Community Development officers for follow up.
7. The shelter project sustainability is based on the reduction of shelter poverty and on the psychosocial wellbeing of the children. One grandmother remarked, "Is these houses really mine? Even if I die now my grandchildren will be safe..."
8. TAWREF has a Risk register to control and manage risks that increase likelihood that the project will survive in the future. The TAWREF Risk Reduction Plan includes mitigation of any harm to the things and people implementing projects.

4.0 CHALLENGES EXPERIENCED IN 2020

- Scaling down of Project Area: EpiC restructured TAWREF's project area and transitioned TAWREF from Arusha leading to staff lay off.

- Unexpected pandemic: Impact of COVID -19 made field work scaring and some hotspots to be closed due to fear of infection and paralyzed the shelter project.
- Accountability: Community demanding Accountability to service providers and communities demanding accountability to TAWREF not well achieved because they are not socialized to give feedback through feedback boxes.
- HIV and AIDS related Stigma: A few clients who test positive refuse ARV uptake due to stigma and miss the opportunity of suppressing their viral load.
- Partnerships: Inadequate strategic partnership with other key providers to link more beneficiaries like PWD , follow up of viral Load suppression of PLHIV who are on ARV; follow up of GBV survivals etc. Client loss due to ARV linkage limitations as the CTCs do not work 24 hours.
- Not much strategic collaboration with the LGA structures to agree on sustainability and follow up of the shelter beneficiaries.
- Data Management: There are security and duplication risks with facility providers who conduct HTS.
- Policy: Inadequate political will to implement requirements of the Law of the Child (2009) Act after rectifying the Convention in 1990, children miss their basic rights to food, clothing, shelter, protection etc Also there is Gender Inequality caused by Criminalization of Sex workers which is a barrier to HIV prevention and HIV related Stigma.

5.0 PLANS FOR 2021

1. Start implementation of the 2021 – 2025 strategic plan with a periodical review plan.
2. Follow up the status of the OVC houses built and construct an average of 10 more for the OVC and link them with economic activity for sustainability.
3. Train AGYW in vocational and entrepreneurship skills.

4. Organize Forums that empower beneficiaries and communities to demand accountability from service providers.
5. Look for a new office space for the MDC based activities.
6. Work to publicize the TAWREF Charity shop on Social media.
7. Devise innovations for getting more feedback from communities like participating in village meetings, Focus Group Discussion sessions, 'Complaints' Boxes.
8. Be more pro active with Strategic Networking especially with the Community Development Officers and Legal Aid providers,
9. Work on branding of OVC houses donated by Vine Trust and TAWREF.
10. Lobby with organizations that can provide more support to shelter beneficiaries like TASAF, PACT and others.
11. Follow up completed projects at least biannually, the school HIV prevention project and the 'Shirikisha Wote' Project.
12. Recruit pending positions and review/draft new policies
13. Install the TAWREF own system for backing up all the data collected.

ANNEXES

Annex 1. TAWREF/ VINE TRUST PARTNERSHIP HOUSES CONSTRUCTED

District/ Year	2012	2013	2014	2015	2016	2017	2018	2019	2020
MMC	02	03	03	-	03	04	-	01	-
MDC	02	08	16	09	10	13	12	11	02
Hai DC	01		02	10	07	03	06	04	-
Siha DC	-	01	-	-	-		01	01	-
Total	05	12	21	19	20	20	19	17	-
G r a n d Total		17	38	57	77	97	116	133	135

Annex 2

REFERENCES

1. Tanzania Country Operational Plan (COP) 2020 Strategic Direction Summary March 30, 2020'
2. Avert.org

Annex 3. Most Significant Story

Violeth Peter (not real name) is one among participants of FSW class which took place at Kimashuku. She is 24 years old not married with one child of 3 years and having two regular sexual partners who are not the child's father. She was counseled and tested for HIV and found positive she received results and was told the next step was being enrolled to CTC. Shehesitated to be escorted to CTC. However on the same day she connected us through phone to one of her sexual partners (Simon not real name). Counsellors made an appointment and went at his work

place and he was willing to be tested for HIV. Pre and post counseling were done, of which the results were sero negative. He was asked if he wanted to share the results with Violeth. He said he will share if she first shares her results of which she shared.

After being empowered, Simon connected us through phone to another sexual partner of Violeth. He is called James (not his real name). He was visited and underwent pre-test counselling, but he was not willing to be tested. Violeth was still rigid to be escorted to CTC but thanks to Simon the first partner who counselled her for about 3weeks until she decided to be enrolled to CTC for ART and now she is on treatment. Simon was very happy that his sexual partner accepted to be linked to CTC. Simon promised Violeth that they will live together as family.

Both were told to use condoms all the time, that's why it was important to share the results. This will help him to remain negative and Violeth to prevent new infections.

Lesson learnt:

Sharing of information of sexual partners to counsellors helps to identify more beneficiaries/KPs who didn't know their health status.

-Pre and post-test counseling if done with patience empower clients to disclose their partners and helps partners to support one another.

In discordant couples normally when the woman is positive they separate, but for this matter a man is agreeing to stay with his positive partner. This is a lesson learnt to other negative men when their partners are positive.

Annex 4: One of TAWREF's Best Practice on a power point presentation (attached)