



BUILDING AN INCLUSIVE SOCIETY FOR ALL

# STEPS TANZANIA ANNUAL PROGRESS REPORT

January- December, 2021







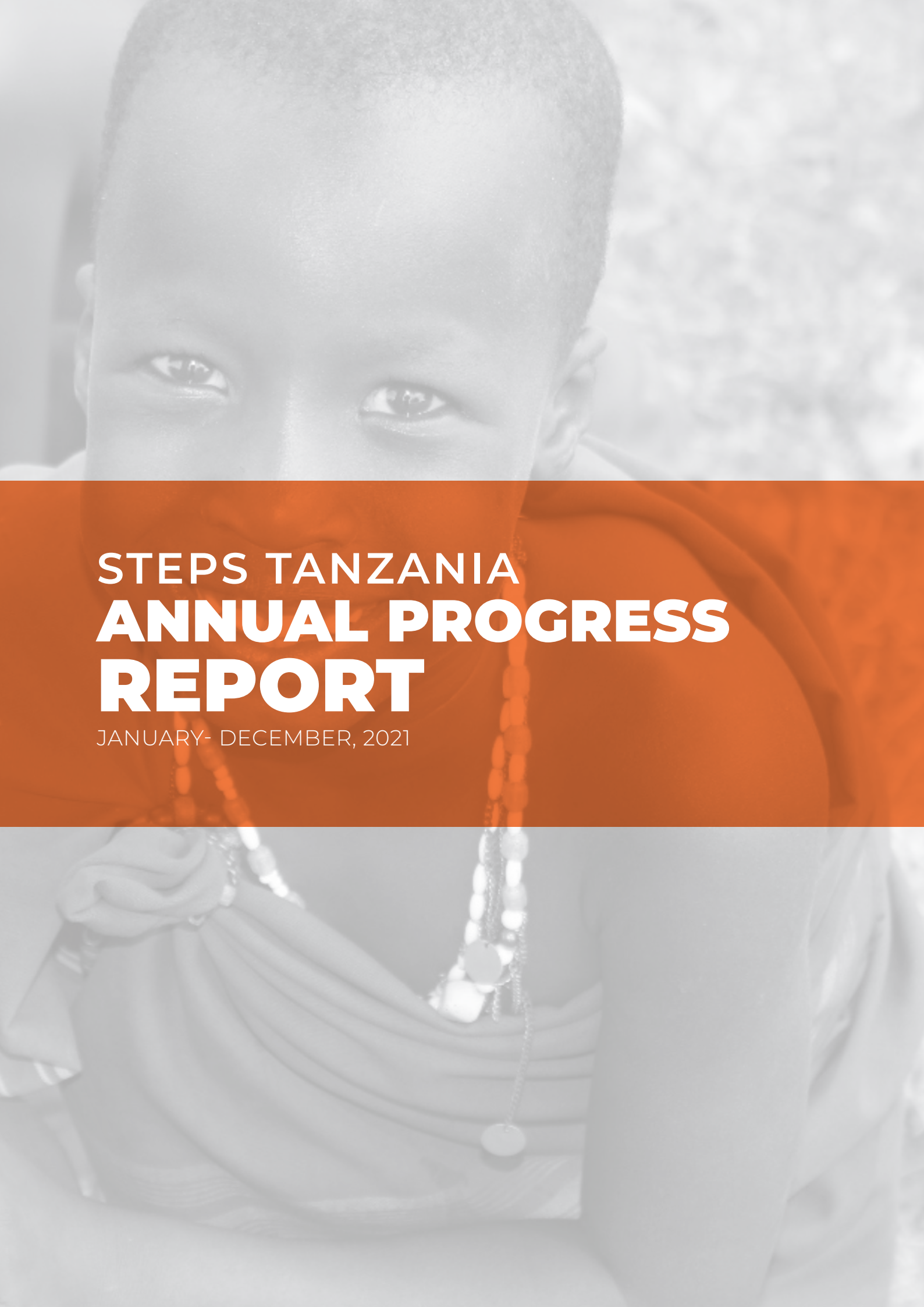
BUILDING AN INCLUSIVE SOCIETY FOR ALL

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# STEPS TANZANIA **ANNUAL PROGRESS REPORT**

JANUARY- DECEMBER, 2021

## SUMMARY

With support from our partners, STEPS Tanzania works in the fields of health, education, and integrated community development. Our activities are built on the following Six pillars:

- 1 A Community-based Initiative (CBI)/perspective that empowers individuals, families, and communities including persons with disabilities to make positive changes in their own lives.
- 2 Close working partnerships with local, regional and national government to promote sustainable development in Health, Education and integrated Community Development.
- 3 An integrated approach that links activities in health, education and community empowerment i.e. Livelihoods for maximum impact.
- 4 Worked closely with authorities and institutions at all levels, from state ministries to local leaders, from hospitals to rural communities.
- 5 Collaborates with other National NGOs, Key Population led Organizations, Technical Working groups and community-based organizations including Disability People's Organisation (DPOs) to coordinate efforts and increase effectiveness in the areas we work.
- 6 Support people including persons with disabilities in developing the vision and capacity to contribute to development, for themselves, their communities, and the nation and we do that in Health, education and community-based empowerment programs.

### Key achievements

In the year ended December 31st 2021, STEPS Tanzania managed to: -

1. Established community structures to expand community led monitoring by key affected communities and be able to report on services disruptions, commodity stock outs and monitoring human right violations (including Gender Based Violence, stigma and discrimination) through mobile technology.
2. 451 Front Line Community Health Volunteers from 9 councils of Dodoma and Simiyu regions were trained to reach informal Private sector on TB and COVID-19.
3. Trained 20 CHVs to provide psychosocial support to GBV Victims in our programs
4. Successfully implemented a comprehensive Harm Reduction program for People who use and inject Drugs by integrating a gender approach, delivered both in fixed site and outreach, as per WHO recommendations of which over 325 PWUD were reached. Services included Needle Syringe Program including HIV prevention, testing, and referral to care, OST preparation and referral, Overdose prevention, Condom distribution, Behaviour change intervention and other IEC material (including on gender-based violence for Women Who Use Drugs, how to address harmful gender norms and traditional practices).
5. 144 PWUD benefited from Community empowerment, including women and people with disabilities who use drugs through IGA.
6. Successful referral to Program Beneficiaries to Sexual and reproductive health services including STIs, Co-infections and co-morbidities referrals, HBV prevention, vaccination, testing and referral to treatment, HCV prevention, testing and referral to treatment. 189 beneficiaries were successfully linked to the mentioned services.
7. Supported 9 trained Community Health Volunteers to provide TB prevention, Screening, testing and diagnosis and referral to treatment
8. Organized Orientation workshops for local stakeholders like law enforcers, CBOs and LGAs to be able to addressing stigma, discrimination and violence: including documenting violence and other human rights violations; and crisis-response management. Total of 150 key stakeholders (R/CHMT, LGA, Facility staff, Law enforcers) and influential people were reached and sensitized.
9. Provided Women specific interventions: including activities addressing harmful gender norms and traditional practices and GBV by establishing Kinondoni Women Helping Hand Support Group through Training and support with start-up capital.
10. 138 PWUD with special need were Supported with non-medical aid: nutrition and hygiene. Among them 28 were female with infants.



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## ACRONYMS AND ABBREVIATIONS

|          |                                                                |
|----------|----------------------------------------------------------------|
| AIDS     | Acquired Immune Deficiency Syndrome                            |
| ART      | Anti-retroviral Therapy                                        |
| ARV      | Anti-retroviral Drugs                                          |
| Cbl      | Community Based Initiatives                                    |
| CMAC     | Council Multi Sectoral AIDS Committee                          |
| DCEA     | Drug Control and Enforcement Authority                         |
| DPO      | Disability People's Organisation                               |
| FGM      | Female Genital Mutilation                                      |
| GBV      | Gender Based Violence                                          |
| HIV      | Human Immune Deficiency Virus                                  |
| IEC      | Information, Education and Communication                       |
| MKUTA    | Mwitikio wa kudhibiti Kifua kikuu na UKIMWI Tanzania.          |
| PPE      | Personal Protective Equipment's                                |
| PWUD     | People who Use Drugs                                           |
| PWD      | People with Disability                                         |
| PWID     | People who Inject Drugs                                        |
| PLHIV    | People Living with HIV                                         |
| PO- RALG | Presidents Office Regional Administration and Local Government |
| RFA      | Regional Facilitating Agency                                   |
| SBCC     | Social and Behaviour Change Communication                      |
| STI      | Sexually Transmitted Infection                                 |
| TACAIDS  | Tanzania Commission for AIDS                                   |



## 1.0: GENERAL INTRODUCTION AND BACK GROUND INFORMATION

### 1.1: Key details about STEPS Tanzania

STEPS TANZANIA is a social justice and health organization striving to make health care, education and community development a human right for all people, starting with those who need it most.

### 1.2: Core Values

## VISION

Diversified opportunities in Health, education, and development for communities

## MISSION STATEMENT

To strengthen inclusive systems and services for communities in The country

## STEPS TANZANIA KEY OBJECTIVE

- Striving to create a better future for communities throughout Tanzania by contributing to a better world, using the Sustainable Development Goals as a shared framework across all our programs.
- Promote community-based perspectives that empowers individuals, families, and communities to make positive changes in their own lives.
- Establish trusted partnerships with local, regional and national government to promote sustainable development.
- Advocate for an integrated approach that links activities in education, health and integrated community development for maximum impact.

Key beneficiaries are key and vulnerable population comprises; People with disabilities, people who use drugs (Injecting Drug users and non-Injectors), female sex workers, men sex with men, Adolescents girls/ boys and young women/ men's, Partners of sex workers, Biological children of female sex workers, other hotspots populations comprise; long truck drivers, Bodaboda, miners, fishing communities, Orphans and most Vulnerable children.

## CORE VALUES

STEPS Tanzania core values underpin how we behave and go about our purpose. Core Values are clearly expressed through our thinking, behaviour and decision making - together, they establish STEPS TANZANIA working culture. (Abbreviation for our Core values PICII)

- Professionalism - We aim for quality in what we do.
- Integrity - We act consistently with our mission, are honest and transparent in what we do and say, and accept responsibility for our collective and individual actions
- Commitment - We work together effectively to serve the wider community.
- Inclusion - We practice and advance inclusion across all our programs.

### 1.3: Background to the Projects and coverage

STEPS Tanzania is working with PEPFAR through Ambassador Grant for Community Led Monitoring in Kisarawe District of Coastal Region, Global Fund through DCEA under Harm Reduction Program in Dar es Salaam Region, Global Fund TB and C19RM under AMREF Health Africa in Tanzania in Dodoma and Simiyu Regions, NORAD/ LHL International grant through MKUTA in Dar es Salaam.

## 2.0: INTRODUCTION TO THE FUNDED INTERVENTIONS/ PROJECTS

This section describe all projects released in the scope of programmes during the reporting period of January to December, 2021.

### 2.1: Harm Reduction – Needle and Syringe Program

|                  |                          |
|------------------|--------------------------|
| Project Duration | 2021 - 2023              |
| Donor            | Global Fund through DCEA |

Harm Reduction- Needle and syringe program is the 3 years' program implemented by STEPS Tanzania in Kinondoni and Ubungo municipalities with support from Global fund under DCEA. This agreement was made on the 1st of January 2021 between STEPS Tanzania and DCEA to implement intervention on "Harm Reduction- Needle and Syringe in Dar es Salaam Region.

This project is in line with STEPS Tanzania Strategic Objectives since primarily aims to contribute to the government efforts for reducing the transmission of HIV and other blood-borne viruses caused by the sharing of contaminated injecting equipment's. Interventions also work to reduce other harms associated with injecting drug use by providing: -

- Advice on safer injecting practices
- Advice on minimizing the harm done by drugs
- Advice on how to avoid and manage an overdose
- Information on the safe handling and disposal of injecting equipment
- Referrals to HIV testing and treatment services
- Screening for other sexually transmitted diseases (STIs) and tuberculosis (TB)
- help to stop injecting drugs, including access to drug treatment (such as opioid substitution therapy) and encouragement to switch to safer drug taking practices
- links to other HIV prevention interventions such as pre-exposure prophylaxis (PrEP) and free condoms
- Referrals to other healthcare services, wider psychosocial support and counselling.

The project objectives were to:

- 1) Increase access of people who inject drugs (PWID) to quality, comprehensive HIV prevention and harm reduction services in selected wards in Kinondoni and Ubungo Municipals.
- 2) Empower Communities of people who inject drugs (PWID) to meaningful involve in the project planning, design, implementation and evaluation of Needle and syringe program.
- 3) Distribute sterile needle and syringe for people who inject drugs in selected wards in Kinondoni and Ubungo.



- 4) Sensitize communities and stakeholders on Harm reduction services for People who inject drugs.

## Results

- Conducted social mapping and identification of hotspots and number of people who use drugs by sex and location. 40 hotspots identified (24 Ubungo and 16 Kinondoni).
- Management and Project Key staff (08) were trained on Harm Reduction and how to implement NSP Program.
- 20 Community rep identified and trained on Peer Lead and outreach approach for HIV prevention and Harm Reduction- Needle and syringe Interventions
- Trained 150 community leaders, Health facility staff, law enforces on creating enabling environment and support Harm Reduction services for HIV and Gender based Violence prevention.
- Managed to reach out to Three Hundred and Twenty-Five (325) People Who Use Drugs (PWUD) whereby eighty-five (105) were Injecting Drug Users (IDUs).
- Distribution of 105,840 sterile Needle and syringes to all 105 IDUs.
- 325 PWUD received educative sessions on safe Injection, HIV, TB, STIs, COVID 19, hepatitis prevention and effects of Overdose and its proper Management.
- Supported 200 PWUD linkage to relevant services including MAT, Gender-based violence screening, Psychosocial support, Legal aid support.
- Distributed 3,620 IECs materials (leaflets, booklets and posters) and 11339 pcs of male condom to 325 and other 720 family members.
- Total of 508 safety boxes full of used needles and syringes, "equals to 508,000 used syringe", successfully collected. This is 48% of the total syringe distributed in 2021



## 2.2: Community TB care:

|                  |                                        |
|------------------|----------------------------------------|
| Project Duration | 2020 - 2025                            |
| Donor            | NORAD/ LHL International through MKUTA |

In 2020, STEPS Tanzania and MKUTA entered into a 5-year renewable every twelve months' service agreement on community TB care for people using drugs in Dar es salaam (Ubungo and Kinondoni municipalities) where STEPS Tanzania implements harm reduction NSP services. The overall goal is to identify tuberculosis suspects among drug users especially people who injecting drugs, link them to care and trace their contacts as well as provide psychosocial and adherence support to anti TB therapy prior to enrollment into MAT services. Project interventions includes the recruitments, health education,



case detection, linkage to health facilities for appropriate services and support of community outreach tuberculosis services to people using drugs.

Project Objectives were to: -

- i. Strengthen STEPS Tanzania Capacity in TB related Interventions among People Who Use/inject Drugs.
- ii. Train and supervise Peer educators and Outreach workers to Conduct TB screening and sputum sample collection to all presumptive PWUD.
- iii. Coordinate and Facilitate referrals and linking to treatment for those tested Positive and link them to care and treatment.
- iv. Treatment support for homeless Drug users and ensure treatment adherence.
- v. Work with District TB Coordinators and DOT Nurses to ensure TB Cases from Drug users is captured into electronic reports system (ETL).
- vi. Ensure COVID-19 interventions are mainstreamed into TB intervention during the implementation of approved STEPS Tanzania activity work plan.

## Results

- 40 Staff and Peer educators trained on TB basics and community intervention for PWUD including monitoring and reporting tools.
- 313 reached with TB information, of which 149 were presumptive and 45 diagnosed with TB and put on treatment.
- All 45 patients were supported to undertake their TB treatment at hotspot level.



*Sputum Sample collection for transportation to health facility for Laboratory investigations*

## 2.3: Income Generating Activities

|                  |                                        |
|------------------|----------------------------------------|
| Project Duration | 2020 - 2025                            |
| Donor            | NORAD/ LHL International through MKUTA |

Skill building and support Income Generation activities (IGA) Project targeted people using drugs both injecting and non-injecting drug users (PWUD).

Project objectives were to; -

- i. Strengthen the capacity of STEPS Tanzania to provide IGA and Skills Training to Women/men who use/Inject drugs.
- ii. Link IGA Support group to relevant Government Institutions both at ward and District level.
- iii. Replicate IGA Experience to other women/men groups in Kinondoni and Ubungo municipalities

## Results

- 1) Manage to Provide a place where people who use drugs learn the necessary life skills and establish a physical environment, a place of learning and sharing ideas, where drug users especially those on Methadone treatment visit, feel safe, and obtain life-skills training and other relevant support and advise.
- 2) One IGA support group established with 10 women and 10 men
- 3) Conducted 7 days training workshop on entrepreneurship skill and Financial literacy to 144 People who use drugs (PWUD) both injectors and non-injectors
- 4) Total of 50 PWUD benefited from family integration program.
- 5) Seven (07) Project Staff were equipped with basic knowledge on Micro business and financial management for 7 days training to support the establishment and supervise IGA services among women/men who use/Inject drugs.
- 6) 2 income generation activity were facilitated and supported
- 7) Seed money were provided to beneficiaries to start up the following IGAs, snacks and bites, Sugar can juice, Open shoes shoe making and paper bags preparation.



IGA Women preparing bites for selling



IGA men preparing open shoes for selling

## 2.4: WAJIBIKA (CLM) Project

|                  |                                         |
|------------------|-----------------------------------------|
| Project Duration | 2021 - 2022                             |
| Donor            | US Embassy / PEPFAR, Ambassador's Grant |

The project established in 2021 with support from PEPFAR, Ambassador's grant through the US Embassy to ensure an accountability mechanism for HIV responses at different levels, led and implemented by community members, (people living with HIV). People living with HIV were trained as peer monitors to

systematically and routinely collect and analyse qualitative and quantitative data on HIV service delivery.

The WAJIBIKA project aimed at improving the quality of HIV services in four selected health facilities by engaging service users, service providers, implementing partners and duty bearers. WAJIBIKA project also offered an opportunity to service users (PLHIVs) to expand the use of real time data collection method (KOBO TOOL) in its data collection through one on one interviews, Observation and Focus group discussion.

The project Objectives were to;

- 1) To Increased capacity of PLHIV to collect and analyse information related to access to HIV services at community and facility level in four health facilities in Kisarawe councils – Pwani region Tanzania.
- 2) To support PLHIVs undertake effective engagement of health service providers in implementing actions that increase their access to quality HIV services in Kisarawe council.
- 3) To Support PLHIV to effectively monitor implementation of recommendations from service users by HIV service providers at community and facility level in 65 councils of Tanzania
- 4) To improve quality of HIV services reflected by user satisfaction and improved health facility results
- 5) Ensure consideration of rights and participatory processes in monitoring of trends of service quality within other diseases/ challenging environment (such as in Covid 19 outbreak, TB, STIs), gender and human rights compliance, promotion and protection.

## Results



- Conducted participatory mapping of health facilities and identification of Community Volunteers to be trained and support project implementation.
- Identified 10 community volunteers were trained on Project participatory approach, agreed outputs, indicators and tools for data collection and reporting
- Supported 2 inception meetings (IRHMT and ICHMT) in which participants reviewed and endorsed project design, implementation plan and approved budget for project kick-off.
- Addressed misconception/ misunderstandings and built consensus around CLM process through feedback meetings with Project participants who were active participants during data collection



and interviews; “793 (99.1%) out of 800 service recipients completed individual questionnaires and 20 key staff in 4 health facilities (100%) successfully responded to individual open ended survey tools.

- The approach helped to gain knowledge of the key roles of service recipients in HIV service provision
- Promoted health-seeking behaviour – for HIV other diseases
- Promoted meaningful engagement of service users
- Provided knowledge, confidence and motivation to PLHIV to monitor quality of service provision
- Promoted collaboration between communities, STEPS Tanzania, health facilities/ CTCs, the government and other service providers

## **2.5: Social Inclusion and support to People with Disability**

STEPS Tanzania not yet secured Potential development partner for this component.

Our aim is to support People with disability in improving their livelihoods by offer an inclusive system and service to promote disability prevention and rehabilitation services, mobilize resources to provide education, sustainable livelihoods and human rights advocacy.

In order to deliver those services, STEPS Tanzania senior management conducted a consultative meeting between SHIVYAWATA senior leadership. The following cooperation areas and objectives were discussed and identified.

- 1) Foster collective efforts in tackling disability issues by sharing information, increasing access to resources and ensuring the provision of quality services for people with disabilities.
- 2) Support empowerment to women with disabilities around health, education and community development.
- 3) Joint advocacy around policy reform to ensure inclusive society for all.



## Results

- Inception meeting with SHIVYAWATA secretariat at the Head Office to establish terms of reference was conducted.
- Identified Organization to work with were; The Tanzania Albino Society (TAS), The Tanzania League of the Blind (TLB), The Tanzania Association of the Physically Handicapped (CHAWATA), The Tanzania Society of the Deaf (CHAVITA), The Tanzania Association of the



Deaf – Blind (TASODEB), The Tanzania Association for the Mentally Handicapped (TAMH), The Kilimanjaro Association of Spinal Cord Injuries (KASI), The Psoriasis Association of Tanzania (PSORATA), The Tanzania Users and Survivors of Psychiatric Organization (TUSPO) and The Association of Spinal Bifida and Hydrocephalous of Tanzania (ASBAHT).

The next action will be a formal MoU that both Organization will mobilise resources to fund the cooperation.

## 2.6 COVID 19 Prevention and Care (C19RM)

This is the global fund grant running from 2021 to 2023. STEPS Tanzania have been trusted to implement the following three main activities;

1. Train frontline CHWs to reach informal private sector on TB and Covid-19 in Dodoma and Simiyu regions.
2. Implement orientation and focused group discussions meetings with services providers, service users and CHWs in Dodoma and Simiyu regions.
3. Support expansion of community led monitoring by KVP Led focused CSOs to provide services disruptions, commodity stock outs and monitoring human rights violations (including Gender based violence and stigma and discriminations) in Mbeya, Arusha, Kilimanjaro, Dodoma, Pwani, Geita, Mwanza, Morogoro, Ruvuma and Manyara.

## Results



STEPS (10 Staff and 20 peer educators) family members were trained on COVID-19 prevention and importance of C-19 Vaccination, and how to continue offering equitable project services to beneficiaries during the current COVID-19 pandemic.

- 30 CSO Consortium Staff members and 451 CHWs trained on result based TB and C-19 prevention and control with more emphasis on community mobilization for C-19 vaccine uptake (Dar, Coastal, Dodoma and Simiyu Regions).
- Provided technical and financial support to Tanzania Key and Vulnerable Population Forum.

## COVID-19 PREVENTION AND VACCINATION



- PWUD and other community members in Dar es Salaam were reached with essential C-19 preventive measures including; -Installation of 12 Handwashing facilities in Ubungo and Kinondoni.



residents,

· Distribution of 3, 437 Face masks to Beneficiaries and their partners/ dependents,



*STEPS TANZANIA Staff receiving PPE donation from MdM for protection of COVID-19*

## 4. PROGRESS SYNTHESIS TABLE:

### PROJECT 1: HARM REDUCTION- NSP

| Expected out-put (s)                                                                                                                                                | Planned activity:                                                                                            | Inputs used                                                                                                                  | Achievements                                                                                                                                                                                                                                                                                                     | Beneficiaries |    |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|-----|
| Planned and Done                                                                                                                                                    |                                                                                                              |                                                                                                                              |                                                                                                                                                                                                                                                                                                                  |               |    |     |
| Contribute to government efforts for reduction of the transmission of HIV and other blood-borne viruses caused by the sharing of contaminated injecting equipment's | Conduct social mapping of hotspots and identification of PWUD in Dar es Salaam                               | <ul style="list-style-type: none"><li>• Fund,</li><li>• Transport</li><li>• Fuel</li></ul>                                   | Social mapping conducted and 24 hotspots identification with 325 people who use drugs                                                                                                                                                                                                                            | 316           | 09 | 325 |
|                                                                                                                                                                     | Conduct training workshop to Management and project staff on Harm reduction- NSP                             | <ul style="list-style-type: none"><li>• Funds</li><li>• Stationery</li><li>• Facilitators</li><li>• Venue</li></ul>          | Total 10 Management and Project Key staff benefited from the training workshop on Harm Reduction interventions - result based implementation of NSP for PWID                                                                                                                                                     | 07            | 03 | 10  |
|                                                                                                                                                                     | Participatory Identification of Community volunteers for training as PE to support implementation of HR- NSP | <ul style="list-style-type: none"><li>• Funds</li><li>• Transport</li><li>• Fuel</li></ul>                                   | Participatory Identification of community representatives conducted, 20 Community rep were identified for training on Peer Lead methodology and later recruitment to support project implementation.                                                                                                             | 12            | 08 | 20  |
|                                                                                                                                                                     | Conduct 7 days training of Identified community Volunteers as peer Educators                                 | <ul style="list-style-type: none"><li>• Funds</li><li>• Stationery</li><li>• Facilitators</li><li>• Venue</li></ul>          | Total of 20 identified Community representatives/ Volunteers equipped with basic knowledge and skills on Peer Lead methodology and recruitment to support Harm Reduction- Needle and syringe project implementation.                                                                                             | 12            | 08 | 20  |
|                                                                                                                                                                     | Conduct 3days Orientation workshop to community leaders, HF and Law Enforcers on HR- NSP and HIV prevention. | <ul style="list-style-type: none"><li>• Funds</li><li>• Stationery,</li><li>• Facilitators</li><li>• Venue</li></ul>         | Total of 150 community leaders, Health facility staff, law enforces equipped with basic knowledge and skills for creating an enabling environment for the project interventions and support Harm Reduction services for PWUD within their administrative areas and HIV /TB and Gender based Violence prevention. | 85            | 65 | 150 |
|                                                                                                                                                                     | Distribution of sterile needles and syringe to Identified PWID in Ubungo and Kinondoni                       | <ul style="list-style-type: none"><li>• Transport,</li><li>• Fuel</li><li>• NSP package</li><li>• Service register</li></ul> | 105 PWID (Ubungo and Kinondoni) received total of 11,339 Sterile Needle and Syringes to prevent the transmission of HIV, hepatitis C and other blood bone infections among Injecting drug users.                                                                                                                 | 103           | 02 | 105 |

|  |                                                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                |                |     |       |
|--|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----|-------|
|  | Conduct health education on safe injection, effects of Overdose, management of Overdose and Infectious disease prevention.       | <ul style="list-style-type: none"> <li>• PE guide/ Job AID,</li> <li>• Travel and, communication fare</li> </ul>        | Total of 325 PWUD received educative sessions through Peer outreach approach - on safe Injection, HIV, TB, STIs, COVID 19 , hepatitis prevention and effects of Overdose and its proper Management.                                                                                                            | 316            | 09  | 325   |
|  | Linkage OF PWUD to relevant services including MAT, GBV screening, Psychosocial and Legal aid support and other biomed' services | <ul style="list-style-type: none"> <li>• PE guide/ Job AID,</li> <li>• Travel and, communication fare</li> </ul>        | Supported linkages to 125 PWUD to relevant services/ institutions within the service area- including MAT clinics, Gender-based violence screening and management to survivors, Psychosocial support, Legal aid support other Biomedical services, i.e Modern contraceptives, HIV /STIs testing and management. | 116            | 09  | 125   |
|  | Develop and distribute IEC materials and protective gears to PWUD and their family members                                       | <ul style="list-style-type: none"> <li>• Fund,</li> <li>• IEC materials</li> <li>• Transport</li> <li>• Fuel</li> </ul> | Distributed 3,620 Health learning (IEC ) materials (leaflets, booklets and posters) and 11339 male condom Pcs to 1,045 (325 PWUD and other 720 family members) project beneficiaries within the service area                                                                                                   | 793            | 252 | 1,045 |
|  | Collection and proper disposal of used Needle and syringes from PWID hotspots                                                    | <ul style="list-style-type: none"> <li>• Fund,</li> <li>• Transport,</li> <li>• Fuel</li> </ul>                         | Total of 508 fixed boxes full of used needles and syringes, "equals to 508,000 used syringe", successfully collected and transferred to health facilities for Incineration/ proper disposal.                                                                                                                   | 48% of success |     |       |



**PROJECT 2: COMMUNITY TB CARE PROJECT**

| Expected output (s)                                                                                                                                                                                                                   | Planned activity:                                                                                                                                | Inputs used                                                                                                                                                                 | Achievements                                                                                                                                                                                                                                                                                                                                                                           | Beneficiaries |         |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|-------|
| Planned and Done                                                                                                                                                                                                                      |                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                        | Males         | Females | Total |
| Contribute to government efforts in identification of new tuberculosis patients among drug users, link them to care and continue to Offer psychosocial and adherence support to anti TB therapy prior to enrollment into MAT services | Conduct Identification and Mapping of TB affected families for screening and support other family members                                        | <ul style="list-style-type: none"> <li>• Fund,</li> <li>• Transport,</li> <li>• Fuel</li> </ul>                                                                             | Identification and Mapping of families with TB cases conducted, of which 21 families were identified with TB patients and reached with health education, demand creation and screening.                                                                                                                                                                                                | 60            | 24      | 84    |
|                                                                                                                                                                                                                                       | Follow up of Health Facilities on Diagnosed TB patients for Index / contact screening and testing on TB infections                               | <ul style="list-style-type: none"> <li>• PE Job AID,</li> <li>• Travel and,</li> <li>• communication fare</li> </ul>                                                        | Conducted active contact tracing Visits for all smear positive TB clients and successfully linked the contacts (family members) to nearest health facilities for laboratory investigations.                                                                                                                                                                                            | 45            | 17      | 62    |
|                                                                                                                                                                                                                                       | Conduct outreach visits for screening, SPUTUM sample collection from TB suspects and transportation to health facilities for Lab. investigation. | <ul style="list-style-type: none"> <li>• Fund,</li> <li>• Travel and,</li> <li>• communication fare,</li> <li>• Sputum Mug and,</li> <li>• cold chain containers</li> </ul> | Conducted 24 outreach visits to PWUD hotspots, successfully offered TB education and demand creation sessions to PWUD and the family members for service utilization including TB screening, Sputum sample collection from TB suspects and transportation to Health facilities for Laboratory Investigation.                                                                           | 316           | 09      | 325   |
|                                                                                                                                                                                                                                       | Conduct 7 days training to Project Staff and Peer Educators on TB prevention and skills to support Project Implementation.                       | <ul style="list-style-type: none"> <li>• Funds</li> <li>• Stationery</li> <li>• Facilitators</li> <li>• Venue</li> </ul>                                                    | 40 Staff and Peer educators received 7 days training on TB basic facts, prevention and care, micro planning for community intervention among PWUD including monitoring and reporting tools.                                                                                                                                                                                            | 24            | 16      | 40    |
|                                                                                                                                                                                                                                       | Tracking of Lost to Follow up Patients within the service area.                                                                                  | <ul style="list-style-type: none"> <li>• Travel and,</li> <li>• communication fare,</li> <li>• Patient list</li> </ul>                                                      | Conducted tracing of lost to follow up TB patients in 5 families and managed to convince and return back 5 patients for TB treatment.                                                                                                                                                                                                                                                  | 05            | 0       | 05    |
| Not planned but Done                                                                                                                                                                                                                  |                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                        |               |         |       |
|                                                                                                                                                                                                                                       | Participate with NTLP and other TB/ Leprosy Stakeholders into commemorations of TB and Leprosy International days at the national level          | <ul style="list-style-type: none"> <li>• Staff,</li> <li>• Perdiem</li> <li>• Transport</li> <li>• IEC materials (leaflets and printed T-shirts)</li> </ul>                 | Management and Project Staff (07) participated into the commemoration of 1. International Leprosy Day at the national level which hosted at / by Singida region. 2. International TB day at the National Level hosted at/ by Tanga Region- and STEPS Tanzania managed to conduct posters exhibition for sharing lessons and best practices on prevention and Control those 2 diseases. | 04            | 03      | 07    |

### PROJECT 3: INCOME GENERATION (IGA) PROJECT

| Expected output (s)                                                                                                                                                                                       | Planned activity:                                                                                                   | Inputs used                                                                                                         | Achievements                                                                                                                                                                                                                                                              | Beneficiaries |    |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|-----|
| Planned and Done                                                                                                                                                                                          |                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                                                           |               |    |     |
| PWUD (Injecting drug users and non-Injectors) supported to acquire basic knowledge and relevant skill on financial and project management for sustained Income generation for improving their livelihoods | Conducted 7 days training workshop to 144 PWUD both injectors and non-injectors                                     | <ul style="list-style-type: none"><li>• Funds</li><li>• Stationery</li><li>• Facilitators</li><li>• Venue</li></ul> | 7 days training workshop conducted to 144 People who use drugs "PWUD" (both injectors and non-injectors) on entrepreneurship skills and Financial literacy                                                                                                                | 61            | 83 | 144 |
|                                                                                                                                                                                                           | Conduct SBCC and awareness sessions on importance of engagement into IGA services among PWUD and the family members | <ul style="list-style-type: none"><li>• Transport fare,</li><li>• Airtime</li></ul>                                 | 12 SBCC and sessions on IGA services were conducted to 87 PWUD and their family members, as a results, total of 50 PWUD were restored back to their families as a results of IGA awareness and Social Behavioural Change interventions offered by trained peer educators. | 27            | 23 | 50  |
|                                                                                                                                                                                                           | Technical support to PWUD in establishment and registration of IGA groups – at various levels                       | <ul style="list-style-type: none"><li>• Transport</li><li>• Fuel</li></ul>                                          | Supported the formation and registration of 2 IGA groups (one with 10 women and the 2nd with 10 men) at the District Authorities for continual support and mentorships.                                                                                                   | 10            | 10 | 20  |

#### PROJECT 4: WAJIBIKA (CLM)PROJECT

| Expected output (s)                                                                                                                                                                                                                                                                                                   | Planned activity:                                                                                                                               | Inputs used                                                                                                                   | Achievements                                                                                                                                                                                                                                                                  | Beneficiaries                                                                                                                                                                                        |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| Planned and Done                                                                                                                                                                                                                                                                                                      |                                                                                                                                                 |                                                                                                                               |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      |    |    |
| Contribute to improve technical capacity of service users and community members to gather, analyse, secure, use and own data/information to fill critical gaps in the decision-making process that leads to evidence-informed action to improve services by addressing identified gaps/barriers for Quality services. | Conduct participatory mapping of health facilities and identification of Community Volunteers to be trained and support project implementation. | <ul style="list-style-type: none"><li>• Fund,</li><li>• Transport,</li><li>• Fuel</li></ul>                                   | Participatory mapping of health facilities and identification of Community Volunteers conducted, as a results 4 health facilities (Kisarawe Hospital, Mzenga, Msanga and Masaki health centres) and 08 PLHIV identified for Skill training to support project implementation. | 04                                                                                                                                                                                                   | 04 | 08 |
|                                                                                                                                                                                                                                                                                                                       | Conduct 3days training to Identified community Volunteers on Community Led Monitoring approach, work planning and reporting tools               | <ul style="list-style-type: none"><li>• Funds</li><li>• Stationery</li><li>• Facilitators</li><li>• Venue</li></ul>           | Identified 08 Community volunteers successfully equipped with Community Led Monitoring Project methodological approach, results based planning, expected outputs, indicators and tools for data collection and reporting                                                      | 04                                                                                                                                                                                                   | 04 | 08 |
|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                 | Conduct Inception meetings with R/CHMTs for review and approval of project implementation plan and support the whole process. | <ul style="list-style-type: none"><li>• Funds</li><li>• Writing materials</li><li>• Venue</li></ul>                                                                                                                                                                           | Supported 2 inception meetings with RHMT and CHMT in which management team members/ participants reviewed and endorsed project design, implementation plan and approved budget for project kick-off. | 18 | 12 |



|                      |                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |     |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
|                      | Support trained PE to collect, analyse and disseminate findings including identified service gaps at different levels- community/ health facility/ Council and Regional level through existing structures                       | <ul style="list-style-type: none"> <li>Transport,</li> <li>Fuel,</li> <li>Personnel,</li> <li>Airtime</li> </ul>  | <ul style="list-style-type: none"> <li>Addressed misconception and built consensus around CLM process through feedback meetings with Project participants who were active participants in interviews, "793 (99.1%) out of 800 service recipients completed individual questionnaires and 20 key staff in 4 health facilities (100%) successfully responded to Providers questionnaire.</li> <li>Quarterly feedback meetings held with Service users/ community representatives, HF committees, CHMT and RHMT members in which they received findings, participated in planning v/s identified gaps, allocated resources for solution (Health facility Committees) and advocated to Council Level issues that were not in their powers.</li> </ul> | 587 | 206 | 793 |
|                      |                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 68  | 45  | 113 |
| Not planned but Done |                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |     |
|                      | Invited to participate in Commemoration of Uhuru Torch at the Regional Level which done at Kibiti District, one of the per urban district with limited access to information and scattered health facilities within the Region. | <ul style="list-style-type: none"> <li>Fund,</li> <li>Transport,</li> <li>Fuel,</li> <li>IEC materials</li> </ul> | Management and Key staff (5) participated and offered essential material ( printed T-shirts with HIV prevention and care messages, Leaflets and posters with Harm Reduction, TB/ HIV prevention and control messages) to Regional and Council Health Management Committee (R/CHMT) during the participation in commemoration of Uhuru torch within the Regional jurisdictions.                                                                                                                                                                                                                                                                                                                                                                    | 03  | 02  | 05  |

**PROJECT 5: COVID 19 PREVENTION AND CARE**

| Expected output (s)                                                                                                                                                                                                                                                                                                        | Planned activity:                                                                                                                                                                      | Inputs used                                                                                                  | Achievements                                                                                                                                                                                                                                                                                                                                             | Beneficiaries |     |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|-----|
| Planned and Done                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                        |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                          |               |     |     |
| Contribute to the national efforts on reducing the vulnerability of COVID 19 among Project staff, and beneficiaries, i.e PWUD and other vulnerable population through offering basic information on prevention of the spread, importance of c-19 Vaccine utilization and supply protective gears and essential equipment's | Training of STEPS Tanzania Staff and PEs on COVID 19 prevention and importance of C-19 Vaccination and how to continue with services to Beneficiaries during C-19 pandemic.            | <ul style="list-style-type: none"><li>Funds</li><li>Stationery</li><li>Facilitators</li><li>Venue</li></ul>  | STEPS (10 Staff and 20 peer educators) family members equipped with basic knowledge on COVID-19 prevention and importance of C-19 Vaccination, and how to continue offering equitable project services to beneficiaries during the current COVID-19 pandemic.                                                                                            | 20            | 10  | 30  |
|                                                                                                                                                                                                                                                                                                                            | Scale up TB and C-19 interventions to 30 CSO Consortium members and 451 CHWs to Dodoma and Simiyu regions on reaching Informal private sector with TB and C-19 prevention and control. | <ul style="list-style-type: none"><li>Funds</li><li>Stationery,</li><li>Facilitators</li><li>Venue</li></ul> | Three days training workshop conducted to 30 CSO Consortium Staff members and 451 CHWs in Dodoma and Simiyu Regions on result based TB and C-19 prevention and control among Informal private sector and other vulnerable populations with more emphasis on community mobilization for C-19 vaccine uptake while continuing with other Project services. | 18            | 12  | 30  |
|                                                                                                                                                                                                                                                                                                                            | Support 10 peer Led FGD meetings with PWUD on Harm reduction services, TB/ HIV prevention during COVID 19 outbreak.                                                                    | <ul style="list-style-type: none"><li>Funds</li><li>Writing materials</li><li>Venue</li></ul>                | 10 Peer led, focused group meetings were supported with 450 PWUD and their close relatives on Harm reduction services, TB/ HIV prevention during the COVID 19 pandemic.                                                                                                                                                                                  | 355           | 95  | 450 |
|                                                                                                                                                                                                                                                                                                                            | Conduct community mobilization for C-19 vaccine uptake and support PWUD and their relatives with PPEs and other COVID 19 protective measures                                           | <ul style="list-style-type: none"><li>Fund, Transport,</li><li>Fuel,</li><li>Personnel</li></ul>             | 1) 450 PWUD and their families mobilized for C-19 available vaccine uptake in Ubungu and Kinondoni;<br>2) 12 Handwashing facilities were installed and in use<br>3) Total of 3, 437 Face masks distributed to PWUD and their partners.<br>4) Total of 437 Hand sanitizers were distributed to PWUD through HR- NSP outreach services                     | 293           | 167 | 450 |
|                                                                                                                                                                                                                                                                                                                            | Provide linkage/ referrals of Clients to Health facilities for curative and preventive services                                                                                        | <ul style="list-style-type: none"><li>Travel and,</li><li>Communication fare</li></ul>                       | Escorted referral conducted to 59 PWUD identified with TB to treatment services during COVID19 waves                                                                                                                                                                                                                                                     | 41            | 18  | 59  |

## 5. ANALYSIS OF BENEFICIARIES

During the financial year 2021, STEPS Tanzania succeeded to reach a total of 5665 (4437 males and 1228 female) beneficiaries categorized as; -

### 5.1 DIRECT BENEFICIARIES

| Category of direct beneficiaries | Number of beneficiaries |        |       |
|----------------------------------|-------------------------|--------|-------|
|                                  | Male                    | Female | Total |
| All PWUD                         | 316                     | 09     | 325   |
| PWID                             | 103                     | 02     | 105   |
| Non Injecting Drug users (NIDUs) | 213                     | 87     | 300   |
| Tuberculosis Identified Clients  | 40                      | 5      | 45    |
| Community Volunteers / PEs       | 12                      | 8      | 20    |
| Total                            | 687                     | 111    | 798   |

### 5.2 Indirect beneficiaries

(stakeholder's/ community leaders trained/ surrounding community member- reached with project interventions. i.e. educative sessions through groups/individual/ IEC materials, training workshops and / or meetings etc.)

| Category of direct beneficiaries                                                                   | Number of beneficiaries |        |       |
|----------------------------------------------------------------------------------------------------|-------------------------|--------|-------|
|                                                                                                    | Male                    | Female | Total |
| Community leaders (WEO/ VEO)                                                                       | 81                      | 27     | 108   |
| Law enforces/ Police Gender Desk/ Judicial staff                                                   | 25                      | 19     | 41    |
| Health Facility staff/ Providers                                                                   | 86                      | 28     | 114   |
| Council Health Management Team Members                                                             | 29                      | 15     | 44    |
| Regional Health Management Team Members                                                            | 10                      | 5      | 15    |
| Other community members reached with educative sessions, IEC materials, informal meetings with PEs | 3,519                   | 1,026  | 4,545 |
| Total                                                                                              | 3,750                   | 1,117  | 4,867 |



## 6. METHODOLOGY

During the implementation of Projects activities, a number of methods were used to ensure local ownership of interventions and promotion of sustainability strategies:

- Strengthen knowledge and skills of community volunteers for delivering user friendly Harm Reduction- NSP services, Community TB/ HIV and COVID-19 prevention to community members.
- Knowledge and skills building sessions on TB/HIV prevention, care and support through workshops and group brainstorming sessions for community leaders, law enforces and different community groups.
- Participatory identification of participants for the training in collaboration with community members (Peer Educators and Community Health Workers),
- Participatory monitoring and follow up of intervention to community and institutional level (health facilities in which project team, PLHIV, Peer educators, Council HIV and AIDS/ TB/ Mental Health- Co-ordinators, were actively involved.
- Routine monitoring conducted by project officers involving trained community educators, community health workers, PLHIV and other structures,
- Documentation and dissemination of lessons and learnings from the implementation in which video tapes and CDs were recorded and distributed to potential partners and stakeholders within and outside of the project area, video shows on case study with lessons documented were also displayed to different groups including community leaders, PWUD, CMAC members, civil society representatives during meetings and fora.
- Ensuring Social inclusion through mapping of participating groups and structures including People Living with HIV, vulnerable PWUD women and their partners.

Peer led approach of which community Volunteers were identified and equipped with adequate knowledge and skills to render educational sessions and strengthening the relationship between project team, health care facilities and other parts of the community, providing services, preventing diseases, and promoting healthy practices in families and in the community.

The implementation of these Project Interventions has been driven by local needs and values, targeted beneficiaries to exercise their rights to participation, health and non-discriminatory, confidentiality and dignity of which they supported to monitor report and generated information from their experience and challenges in accessing specific approved services, i.e. Harm reduction, community TB/ HIV prevention services, IGA interventions and COVID-19 prevention including mobilization for C-19 vaccination. Project beneficiaries and service user's feedback to project team and implementing partners, service delivery points and respective authorities are responsible for protecting, promoting equal access to health care services has been well engaged.

## 7. ORGANIZATION ADVOCACY STRATEGY:

Project management and technical team in collaboration with other Civil Society Organizations in the regions / districts has been advocating on issues raised from community members to the government structures and other development partners through discussions, fora and stakeholder's quarterly review meetings. The advocacy strategy resulted into increased timely and more participation / inclusion of non- state actor's representatives in Health sector clusters in planning processes, monitoring and review the implementation of approved Interventions. As a results of joint advocacy, it has been an increase in budgetary resources allocation and clear systems for addressing emerging issues.

## 8. LESSONS LEARNT

### 8.1: Lessons from Harm Reduction- Needle and syringe Interventions;

- The basic service offered by the project team comprises technical officers and trained community Volunteers, allows PWID to exchange used needles and syringes for new, sterile needles and syringes. Providing sterile needles and syringes and establishing appropriate disposal procedures substantially reduces the chances that PWID will share injection equipment and removes potentially HIV- and other blood bone infections-contaminated syringes from the community.
- The availability of new and highly effective Methadone Assisted Therapy (MAT) for PWID increases the benefits of integrating HIV and TB testing and linkage to care among the services provided by the Project.
- The use of community volunteers (trained Peer Educators) in providing free sterile needles and syringes and certain additional services, including the collection of used needles and syringes, distribution of PPEs for C-19 prevention seem to be more effective in protecting confidentiality of injectors and build community trust also promotes the sense of sustainability of interventions.
- Service users experience, the successes on substance use prevention and treatment services among PWID needs continue and un interrupted support, PWID need continual access to adequate numbers of sterile syringes and syringes while mobilizing them for MAT services as well as Behavioral change interventions.

### 8.2: Lessons from Community TB care interventions;

- Communication is an instrument for information and dialogue aimed at encouraging people to promote healthy seeking behaviour and assume greater responsibility for their health. Simple, clear and culturally appropriate messages are needed to inform and create awareness among the general population and people affected by Tuberculosis (TB); it has been evidenced through health educative sessions and Leaflets provided by trained Peer Educators, most of messages has been focusing on the disease, on available care and on opportunities for people to become actively involved.
- Community sensitization about TB is key for changing individual behaviour. Stigma is often a problem, especially in families and streets affected by either TB and/ or HIV. Effective communication is essential for community sensitization or individual education, this starts with personal communication between peer educator/ health workers and the people infected with TB, their families and local communities and it has seen to builds a supportive environment for people who feel ill and may have TB.
- The involvement of TB patients, their families and communities in TB programmes, building on the experience and collaborating with civil society initiatives on HIV and AIDS, it has been evidenced to

provide a strong basis for advocacy for improved TB/HIV services among vulnerable populations in areas with significant HIV burdens.

### **8.3: Lessons from WAJIBIKA Community Led Monitoring Interventions;**

- Project team and Regional and Council Health Management team realized that, data and information gathered from service users builds evidence on what works well, what is not working and what needs to be improved, with suggestions for targeted action to improve outcomes.
- People Living with HIV and AIDS, trained Peer Educators, Health Facility staff and their Quality Improvement Committees acknowledged to have improved their technical capacity to gather, analyse, secure, use and own data for quality services and during planning. During feedback meetings, they acknowledged that, data collected complement local and national monitoring and provide key information to fill critical gaps in the decision-making process that leads to evidence-informed action to improve services.
- The approach is community owned intervention, for this matter Community must be in front (Leaders and STEPS remain as technical supporter) of the whole process – in assessment of quality services, planning v/s challenges identified, setting priorities, decision making about friendly services, etc.
- The WAJIBIKA CLM identifies useful data/ information which in most cases might not simply be collected in normal M&E for draw an attention for quick and constructive actions.
- Community ownership is key for applicability of tools and methods, being led by trained monitors/ Pes there is a great need to sustain them (remunerated in line with national / LGA standards and practices) as well as for other CHWs to ensure continuity.
- Early engagement of LGAs/ Health sector Leaders (R/CHMT, HF I/Cs), makes smooth application of tools since they are aware from the beginning on usefulness for reaching HIV related goals / targets and indicators, hence ownership and see CLM as a partner in delivering their roles and responsibilities and not competitors.

### **8.4: Lessons from IGA skill building and support;**

- IGA is among of structural interventions that seem to contribute to change of the environment in which people act and live, it addresses some social determinants of vulnerability to HIV and TB infections among them and influence their health seeking behaviours.
- Supporting Vulnerable People," especially drug users", with Income generation, while experiencing a high income poverty needs close supervision and in most cases flexibility when thinking of high level production and profit making! otherwise might end up with financial related blames and cases including un planned expenditure. loss and / or financial bankrupts.

### **8.5: Lessons from COVID 19 Prevention and Control;**

- Prevention and control platforms created under the TB and HIV programs have been used to address the growing threat of COVID19 to Project beneficiaries and community at large within the catchment area.
- Social capital is essential for community support; this has been evidenced in Project service areas
- TB Hotspots are used to station and maintain participatory hygiene and sanitation transformation that include handwashing and proper refuse collection and disposal including used needs and syringes for slum residents and Key Populations hotspots.

- Using TB Screening avenues, seem to be effective for other project intervention including demand creation, social behavioural and change sessions for utilization of COVID19 vaccination, GBV screening and linkages for relevant services, etc.
- roject Volunteers trained on COVID 19 prevention, are used to provide educative sessions through one on one and small groups as
- Trained Community Volunteers promote Vaccination awareness among Key and Vulnerable populations and the entire communities,
- Trained Peers are used to support TB / HIV medications and MAT services during COVID19 waves.

## 9. CASE STUDY

### **STEPS Tanzania saves lives. I'm living proof Thank to NSP for bringing me back**



Nico Kaboso is a 41 years old, living in Dar es Salaam Tanzania he is married and a father of one child, he is current an ex drug user enrolled on methadone clinic at Mwananyamala Hospital in Kinondoni Municipality. He has been using drugs for 10 years, since 2010.

He got involved himself with drugs consumption since 2007 when he was a drug retailer. Due to engaging himself and being close with people using drugs, slowly in 2010 started using drugs and later on became an active and addicted drug user.

I met with one of the peer educator from STEPS Tanzania in early March 2020, who was allocated at our Maskani in Kimara to provide harm reduction services to people using drugs. She regularly run sessions on behaviour change on issues related to HIV and drug use as well as other sessions related to medically assisted Treatment for injecting drug users, i.e. methadone education and linkage of eligible clients.



When I attended her Class she told us her personal story as she was also a drug user like me and others and succeeded to benefit from methadone treatment after been enrolled to MAT clinic and later, became community peer educators as a role model to others. I became interested and gave her a room to provide me with further information and relevant services.

" I asked for one on one session with her, express my desire to quit using drug and request for assistance from her. Surprisingly without any charges she helped me all with MAT related information and the whole process"

From my heart, I'm strong now to say openly that STEPS Tanzania helped me arrange for methadone treatment after being addicted to drug use, I was not able to sleep without taking three times daily doses. She invited me at her office, together with other team members, set up a MAT preparatory sessions plan, and started with counseling then taught me several issues including, what puts people on decisions to start and continue with taking drugs, we also discussed about moral issues and realized that my compulsive drug use was not a moral issue but a disease called addiction. They explained that my drug use had nothing to do with will power. In fact, my addictive behaviors were completely out of my control. They also taught me on effects of drugs- from individual's perspective which touched issues of reducing income, mental and physical health hazardous, family and societal related issues including stigma, isolation and rejection, etc.

At the MAT preparatory sessions, people spoke about the importance of humility, acceptance, and making amends for past behaviours. I was told that I am not responsible for my addiction, but I am responsible for my recovery. These concepts sounded odd to me when I first started coming around. Thanks to STEPS Tanzania my life has turned around completely. I have gone from someone that my community tried to avoid to someone who is often sought out for professional and personal counsel and advice. I feel that I am a far better member of society today than I ever was before. This is because I now live in hope rather than fear.

My promise and short message to my Peers and other community members, "I will always be an addict. There will always be a part of me that wants to use drugs. However, as long as STEPS Tanzania services is available, as long as I can meet with and help others recovering, I will stay clean and change agent".

## **10. Collaboration and Networking:**

During the reporting period (January- December, 2021), STEPS Tanzania collaborated with a wide range of strategic partners and stakeholders as following: -

- PEPFAR/USAID
- Global Fund
- Amref Health Africa, in Tanzania,
- DCEA
- MKUTA
- NORAD/ LHL International
- Médecins du Monde France in Tanzania
- MUKIKUTE
- IDPC.
- Ministries and Sector departments of Health, PO- RALG, NTLP, NACP,
- Regional Administration, Regional and Council Health Management Teams.
- Community Leaders at ward and street levels.
- Community Volunteers (trained Peer Educators)
- Project Beneficiaries including PWUD, PLHIV and other community members,

- Law enforces (Police and Judicial Officers) and Police Gender Desk Officers
- Mass Media and their Staff.
- Health facility In-charges, key staff and Facility QI Committees.

## 11. MONITORING AND FOLLOW UP:

Monitoring and follow up has been based on verifiable indicators defined by the stakeholders and beneficiaries during formulation of each project. Routine monitoring has been conducted with project technical staff in collaboration with Regional and Council Health Management Committee members in quarterly basis. Activity reports have been produced by the project team and shared with Board of Directors, Organization Advisory Committee and other stakeholders through emails and planned meetings.

The Management Information System (MIS) for the project has been strengthened and linkages with district database for HIV/ AIDS and TB documentation, non-medical interventions have established and utilised, reports are shared regularly using the approved TOMSHA monitoring and reporting system for non-medical HIV interventions. Harmonization of monitoring and learning has also achieved through a clear written and signed Memorandum of Understanding by the key Project partners including Local Authorities, DCEA, Amref Health in Africa, KVP Forum and MKUTA.

## 12. OUTCOME ANALYSIS:

### 12.1: Harm Reduction through needle and Syringe Project Outcomes were; -

- Improved curative and preventive services (self-stigma and from providers has been reduced, condoms, leaflets and booklets, safe and sterile needles and syringes has been regularly distributed through outreach modality) among PWUD and their partners with human immunodeficiency virus (HIV) infection as among of successes in HIV prevention in Dar es Salaam Regions.

### 12.2: Community TB care Project Outcomes were;

- Community TB interventions has improved identification of new TB case detection, the use of trained PE in demand creation, health education and community sensitization and in demand creation for service utilization among community members including campaigns on stigma reduction, contributed to reduce fear / became afraid to be stigmatized or receive negative reaction from other community members, and promoted people to come out for services.
- Improved partnerships for community health care between the government Project team especially on the commitment of both actors to actively collaborate to support the quality of health services or to make public health programmes more effective, an evidence in joint planning and monitoring the implementation including review meetings.
- Improved communication, social mobilization, access to information and education among project beneficiaries and communities at large that led to assume responsibility for their health and enhance their ability to address their own health problems including take actions on TB prevention and Covid 19 as well.

### 12.3: WAJIBIKA CLM Project outcomes include: -

- Improved Quality of (HTS/ Prevention/ Treatment and Care, Viral suppression and Laboratory) services – timely results out on HTS, Viral suppression monitoring, etc. no longer delays/ waiting time for services due to regular supply and adequate staff at the CTC and Laboratory.
- Reduced Self stigma among users and from stigma from providers, which resulted into self-confidence and regular and timely attendance for utilization of health facility services

- Established community manpower (Peer Educators/ Monitors) to lead implementation process, i.e. data collection, analysis and present identified issues/ concerns to community leaders, i.e. HF management, HF Committees, CHMT and RHMT.
- Improved community capacity (due to skill enhancement) in evidence informed tools and secure data management system for smooth implementation of the project.
- Evidence based Information has been gathered and used for advocacy/ shared with policy makers for improving preventive and curative services including social, structural and behavioural interventions, i.e. Gender, rights and IGA,
- Improved reciprocal accountability among decision makers and Community Leaders at different levels, i. e at HFs, developed plans v/s challenges, worked on plans; Council level- Improved supplies and integrated in MTEF, Regional level- ensure integration into Health and budget plans and Council Medium Term Expenditure Framework.

### **Key Challenges identified during the implementation period;**

- The outbreak of COVID-19 pandemic jeopardized to some extent the provision of key harm reduction and health services for PWUD. The containment public health policies and other restrictions by the government of Tanzania to response to the COVID-19 pandemic presented challenges for people who use drugs. COVID-19 presented a significant impediment to harm reduction outreach, service provision, linkages to broader health systems, and the funding mechanisms for harm reduction services. Project staff and trained PE continued to support harm reduction services amidst the pandemic and its associated challenges context of a future recession.
- The continuous rampant arrests of PWUD by the criminal justice system; Police during ambush to the hotspots and community areas where Harm Reduction services are provided, hinder universal access and continual of services, this interruption put PWUD at-risk since they may return back to re- start sharing or use contaminated needs and syringes.
- All available funding is from international development partners. This is likely to compromise sustainability of harm reduction programs especially during time of international funding withdraw or reduced, for this reason funding gaps and service closures may result in increased HIV and other blood bone viruses among people who use the drug.

### **Recommendations:**

- Given that COVID-19 still prevail in the country and still an impediment to harmreduction programming, the project should conduct another situational analysis to understand the needs and issues of PWUD in the context of COVID. This will facilitate the development of post-Covid-19 plans with defined priority issues/areas to be addressed and relevant strategy to address them based on evidence.
- The Project should expand the scope of harm reduction interventions to include alternative services such as income generation that would enable the people who use drugs have a source of livelihood especially those enrolled on the MAT program.
- Given the fact that, there are continuous rampant arrests of PWUD by the criminal justice system, the project should strengthen capacity orientation of policymakers at the community level, law enforces and order sector including police, judicial and the public about the need to strengthen harm reduction interventions.

### 3. WORKPLAN FOR THE COMING YEAR (JANUARY- DECEMBER, 2022)

| Project/ Activity:                                                                                       | Performance Indicators (s)                                                                                                                              | Inputs                                                                                                                                                        | Responsible person                |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Distribute Sterile Needle and Syringes to PWID in all Maskani/ Hotspots.                                 | <ul style="list-style-type: none"> <li>No of N &amp; S distributed,</li> <li>No of PWID received needle and syringes</li> </ul>                         | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>NS Packages</li> <li>Safety boxes</li> <li>Staff / PEs</li> </ul>                                | Outreach worker/<br>SBCC Officer  |
| Collection, transportation of used needle and syringes for incineration                                  | <ul style="list-style-type: none"> <li>Number of used NS Collected</li> <li>Number of field trips for collection</li> </ul>                             | <ul style="list-style-type: none"> <li>Funds to cover:</li> <li>Transport – tri cycles,</li> <li>Fixed bin and safety boxes</li> <li>Staff and PEs</li> </ul> | Outreach worker/<br>SBCC Officer  |
| Conduct Social behavioural change sessions and distribute PPE and IEC materials to PWUD                  | <ul style="list-style-type: none"> <li>No. of SBCC sessions conducted,</li> <li>List and No. PP attended,</li> <li>PPE and IEC distributed</li> </ul>   | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>Staff and PEs,</li> <li>SOP/ facilitation guide,</li> <li>PPE and IEC materials</li> </ul>       | SBCC Officer                      |
| Screening and Linkage of PWID / PWUD to MAT, HTS, ART, FP , GBV services, IGA, etc                       | <ul style="list-style-type: none"> <li>Number of PP screened and linked,</li> <li>List and type of services</li> </ul>                                  | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>Referral form,</li> <li>Register/ note book</li> </ul>                                           | Outreach worker /<br>SBCC Officer |
| Conduct weekly/ monthly PE and staff accountability meetings                                             | <ul style="list-style-type: none"> <li>Number of meetings conducted,</li> <li>Register with PP attended,</li> <li>Minutes/ Report</li> </ul>            | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>Refreshments,</li> <li>Stationeries</li> </ul>                                                   | SBCC Officer/<br>Outreach worker  |
| Conduct quarterly joint supportive supervision with RCHMTs                                               | <ul style="list-style-type: none"> <li>Number of meetings conducted</li> <li>Names and Titles of participants,</li> <li>Supervision reports.</li> </ul> | <ul style="list-style-type: none"> <li>Transport fare/ Fuel,</li> <li>Meals,</li> <li>Management team</li> </ul>                                              | Program Manager                   |
| Conduct quarterly joint review meetings with RCHMTs and other Stakeholders                               | <ul style="list-style-type: none"> <li>Number of meetings</li> <li>Names and Titles of participants,</li> <li>Meeting report in place,</li> </ul>       | <ul style="list-style-type: none"> <li>Funds to cover;</li> <li>Transport, Fuel,</li> <li>Meals,</li> <li>Management</li> </ul>                               | Executive Director                |
| Community TB: Mapping of TB affected families for targeted screening and support                         | <ul style="list-style-type: none"> <li>Number of families with identified TB Pts,</li> <li>Mapping report produced.</li> </ul>                          | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>Staff and PEs</li> <li>SOP</li> <li>Diary / Note book</li> </ul>                                 | Program Officer                   |
| Conduct demand creation sessions to affected family and surrounding community for TB service utilization | <ul style="list-style-type: none"> <li>No. of sessions conducted,</li> <li>No. of PP attended,</li> <li>No. of PP utilized TB services</li> </ul>       | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>Staff and PEs</li> <li>SOP</li> <li>Diary/ Note book</li> </ul>                                  | SBCC Officer /<br>Program Officer |
| Conduct screening and referral to PP with symptoms to HF for further investigations                      | <ul style="list-style-type: none"> <li>No. of PP screened,</li> <li>No. of PP referred,</li> <li>No. of PP tested</li> </ul>                            | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>SOP</li> <li>Staff and PEs</li> </ul>                                                            | Program Officer                   |



|                                                                                                                        |                                                                                                                                                                     |                                                                                                                                                                      |                                         |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Collect and transportation of Sputum to HF for Lab. investigation                                                      | <ul style="list-style-type: none"> <li>No. of PP consulted,</li> <li>No. of Sputum sample collected and transported,</li> <li>Results of Sample examined</li> </ul> | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>Sputum Mug,</li> <li>Cooler box/ containers,</li> <li>Staff/ PEs</li> </ul>                             | Program Officer                         |
| Monitoring of identified TB Pts and track lost to follow up TB Pts for treatment support                               | <ul style="list-style-type: none"> <li>No. of TB Pts visited,</li> <li>No. of TB Pts returned back to treatment services</li> </ul>                                 | <ul style="list-style-type: none"> <li>Travel and communication fare,</li> <li>Staff and PEs</li> </ul>                                                              | Program Officer/<br>Outreach Worker     |
| Conduct weekly/ monthly PE and Staff accountability meetings                                                           | <ul style="list-style-type: none"> <li>Number of meetings conducted,</li> <li>Register with PP attended,</li> <li>Minutes/ Reports</li> </ul>                       | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>Participants Registration,</li> <li>Staff / PE,</li> <li>Meals and drinks</li> </ul>                    | Program Officer                         |
| Conduct quarterly performance review meetings with Staff and PEs                                                       | <ul style="list-style-type: none"> <li>Number of meetings conducted,</li> <li>Register with PP attended,</li> <li>Minutes/ Reports</li> </ul>                       | <ul style="list-style-type: none"> <li>Transport fare/ Fuel,</li> <li>Meals,</li> <li>Management team</li> </ul>                                                     | Program Manager                         |
| Life skills and IGA: Three days refresher Seminar to 20 IGA group members on entrepreneurship and financial management | <ul style="list-style-type: none"> <li>Participant register,</li> <li>Training report</li> </ul>                                                                    | <ul style="list-style-type: none"> <li>Transport fare,</li> <li>Meals, Venue,</li> <li>Stationeries,</li> <li>Training guide,</li> <li>Participant Manual</li> </ul> | Program Officer/<br>Empowerment Officer |
| Procure 2 motorcycles for IGA to Increase profits for supporting PWUD basic needs                                      | <ul style="list-style-type: none"> <li>Number and types of motorcycle procured,</li> <li>Business Contracts Signed</li> </ul>                                       | <ul style="list-style-type: none"> <li>Funds,</li> <li>TRA Business Registration,</li> <li>Driver with Licence</li> </ul>                                            | Program Manager/<br>Program Officer     |
| Regular supportive supervision of PWUD – IGA projects and motorcycles performance                                      | <ul style="list-style-type: none"> <li>Number of visits conducted</li> <li>Participants registration,</li> <li>Supervision reports.</li> </ul>                      | <ul style="list-style-type: none"> <li>Travel and communication fare,</li> <li>Staff</li> <li>Diary/ Note book</li> </ul>                                            | Program Officer<br>Empowerment Officer  |
| PWUD/ Community mobilization on IGA for sustainable livelihoods.                                                       | <ul style="list-style-type: none"> <li>Number of sessions,</li> <li>List of participants mobilized</li> </ul>                                                       | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>Bites and Refreshments</li> </ul>                                                                       | Program Officer<br>Empowerment Officer  |
| WAJIBIKA Project: Support CLM phase out meetings with Health facilities, CHMTs and RHMT                                | <ul style="list-style-type: none"> <li>Number of meetings conducted,</li> <li>Participants registration,</li> <li>Minutes/ Report</li> </ul>                        | <ul style="list-style-type: none"> <li>Funds,</li> <li>Transport/ Fuel,</li> <li>Venue,</li> <li>Management and staff</li> </ul>                                     | Executive Director/<br>Program Manager  |
| Participate into Project close out meeting with USAID/ Ambassador's technical team                                     | <ul style="list-style-type: none"> <li>Participant registration,</li> <li>Minutes/ Report</li> </ul>                                                                | <ul style="list-style-type: none"> <li>Bites and Refreshments,</li> <li>Projector.</li> </ul>                                                                        | Executive Director                      |

|                                                                                                                                                                                    |                                                                                                                                                               |                                                                                                                                                             |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| C-19 Prevention and Care:<br>Continual supply of PPEs and IEC materials to Staff, PEs and beneficiaries                                                                            | <ul style="list-style-type: none"> <li>Type and number of PPEs and IEC materials,</li> <li>Number of beneficiaries received PPEs and IEC materials</li> </ul> | <ul style="list-style-type: none"> <li>Travel fare,</li> <li>PPEs and IEC Materials,</li> <li>Staff and PEs</li> </ul>                                      | Program Officer<br><br>Finance and Admin Officer |
| Technical support to Dodoma and Simiyu RCHMTs on community FGD for exploring best practices/ Lessons and shortcomings on TB and C-19 prevention including C-19 Vaccine utilization | <ul style="list-style-type: none"> <li>Number of FGD Supported,</li> <li>Participants Registration,</li> <li>Minutes / Report</li> </ul>                      | <ul style="list-style-type: none"> <li>Funds;</li> <li>Transport,</li> <li>Fuel,</li> <li>Venue</li> <li>Management and Staff,</li> <li>Periderm</li> </ul> | Executive Director,<br><br>Program Manager       |
| Support feedback review meetings with Dodoma and Simiyu RCHMT and Consortium members                                                                                               | <ul style="list-style-type: none"> <li>Number of Meetings Conducted,</li> <li>Minutes/ Report</li> </ul>                                                      | <ul style="list-style-type: none"> <li>Funds;</li> <li>Transport, Fuel,</li> <li>Venue,</li> <li>Periderm</li> <li>Management and Staff,</li> </ul>         | Executive Director,<br><br>Program Manager       |
| Cross cutting Interventions:                                                                                                                                                       |                                                                                                                                                               |                                                                                                                                                             |                                                  |
| Identification and needs assessment of PWD for support                                                                                                                             | <ul style="list-style-type: none"> <li>Identification Report</li> </ul>                                                                                       | <ul style="list-style-type: none"> <li>Transport, Fuel,</li> <li>Periderm</li> </ul>                                                                        | Program Manager                                  |
| Meeting with SHIVYAWATA management on joint resource mobilization for PWD                                                                                                          | <ul style="list-style-type: none"> <li>Participants registration</li> <li>Minutes/ Report</li> </ul>                                                          | Transport/ Fuel, Bites and Refreshments                                                                                                                     | Program Manger                                   |
| Resource mobilization and support to PWD as per needs and available resources                                                                                                      | <ul style="list-style-type: none"> <li>Resources mobilization plan,</li> <li>Allocated resources,</li> <li>PWD Supported</li> </ul>                           | <ul style="list-style-type: none"> <li>Funds,</li> <li>Management and Staff,</li> <li>Venue</li> <li>PAS</li> </ul>                                         | Executive Director                               |
| Support annual staff review (retreat) meeting                                                                                                                                      | <ul style="list-style-type: none"> <li>Number of staff participated,</li> <li>Report in place</li> </ul>                                                      | <ul style="list-style-type: none"> <li>Funds,</li> <li>Management and Staff</li> </ul>                                                                      | Executive Director                               |
| Participate in International commemorations, ie Drugs day, Women's day, WAD, etc at the District/ regional and National level                                                      | <ul style="list-style-type: none"> <li>Number of Events participated in,</li> <li>Event Report</li> </ul>                                                     | <ul style="list-style-type: none"> <li>Funds,</li> <li>Transport/ Fuel,</li> <li>Periderm,</li> <li>Staff</li> <li>IEC materials</li> </ul>                 | Executive Director,<br><br>Program Manager       |
| Attend International and National fora, workshops and strategic meetings                                                                                                           | <ul style="list-style-type: none"> <li>Number of fora participated in,</li> <li>Report</li> </ul>                                                             | <ul style="list-style-type: none"> <li>Funds,</li> <li>Transport/ Fuel,</li> <li>Periderm,</li> <li>Management / Staff</li> </ul>                           | Executive Director                               |
| Review existing org. policies and development new ones including- Strategic Plan, RM plan                                                                                          | <ul style="list-style-type: none"> <li>Number of Policies Reviewed,</li> <li>Number of developed new policies</li> </ul>                                      | <ul style="list-style-type: none"> <li>Funds:</li> <li>Consultancy fee,</li> <li>Local Consultant,</li> <li>Staff, Periderm</li> <li>Venue</li> </ul>       | Executive Director                               |





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