

STEPS Tanzania – Global Fund GC7 Project

HIV Prevention, Care and Treatment for Key and Vulnerable Populations

Project overview

STEPS Tanzania delivers community-based HIV prevention, care and treatment services for Key and Vulnerable Populations (KVP) in seven regions, as part of the Global Fund Grant Cycle 7 (GC7) programme in Tanzania.

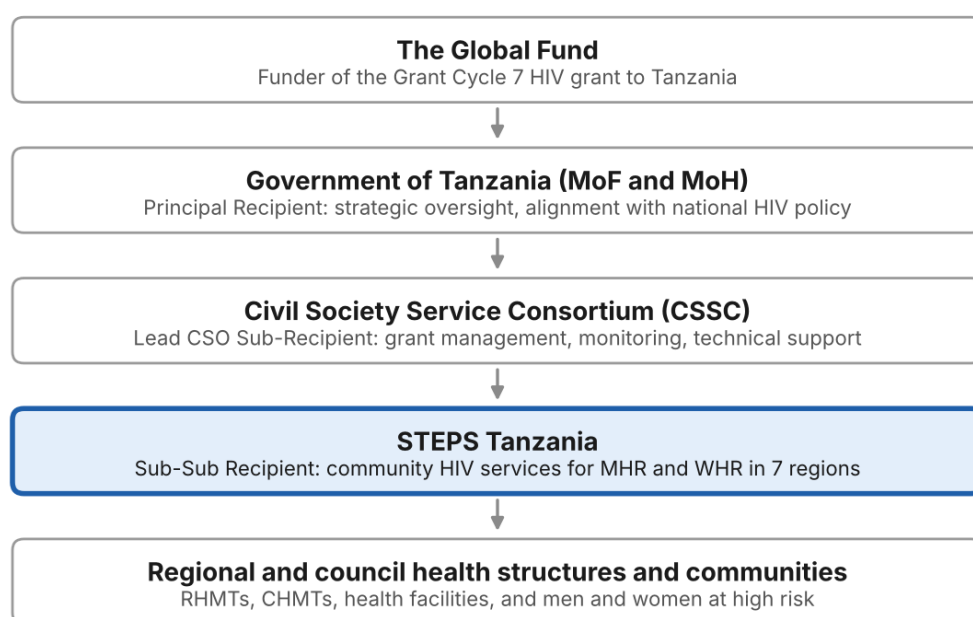
The Global Fund Cycle 7 Grant for HIV Prevention, Care and Treatment Interventions is implemented by the Government of the United Republic of Tanzania through the Ministry of Finance (MoF) and the Ministry of Health (MoH). Its aim is to strengthen a comprehensive HIV response across the country.

The grant gives priority to Key and Vulnerable Populations. These groups face a higher risk of HIV and meet structural barriers to care, including stigma, discrimination, mobility, limited information and services that are not designed around their needs.

As a Sub-Sub Recipient, STEPS Tanzania brings services closer to these communities. We work hand in hand with regional and council health teams so that every person we reach can be tested, linked to treatment and supported to stay in care.

Grant structure and partners

The project runs through a clear chain of responsibility, from the Global Fund to the communities we serve.



- **Principal Recipient – Government of Tanzania:** through the Ministry of Finance and the Ministry of Health, provides strategic oversight and ensures the grant follows national HIV policies and guidelines.
- **Lead CSO Sub-Recipient – Civil Society Service Consortium (CSSC):** manages the civil society component of the grant, monitors performance and provides technical support to Sub-Sub Recipients.
- **Sub-Sub Recipient – STEPS Tanzania:** delivers community-based HIV services for men and women at high risk, together with regional and council health structures.

Where we work

STEPS Tanzania implements the project in seven regions across the Eastern and Southern Zones, coordinated from our Head Office in Dar es Salaam and two zonal offices.

Zone	Zonal office	Regions covered
Eastern Zone	Dar es Salaam	Dar es Salaam, Morogoro, Tanga
Southern Zone	Mbeya	Mbeya, Songwe, Njombe, Ruvuma

In each region we work through the Regional and Council Health Management Teams (RHMTs and CHMTs), health facilities and community structures. This keeps our work aligned with local plans and makes sure community referrals reach facilities that are ready to receive them.

Who we serve

The project focuses on two Key and Vulnerable Population groups who are often missed by routine health services.

- **Men at High Risk (MHR):** men whose work, mobility or life circumstances place them at higher risk of HIV, such as long-distance truck drivers, miners, fishermen, construction and plantation workers, and other mobile men.
- **Women at High Risk (WHR):** women who face higher HIV risk because of economic vulnerability, their work environment or exposure to violence, including women working in bars, guest houses, markets and hotspot settings.

We meet people where they are: at hotspots, workplaces, transport routes, markets and in their communities. Services are delivered with respect, confidentiality and without judgement.

Our objectives

1. **Expand service coverage:** reach more men and women at high risk with HIV prevention, testing and related services in all seven regions.
2. **Strengthen linkage to care:** make sure every person who tests HIV positive is linked to treatment quickly.
3. **Improve retention in treatment:** support people living with HIV to stay on treatment and achieve viral suppression.

4. **Reduce barriers to services:** address stigma, discrimination and gender-based violence that keep people from seeking care.
5. **Strengthen community and health system partnership:** work with council health structures so that community and facility services are well connected.

Key interventions and services

Our community teams offer a package of services designed around the needs of men and women at high risk.

- **Community outreach and peer education:** trained peer educators share accurate information on HIV, STIs and TB, and encourage safer behaviour.
- **HIV testing services:** community-based testing, including HIV self-testing, at hotspots and outreach sites.
- **HIV prevention commodities:** distribution of condoms and lubricants, and referral for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).
- **STI and TB screening:** screening for sexually transmitted infections and tuberculosis, with referral for diagnosis and treatment.
- **Linkage to care and treatment:** escorted and tracked referrals so that people who test positive start antiretroviral therapy (ART) without delay.
- **Adherence and retention support:** follow-up of clients on treatment, tracing of those who miss appointments, and support to return to care.
- **Gender-based violence (GBV) response:** identification of survivors and referral to health, legal and social support services.
- **Stigma reduction and human rights:** community dialogue and sensitisation to create a supportive environment for KVP.

How we work

Our approach combines community trust with strong ties to the public health system.

- **Community-led delivery:** peer educators and community workers come from, or are trusted by, the communities they serve.
- **Hotspot mapping:** we identify where MHR and WHR live, work and gather, and plan outreach around those sites.
- **Government partnership:** we plan and review activities with RHMTs and CHMTs, in line with national HIV policies and guidelines.
- **Facility linkage:** we coordinate closely with health facilities so referrals are received and clients are followed up.
- **Capacity building:** we train and mentor our staff, peer educators and community partners on service delivery, data and safeguarding.

Monitoring, accountability and quality

We track every stage of the client journey, from first contact to retention in care, and report results through the grant's national reporting system.

- **Data and reporting:** routine collection, verification and reporting of programme data to CSSC and the Principal Recipient.
- **Monthly programme and finance reviews:** regular review meetings to check progress against targets, spending and quality, with documented minutes and action points.
- **Supportive supervision:** joint visits with council health teams and CSSC to strengthen service quality.
- **Community feedback:** we listen to clients and communities and use their feedback to improve services.
- **Financial stewardship:** grant funds are managed in line with Global Fund and national financial requirements.

Expected results and impact

Through this project, STEPS Tanzania contributes to Tanzania's national goal of ending AIDS as a public health threat.

- More men and women at high risk know their HIV status.
- More people use effective HIV prevention, including condoms and PrEP.
- People who test positive start treatment quickly and stay in care.
- Fewer people face stigma, discrimination or violence when seeking services.
- Community and council health systems are better connected and better able to serve KVP.

Partner with us

We welcome collaboration with government, development partners, civil society and communities to reach more people with HIV services.

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