

# AIDSFree Tanzania SPPCHS

**Duration of Activity:** January 2015–December 2019

**Life of Project Funding:** \$10.9 million

Under the Strengthening Police and Prison Comprehensive HIV Services (SPPCHS) Project in Tanzania, in partnership with the Ministry of Home Affairs, AIDSFree improved the quality of comprehensive HIV and TB prevention, treatment, care, and support services at high-volume police and prison facilities in Tanzania Mainland and Zanzibar. SPPCHS supported HIV interventions, including facilitating easier access to life-saving treatment, both in facilities and in high-risk populations in adjacent communities. AIDSFree SPPCHS worked in 22 regions in Tanzania mainland and Zanzibar, providing full HIV services for HIV and tuberculosis for 55 police and prison facilities, and nearby communities.

## Technical Approach & Key Activities

### Reaching the First 95—Knowing One's Status

AIDSFree's holistic approach included technical support to ensure that populations at risk were tested for HIV; increasing services for prisoners and guards; and using targeted provider-initiated testing and counseling (PITC) as well as emerging approaches—such as index testing and sexual network testing—to expand the number of people with access to services. AIDSFree also provided technical assistance to ensure that pregnant women were tested during antenatal care (ANC), labor and delivery, and postnatal visits.

### Reaching the Second 95—Enrolling Clients in Sustained Treatment

AIDSFree's efforts focused on quality improvement, coaching on linkage, assisted referral, improved documentation, and client tracking. AIDSFree helped to strengthen same-day enrollment into ART and ensured that high-volume sites offered testing and ART services five days a week and, in some sites, on weekends as well. SPPCHS also helped health facility staff implement TB infection control and increase TB case identification, including screening inmates and HIV-positive patients for TB, helping facilities

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##### Objectives

- Promote behavioral risk reduction, positive social norms, and use of biomedical prevention modalities for the uniformed forces population.
- Increase availability and accessibility of comprehensive HIV care, treatment, and support services.
- Strengthen systems for linking individual clients from community-based program interventions to the continuum of care for HIV, health, and other related services.
- Provide guidance and capacity building for gender-based violence (GBV) prevention and response in prisons and among police.



introduce isoniazid preventive therapy, and coaching and mentoring of health care providers. AIDSFree implemented intensified case-finding approach through prison peer educators and TB contact tracing in the community.

## **Reaching the Third 95—Sustained Viral Suppression**

AIDSFree strengthened linkages to viral load testing laboratories and supported sample courier services, physical tracking of results, and enhanced adherence counseling for clients with high viral load per national guidelines. AIDSFree provided mentorship support to sites to ensure block appointments in all high-volume sites to maximize clinic hours, as well as provision of multi-month ART. Technical assistance to service providers also addressed disclosure, interpersonal violence, stigma, and other concerns during enrollment and in subsequent follow-up visits to improve ART adherence.

## **Achievements**

AIDSFree developed a comprehensive peer-to-peer curriculum designed to effect behavior change among the prison population during and after incarceration. The program, which concluded at the end of a person's incarceration, focused on HIV prevention, negotiation, and other life skills crucial for a successful life outside prison. AIDSFree also implemented interventions to increase the HIV testing yield in police and prison clinics. Index testing and partner notification were introduced in 46 clinics and 17 clinicians were trained and service providers were mentored in implementing these strategies. Throughout the life of the project, 525,175 individuals (100,153 from prison sites) were tested for HIV, including 62,240 pregnant women, with a yield of 3.5 percent (18,411 HIV-positive). The project provided partner notification and testing for high-risk individuals and ensured that all pregnant woman and their partners were tested at the first and fourth ANC visits. AIDSFree sites achieved linkage to ART services in 97 percent of those identified as HIV-positive. AIDSFree also helped to strengthen same-day enrollment into ART and ensured that high-volume sites offered testing and ART services more often, resulting in 17,801 initiated on ART. For PMTCT, 3,321 women were initiated on treatment, representing 99 percent of the total ANC clients.

## **Challenges, Responses & Looking Forward**

Structural and regulatory difficulties contributed to sub-optimal HIV testing to index contacts of HIV-positive inmates, who uniformed health providers struggled to reach in the community. In collaboration with the medical unit, AIDSFree developed peer education program in prisons that assisted reducing the gap in index testing. There is potential for the prison headquarters to have an index testing database to monitor and inform index coverage, especially to reach index contacts of inmates in central prisons that are distant from the local prisons.

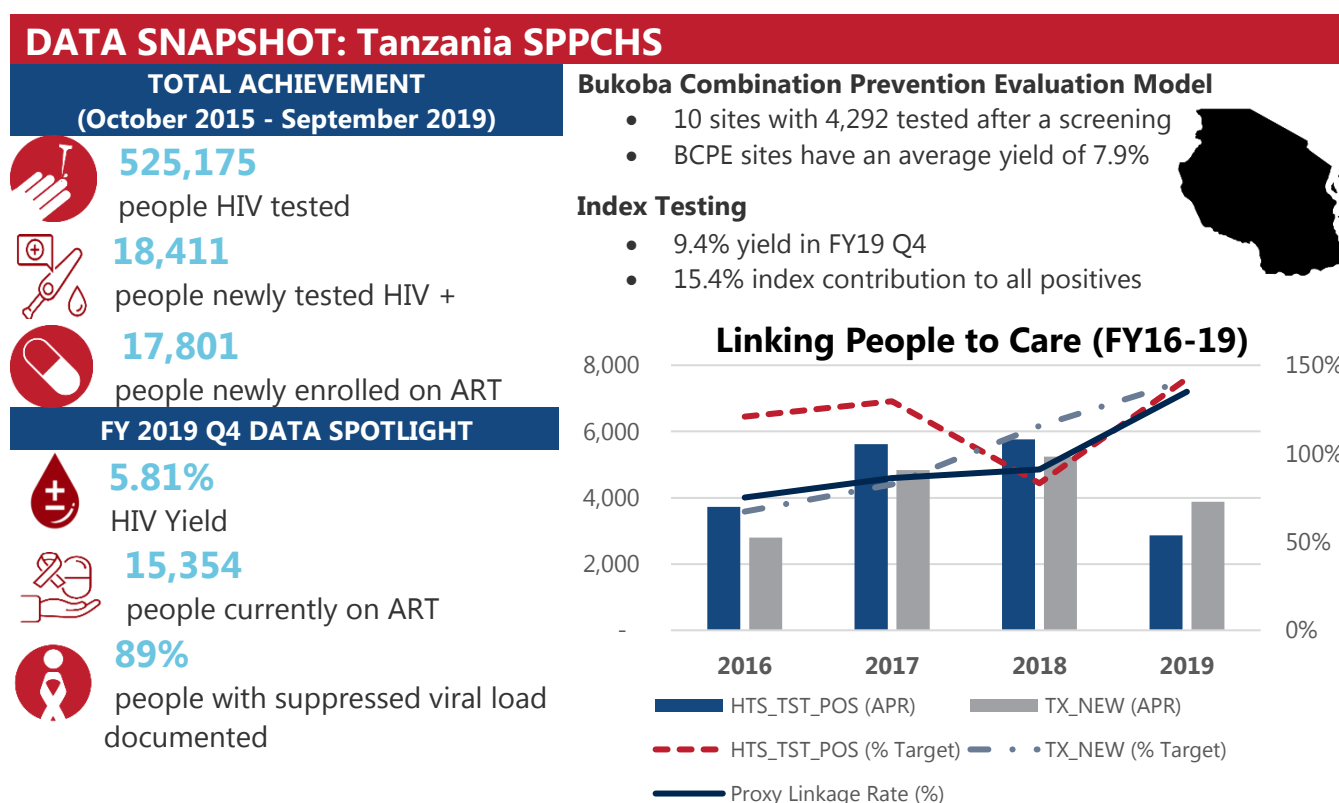
High staff shifts and mobility has necessitated close monitoring and regular retraining of new staff.



Incomplete tracking the continuum of care to HIV-positive inmates after being released has made it difficult to prevent loss to follow-up. The National Aids Control Program has provided AIDSFree with access to the national HIV database to monitor clients' movement, including released inmates.

AIDSFree recommends for integration of social and behavior change communication into HIV care and treatment program to determine the change in risk behaviors of targeted populations, utilizing qualitative methods to measure the impact.

## Data Snapshot



## Related Resources

[Pocket Guide for Peer Education Program to Reduce TB and HIV Risks in Tanzania Prisons](#)

[Tanzania Police Force Response to Gender-Based Violence Against Children](#)

[Training of Trainers: Peer Education Program for Inmates and Staff to Reduce Tuberculosis and HIV Risk in Tanzania Prisons](#)