

Case study: Improving access to support and treatment for people living with HIV/AIDS

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Topics:	Implementing nationwide grant program	Contact:	Joseph W. Eshun, Deloitte Tanzanian practice (jeshun@deloitte.co.tz)
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Tanzania's TUNAJALI "We Care" initiative—an ambitious USAID program—aimed to improve access to support and treatments for individuals living with HIV/AIDS. But with many of the local sub-grantee organizations unfamiliar with USAID requirements and grants management, disbursing the US\$82 million in aid would prove challenging. Deloitte's Tanzanian practice worked to design and implement a smooth coordination mechanism that increased the capacity of local Tanzanian institutions to manage program funds while planning, implementing, monitoring, and evaluating program activities and building technical capabilities. Due to the effective distribution of aid, more than 160,000 individuals have now been reached with home-based care services and 99,000 more patients have access to treatment and support.



The situation

In Tanzania, an estimated, 1.4 million people are living with HIV, representing approximately 6 percent of the adult population.¹ To help prevent HIV and AIDS and provide care and treatment for individuals, the TUNAJALI "We Care" Program was initiated in 2007 through a partnership between the Government of Tanzania and the American People through the United States Agency for International Development (USAID) and as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

TUNAJALI "We Care" is a US\$82 million initiative comprising two parts. The first part, a five-year program, focused on a community home-based care program for People Living with HIV/AIDS (PLHIV) and for orphans and vulnerable children (OVC). The goal was to deliver care and support services to an increasing number of HIV/AIDS-affected households by providing and counseling on health, nutrition, psychosocial needs, education, child protection, shelter, income generation, and life skills. The second component, spanning four years, focused on supporting HIV/AIDS care and treatment, specifically working to improve access to anti-

retroviral drugs (ARVs). Its goals included enrolling over 30,000 people in 38 participating hospitals and health centers and increasing treatment with ARVs by 15,000 individuals.

However, many of the care and prevention organizations earmarked as sub-grantees in the TUNAJALI "We Care" program were not experienced with USAID's requirements governing grants management or with grants management systems and processes. They also required help in managing the increased demands placed on their resources as a result of the greater funding. It was critical that the organizations be guided through the entire process in order to achieve the goals of the TUNAJALI "We Care" initiatives..

The solution

Deloitte Kenya's Tanzania practice, as the prime partner, was successful in a competitive international bidding process leading to an award to implement the TUNAJALI "We Care" Program funded by USAID through PEPFAR . Deloitte worked strategically with Family Health International (FHI), Africare, and Catholic Relief Services

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as HIV/AIDS Technical Partners for the community home-based care program and with FHI and the Cardno Emerging Markets Group for the clinical program.

To be effective in the implementation of the two complex programs, Deloitte had to design strategies that enhanced collaboration among various local and international institutions as well as scores of health-focused non-profit, community, and faith-based organizations in the TUNAJALI regions. The end goal was to increase the capacity of local institutions to manage program funds while planning, implementing, monitoring, and evaluating program activities. The challenge for Deloitte was to plan and implement a smooth coordination mechanism across all of these stakeholders.

The first step was to build a global team of Deloitte health industry professionals who had expertise in a wide range of areas as well as an understanding of Tanzania and the various organizations that would benefit from TUNAJALI “We Care” resources. Deloitte then consulted with regional and district government institutions charged with coordinating and providing HIV prevention, care, treatment, and support services. The team supplied guidance on the application for grants, how to handle the increased funding and infusion of money into their programs, and what necessary steps they would need to take in order to comply with U.S. government regulations associated with the grants.

Deloitte’s approach also included supporting and building up the technical capacities of the local implementing institutions. This would enable them to provide high-quality support across a wide continuum of care—from health care facilities to communities to households. Using national guidelines, Deloitte collaborated with local government authorities and regional and district teams to plan, coordinate, and monitor the implementation of the technology that would help support the programs.”

The outcomes

With the help of Deloitte, regional and district HIV/AIDS care and treatment organizations in all TUNAJALI supported regions in Tanzania are now in a better position

to reach and treat those with HIV/AIDS. They have implemented financial management procedures that not only meet national standards but also promote high levels of accountability. These new standards allow for more effective and efficient use of grant resources and funding. Specifically, for the five-year community care program for people living with HIV/AIDS (PLHIV) and for orphans and vulnerable children (OVC), Deloitte administered grants of over US\$16 million and helped organizations to better deliver home-based palliative care and support services.

The program has been very effective in linking community-based health care services with clinic-based services, thus improving significantly the health and well-being of PLHIVs. By December 2011, more than 83,000 PLHIVs and about 85,000 OVCs had been reached with home-based care services, with nearly 60,000 PLHIVs still receiving treatment and support services in the designated HIV clinics where they had been referred.

For the four-year TUNAJALI HIV/AIDS care and treatment program, Deloitte helped regional and district bodies to efficiently plan for, use, and monitor resources. The team assisted in the implementation of consistent financial management procedures as well as increased access to antiretroviral (ARV) treatment sites. Deloitte also oversaw the contracts for this phase with local government agencies to ensure grants totaling more than US\$25 million were appropriately managed and disbursed in accordance with U.S. government guidelines. Deloitte evaluated the use of funding, determining if monies were rapidly disbursed and completely liquidated. By December 2011, over 99,000 patients were receiving various types of treatment and support services—with about 51,000 on antiretroviral therapy—translating into thousands of lives saved and significant improvements in quality of life.”

¹“Tanzania,” Regional Support Team for Eastern and Southern Africa, **UNAIDS**.

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