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FHM ENGAGE
Healthy Markets for Healthy People

Frontier Health Markets (FHM) Engage – Tanzania

FY22 ANNUAL / Q4 REPORT

July 1 – Sept 30, 2022

Oct. 31, 2022

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Acknowledgements:

The cooperation and invaluable input from all the stakeholders engaged in the development of this report is acknowledged and appreciated.

Cooperative Agreement No:

7200AA21CA00027 (2021-2026)

Submitted to:

[Name redacted], USAID/Tanzania Activity Manager

[Name redacted], USAID/Washington, AOR

Prepared by:

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1275 New Jersey Ave. SE, Ste 200,

Washington, DC 20003

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Acronyms

ADDO	Accredited drug dispensing outlet
AGM	Annual general meeting
AGOTA	The Association of Gynecologists and Obstetricians of Tanzania
AGYW	Adolescent girls and young women
AL	Adaptive Learning
AMELP	Activity Monitoring, Evaluation and Learning Plan
Amox DT	Amoxicillin dispersible tablets
APHECOT	Association of private health colleges of Tanzania
APHFTA	Association of private health facilities in Tanzania
ART	Antiretroviral therapy
AYFS	Adolescent and youth friendly services
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BEmONC	Basic and emergency obstetric and newborn care
BMGF	Bill and Melinda Gates foundation
CHAI	Clinton health access initiative
CHW	Community Health Worker
CPD	Continuous Professional Development
CSSC	Christian social services commission
CTC	Care and Treatment Centers
DCA	Development Credit Authority
DFC	Development Finance Corporation
ECP	Emergency contraceptive pills
ELCT	Evangelical Lutheran church in Tanzania
FBOs	Faith based organizations
FP	Family planning
GoT	Government of Tanzania
HIV	Human immunodeficiency virus
HIVST	HIV self-testing
HIV STK	HIV self-testing kits
HTS	HIV testing services
iCHF	Improved community health fund
IMCI	Integrated Management of Childhood Illness
IUD	Intrauterine device

KVP	Key and vulnerable populations
LGA	Local Government Authority
MCH	Maternal Child Health
MDA	Market development approach
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MFI	Micro-finance institutions
M4M	Metrics for Management
MHS	Maternal Health Services
MI	Market Intelligence
MM4H	Managing markets for health
MMR	Maternal mortality rate
MNCH	Maternal newborn and child health
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSD	Medical Stores Department
MSME	Micro, Small, and Medium-size Enterprises
MWRA	Married women of reproductive age
NACP	National AIDS control programme
NACOPHA	National council of people living with HIV and AIDS
NCD	Non communicable diseases
NGO	Non-governmental organization
NHIF	National health insurance fund
NHSF	Nyamagana health support foundation
NIMART	Nurse-initiated management of anti-retroviral treatment
NIP	Network implementing partner
OCP	Oral contraceptive pills
ORS	Oral rehydration salts
PAT	Pediatric Association of Tanzania
PE	Peer Educators
PO-RALG	President's Office – regional administration and local government
PDIA	Problem -driven iterative adaptation
PPD	Public-Private Dialogue
PPP TWG	Public private partnership technical working group
PrEP	Pre-exposure prophylaxis
PMTCT	Prevention of mother to child transmission

PMTI	Private medical training institutes
POS	Point of sale
PRINMAT	Private nurse midwives association of Tanzania
PSI	Population services international
PVS	Prime Vendor System
QI	Quality improvement
R4D	Results for Development
RCHS	Reproductive and Child Health Section
RHMT	Regional Health Management Team
RMNCAH	Reproductive, Maternal, Newborn, Child, Adolescent Health
SOW	Scope of Work
SWOT	Strengths/Weaknesses/Opportunities/Threats
TA	Technical assistance
TACAIDS	Tanzania commission on AIDS
TB	Tuberculosis
TMA	Total market approach
TMDA	Tanzania medicine and drug authority
ToC	Theory of change
TOR	Terms of Reference
TWG	Technical working group
UHC	Universal health coverage
UNFPA	United nations population fund
VMMC	Voluntary male medical circumcision

Executive Summary

Frontier Health Markets Engage (FHM Engage) is a global cooperative agreement to provide technical assistance (TA) supporting local actors to improve the ability of health markets to meet supply-side capacity gaps and consumer preferences and contribute to equitable provision of and access to high-quality family planning (FP) and other health services and products in mixed health systems. In Tanzania, we will work along parallel tracks to immediately implement market-based activities to continue the momentum of predecessor programs, while also beginning to implement our approach. This will allow FHM Engage to quickly jump start its activities, while at the same time, laying the foundation for a market development approach (MDA) for the next five years

FHM Engage aims to support USAID Tanzania and the Ministry of Health's (MOH) Public Private Partnership (PPP) goals and builds on the learnings and achievements of the former USAID SHOPS Plus program, including Private Health Sector Assessments and work on the Total Market Approach (TMA), health financing, provider quality, provider access to finance, and corporate engagement. The activities have resulted from analyzing the Demographic and Health Survey and Malaria Indicator Survey (DHS-MIS) and Service Provision Assessment (SPA) reports, the National Family Planning Costed Implementation Plan 2019-2023, and experiences from Shinyanga and Mwanza activities around HIV self-testing kits (STK) and pre-exposure prophylaxis (PrEP) roll out with accredited drug dispensing outlets (ADDOs)

Our Five-Year Strategy for FHM Engage in Tanzania (currently in draft form) aims to leverage private health sector capacity to:

- Harness private capacity in health to improve health commodity and product supply, to increase uptake of modern contraceptives, to improve treatment of childhood illnesses and strengthen HIV counseling and testing.
- Increase the number of facility-based deliveries, improve access to emergency obstetric care, enhance treatment of newborn and childhood illnesses, and access to prevention of mother-to-child HIV transmission and pre-exposure HIV prophylaxis services.

FHM Engage began conversations with USAID/Washington and USAID/Tanzania in late 2021. In Q2 FY2022, FHM and USAID engaged in discussions on technical approach, partnering and health areas to be prioritized. The activities begun in Q3 and implemented through Q4 are –

1. Support public and private stakeholders to apply the TMA policy to shape markets for condoms, HIV STK, and PrEP.
2. Test differentiated private sector product and service delivery models (i.e., market entry for HIV STK, explore through PRINMATs or pharmacies) in peri-urban and rural areas.
3. Mobilize domestic resources for private sector providers (i.e., TA for DCA).
4. Improve access to MCH (including IMCI care) through ADDOs and PRINMAT.

This quarterly report, which also serves as the annual report, provides a summary of progress achieved in our technical activity areas; monitoring, evaluation, and learning; and operations and management during the period of Q4 FY22, July 1 – September 30, 2022. Highlights of achievements for the period of Y1 implementation are provided in a Summary of Achievements section below.

Results Framework/Theory of Change

In Tanzania, FHM Engage will align its activities to USAID/Tanzania goals and directly support two mission objectives: DO 3, IR 3.2: Enabling environment for private sector and civil society organizations enhanced, and DO 2, IR 2.2: Economic opportunities increased. As part of its long-term support to Tanzania, and guided by USAID/Tanzania, FHM Engage has drafted its five-year strategy goal, results, and objectives (see box).

The FHM Engage approach draws on systems thinking to understand relationships between market actors and incentives driving their behaviors. The systematic process involves phases to diagnose, design, deliver and iteratively adapt to improve the functioning of health markets. This is described in the Five-Year Strategy, as well as the introduction to FHM Engage section below. **In Tanzania, we will work along parallel tracks to immediately implement market-based activities to continue the momentum of predecessor programs, while also beginning to implement our approach.** This will allow FHM Engage to quickly jump start its activities, while at the same time, laying the foundation for a market development approach (MDA) for the next five years. To that end, the five activities which were prioritized after the start-up trip described in the earlier six-month work plan, were structured as a phased approach.

In Q4, the project activities continued to focus on the HIV markets (HIV self-testing kits, PrEP and condoms for HIV prevention) while acknowledging that certain achievements for Family Planning and Maternal, Newborn and Child Health were also made. The hiring of the Monitoring, Evaluation and Adaptive Learning Manager allowed the project to begin laying the necessary groundwork for the development of the Tanzania results framework and theory of change in Q1 of FY23.

As part of this process, the FHM Engage Tanzania results framework will be informed by the FHM Engage global results framework, which was approved by the FHM Engage AOR team on August 31, 2022. The approved global results framework is shown in the Monitoring, Evaluation, and Learning section below). This will mean that relevant global-level indicators will be included in the FHM Engage Tanzania results framework where data collection and reporting will be feasible given the FHM Engage Tanzania staffing and resources available. All FHM Engage Tanzania indicator reporting will be collected and stored in the FHM Engage global information management system, DevResults, to facilitate reporting and analysis.

FHM Engage Tanzania

Goal: Increase private sector contributions to achieving national objectives related to voluntary family planning (FP), maternal, newborn, child and adolescent health, tuberculosis (TB), HIV/AIDs, malaria, nutrition and/or other infectious diseases.

Result: More efficient national health markets that provide equitable access to quality services and products, that are less reliant on external donor assistance, and that are more self-sustaining.

Objectives:

Harnessing private capacity in health to improve supply of health commodities and products that will increase uptake of modern contraceptives, improve treatment of childhood illnesses, and strengthen HIV counseling and testing.

Leveraging private health sector capacity to increase the number of facility-based deliveries, improve access to emergency obstetric care, enhance treatment of newborn and childhood illnesses, and increase access to prevention of mother-to-child HIV transmission and pre-exposure

Summary of Achievements for the Year

While the implementation of the project in Y1 was only for two quarters from April 2022 – September 2022, the project still managed to make significant progress in the implementation of the activities and facilitation of private sector opportunities through market development approaches. In addition to the focus being on HIV products and services, and more specifically HIV Self-Testing, PrEP and Condoms, the project also made progress related to health areas in Family Planning and Maternal, Newborn and Child Health as well. In this period of two quarters, the project achieved the following:

- Started a Market Development Group (MDG) for HIV Self-Testing and PrEP and had numerous workshops and discussions with the group, comprised of market actors from both the public and the private sector, resulting in identification of different market challenges and aligning on feasibility and ability to implement interventions. This convening fostered a useful platform to build trust among the different market actors (especially the commercial actors such as Sciex Tanzania, Synermed Pharmaceuticals etc.) to come together and discuss various issues related to these commodities. There is a willingness among this group (especially the private commercial sector) to come together for improving access to HIV self-testing through this platform, which is in addition to the wider Prevention TWG that is led by the National AIDS Control Program.
- As a result of the participatory convenings, one market system challenge identified was the training duration requirement for HIV self-testing through pharmacy distribution model. The current three days requirement had much content that was not necessary for the provider, and discouraged participation, due to the length of time private providers would have to attend and be unable to conduct their business. In enabling private sector delivery models, the project has been working with other key market actors (NACP, PSI etc.) to understand what is essential for a pharmacist and look for an opportunity to reduce the number of days for the training. FHM Engage did facilitate a reduction in training duration by one day (this happened in Q1 FY23 and will be reported on in more detail in the next report).
- Participated in the government managed Condoms Sub-Committee and revealed to the group a major market challenge for condom distribution in-country is the monitoring and evaluation and use of data for decision making. While SHOPS Plus had done a lot of work in bringing the private sector market actors to this group (i.e., DKT International, J. D. Pharmacy, etc.) FHM Engage generated the observation that the data being shared by these actors is not being used in a meaningful way for decision making. To act on this, the project has conducted a Condoms Systems Mapping exercise and developed a Condoms Dashboard that will function as both a tool to assist with understanding the different elements for monitoring and evaluation of condoms, and for visualization of the data for decision making.
- A shared understanding among the market actors is that private sector engagement is a priority for improving access to HIV prevention and treatment interventions. However, there is still a lack of clarity in terms of how exactly this can be done. The project worked with market actors and USAID teams to develop a Theory of Change for private sector engagement for HIV/AIDS related programming in the country that will be validated and shared across the different market actors in Y2 to promote sustainability within HIV programming.
- To support access to finance for private providers, the project worked with financial institutions such as CRDB and Amana Bank to unlock access to finance for private providers such as those

linked with private sector associations, PRINMAT, ADDO Associations, and health enterprises such as Maisha Meds.

- Continued to work on establishment of the ADDO Technical Forum with the Pharmacy Council specially to advocate for Family Planning commodities to be distributed through the ADDOs.
- Facilitated a rapid assessment of emergency contraceptive pills (ECP) use among tertiary school female students to understand their motivations and challenges in accessing contraceptive options. FHM Engage will analyze the observations to package them as an advocacy brief for the provision of ECP through the private sector.
- Initiated support towards the development of the next Public Private Partnership Strategic Plan that is being championed by the PPP TWG.

Lessons Learned and Strategic Adjustments

Adaptive learning is an important pillar for FHM Engage as a project and while the project did not have an official Activity Monitoring, Evaluation, and Learning Plan (AMELP) in Y1, the learnings from the implementation of activities were captured to plan for strategic adjustments for the project in Y2.

The major learnings for the project came from operationalizing the Market Development Approach (MDA) in the HIV market, in particular, the creation of the Market Development Group for HIV Self-Testing and PrEP.

Tanzania was the first country where the MDA was applied to specific products and services identified as a priority for the mission. In that sense, it was the first country where FHM Engage, through its local and global teams, led the market facilitation process and developed market facilitation guidelines to facilitate application in other countries.

Building on facilitating the MDA and the interactions with the different actors, the project teams now have a better understanding of the kinds of tools required for market facilitation techniques. The project has been working on developing these tools for both core workplan activities and field support activities and will continue adapting these tools in Y2 with the market actors. These tools include the various worksheets that have been developed, dashboards, systems maps, etc.

The market development approach requires applying systems thinking to understand relationships between market actors and incentives driving their behaviors, as well as the complex network of facilitating or inhibiting factors in the market environment. Frequent collaborative working sessions were anticipated for the continuous engagement of the market actors to build common understanding and co-develop market interventions that are necessary for the alleviation of the market challenges for products and services. As the project facilitated multiple in-person workshops, a major learning was about the competing priorities for the stakeholders (especially among public sector actors and development partners and their nominee participants) and the challenge of being able to meet regularly and in-person. The private commercial sector found the convenings refreshing approach (“safe” space for discussions from different perspective) to be on the same platform with the public sector actors. As a result of this learning, in Y2 the project will explore more diverse means of engagement for the market actors through smaller groups for co-creating action teams and virtual/offline means of engaging together.

In terms of programmatic learnings, while the project continues to engage Pharmacy Council and Tanzania Medicines and Medical Devices Authority, the learning has been that engaging the Pharmaceutical Services Unit of the MoH, the unit that coordinates all activities related to pharmaceuticals in the country, would especially help with decision making around ADDOs and Community Pharmacies. Since these are important private sector outlets and have the potential to provide various products and (to a limited extent) services, this higher level of advocacy along with stakeholders like the ADDO Associations and Pharmaceutical Society of Tanzania is important.

While the project in its first year attempted to understand different data elements related to HIV programming in-country the challenge of understanding how private sector data flows and interacts with public sector platforms in the health system of Tanzania continues to be a challenge. In Y2 the project will strengthen this piece of work by understanding the key decisions that need to be made, unpack the root causes of the data challenge(s) to guide decision-making for investments, scope the availability of private and public data sources, generate a list of potential sources for integration, and conduct focus group discussions with private providers to understand where these challenges are and how alignment can be achieved.

Activities

Activity I: Support Public and Private Stakeholders to Apply TMA Policy to Shape HIV Product and Services Markets

Sub-activity I.1 – Continuation of Market-Based Solutions Initiated Under USAID Supported Projects for Improving the Environment for Private Sector Provision of HIV Commodities

HIV STK Market Group

Low testing and awareness of HIV status among key populations in Tanzania remains a challenge to accelerating progress towards the first of the ambitious Joint United Nations 95-95-95 goals-- for 95% of all people with HIV to know their status by 2030.¹ Estimates suggest that ~1.74 million people are living with HIV in Tanzania, yet only 61% of this population over the age of 15 years know their status.² Additionally, prevalence among key and vulnerable populations is high. Testing remains particularly low in Tanzania among men³ and adolescents aged 15-19⁴. Because HIV testing is critical in the linkage to initiate HIV care and treatment services, reaching people who don't know their HIV status is a global and national priority.

¹ UNAIDS. Understanding Fast-Track: accelerating action to end the AIDS epidemic by 2030. 2015.

² Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC). Tanzania HIV Impact Survey (THIS) 2016-2017: Final Report. Dar es Salaam, Tanzania. December 2018.

³ According to the Tanzania HIV Impact Survey 2016/2017 only 40.8% of males above 15 years have never had a HIV test

⁴ According to the Tanzania HIV Impact Survey 2016/2017 only 79% of males and 61.4% of females have never tested for HIV

In 2016, the World Health Organization (WHO) recommended HIV self-testing (HIVST) as a testing approach that could expand access to HIV testing services (HTS) particularly to at-risk persons who may not otherwise test, or those at ongoing risk who need to test frequently. HIVST has been shown to be well accepted and offers the privacy, confidentiality and time-saving benefits that might encourage and empower unreached populations to test.⁵

Ensuring access to HIVST relies on several factors including clear, supportive, and aligned regulations and policies. In November 2019, Tanzania's HIV and AIDS (Prevention and Control) Act was amended to allow HIV self-testing in persons over the age of 18.⁶ Subsequently, the Tanzania Ministry of Health (MOH), National AIDS Control Program (NACP), together with other partners, developed the Tanzania HIV self-testing Implementation Framework to guide the implementation of HIVST in the country. The enactment of these policies were important steps towards broadening access to HTS; however, access to HIVST remains limited.

In Q4, FHM Engage convened its third HIVST Market Development Group Workshop. (The first workshop focused on validating the preliminary market scoping that was conducted and orienting the group to the Market Development Approach. The second workshop was focused on sharing learnings across partners working on HIVST implementation and addressing some of the information and data gaps identified in the first workshop.) The goal of the third workshop was to begin the “design” process to address the previously identified barriers to HIV STK access in Tanzania including developing an implementation plan for the market actors to execute; however based on the team's discussions they decided to reorient the workshop to a meeting that focused on discussing the key findings from the various analyses (e.g., HIVST policy brief, summary of regional benchmarking, etc.), sharing new information and developments on self-test kits, and soliciting participant feedback on the MDA process.

Below are participant comments and FHM Team observations:

- The meeting participants regard the preliminary meetings to validate the diagnosis as critical because they (i) brought both public and private actors together, (ii) focused the markets actors on a common task that created a “safe” space for discussions from different perspective, and information sharing from different sources, (iii) connected private market actors who normally do not have access to government officials related to their market areas, and (iv) similarly, introduced government officials to their private counterparts.
- Familiarity with the Total Market Approach (TMA) has laid the foundation for the HIV STK market actors to quickly grasp many of the core concepts of MDA. Indeed, because TMA is based on market principles, like supply and demand and segmenting the market, they were able to easily able to understand and transition to many of the core concepts of MDA – supply and demand, market operations, and market underperformance – because of their familiarity with TMA.
- The market actors value the data generated by and synthesis of the market scoping, legal/regulatory review, and regional benchmarking. They particularly appreciated the fact that the meetings have broken down the siloes to information and so now all have the same information when discussing the HIV STK market.

⁵ Guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization; 2016.

⁶ Amendment of the HIV and AIDS (Prevention and Control) Act, Cap. 431. 2019.

- Many consider the preliminary workshops a necessary condition to form a cohesive group, develop a common understanding of the current picture, and to collect additional data and information to further deepen the market scoping analysis.
- The team developed and tested (i) the facilitation methods and exercises to design the strategic framework for the STK market for the workshop, and (ii) a draft theory of change (ToC) for the STK market.

PPP TWG

In Q4, the project continued working with a consultant for the development of the 3rd PPP Strategic Plan. The team convened a meeting with PPP coordinators from the President’s Office – regional administration and local government (PO-RALG) and MOH to agree on the methodology for this activity as well as an outline of the output. This envisioned strategic plan will build on the lessons identified in other key national health policy documents (e.g., HSSP V, One Plan III) and will include the identification of PPP pipeline.

Keeping in mind ownership, the project has been working closely with the PPP coordinators towards the development of this strategic plan which has led to a few delays in the activities.

The project in this quarter also worked on the development of a private sector specific theory of change for HIV programming in Tanzania (details later in the report).

Sub-activity 1.2 – Stewardship: Landscape Actors and Assess Multi-Stakeholder Platforms

This sub-activity was completed in Q3, and the relevant deliverables were submitted.

Sub-activity 1.3 – Stewardship: Orient Condom Market Related Market Actors to Market Systems Approach and Process and Establish Portfolio Stewardship Group

In Q4, based on the previous engagements with the Condom Sub-Committee the project facilitated the Condoms Systems Mapping exercise to focus the mapping effort on the systems underlying the generation, monitoring, reporting, and use of data on condoms (see Sub-activity 1.4). A potential step in the process to address systemic challenges, such as oversupply, limited coordination among major market influencers/decision makers, and disruption in the funding landscape for condom social marketing, data fragmentation, is to co-create a Condoms Dashboard (as described in Sub-Activity 1.4 and MEAL section) to improve the functioning of the Condoms Sub-Committee especially on aspects of Market Intelligence market function for improved decision making.

Next steps

- In Y2, continue the HIV STK Market Development Group with strategic changes based on the learnings in Y1 of project implementation.
- In Y2, continue supporting the development of the PPP Strategic Plan.

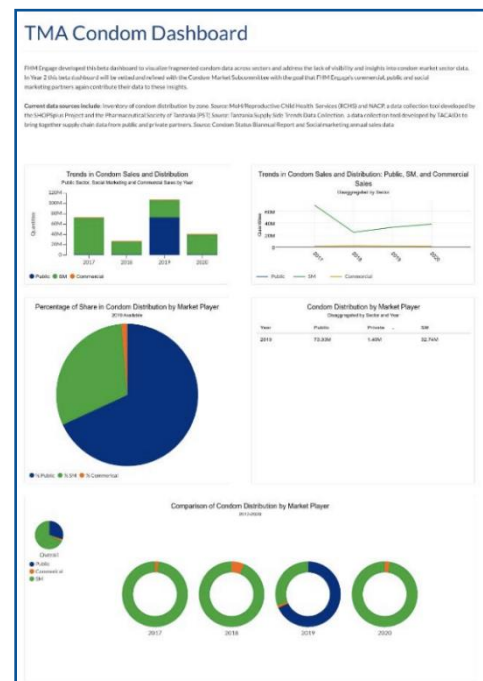
Sub-activity 1.4 – Stewardship: Integrate and Visualize Condom Data from Multiple Data Sources onto a Single Digital Platform to Support Market Stewardship

In the previous Quarter 3, FHM Engage activities revealed major challenges with the condom market: oversupply, limited coordination among major market influencers/decision makers, and disruption in the funding landscape for condom social marketing, data fragmentation. Given these challenges, the FHM Engage Market Intelligence (MI) Team was requested to further diagnose the situation and develop a condom dashboard (beta version) that would bring greater visibility and a shared understanding of the condom situation to ultimately improve coordination and efficiencies in the condom market.

In Quarter 4, the MI team coordinated with the MEAL Team to conduct in-country consultations with key stakeholders involved in the condom market. During July and August, both teams traveled to Tanzania with complementary scopes of work to understand the condom landscape, particularly with respect to data availability, reporting, and use. The respective teams staggered in-country travel to maximize meetings with a range of stakeholders across a three-week period. The summary of data-related challenges (further detailed in the Condom Systems Mapping and Dashboard slide deck) include:

- Lack of market analytics to guide understanding and inform investment decisions
- Lack of data insights/visibility to mitigate impacts of market disruption (e.g., unpredictable, and erratic donor funding)
- Fragmented condom data across sectors
- Inadequate coordination of condom interventions across market actors
- Supply disruptions and mismanagement (overstock and stockouts) due to lack of shared understanding of the total condom market situation and dynamics.

A Condom Sub-Committee led by NACP and TACAIDS meets quarterly, however data received from public sector, SMOs, and the largest condom suppliers is not aggregated/harmonized to provide a holistic view of the condom situation, resulting in an overstock of condoms in 2022. In response to this challenge, FHM defined a condom use case to guide the design of a



condom dashboard (beta), which was completed in September 2022. With the aim to improve stewardship and data driven decision making, the Condom Sub-Committee serves as the primary audience of the dashboard.

The following data sources were integrated into the condom dashboard:

- (1) an inventory of condom distribution by zone (MoH/Reproductive Child Health Section RCHS and NACP)
- (2) Tanzania Supply Side Trends Data Collection Tool for HIV including sales data from DKT, General De Pharma, JD Pharma, MSD, PSI, and T-Marc (SHOPS Plus)
- (3) Condom Status Biannual Report including MSD, T-Marc, DKT, JD Pharma, General De Pharm (TACAIDS)
- (4) condom social marketing annual sales data (DKT Contraceptive Marketing Statistics report)
- (5) MOH/RMNCH Quantification report 2014-2019 (integration of this data is still in progress).

The beta version condom dashboard was vetted with internal FHM Engage teams during this quarter and refinements are underway based on this feedback.



Next steps

In FY23, the project will further refine this dashboard working in close consultation with the Condom Sub-Committee to understand the level of data desired and the types of dashboards/visualizations required to: 1) improve supply planning, particularly with respect to forecasting, procurement, and distribution, and 2) align understanding on condom market trends to inform investment decisions. To improve data utilization, especially with a changing landscape in condom programming. In Y2, the project will:

1. Develop a 2-page Condom Dashboard Brief that includes a clearly defined use case (for this version of the dashboard), data sources, and other key features of the dashboard. It should be noted that different types of data support different decisions/needs, and thus other use cases may be developed in consultation with other stakeholders, per #2 below.
2. Gather input from the Condom Sub-Committee on the beta version of the condom dashboard to understand how the dashboard will be used, for what types of decisions, by whom, etc. and whether additional use cases should be developed.
3. Further define/refine the initial condom use case: understand and monitor condom procurement/distribution and market trends (for public, commercial and SM brands).

4. Enhance/update the beta condom dashboard based on inputs from the Condom Sub Committee, and develop additional use cases (and dashboards), if requested.
5. Train end users on use of the condom data dashboard/platform.

TABLE 1: ACTIVITY 1 DELIVERABLES

Deliverable	Status
Landscape mapping of public and private actors in priority health service markets	Landscape assessment of HIV product markets (HIVST, PrEP, Condom) submitted Q3
Report on assessment of dialogue platforms and coordination mechanisms, including capacity and appropriateness, resources required and recommendations of market actor composition	Report submitted Q3
Six collaborative multi-actors' policy dialogues held to identify actions to increase use of HIV products and services (e.g., PRINMAT AGM, ADDO Technical Forum, PPP TWG, HIV STK Market Entry Task Force, Condom Task Force, PrEP, etc.)	HIV STK MDG workshop 2 and 3 were conducted in Q4 along with the PRINMAT AGM. ADDO Technical Forum delayed due to challenges with the Pharmacy Council. PPP Strategy Development forums also delayed due to challenges with the PPP TWG. PrEP discussions were combined within the HIV STK MDG as an example of strategic changes made based on implementation.
Beta Version of condom dashboard	Developed in Q4.

Activity 2: Test differentiated private sector product and service delivery models in peri-urban and rural areas

Sub-activity 2.1 – Facilitate Market Scoping for HIV Markets (HIV STK and PrEP) Through Market Systems Framework

The project aims to facilitate the availability of HIV STK through diagnosis of key market function failures i.e., rules and regulations, demand, supply, quality of care, market intelligence and financing to design solutions and implement accessibility of demand driven HIV STKs in the private sector. Through private sector distribution, the project contributes to achieving the HIV testing indicator of 95% through increasing the number of people who test and know their HIV status. Currently about 10.4% of People Living with HIV (PLHIV) do not know their HIV status. With such a significant percentage, the availability

of HIV STK in the private sector will increase access to HTS services to the most unreached groups such as men and key and vulnerable populations (KVP), such as men who have sex with men (MSM), female sex workers (FSW), and people who inject drugs (PWID). HIVST is a the most robust, reliable, and efficient way of reaching the hidden populations which drive the epidemic.

The project contracted The Association of Gynaecologists and Obstetricians of Tanzania (AGOTA) as a consulting organization/agency to conduct a survey among consumers and private sectors to understand consumers' product preferences on HIV STK and the willingness to pay for HIV STK. The survey was preceded by an inception meeting to determine the best study methodology and ensure that both parties involved in the study understood the objectives and deliverables. Also, the survey data collection tools were discussed and tested to confirm that they were sufficient to meet the survey objectives.

The survey was conducted in five regions of Tanzania mainland which were the same regions used earlier for implementing the pharmacy model, i.e., Shinyanga, Njombe, Arusha, Dodoma, and Dar es Salaam. The survey was conducted for a period of 4 week and involved two major groups of participants:

1. Consumers, i.e., general population, KVPs (MSM, FSW, PWID), Adolescent boys and young men (ABYM) and adolescent girls and young women (AGYW).
2. Private market actors, including Pharmacists, ADDOs owners, and dispensers

While a separate more detailed report of this exercise is being developed, early key findings were identified.

The survey has shown that consumers preferred oral HIV STK to blood HIV STK. This preference was significant in males and KVPs, making this preference a leverage point that can be used to increase the uptake of HIV testing among males and KVPs. A majority opted for oral HIV STK because they do not want to prick themselves. While those who chose blood-based HIV STK did so because they had previous experience with the test. Considering that blood-based HIV STK is currently unavailable in Tanzania, the consumers might have confused it with lab tests and not blood-based HIV STK. Thus, there is a possibility that the proportion of oral HIV STK could be more significant than the one presented.

The study has shown that the preferred place for obtaining HIV STK was in public health facilities rather than in pharmacies or ADDOs. However, this appears to be mainly because oral HIV STK has been supplied to public facilities by programs of other implementing partners. Thus, there is a gap in the private health markets that can be addressed to provide these HIV STKs to increase the uptake of HIV testing.

The study has demonstrated that many consumers are willing to use and purchase HIV STK. In addition, the need seems to be high since pharmacies and ADDOs reported that a significant proportion of customers had asked for HIV STK on their premises, but it was out-of-stock. Also, both consumers and private market actors have suggested comparable prices for the HIV STK, thus, this shows the excellent feasibility of this product market in the private sector.

The project continued to advocate for the reduction in the number of days for the pharmacy training curriculum for the provision of HIV STKs. From August 29th to September 2nd, 2022, NACP organized the first HIV STK training packages review workshop which was convened for five days in Morogoro region. The review of community peers, workplace peers and pharmaceutical personnel training packages involved various stakeholders working in HIV programs including the MoH NACP, health providers, Global Fund, PEPFAR and CDC partners namely, PSI, FHI 360, Amref, MDH, ICAP, HJF along with USAID representatives. FHM Engage participated as a private sector partner along with suppliers such as Mylan and Sciex Tanzania. The review of the training packages included group work discussions, presentations and questions and answers based on participants areas of expertise, and projects focus areas. This involved review of participants manual's content and relevance to specific model, review of facilitators guide, presentation slides and discussion on Monitoring and Evaluation (M&E) tracking system from the point of distribution to linkage of clients to health facilities for confirmatory testing, and to enrolling in care and treatment centers (CTC) if found positive.

The first workshop put more emphasis on complicated tracking systems which required pharmaceutical personnel, workplace peers and community peers to record clients' details including contacts, issue referral cards and follow up completion of referrals. Linkage of community, pharmacy and workplace data to unified community solution was advised to synchronize data with DHIS2. NACP and partners encouraged development of demand creation packages for HIV STK including use of mass media to promote awareness and use of HIV STK in our communities, hence, increase reach of the first 95% through increased number of people who knows their HIV status.

The pharmacy model training package was agreed to be three days to cover all the sessions. The proposed M&E system was viewed as too demanding and unfriendly for private sector actors and could demotivate the distribution of HIV STK through the pharmacy model; however, seeing the interest among the market actors there is an opportunity to modify this training for implementation of HIV self-testing through the community pharmacies. This current pharmacy model training package includes basics of HIV and issues around ethics that are covered within the pharmacy training both in the classroom and during the internship program. The package ideally should focus only on aspects related to HIV self-testing to keep it concise.

In this quarter, through FHM Engage network implementation partner (NIP), Metrics for Management (M4M), the project conducted an activity to understand the data needs and practices of the importers, distributors, and wholesalers in terms of forecasting client demand in Tanzania for key HIV commodities in the country. The activity also covered condoms, oral contraceptive pills (OCPs) and ECPs due to the overlapping of the target audience for the activity. Engaging with these market actors highlight the need to develop better estimates of total market demand especially for family planning commodities due to their private sector distribution. There is also a need to explore policies and guidance to facilitate market data collection and sharing. Not having enough clarity around the regulations related to data collection and dissemination leads to challenges of trust among the sectors and lack of data availability and market intelligence. The challenge of lack of data also persists when it comes to consumer preferences.

Next steps

- In Y2, FHM Engage will continue advocating for introduction of the blood-based HIV STKs and their distribution through the pharmacy-based model and other feasible private sector channels.

- In Y2, FHM Engage will continue advocating for reduction in the number of training days for the pharmacy model.
- In Y2, FHM Engage will continue strengthening market intelligence as a market function keeping in mind private sector and consumer preference data through activities such as the youth survey and market size estimation for key products.

Sub-activity 2.2 – Define Use Case for Improving Uptake of Targeted Consumer-Driven Products and Services by Applying Digital Health Data Integration Platform

As part of the FHM Engage’s diagnose phase, the purpose of this activity in our first year was to understand and scope priority challenges related to data availability, accessibility, and use. The findings informed the creation of an HIV “use case” for a digital solution. Per USAID guidance, this activity focused on HIV products, and more specifically, data considerations to support the introduction and scale up of HIV self-testing kits through private pharmacies.

During the last quarter, the FHM Engage Market Intelligence team traveled to Tanzania with objectives to:

1. Gather insights on existing programs and data systems supporting HIV STK provision (and other priority products) through the private sector, specifically pharmacies, including challenges with respect to data accessibility and use.
2. Use the findings to develop recommendations for implementation of a digital solution in Year 2.

The MI Team consulted with a wide range of stakeholders including but not limited to USAID, private importers/distributors, private health associations, NGO service providers, program implementers, and the MOH, including units working in digital health. Key takeaways from these consultations were:

- Currently, HIVST programming is mainly implemented through private and public sector health *facilities* and community-level programming – data from these programs is centralized through the national DHIS2
- HIVST programming through other avenues, such as private sector pharmacies, has not been implemented at scale due to operational and regulatory barriers
- In a future state, when HIVST is introduced and scaled through private pharmacies, the private sector data landscape will be highly *fragmented*. However, when this happens, key market actors will be willing to share their data
- There is no central data aggregator/repository which harmonizes existing private sector health data

Based on private sector data that is available (not specific to HIVST) and stakeholder consultations, the team defined a use case for an interactive private sector map to inform introduction and scale up strategies for STKs (and other priority products) through private pharmacies. In line with user needs, the use case considers four challenge areas related to the introduction of HIV STKs in the private sector: supply channel “readiness” (private pharmacies), demand generation, linkage to support services,

and rollout monitoring. The team identified and reviewed key data sources, which if harmonized, would inform market pathways for STK introduction. While the use case aims to inform decisions on private sector introduction and rollout of HIVST, the platform can also be leveraged to support the introduction, scale-up, and/or monitoring of any priority health product or service that FHM Engage will support.

Next steps

- In Y2, the project will design and launch a data integration platform with an advanced digital mapping tool. The team will also support the HIVST Market Development Group to use the platform with the aim of informing strategies for the introduction of HIV STKs through private sector pharmacies. Once a private pharmacy HIVST program is launched, the HIVST MDA TWG can use the platform to monitor the rollout of HIV ST programming, guide scale up strategies, and target/advocate for interventions, as needed.

TABLE 2: ACTIVITY 2 DELIVERABLES

Deliverable	Status
Slide doc on HIV use case that triangulates data from multiple sources	Completed in Q4. Presented as a document.
Feasibility report/slide doc on cohort tool for HIV STK	Completed in Q4. Presented as a document.

Activity 3: Mobilize Domestic Resources for Private Sector Providers

Sub-activity 3.1 – Continue to Support Private Financial Institutions to Increase Lending to Private Providers of Services and Women-Owned Private Health Facilities

In Q4, the project continued working with financial institutions such as CRDB and Amana Bank to support the Development Finance Corporation (DFC) and continue advocating for increased lending and access to finance for private providers.

The project team had a meeting with CRDB bank management officials to discuss the DFC implementation and support. The bank is a beneficiary of the [redacted] DFC loan guarantee. The bank and FHM Engage agreed to collaborate in pipeline generation, training, and other related activities such as business development solutions.

Pipeline Generation Support – FHM Engage will help the bank to generate loan pipeline through:

1. Providing referrals
2. Joint visits

3. Review applications to provide the health context
4. Track loan pipelines and DFC Utilization (monthly loans processed, approved, rejected etc.)
5. Identify equipment suppliers and recommend buy back agreement with the bank
6. Provide monthly reports

Training to CRDB Staff - FHM Engage will work on the following:

1. Development of training materials to provide bank employees with a general understanding of the Tanzania health sector structure and supply chains, including the roles of key service delivery actors. The purpose of this will be to gain some familiarity with the professional councils, associations, and other key stakeholders including regulatory agencies, as well as to understand the economic profile of health sector businesses, how to make loan appraisals, understand cash flows, equipment financing and buy-back arrangements.
2. Conduct training to CRDB Risk Management and Lending department through a training of trainers' approach.

Business Development

1. Provide linkage between the bank and health sector actors (institutions, health sector fora, doctors associations, etc.)
2. Assist in development of health-related loan and financial products, and buy-back agreements
3. Hold joint health sector programs, loan awareness campaigns, and access to finance presentations, as required in the market.

The qualifying loan borrowers from the DFC guarantee whose implementation is supported by FHM Engage include Tanzanian private enterprises, including micro, small, and medium size enterprises (MSMEs), micro-finance institutions (MFIs), financial providers, faith-based enterprises or organizations and NGOs established under Tanzanian laws operating in the health sector, and for-profit and faith-based health facilities, clinics and hospitals, nursing and midwifery facilities and/or entities.

The project also identified Amana Bank as a bank that can be approached to provide loans to ADDOs. The loan will be used specifically for purchase of Maisha Meds powered inventory management system through tablets as well as working capital. Maisha Meds is a mobile application for Android devices available for free on Google Play. It can be used as a point of sale (POS), inventory, and financial management system in last-mile clinics, pharmacies, and drug shops. In the process of engaging the bank for ADDOs financing requirement, FHM Engage managed to have several meetings with the bank officials and facilitated in connecting the bank with Maisha Meds and the Association of ADDOs (PWAMAO) to discuss potential lending partnership and is now supporting the creation of a Memorandum of Understanding (MOU) between the parties for this lending scheme.

The Christian Social Services Commission (CSSC) continues to represent a major private sector actor in Tanzania in terms of providing key products and health services at the last mile through their network of facilities. As part of USAID Pamoja Tuwekeze Afya (PATA) project, CSSC is working to strengthen pediatric HIV and HIV/TB services in non-PEPFAR supported primary level FBO facilities. FHM Engage is

supporting CSSC network to conduct a cost assessment for lower-level health facilities to be converted into CTCs. They identified 19 low-level facilities with potential to be converted to offer CTC services in the three regions of Njombe, Iringa and Morogoro. The project visited each of the facilities in Q4 and identified what costs will be required for the conversion. A detailed report of this activity is being developed in close collaboration with CSSC.

The project facilitated and participated in the PRINMAT annual general meeting (AGM) and organized a session on access to finance for the members of PRINMAT. In the spirit of providing opportunities to the private sector, the project also invited Maisha Meds to participate in the AGM and use the platform to talk about their inventory management system so that the PRINMAT facilities can benefit from them. This has been further highlighted as a success story later in the report.

Next steps

- In Y2, the project will continue working with financial institutions to support increased lending for private providers and will increase the number of financial institutions beyond CRDB and Amana Bank
- In Y2, the project will finalize the cost assessment done for CSSC and work with them to further planning

TABLE 3: ACTIVITY 3 DELIVERABLES

Deliverable	Status
Report identifying commodity and equipment financing mechanisms for primary level providers and community pharmacies	Completed in Q4
Report on loans/investments made to health sector recipients	Completed in Q4
Cost assessments for converting lower-level CSSC health facilities to CTCs	Being developed in close collaboration with CSSC and will be completed in Y2.

Activity 4: Improving access to FP and MCH (including IMCI care) through ADDOs and PRINMAT

Sub-activity 4.1 – Continuation of Market-Based Solutions Initiated under Previous Projects for Improving the

Environment for Private Sector Provision of Health Products and Services

Re-engaging MNCAH TWGs

During this reporting period, the project participated in a one-day RMNCAH-FP TWG meeting - that was conducted in Morogoro on August 11, 2022. The meeting involved both online and physical participation of FP TWG members. The meeting was officiated by [Name redacted] from the MoH with attendance of FP implementing partners such as Marie Stopes, Engender Health, Pathfinder, JHPIEGO, CHAI, UMATI, T-MARC, community service organizations (CSOs) and development partners such as UNFPA, and USAID. FHM Engage presented on the project objectives, its key areas of focus and the role it plays to facilitate availability of FP products and services through the private sector.

Key Highlights Relevant to FHM Engage

- MOH RCHS requested support from partners to disseminate FP2030 commitment copies along with FP outreach guidelines. Also, since FHM Engage showed interest in supporting the FP research agenda, RCHS requested support to update the FP research agenda 2013-2018 which is outdated. The updated research agenda will be incorporated into the national RMNCAH research agenda.
- Through participating in this process FHM Engage intends to promote private sector approaches and models within the research agenda for family planning. This could include elements such as the provision of injectables by pharmacies, as an example.
- Marie Stopes Tanzania (MST) shared assessment reports on performance and compliance of ADDOs in provision of ECPs. A small taskforce was formed with representatives from Tanzania medicine and drug authority (TMDA), Pharmacy Council, RCHS and MST. They developed a TOR and identified a consultant to engage in the assessment. Partners urged MST and RCHS to share the TOR for partner inputs. USAID asked MST to partner with FHM Engage in the ECPs assessment as FHM Engage is applying a market development lens to undertake a rapid review of existing evidence and the landscape to identify gaps and opportunities for contraception access for adolescents and youth in the private sector. MST and RCHS facilitated stakeholders mapping and their roles in supporting the activity. It was observed that the timeline set for the activity is unrealistic to include qualitative data from consumers, ADDOs, and other key stakeholders. FHM Engage will continue advocating for a change to the timeline so that these important elements related to client and provider preferences can be included.
- RCHS presented that there are discrepancies between data reported in the FP dashboard and those synchronized in the MOH HMIS as the FP dashboard is not merged to HMIS system. The Ministry plans to combine all RMNCAH dashboards including FP to a single dashboard that will

be merged within the national HMIS system. To facilitate that process, partners were requested to plan for financial and technical support.

- MOH urged implementing partners to share their FP2030 implementation status. All service delivery IPs will report to health regions secretariats.
- Partners requested FHM Engage to support private sector data reporting into the DHIS2. It was noted that private sector has their own reporting systems, and their contribution is not recognized in the national reporting systems hence, there is under reporting of data.
- Some partners were concerned about the inclusion of ADDOs in provision of FP services because of concerns of low-quality and misuse of the product. They encouraged more engagement of pharmacies and private facilities. FHM Engage intends to solve this challenge of misunderstanding about the roles of ADDOs and alleviate the fears through the ADDO Technical Forum where the challenges can be discussed from the technical point of view.
- FHM Engage was advised to continue with the TMA taskforce formed by SHOPS Plus to sustain the commitments and investments made through this mechanism. In Y2, FHM Engage intends to work with RCHS to invigorate this group and build on the work that has been done to date.

Survey of Tertiary Female Students on Condoms and ECPs

FHM Engage aims to facilitate access to and use of FP methods among women and men of reproductive age, youth being among the key priority populations. To facilitate this, FHM Engage contracted a consultant (AGOTA) to conduct a survey to assess usage and sources of emergency contraceptive pills and condoms among female tertiary students in Mwanza and Dar es Salaam regions. The study aims to explore behaviors among female students towards accessibility and utilization of modern family planning methods and ECPs. The selection of the cities was informed by high numbers of tertiary and university colleges and insights from suppliers on the high sales of ECPs among the two regions. FHM Engage contracted the consultant to assess the following:

- I. To survey condom usages and sources among students in higher-learning institutions
- II. To survey ECPs usage and sources among female students in higher-learning institutions
- III. To survey barriers to access and utilization of condoms and ECPs among students in higher-learning institutions.

The survey was preceded by an inception meeting with the consultant where the team agreed on the selection of regions, survey methodologies, development of digital data collection tools and sample selection. The AGOTA team contacted the Dean of Students and students' associations through their presidents, to conduct the survey in the respective universities, including University of Dar es Salaam,

MUHAS, St. Joseph and CBE. In Mwanza region, the team selected SAUTI, Bugando and VETA colleges. The team oriented the students' association leaders on the digital data collection tool to be shared within their students' networks. However, due to a national census, universities and colleges were closed for holiday which delayed responses from youth who were sent the links to participate in the survey. The team expects the data collection activity to be complete by the end of October after universities and colleges resume. Data analysis will take place in November and the final report will be shared in Q1 FY23.

Next steps

- In Y2, the project will continue engaging with the various RMNCAH related groups
- In Y2, FHM Engage will analyze the observations from the rapid survey among adolescents and youth to package them as an advocacy brief for the provision of ECP through the private sector.

Sub-activity 4.2 – Targets of Opportunity

Prime Vendor System

Every year, more than five million children die prior to their fifth birthday⁷ and three hundred thousand mothers die due to pregnancy or childbirth-related causes.⁸ Lifesaving MNCH products could prevent more than half of these deaths, but access to these products remains low in sub-Saharan Africa where the majority of under-five and maternal mortality occurs.

In Tanzania, the supply of these essential medicines has been historically unreliable. The Medical Stores Department (MSD), an autonomous unit under the Ministry of Health, is responsible for the procurement, storage and distribution of approved medicines and supplies required by public health facilities (and private health facilities with service level agreements in place with the Government) but its order fulfillment rates are often below 50%.⁹ Reasons for stock-outs of key commodities are due to numerous factors including: delays in distribution of allocated funds; insufficient working capital; purchasing inefficiencies; inaccurate data leading to poor forecasting at the facility and national level, etc.¹⁰ As a result, there is a need for a complementary system to address the supply gap and to provide high-quality, affordable medicines to the health facilities when MSD is unable to meet their needs.

The aim of the Prime Vendor System (PVS) is to support the public sector in its provision of high-quality, affordable medicines to public health facilities across the country. Since the PVS was piloted in 2014, it has been scaled across the mainland of Tanzania (26 regions) with oversight managed by the PO-RALG. While the PVS has evolved over the years and has since been scaled-up across the country, the main tenets of the system remain the same. The system is a public-private-partnership utilizing a regional contract approach for pooling orders across health facilities within a region. It is meant to be complementary to the public supply system and not in competition, replacing a bureaucratic process with a transparent mechanism, and is additionally anchored in regional structures which lends itself to sustainability.

⁷ WHO. Fact Sheet. Children: Improving survival and well-being. 8 September 2020. Accessed from: <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>

⁸ WHO. Fact Sheet. Maternal Mortality. 19 September 2019. Accessed from: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

⁹ The CAG Report of 2020/21 revealed that the Medical Stores Department (MSD) order fulfillment rate was only 34%

¹⁰ Githendu P, Morrison L, Silaa R, et al. Transformation of the Tanzania medical stores department through global fund support: an impact assessment study *BMJ Open* 2020;10:e040276. doi: 10.1136/bmjopen-2020-040276

The Prime Vendor activity conducted by FHM Engage in Q4 was done in collaboration with the National Prime Vendor Coordinator from PO-RALG and highlights the private sector's role in delivering critical health commodities to serve population needs, and points to areas where implementation of the PVS can be improved to fully realize the intended outcomes and health impacts.

Through desk review of documents related to the Prime Vendor System and key informant interviews, the objectives of this activity were to:

1. Summarize the current Prime Vendor System model.
2. Draw insights into whether the Prime Vendor Schedule of Requirements for medicines in three regions (Dar es Salaam, Mtwara and Tabora) are aligned with the National Standard Treatment Guideline (STG) and the National Essential Medicines List (NEML) looking specifically at the presence/absence of key HIV, FP, and MNCH commodities;¹¹
3. Highlight the key decision-makers and opportunities for amending the prime vendor Schedule of Requirements (SoR).

[The details on the findings of this work are enumerated in the Prime Vendor Deliverable.]

Next Steps

This Activity surfaced a few potential areas for intervention by FHM Engage (or other partners) to explore, including:

1. Supporting the National PVS Technical Committee to initiate a formal review to rationalize the regions' schedules of requirements and align them with the National Standard Treatment Guidelines. This activity would entail: 1) collaborating with the Regional PVS Technical Committees to systematically examine the PV Schedule of Requirements and compare these lists against the latest STGs; 2) Surfacing the misalignments and deliberating if these products (the products not in alignment with the STGs) are justified in their inclusion (or not); 3) Examining the highest volume and value medicines supplied through the PV to inform MSD's procurement planning and rationalizing of their supply catalogue.
2. Exploring how the prime vendor model can be applied and/or extended to other networks of private health facilities, pharmacies or ADDOs.
3. Finally, the development of a reference price list¹² as a tool to support the regions as they enter pricing negotiations with prime vendors or during the annual contract review to limit wide, unjustifiable pricing variations.

All these activities, if implemented in an intentional and sustained manner, will help to drive the intended outcomes of the Prime Vendor System and the overall intended results of FHM Engage - to improve private sector participation in delivering high quality health products and services to populations in need.

¹¹ HIV: HIV self-test kits; FP: oral contraceptives, emergency contraception, injectables; MNCH: UN Commission of life saving commodities list and other medicines prioritized in key National MNCH policies (e.g., One Plan II)

¹² While a reference price list aims to improve affordability, it can also have unintended consequences (e.g., price convergence, decreasing price transparency, etc.)

Sub-activity 4.3 – Strengthen ADDOs & PRINMAT as Key Entry Points into the Health System

In Q4 the FHM team conducted an analysis to draw insights into the rules and regulations related to the scheduling of priority medicines in pharmacies and ADDOs (licensed drug shops serving the rural poor) in Tanzania. Scheduling is a way to categorize medicines based on risk profile and risk to public health and safety to determine which medicines need tighter controls and which do not. The work builds on the SHOPS Plus program’s advocacy work to improve access to OCP and EC in ADDOs and seeks to strengthen stewardship and support to the private sector to ensure improved access to key products. The objectives of the work were to:

1. Provide an overview of pharmacies and ADDOs in Tanzania, as well as the relevant rules and regulations that define human medicine scheduling and the medicines that pharmacies and ADDOs are allowed to dispense.
2. Review the currently enforced schedule of medicines (2015) with attention to the presence/absence of key FP and MNCH commodities.

Summary of findings [further detailed in the ADDO deliverable.]

- **Exclusion of key product from the ADDO Prescription List:** The analysis found that some key products continue to be excluded from the ADDO Prescription List (e.g., oral contraceptive pills, emergency contraception and amoxicillin dispersible tablets, etc.). Policy and practice are not aligned as the TMDA is not actively prohibiting the dispensation of these key product at ADDOs, but more work is required to formalize their inclusion on the ADDO prescription list.
- **Ambiguity on the Scheduling of Key Products:** There is some ambiguity on the scheduling of zinc sulphate (for management of diarrhea) and ferrous sulphate + folic acid (an important supplement taken during pregnancy). Folic acid is classified as a Second Schedule (Human Prescription only) medicine and iron (over 30mg) is on the Third Schedule (Pharmacy Only). It is unclear if these products fall into the category of “vitamins and tonics” on the ADDO Prescription List or if their dispensation is prohibited at the outlets.
- **Misalignments with Current National Standard Treatment Guidelines:** Finally, the review of the Schedule of Medicines highlighted the need to align the schedules with the Tanzania Standard Treatment Guidelines (STG) which were amended 2021. For example, in the current STGs, amoxicillin oral suspension (for childhood pneumonia) has been removed in favor of amoxicillin dispersible tablets (DT).

ADDO Technical Forum

The FHM team met with the ADDO Coordinator in Q4 to advance discussions and preparations for the ADDO TWG. Due to scheduling conflicts, the convening of the first meeting was not possible in Q4, but the team anticipates this will occur in Q1 FY23. The FHM team also initiated the process to identify other local partners to co-facilitate the ADDO TWG. It is anticipated that stakeholders working on issues around ADDOs will convene to discuss modalities to improve access to priority health commodities (including HIVST, ECP, condoms, Amox-DT etc.) and collaborate on efforts to improve the quality-of-service delivery.

Illustrative Posters for ORS-Zinc and Amox-DT

In discussions with MOH in April, a shared observation was the lack of point of distribution materials for improving the use of treatment products for childhood illnesses at primary level facilities. FHM Engage is supporting the Ministry of Health to develop demand creation packages i.e., brochures and posters for Amox-DT and ORS-Zinc to create awareness on diarrhea and pneumonia management. The project participated in a meeting with RCHS and the Health Promotion Section (HPS) team to develop the content with guidance from HPS on MOH social and behavior change communication (SBCC) standard guidelines. The developed drafts of materials are targeting both care givers and health care providers. FHM Engage has reviewed the drafted material internally and is in the process of involving other partners such as Breakthrough Action and UNICEF, in the review process as well. Before launching, these materials will be reviewed by partners and pre-tested. FHM Engage will continue supporting the RCHS through stakeholders' workshops in Y2, to review the developed content and garner partners' inputs.

Next steps

- Work with TMDA and Pharmacy Council to better understand any special considerations for priority products when amending the schedules of medicines
- Summarize existing evidence (from other countries) to support the inclusion of key medicines, diagnostics, and services at ADDOs (e.g., OCP, EC, Amox DT, ORS-Zinc, mRDT, etc.) and pharmacies (e.g., HIV self-test kits, injectable administration, etc.) and present to key influencers and decision-makers
- Strengthen government stewardship of private sector outlets through the creation of an ADDO technical forum
- Finalize the illustrative posters and other materials for awareness of ORS-Zinc and Amox-DT

TABLE 4: ACTIVITY 4 DELIVERABLES

Deliverable	Status
Five-page page brief codifying the process for adding commodities to the Prime Vendor system, noting important influencers and decision-makers with government timelines mapped out and identifying key considerations for the addition of HIV STK, PrEP, OCP, ECP	Completed in Q4
Five-page brief codifying the process for adding commodities to the ADDOs medicine list, noting the important influencers and decision-makers with government timelines mapped out, and identifying key considerations for the addition of MCH and FP products such as Amox-DT, OCP, and ECP.	Completed in Q4

Illustrative posters for Amox DT and ORS and Zinc use developed for use at service delivery outlets	Will be completed in Y2.
Meeting reports from government-to-private engagements discussing actions to incorporate TMA principles, specifying the ADDOs and PRINMATs and their associations and the training institutions who are part of the meetings	Compiled in Q4.

Monitoring, Evaluation and Adaptive Learning (MEAL)

Activity I: Using Adaptive Learning Approaches to Develop Outputs that Inform Program Design and Implementation

The Monitoring, Evaluation, and Adaptive Learning (MEAL) team’s scope of work this year was to conduct a set of related activities primarily intended to facilitate the use of systems thinking and adaptive learning to inform ongoing program design and implementation in priority health markets. Following the approval of the revised workplan in July 2022, the MEAL team commenced work, focusing first on producing a theory of change (ToC) for the private sector’s role in the HIV health area and building a systems map for the condom market.

PRIVATE SECTOR HIV TOC

Development of the HIV ToC commenced with a workshop on August 3, 2022, during which key HIV health market actors gathered to outline a vision for facilitating private sector participation in the provision of key HIV commodities and services.¹³ This vision articulates how the private sector can play a role in reaching Tanzania’s 95-95-95 goals for HIV prevention and treatment. Stakeholders in attendance at this workshop included representatives from GOT (TACAIDS HIV Trust Fund), professional associations (Pharmaceutical Society of Tanzania and PRINMAT), the commercial sector (Synermed and Mylan), USAID (including the Senior Public-Private Partnership Advisor, HIV Prevention Specialist, Project Management Specialist – HIV), and members from the FHM Engage Tanzania team. During the workshop, participants first identified 8 outcomes for all private sector HIV stakeholders to work toward over next 5 years. They then linked these outcomes to current private sector focused activities to identify initial key outputs and intermediate outcomes. Based on these intermediate outcomes, participants identified key assumptions underlying the ToC that could be tracked and/or tested over time. Following the workshop, the FHM Engage MEAL team continued to refine the ToC inputs provided by workshop participants to build out pathways between activities and outcomes, identify/articulate additional assumptions, and validate the ToC with FHM Engage team members to

¹³ Key HIV health market commodities considered by workshop participants included condoms, HIV self-testing kits and PrEP. Key services included PMTCT, NIMART, and HIV counseling and testing.

ensure alignment with planned work in Tanzania. An online version of the ToC is available via this [shareable link](#) and can be edited and updated over time as the context changes.

In Y2 and beyond, market actors can use the ToC as a tool to inform their strategic decisions by considering what (if any) additional activities or interventions are needed to achieve the identified outcomes. They can also assess whether there are enough stakeholders engaged in each activity area to achieve the intended outcomes. Market actors can support achievement of ToC outcomes by prioritizing and then addressing assumptions underlying the ToC, especially those in which there is uncertainty or lack of information by preemptively altering activity designs or by conducting research to test the assumptions and decrease information uncertainty. Finally, in addition to testing assumptions, market actors could use the ToC to measure progress by converting the ToC into a results framework and defining ways to measure key outcomes over time.

CONDOM SYSTEMS MAP

Because of the assumed complexity of the condom market, an important first step in the development of the systems map was determining the boundaries of the system that the team would consider. In collaboration with the FHM Engage Tanzania and Market Intelligence (MI) teams, the MEAL team chose to focus the mapping effort on the systems underlying the generation, monitoring, reporting, and use of data on condoms. By setting the boundaries of the map in this way, the map could be used as a tool to diagnose challenges, opportunities, and pathways for condom data collection, integration, analysis, and use. This focus complements other FHM Engage activities, particularly Sub-Activity 1.4, which is focused on designing a data dashboard that provides a market intelligence solution by integrating multiple condom data sources to equip market actors to make decisions that can support the alleviation of condom supply disruptions and promote a harmonized and sustainable condom market.

The first step in building the systems map was a landscaping effort to better understand condom market data availability, reporting, and use. Because of their complementary scopes of work, the MEAL team collaborated with the MI team to gather inputs for this landscaping. Members from the MEL and MI teams traveled to Tanzania in July and August 2022 to conduct key informant interviews with condom market stakeholders and staggered their in-country travel to maximize the number of stakeholders consulted. In total, the teams conducted key informant interviews (KIIs) with over 20 national and sub-national¹⁴ stakeholders to explore what condom-related data they currently have access to, how the data are stored, what decisions stakeholders currently make with the data, and what decisions they would like to make (but may not have data to do so). Using inputs from KIIs as well as a desk review of key condom market documents, the MEAL team used a software called Kumu to generate a draft system map visualization. The draft map identifies existing methods and platforms for capturing and reporting data on condoms across sectors and at different levels within sectors. The map also highlights forums where data are shared and where market actors could (potentially) make decisions about

¹⁴ We interviewed national level GOT stakeholders from TACAIDS, MOH/RCHS, NACP and MSD. At the district level we interviewed representatives from the Kigomboni and Kinondoni district HIV/AIDS Coordinating Committee (DACC) and the Council HIV/AIDS Coordinator (CHAC), we also spoke with a small number of pharmacies and bars selling condom in each district. Social marketing organizations interviewed include T-MARC, DKT, PSI, and Marie Stopes Tanzania. Commercial distributors interviewed included JD Pharma and General De Pharmacy. NGOs/CSOs interviewed included Tanzania Youth Association (TAYOA), the National Council of People Living with HIV/AIDS (NACOPHA), ICAP, PATH (Digital Square), and FHM Engage.

condom procurement and distribution, develop solutions to gaps in data availability and use. Based on the current version of the draft map, a few key takeaways are:

- The system is highly complex and fragmented, with each market actor essentially maintaining its own separate sub-system for data generation, reporting and use.
- The system is primarily geared toward collecting one type of data (condom distribution).
- There are two interface points between public and private sector including the national Condom Sub-Committee (and its associated data reporting tool) and the RCHS Quantification Workshop.
- Market actors rely on relatively few, loosely linked data platforms such as DHIS2, eLMIS, and TOMSHA.
- There are relatively few processes and fora to produce and use data analytics. The Condoms Sub-Committee has the potential to be a forum where evidence-informed decisions are made *if it has the right data for the decisions it wants to make*.
- Key informants emphasized that the current system does not currently support the development of precise, accurate estimates of community-level condom need, which (at the highest levels) means that forecasting, procurement, and distribution decisions made by actors may not be optimized to reduce wastage and prevent displacement and other market distortions, and ensure that condom users across the country have access to the condoms that they want to use.

Now that the draft systems map is complete, the next critical step in the process will be validating the map with market actors, to both affirm the initial bottlenecks and leverage points identified by the MEAL team and identify additional challenges and opportunities. Once finalized, the map could serve as a decision-making tool that stakeholders can use to identify opportunities to strengthen how data flows and is used across the condom market. Additionally, the mapping exercise could be repeated in the future to facilitate monitoring and measurement of systems change over time.

RESULTS FRAMEWORK AND PERFORMANCE INDICATORS

Because the Year 1 FHM Engage TZ field support work plan has been implemented on a rolling, incremental basis, and that there was not an approved global results framework and indicator set at the outset, the MEAL team (in collaboration with FHM Engage leadership and USAID/Tanzania) determined that the project would delay drafting a full AMELP until Year 2.

In the interim, FHM Engage, and USAID agreed to report on a limited set of five interim indicators related to the HIV set of activities. These indicators are listed in Annex 2.

To capture lessons and experiences implementing the Year 1 workplan the MEAL team facilitated a virtual Pause and Reflect activity with team members who contribute to FHM Engage work in Tanzania. The Pause and Reflect was implemented over four, 45-minute sessions built into the weekly FHM Tanzania weekly team meeting. During the first two sessions, team members reflected on how they define MDA, how they are implementing aspects of MDA in Tanzania, and emergent challenges and opportunities observed during MDA implementation. In the third session team members discussed and generated ideas about how it would implement MDA going into Year 2, specifically identifying things that should stay the same and things that could be done differently. In the fourth and final session team

members reflected on team dynamics and information sharing needs to date and identified suggestions for changes that could be incorporated in Year 2. Overall team members appreciated the opportunity to reflect on progress to date and give constructive feedback; there was generalized consensus that a Pause and Reflect series should be held periodically throughout the year (at least twice, at the end of Q2 and Q4) to maximize opportunities for adaptation.

Next steps

In the first quarter of Y2, the FHM Engage MEAL team will focus on a few key tasks to develop and finalize an AMELP for Tanzania. These activities include:

- Defining a Tanzania-specific ToC and associated results framework for the entire five-year scope of work for FHM Engage, in collaboration with the FHM Engage technical teams and local market actors.
- Based on the Global and Tanzania-specific results framework, the FHM Engage MEAL team will map global indicators to the Tanzania YR2 workplan and define additional, custom-indicators for Tanzania as appropriate. After this mapping is complete the MEAL team will work with the FHM Tanzania framework and indicator list (with associated baseline and target values) for Tanzania.
- Development of Tanzania-specific learning questions and associated learning activities to support testing and validation of the program ToC. Linkages to the FHM Engage global learning agenda will be identified where appropriate.
- Establish a regular plan and cadence for Pause and Reflect and other learning checks sessions.
- Validate the Condom Market Systems Map with market actor stakeholders.

Table 5: MEAL Deliverables

Deliverable	Status
A co-created Theory of Change for private sector role in HIV products and services markets in Tanzania	Private Sector HIV ToC complete; dissemination and further validation with market actors could occur in Y2.
Condom market related system maps outlining key processes, actors, interconnections, and potential leverage points within each market	Draft map complete, validation and finalization anticipated in.
Learning activities identified to support FHM Engage activities related to pharmacies, FBOs, for-profit facilities, ADDOS and PRINMAT	Several activities in the Year 2 workplan have been identified as potential candidates for more intensive adaptive learning. They include testing private sector models for HIV self-testing and PrEP; formative research to better understand and shape youth FP markets; and testing training or supervision interventions to improve private sector uptake of IMCI protocols. Development of the Tanzania-specific ToC early in Year 2 will generate consensus on which of these activities would most benefit from adaptive learning in Year 2.

<p>Synthesis report from a formative research activity to identify levels of IMCI adherence and factors affecting IMCI adherence for private providers of child health</p>	<p>Resources for this work were not included in the revised Y1 workplan, in part because identical work was already underway for the FHM Engage core-funded activity 2.1.b. A synthesis of core-funded formative research on factors affecting IMCI adherence will be completed early in Y2.</p>
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FHM Engage Global Results Framework

Goal

Contribute to the USAID's priorities of preventing maternal and child death, controlling the HIV/AIDS epidemic, combating infectious disease and strengthening countries' healthcare markets

	Result 1: Improved market environment for greater private sector participation in the delivery of health products and services.				Result 2: Improved equal access to and uptake of, high-quality consumer driven health products, services and information.		
Intermediate Results	1.1: Strengthened and effective stewardship of and engagement with the private sector.	1.2: Mobilized and leveraged financial and non-financial resources and incentives to improve private sector capacity, responsiveness, and financial sustainability.	1.3: Improved institutional norms, rules and regulations, and organization of the private sector to support market growth.	1.4: Increased effective collection, harmonization, and utilization of private sector data and market intelligence for informed public and private-sector decision making.	2.1: Improved quality of care and client-centered focus of healthcare services in the private sector.	2.2: Enhanced, sustainable supply of quality, affordable health products and services in the private sector.	2.3: Increased client-driven demand for priority health products and services in the private sector
Sub-intermediate Results	<p>1.1.1: Public sector capacity to triangulate market level and private sector data improved</p> <p>1.1.2: Market stewards consider all market actors and information to create inclusive decision-making processes</p> <p>1.1.3: Market actors increasingly engage in joint programs or partnerships through joint investments</p>	<p>1.2.1: Private sector increases participation in health markets through improved incentives</p> <p>1.2.2: Private sector has increased access to financing through public, private, and donor funding channels</p>	<p>1.3.1: Health market regulations, rules, and norms facilitate private sector participation</p> <p>1.3.2: Private sector organization and/or aggregation improved to engage with health markets</p>	<p>1.4.1: Private sector actors increasingly share and discuss product and service data with public sector through harmonized data systems</p>	<p>2.1.1: Appropriate QA/QI standards established for private sector health market</p> <p>2.1.2: Client satisfaction with private sector quality improved</p>	<p>2.2.1: Private sector product and service offerings better aligned to client demand</p> <p>2.2.2: Private sector product and service offerings expanded or improved</p>	<p>2.3.1: Private sector service and product utilization increased across targeted market segments</p>

Program Operations and Management

Gender Youth and Equity

FHM Engage now has an approved gender equity and social inclusion strategy to guide efforts to ensure equitable engagement with health markets and access to public and private sector partnerships. The strategy is based on USAID's six domain framework to assess how and why women and men participate and benefit differently and how participation and benefits differ among other social groups. The six-domain framework is used to help USAID-funded activities understand the domains that affect how individuals interact with development projects. These domains include access; knowledge, beliefs, and perception; practices and participation; time and space; legal rights and status; and power and decision-making.

The FHM Engage HIV STK market entry work, along with increased availability of Oral PrEP and condoms, is directed towards key vulnerable populations and men, and the objective is to make HIV testing more accessible, affordable, and nearer to community groups. It promotes a gender transformative and right-based approach in service delivery to overcome barriers resulting from gender norms, different forms of discrimination, power imbalances, and persecution; and ensure that interventions reach the most difficult to reach populations. Based on the epidemiological profile, the prevention programs will be intensified among adolescent girls and young women and on key and vulnerable populations, not forgetting adolescent boys and young men.

The FHM Engage team is working with the Association of Gynecologists and Obstetricians to conduct a survey of tertiary female students on prevention of HIV/AIDS and the use of condoms along with the use of emergency contraceptives to understand their preferences and behaviors. This activity is aimed towards a better understanding of the youth markets for family planning and HIV/AIDS prevention in Tanzania, and the information and data gathered will be used to inform the planning of future activities for the project and for the advocacy of inclusion of family planning products such as emergency contraceptives within the ADDOs medicines list. The overall aim is to ensure the private sector, through the different retail outlets such as community pharmacies and ADDOs, continues to play a role in HIV/AIDS and family planning in the country.

Family Planning Compliance

Voluntarism and informed choice are key principles for FHM Engage FP and HIV programs, in every health care setting. FHM Engage has developed a family planning compliance plan that received approval from USAID/Washington. The approved plan outlines a) preventative measures to ensure staff and practices comply with all applicable legislation, b) offers easy-to-follow procedures for monitoring and reporting when/if compliance vulnerabilities are observed, and c) establishes a family planning compliance committee.

With approval from USAID, FHM Engage leadership team has shared copies of the Family Planning Compliance Plan with all program partners and staff, including those implementing the activity in Tanzania. The compliance committee will continue to review the Tanzania activity work plan annually to

identify any potential vulnerabilities; should areas be identified; the committee will offer suggestions to increase or strengthen monitoring efforts. In the work around private sector engagement, efforts are to expand contraceptive method options and ensure full and equitable access to voluntary family planning services.

Journey to Self-Reliance

FHM Engage is strengthening the management and leadership capacity of national and local governments to steward FP, HIV, and other health markets, as well as the development of engagement platforms to facilitate strategic dialogue and partnership with a wide range of private sector actors. The FHM Engage technical approach has two key features: applying systems-thinking to facilitate market development and delivering through the local partner ecosystem.

Market development approach uses a facilitation approach to implementation. In seeking to catalyze improvements, facilitation ensures that the actors themselves drive the change process. The goal of the FHM Engage approach is to catalyze more competitive, inclusive, and resilient market systems. In all the activities, the project teams use a systems lens to “engage with local market actors (both businesses and governments) as partners to bring about enduring changes in incentives, rules, norms, or supporting functions of the system. Developing tailored solutions and ensuring they are scaled and sustainably implemented over time will require collaboration with partners who understand the local context. FHM Engage will facilitate market actors and systems through these local partners rather than delivering direct technical assistance to public and private counterparts. To support the work plan, FHM Engage identified partners from its current network of implementation partners, and the scopes of work they supported. For Y1 the project worked with M4M, and FHM Engage NIP. In line with our rolling and phased approach to implementation, we will add partners to the ‘network’ as needs are identified and as the program moves into the diagnose, design, and deliver steps. Illustrative examples of partners to add to the network include AMREF, APHFTA, CSCC, and Touch Foundation. This will be complemented with an extensive Local Partners Mapping Exercise that has been outlined in the Y2 work plan and is in line with the Tanzania Specific Partnering Approach.

Environmental Compliance Reporting

FHM Engage is working towards strategically advancing health outcomes and improving access to—and equitable use of—quality health products, services, and information in voluntary family planning, as well as MCHN, malaria, TB, and HIV/AIDS programs by strengthening local markets. The public sector health system faces many constraints and cannot meet the growing needs and current market demand for voluntary FP and other health products and services alone. While the private sector plays an unprecedented role in creating and shaping healthcare delivery, challenges remain in ensuring voluntary FP and other health markets are resilient, robust, and self-reliant. FHM Engage plans to leverage private sector infrastructure, harness expertise and innovation, and address market failures that create inefficiencies to contribute to sustainable supply and increased use of health services, products, and information in an equitable and efficient manner. In this quarter, the team facilitated only workshops and data gathering activities for HIV, RMNCAH and FP products. Upon approval of the Y2 work plan, Chemonics will complete the Environmental Screening tool again. The TZ Y1 screening had no applicable activities or negative determinations. Annually, Chemonics will prepare an Environmental Mitigation and Monitoring Report (EMMR) to be submitted to the Activity Manager/AOR/COR and the

USAID Environmental Compliance Database. There were no small-scale construction and rehabilitation activities initiated in this quarter.

Office Staffing

FHM Engage started up operations in Tanzania in early 2022, with R4D managing the in-country office and employing most of the long-term local staff. We successfully recruited and onboarded the Chief of Party [Name redacted], the Senior Technical Advisor for Health Finance [Name redacted], the Senior Technical Advisor for Services [Name redacted] (employed by consortium partner Pathfinder International), and [Name redacted] as the MEAL Manager. [Name redacted] will continue to lead the Senior Technical Advisor Products position until the appropriate candidate is identified. FHM Engage is finalizing its recruitment for the Operations Director and will be making an offer in Q1 FY23. As each final candidate was identified, FHM Engage reassessed the needs of unfilled positions to determine what missing skills were needed. Due to the high quality of our identified team, we have removed some positions to provide greater value for money including the Communications Manager (this role will be fulfilled by the M&E Manager), the Finance Manager, Partner Manager (fulfilled by the COP), and the two SPO positions, which will be converted to a consultant and Fellow [Name redacted].

Annex I. News Update

The Private Nurses and Midwives Association of Tanzania (PRINMAT) is a network of midwife-owned and managed maternity homes in remote locations with limited access to health. In Q4 FY23, FHM Engage supported the PRINMAT AGM from 26-27 September 2022 that took place in Dodoma. Among the PRINMAT members, the Ministry of Health was represented with the Ministry's Director of Planning and Policy, Deputy Director Nursing Directorate, Registrar of PRINMAT clinics and the Municipal Medical Officer.

An identified opportunity among PRINMAT facilities is to improve non-clinical factors that affect readiness, such as improving the availability of equipment, supplies, and medicines. In this perspective to increase access to finance, FHM Engage facilitated a two-hour presentation on various topics which included identification and discussion on the lenders in the health sectors, loan requirements and risk assessments (compliance, loan types, security options, operating business, and account conducts).

The role of FHM Engage with regards to supporting access to finance was highlighted, which includes pipeline generation facilitation, training, and business development solutions for the financial institutions. The PRINMAT members requested FHM Engage to continue with the progress of identifying and linking them with financial institution for equipment purchases.

In the spirit of creating an ecosystem of private sector market actors and supporting PRINMAT in improving their processes, the project also invited Maisha Meds to participate in the session as well. Maisha Meds spoke to PRINMAT members on the inventory management system/product and the need for PRINMAT to digitize their clinics operations. Digitizing the clinics comes with several advantages which include improved income through deterring income leakage, an easy way of monitoring the clinics businesses by owners and an effective way of stock management. Great interest for digitization was established. PRINMAT members indicated a willingness to purchase tablets from Maisha Meds so that they can improve their inventory management.

The relationship with Maisha Meds as a health enterprise improving the systems for last mile private sector providers such as ADDOs and PRINMAT builds on the work that was done by SHOPS Plus. SHOPS Plus conducted a pilot with Maisha Meds and ADDOs in the Mwanza region allowing them to develop a business case and establish an office in Tanzania (previously their operations were mainly in Kenya). FHM Engage continues to provide a platform to Maisha Meds and support their vision in-country while empowering the last mile providers.

Annex 2. Indicator Reporting

TABLE 6: INDICATOR REPORTING

S/O	Proposed Indicator	Associated Activity	Baseline	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	Notes
1	Number of events convened with FHM Engage support to facilitate an environment supportive of private sector engagement (Quarterly)	Activity 1: Support public and private stakeholder apply TMA policy to shape markets for condoms, HIV STK, and PrEP, PMTCT	0	0	0	1	3	<p>In Q4 we supported 2 multi-sectoral HIV STK workshops in July and August and the PRINMAT AGM in September.</p> <p>FHM staff attended the RMNCAH meeting and the NACP/PSI workshops to work on private sector elements but did not provide in-kind, financial or planning support for this meeting.</p> <p>ADDO Technical Forum and meetings related to development of the PPP Strategic Plan did not take place due to challenges on the sides of the public sector. PrEP was combined with HIV STK as a strategic adjustment and so did not require its own meeting.</p>
2	Market share of commercially distributed condoms (Annual)		TBD	N/A	N/A	N/A	-	The project through the Condoms Dashboard has collected a lot of data around the distribution of condoms in-country however this data is incomplete and so does not give a good estimate of the market share of commercially distributed

								condoms. The project intends to use the dashboard as an advocacy tool to motivate the public sector and private sector actors to share their data in Y2 so that this can be calculated effectively.
3	Number of HIV self-test-kits distributed through the private sector at the distributor/retail level (Annual)	Activity 2; Test differentiated private sector product and service delivery models in peri-urban and rural areas	TBD	N/A	N/A	N/A	18,550	This is the number of HIV self-testing kits distributed by PSI through the pharmacy model until March 2022. This was a result of the work done by SHOPS Plus. Due to the review of the pharmacy model training curriculum no further training of pharmacies and resultant distribution has taken place beyond March 2022.
4	Number of individuals from the private sector trained in business and financial management skills FHM Engage support (Annual)	Activity 3: Mobilize domestic resources for private sector providers (i.e., TA for DCA)	0	N/A	N/A	N/A	-	The project expected to train CSSC board members in Y1 on business and financial management skills along with other members of the CSSC network at the facility level. Due to unavailability of CSSC board members this was not done. The project did however hold a session during the PRINMAT AGM to provide a highlight on business and financial management skills.
5	Number of private sector professional/representative organizations engaged in direct collaboration with public sector actors to	Sub-activity 1.2 - Stewardship: Landscape Actors and Assess Multi-	0	0	0	4	8	In this quarter the project engaged with AGOTA for the rapid assessments on HIV STK and ECPs, and PRINMAT through access to finance initiatives. The

	address an identified market challenge (Quarterly)	Stakeholder Platforms Sub-activity 1.3 - Stewardship: Orient Market Actors to Market Development Approach (MDA) and establish portfolio stewardship group					<p>project also worked with Mylan as a manufacturer of HIV STKs and PrEP to better understand their products and strategize on market entry and the Pharmaceutical Society of Tanzania to further the role of pharmacies in the provision of key products and health services in Tanzania. The project engaged with Maisha Meds for finance opportunities along with PWAMAO – the Pwani Regional ADDO Association.</p> <p>The project also is continuously working with CRDB and Amana Bank as financial institutions to facilitate access to finance for private providers.</p>
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About FHM Engage

Frontier Health Markets (FHM) Engage is a five-year cooperative agreement (7200AA21CA00027) funded by the United States Agency for International Development. We work to improve the market environment for greater private sector participation in the delivery of health products and services and to improve equal access to and uptake of high-quality consumer driven health products, services, and information. Chemonics International implements FHM Engage in collaboration with Results for Development (co-technical lead), Pathfinder, Zenysis, ACCESS Health India, Africa Christian Health Association Platform, Africa Healthcare Federation, Amref Health Africa, Ariadne Labs, CERRHUD, Insight Health Advisors, Makerere University School of Public Health, Metrics for Management, Solina Group, Strategic Purchasing Africa Resource Center, Scope Impact, Stage Six, Strathmore University, Total Family Health Organization, and Ubora Institute.

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1275 New Jersey Ave. SE, Ste 200,
Washington, DC 20003