The MEASURE Evaluation–Tanzania Small Grants Program

Building Capacity and Informing HIV/AIDS Programs

August 2018

USAID FROM THE AMERICAN PEOPLE

MEASURE Evaluation TZ

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MEASURE Evaluation–Tanzania is funded by the United States Agency for International Development (USAID) through associate award AID-621-LA-14-00001 and is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. TR-18-273
ISBN: 978-1-64232-058-9

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ACKNOWLEDGMENTS

This report was prepared by Bridgit Adamou, Family Planning Technical Advisor, MEASURE Evaluation, and manager of the small grants programs under MEASURE Evaluation and MEASURE Evaluation–Tanzania, which are funded by the United States Agency for International Development (USAID).

We would like to acknowledge USAID for its support of this activity. We wish to express sincere gratitude to the following contributors to the MEASURE Evaluation–Tanzania small grants program:

- Essau Amenye, formerly with MEASURE Evaluation–Tanzania, for his assistance in the planning and implementation of the pilot round of small grants
- Willis Odek, of MEASURE Evaluation–Tanzania, for his support of the program and review of sub-grantee proposals
- Our ten sub-grantees who worked to complete successful research projects and make the most of this opportunity

Cover photo, courtesy of Governance Links Tanzania, a MEASURE Evaluation–Tanzania sub-grantee

CONTENTS

Contents 6
Abbreviations 9
Introduction 10
Background 10
Program Objectives 11
Application and Selection Process 12
Advertising the Small Grants Opportunity 12
Concept Paper Review 12
Proposal Review and Selection 13
Program Management 15
Small Grants Workshop 15
Results 17
Objective 1: Address Research Gaps 17
Executive Summaries of the Studies 17
Development Studies Institute, SUA 18
Wambura and Jacque Company Limited 18
Institute of Development Studies, University of Dar es Salaam 19
Governance Links Tanzania 19
Jerusha (T) Limited 20
THPS 20
PIUMA 21
KCMC – AMO – General School 22
Mmakija Survey Management 22
Seeds of Hope Foundation 23
Objective 2: Provide Opportunities for Data Dissemination 24
Objective 3: Build Research Capacity 25
Research Capacity Self-Assessment 25
Mentoring for Future Research 26
Providing Staff with Research Experience 26
Engaging Stakeholders 27
Networking with Other Researchers 27
Results Beyond the Program 28
Gender Integration 28
Conclusions 29
References 30
Appendix A: Request for Applications 31

Appendix B: Small Grants Workshop Agenda 34
Appendix C: Research Capacity Self-Assessment 35

TABLES

Table 1. Final sub-grantees 14
Table 2. Statistics from the two rounds of small grants 15
Table 3. Small grants dissemination activities 24

ABBREVIATIONS

AA	associate award
ART	antiretroviral therapy
COP	community of practice
CTC	care-and-treatment center
FGD	focus group discussion
HBHCT	home-based HIV counseling and testing
IDI	in-depth interview
KCMC	Kilimanjaro Christian Medical Centre
LTF	lost to follow-up
M&E	monitoring and evaluation
MDH	Mkuranga District Hospital
MMH	Mnazi Mmoja Hospital
NACP	National AIDS Control Programme
NGO	nongovernmental organization
PI	principle investigator
PIUMA	Pima Uishi kwa Matumaini (Live with Hope)
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PRH	population and reproductive health
RFA	request for application
SRH	sexual and reproductive health
SUA	Sokoine University of Agriculture
TA	technical assistance
THPS	Tanzania Health Promotion Support
UNC	University of North Carolina at Chapel Hill
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
WDH	women delivering at home
WLHA	women living with HIV/AIDS

INTRODUCTION

For over a decade, HIV has remained a priority health area in many sub-Saharan African countries. In recognition of the impact the international health community and national governments have had on addressing the HIV epidemic, the 2012 AIDS Conference had the theme of "Turning the Tide Together" to reflect optimism that a change of course in the epidemic was possible (International AIDS Society, 2012). A call to build on the evidence base and best practices in HIV services and treatment arose from this conference, yet the opportunity to conduct this research remained largely unattainable, both technically and financially, to those living in the very countries being studied. A fact that underlines this point presented itself during the 2010 First Global Symposium on Health Systems Research held in Montreux, Switzerland: Among the health systems research studies conducted in the previous decade in low-income countries, fewer than 10 percent of researchers actually came from these countries.

Small grants are one mechanism to promote capacity and provide financial support for health research conducted in low-income countries. In line with U.S. Global Health Initiative principles, small grants support "an effective, efficient, and country-led platform for the sustainable delivery of essential healthcare and public health programs" by giving country-based research groups the opportunity to examine local HIV issues then disseminate their findings directly to stakeholders so the research can inform and influence policies and programs (Global Health Initiative Working Group, 2010). Furthermore, the business model of the United States Agency for International Development (USAID) has shifted to emphasize the goal of building incentives to make USAID-funded projects and interventions more sustainable. Interventions that work through host-country systems galvanize the knowledge, experience, and support of ministries or local institutions, so supporting country-led research (with country teams researching issues, developing strategies, and implementing solutions) promotes USAID's vision of sustainability. (Pincus, 2010).

Background

MEASURE Evaluation–Tanzania, a five-year associate award, started in February 2014. At that time, discussions began about how small grants administered to local universities and nongovernmental organizations (NGOs) in Tanzania could contribute to Result 3 of the MEASURE Evaluation–Tanzania Associate Award (AA): Improve the evidence base through conducting research and building research capacity. There was broad agreement that a small grants program would align with the project's approach based on the following two complementary pillars: (1) an enhanced evidence base derived from evaluation; monitoring; and focused research and (2) widespread use of this evidence for development of policies and guidelines; advocacy for community health and social service programs; and program planning, budgeting, and implementation (MEASURE Evaluation–Tanzania, 2014). The project's theory of change is to increase sustainability by strengthening local capacity, in this case, by supporting researchers to see a study through conceptualization to dissemination. Strengthened capacity would provide the research teams with the skills and motivation to continue to conduct quality research at their universities and organizations.

To identify knowledge gaps in HIV/AIDS health programs in Tanzania, the National AIDS Control Programme (NACP) developed a National HIV and AIDS Health Sector Research and Evaluation Agenda (2011–2015). This served as the guiding document in determining what national research and evaluation priorities the small grants program would address.

The small grants program would support primary and secondary data analysis, lead to the development of a working paper, and assist with the implementation of data use activities. Two rounds of small grants were completed.

Program Objectives

MEASURE Evaluation–Tanzania launched the first round of the small grants program with the following objectives:

1. Address research gaps for community health and social service programs addressing HIV/AIDS
2. Provide opportunities for the data to be disseminated to and used by local stakeholders for informed decision making
3. Build research capacity among local agencies

The research focus for the second round of small grants changed to address gaps in the evidence base around linkages and retention in HIV/AIDS care-and-treatment programs.

APPLICATION AND SELECTION PROCESS

Advertising the Small Grants Opportunity

A request for applications (RFA) was disseminated on October 14, 2014 (Appendix A). The announcement was posted on the MEASURE Evaluation–Tanzania website and in two local newspapers in Tanzania (one in English and the other in Swahili). It was also disseminated to organizations the project was working with as well as past applicants from Tanzania to the MEASURE Evaluation Population and Reproductive Health (PRH) small grants program that was running at the same time.

An RFA for the second round of small grants was disseminated on November 3, 2015. In addition to the dissemination channels used during Round I, the RFA was sent to those who had been shortlisted for the first round, but were not selected, as well as to the Round I sub-grantees to share with their professional networks.

Concept Paper Review

Sixty-two concept papers were received from around Tanzania in response to the first RFA; 82 concept papers were received for Round II. All applications had to meet the following minimum eligibility criteria stated in the RFA:

- The candidates and organizations must be from Tanzania.
- Individuals representing themselves rather than an institution or organization were not eligible.
- Applicants representing a field office for an international NGO were not eligible.
- Proposals must represent a team of at least three people and must be submitted on behalf of an NGO, university, etc.
- The team must have some previous research experience—preferably in HIV/AIDS, specifically, or community health, in general.
- All topics must be related to community-focused HIV/AIDS.

After removing the few concept papers that did not meet these basic requirements, the remaining applications were reviewed by two staff members, one based at MEASURE Evaluation in Chapel Hill, North Carolina, USA and the other based at MEASURE Evaluation–Tanzania in Dar es Salaam. The concept papers were assessed on the following criteria, listed in the RFA:

1. The concept paper demonstrates a conceptual understanding of HIV/AIDS research and the related literature.
2. There is a good fit between the research question(s) and proposed data to be employed in the study.
3. The proposed research methods are appropriate and rigorous.
4. There is evidence that the research findings are needed for program or policy decision making in Tanzania and do not duplicate previous research.
5. The applicant has prior experience working with proposed (or similar) data.
6. In relation to the proposed research question, the data use activities appear feasible and appropriate.
7. The small grant will build on the current capacity of the organization to conduct research and encourage data use.
8. Based on the proposed research topic and available funds, the budget and timeline are realistic.

Applicants received a score of one (low), two (medium), or three (high) for each of the criteria, for a maximum score of 24. The two reviewers consulted on the scores and chose the best concept papers to shortlist. The shortlisted applicants were notified and asked to submit full proposals. If there were particular issues that needed to be clarified or addressed, the applicants were told specifically what revisions the review team would be looking for in their proposals.

Proposal Review and Selection

All shortlisted applicants submitted full proposals by the deadline. These proposals were reviewed based on the following criteria:

1. There is evidence that this research project will complement existing research that has been conducted on this topic and will fill an information gap.
2. The research question(s) is/are focused.
3. There is a good fit between the study objectives, research question(s), and proposed research study design and the data to be employed in the study.
4. The data collection tools and data sources are clearly identified.
5. The proposed research methods and study design are appropriate and rigorous.
6. Based on the topic and methodology, the budget and timeline are realistic.
7. The applicant has prior experience with research and qualitative and quantitative data management or presents evidence of prior scientific publication.
8. The data use activities are outlined and appear feasible, appropriate, and have been factored into the budget.
9. The small grant will build on the current capacity of the organization to conduct research and encourage data use.
10. More than one person has been identified on the research team, and each member's role is clear.

Using the same scoring mechanism as with the concept papers, the proposals were assessed on a 30-point scale. Both reviewers read the shortlisted proposals and selected final applicants to be funded based on the criteria above, as well as these additional considerations:

- The research projects were to be conducted in different parts of the country.
- There was a balance of male and female researchers.
- Both NGOs and universities should be represented.
- There was diversity in research topics in both health and gender.
- The budgets fell within the parameters of this activity.
- The research and dissemination of findings could be completed in one year.

Each of the selected applicants were asked to revise their proposal and/or budget in line with feedback provided by MEASURE Evaluation. Once the applicants made revisions, the proposals were sent to USAID/Tanzania for technical review and approval.

The sub-grantees hailed from all over the country and proposed diverse research topics, as shown in Table 1.

Table 1. Final sub-grantees

Name of Organization or University	Principle Investigator	Research Topic	Region
ROUND I			
Development Studies Institute, Sokoine University of Agriculture (SUA)	Dr. Carolyne Nombo	How Gender Affects Adherence to Antiretroviral Therapy in Tanzania	Njombe
Wambura and Jacque Company Limited	David Kayabu	Effective Linkages from Point of HIV Testing to Care and Treatment in Tanga Region, Tanzania	Tanga
Institute of Development Studies, University of Dar es Salaam	Lilian Mutasingwa	Investigating Risky Sexual Behaviors among Youth in the Context of the HIV Epidemic in Mbeya Region, Tanzania	Mbeya
Governance Links Tanzania	Pantaleon Shoki	Women's Property and Inheritance Rights and HIV in Farming Communities around Lake Victoria, Northwestern Tanzania	Mwanza
Jerusha (T) Limited	Anna Mbise	How Access to Smartphones Affects HIV Risk among Students in Tanzania: A Case Study of Selected High Schools in the Dar es Salaam Region	Dar es Salaam
ROUND II			
Tanzania Health Promotion Support (THPS)	Dr. Redempta Mbatia	Enhancing HIV Retention and Clinical Outcomes in Kigoma, Tanzania through Pediatric- and Adolescent-Friendly Services	Kigoma
Pima Uishi kwa Matumaini (PIUMA)	Jackson Mbogela	The Children Left Behind: Barriers to Testing and Enrolling Infants and Children with HIV in Njombe Region	Njombe
Kilimanjaro Christian Medical Centre (KCMC) - AMO - General School	Dr. Adinan Juma	Feasibility of Scaling Up Home-based HIV Counseling and Testing among Women Delivering at Home in Geita District Council, Tanzania	Iringa
Mmakija Survey Management	Dr. Werner Maokola	Magnitude of and Reasons for Attrition from HIV Care and Treatment Services in Tanzania	national database
Seeds of Hope Foundation	Idda Swai	Prevention Needs and Priorities among Vulnerable Female Populations Living with HIV: The Case of Temeke Municipality, Tanzania	Dar es Salaam

PROGRAM MANAGEMENT

The small grants program was managed by the activity lead from the University of North Carolina at Chapel Hill (UNC) at MEASURE Evaluation in Chapel Hill. Although the activity lead was the primary point of contact for the sub-grantees before the sub-agreements were issued, during their research projects, and after the formal agreements had ended, many others were involved in administering and managing the program—e.g., MEASURE Evaluation Finance Department, MEASURE Evaluation Knowledge Management team, MEASURE Evaluation–Tanzania chief of party, MEASURE Evaluation–Tanzania deputy chief of party, and the USAID/Tanzania technical advisor for the project.

Based on the approved proposals and terms of the sub-agreements, the activity lead developed scopes of work for each of the sub-grantees. The sub-grantees were required to submit quarterly reports to assist MEASURE Evaluation–Tanzania with monitoring the progress of the research projects. They were also asked to provide updates on dissemination activities after their contracts had closed. Activity progress and results were communicated to USAID/Tanzania through the MEASURE Evaluation management information system.

A detailed budget for the program was drafted prior to the first round and adjusted accordingly after its conclusion. Direct payments to the sub-grantees accounted for approximately 35 percent of the total budget. The remaining costs of the program involved administration of the grants, the Small Grants Workshop, technical assistance (TA) to the research teams throughout the 12-month period, indirect costs, and overhead.

Because of the high number of applications, the acceptance rate for the Round I was about 8 percent and about 6 percent for Round II.

Table 2. Statistics from the two rounds of small grants

	Round I	Round II
Number of applications received	62	82
Number of organizations that submitted multiple applications	8	7
Number of applications shortlisted	17	30
Number of proposals selected	5	5
Number of proposals funded	5	5
Average award amount (direct costs only)	$9,207	$12,940
Number of funded sub-grants with a female principle investigator (PI)	3	2

Small Grants Workshop

To orient the new sub-grantees to the project and small grants program, build their research capacity, and create an opportunity for the research teams to network with each other, MEASURE Evaluation–Tanzania organized a small grants workshop, inviting up to three members from each research team. MEASURE Evaluation–Tanzania organized the workshop around the following objectives:

1. Understand the purpose of the MEASURE Evaluation–Tanzania AA's small grants program, the sub-grant procedures, and expected deliverables
2. Become familiar with how to integrate gender into research and maximize use of research findings
3. Share research protocols and establish a peer-to-peer network of Tanzanian researchers

Twelve people from the five Round I organizations and universities attended the workshop at the Protea Courtyard Hotel in Dar es Salaam, from April 22–23, 2015. Thirteen people from the Round II sub-grants attended the workshop at the Regency Park Hotel in Dar es Salaam from March 30–31, 2016.

The workshop was facilitated by a technical team from MEASURE Evaluation–Tanzania, led by the chief of party, deputy chief of party, and activity lead. The first day covered an introduction to MEASURE Evaluation–Tanzania and its goals, administrative and technical aspects of the small grants program, and two technical sessions (Integrating Gender in Research and High Impact Practices in Research). The second day provided an opportunity for each of the sub-grantee teams to present their research proposals and receive feedback from the group. It was a productive way for the sub-grantees to think through and troubleshoot challenges with their research questions and study design. (See Appendix B for the Small Grants Workshop Agenda.)

The workshop ran smoothly and, based on the workshop evaluations, was seen as being quite beneficial from the perspectives of the participants and MEASURE Evaluation. The objectives of the workshop were met, and because all the participants were staying at the same hotel, they were able to network among themselves outside of the workshop hours.

Round I workshop participants, April 23, 2015

The participants received the PowerPoint presentations from the workshop as well as electronic copies of the handouts that were provided during the sessions.

Following the small grants workshops, the sub-grantees submitted the remaining paperwork required to process the sub-agreements. They also submitted their applications to the National Institute for Medical Research or the Tanzania Commission for Science and Technology, and any other relevant review boards, to obtain ethical approval to conduct their research.

RESULTS

Objective 1: Address Research Gaps

The first objective of the program was to address research gaps for community health and social service programs addressing HIV/AIDS (for Round I) and research gaps in the evidence base around linkages and retention in HIV/AIDS care-and-treatment programs (Round II). All 10 of the sub-grantees successfully completed their proposed research projects.

Executive Summaries of the Studies

Key findings from the 10 research projects are as follows:

- Gender inequity adversely affects adherence to ART in different ways for women and men living with HIV.
- Factors significantly associated with early entry in CTC are level of education (those with no formal education are nearly 15 times more likely to enter a CTC early than were those who completed secondary school education), CD4 count (clients with low baseline CD4 counts have higher odds of early entry in care and treatment than those with high baseline CD4 counts), and point of diagnosis (clients diagnosed from points other than a health facility and VCT center have a lower chance of early entry in care, compared to those who were diagnosed at a VCT center).
- Although most youth in Mbeya Region have heard about HIV and its related effects, condom use and attendance at SRH services is very low among this population, with little community support for youth SRH services to minimize youths' vulnerability to HIV.
- In rural Tanzania, WLHA continue to be at risk because of inadequate social, economic, legal, and emotional support, with social exclusion and the erosion of asset bases reinforcing their vulnerability.
- Although high school students in Dar es Salaam Region are aware that their smartphones can be used to improve academic performance and health, many students use their smartphones for purposes other than education or health, including connecting through social media and viewing pornography, which may put them at greater risk for contracting HIV.
- Implementing pediatric- and adolescent-friendly services for HIV care and treatment improves retention in HIV care.
- Household-based HIV counseling and testing is an acceptable and feasible intervention for PMTCT and linking HIV-positive individuals to HIV care and treatment.
- Death and LTF are the most common types of attrition from HIV care-and-treatment services, with stigma mentioned most commonly by PLHIV as a reason to stop ART services.
- Despite awareness or risk, most HIV-exposed children and infants in Njombe Region are not tested for HIV or enrolled in HIV care-and-treatment programs, primarily owing to a lack of understanding by parents and guardians of how the HIV care-and-treatment system works and negligence.
- Vulnerable females living with HIV (i.e., pregnant women, adolescent girls, female sex workers, and female elders) have specific prevention needs and priorities that can be categorized as biomedical, structural, and behavioral.

Details about each of the research studies follow.

Development Studies Institute, SUA

How Gender Affects Adherence to Antiretroviral Therapy in Tanzania: SUA used a cross-sectional design, and data were collected in Njombe District via a structured questionnaire at one public permanent care-and-treatment center (CTC) and one mobile CTC. A total of 132 people living with HIV (PLHIV) completed the questionnaire. Data collection also included key informant interviews with healthworkers, NGOs, and caretakers at the family level; two focus group discussions (FGDs) with PLHIV; and secondary data from Njombe District health facilities.

The study found that heterosexual intercourse with a spouse was the leading cause of HIV transmission for more than two-thirds of the women (65%), and casual sex outside of marriage was the major cause for more than half of men (54%). The main reasons respondents gave for getting tested for HIV were compulsory HIV screening during prenatal visits, HIV awareness campaigns (especially for men), and unhealthy symptoms such as weight loss and frequent diseases. Most PLHIV (86% of men and 80% of women) started on antiretroviral therapy (ART) within the same year they were diagnosed. Partners did not usually get tested for HIV together; men were typically more reluctant, and they denied the problem, usually asserting that their wives were the source of the virus. Women were less likely than men to consult a spouse or partner before getting tested and less likely to get support from a partner after they were tested. Women (especially married women) were more likely to face social problems, including stigma, when disclosing their HIV status to their partners. Some women feared family quarrels and harsh consequences, such as being physically abused or divorced. Communication barriers early in the decision-making process, when women were deciding whether to get tested for HIV, and the poor responses women received when they consulted their partners, affected the next phase of living with HIV and had a negative impact on ART access and adherence to services. Respondents had a working knowledge of how to adhere to ART and practice safe sex, but they rarely followed safe-sex practices. Though nearly all the women (97%) took all their medicine, they were less likely than the men to follow the clinic schedule precisely. Women said that heavy household workloads made it more difficult to take their medications on time.

The study found gender inequity adversely affects adherence to ART in different ways for women and men living with HIV. This study improved understanding of gender differences in ART access and adherence and can contribute to the development of more effective gender-based interventions that can potentially enhance ART access and follow-through.

Wambura and Jacque Company Limited

Effective Linkages from Point of HIV Testing to Care and Treatment in Tanga Region, Tanzania: Wambura and Jacque collected routine data at high-volume CTCs using standard national patient monitoring system tools. Among the 16,041 adults, from the three study districts, who were enrolled at a CTC from 2010 to 2014, 1,096 clients from the sampled CTCs were recruited into the study and completed a structured questionnaire. FGDs were held with healthcare providers, and in-depth interviews (IDIs) were conducted with CTC clients.

The median CD4 count at enrollment was 218 (87–397) cells/mL with more than half (56%) having CD4 counts of less than 350 cells per milliliter (mL). Nearly all (91%) of the clients presented at a CTC within three months of receiving a positive HIV test. Although most HIV clients sought early treatment at a CTC, there was a marked increase of those who waited more than three months to seek treatment after finding out they were HIV-positive, with 8 percent delaying treatment in 2010 and 12 percent delaying treatment in 2014. Factors that remained significantly associated with early entry in a CTC were level of education, CD4 count, and point of diagnosis. Those with no formal education were 14.6 times more likely to enter a CTC early than those who completed secondary school education. Clients with low baseline CD4 counts had higher odds of early entry in care and treatment than those with high baseline CD4 counts. Clients who were diagnosed at points other than a health facility or voluntary counseling and testing (VCT) center had a 5-percent lower chance of early entry in care, compared to those who

were diagnosed at a VCT center. Late entry into care-and-treatment programs and failure to adhere to medication after testing HIV-positive have been linked to fear and stigma.

Although the rate of early entry in care-and-treatment services is high, it is still below the 90-percent global target set by the United States President's Emergency Plan for AIDS Relief and the Joint United Nations Programme on HIV/AIDS. To meet the target, issues such as disclosure and stigma must be addressed, and people who test positive for HIV must be enrolled in a CTC as early as possible.

Institute of Development Studies, University of Dar es Salaam

Investigating Risky Sexual Behaviours among Youth in the Context of the HIV Epidemic in Mbeya Region, Tanzania: This study focused on 54 individuals from three categories: youth ages 15–24 years old; gatekeepers; and health service providers. Data collection involved IDIs, FGDs, and document review.

The majority of youth studied had heard about HIV and its related effects; however, condom use, and attendance at sexual and reproductive health (SRH) services is very low among this population. The respondents believed that government, parents, NGOs, religious institutions, and health service providers play a role in addressing risky sexual behaviors among youth. Parents have some responsibility for youth engaging in risky sexual practices. Influencers include poor marital relationships and instability in the home, poor supervision of children, failing to communicate with their children about HIV and prevention of sexually transmitted infections, and putting children in unsafe and vulnerable situations. However, many other factors contribute to youth participating in risky sexual practices; some examples follow:

- Lack of education about HIV and SRH by schools and other institutions
- Lack of decision making power
- Drug and alcohol abuse
- Household poverty
- Desire for material goods
- Lack of appropriate income-generating activities for youths
- Poor implementation of policies and laws that have the potential to decrease HIV transmission

Despite increased government and NGO measures against HIV and attempts to minimize youths' vulnerability to the disease, the community still does not fully support these efforts, and youth behavior change remains a challenge. The study recommends that the Tanzanian government remain engaged and demonstrate leadership by effectively contributing to initiatives that address the HIV epidemic and create an environment that supports youths' access to and use of SRH services.

Governance Links Tanzania

Women's Property and Inheritance Rights and HIV in Farming Communities around Lake Victoria, Northwestern Tanzania: Quantitative Analysis: The study was conducted in smallholder farming communities around Lake Victoria in Northwest Tanzania. A total of 52 women living with HIV/AIDS (WLHA) (supported by two community-based organizations in Ilemela and Magu Districts) completed questionnaires. (The final analysis was conducted on 36 women, after eliminating those who knew their husband's HIV status before they died.) FGDs were conducted with both widows and inheritors. A conceptual framework was constructed for concurrent analysis of HIV/AIDS progression and its influence on the lives of women and their marital families.

Most of the widows in the study (69%) were immediately inherited after the death of husbands. Although most (89%) were not forced to have sex with the inheritors, they still engaged in risky sexual behavior. More than two-thirds of the inheritors (67%) did not use condoms, and in most cases (62%), the widow did not know of the inheritor's HIV-positive status. Most widows (82%) were unaware of the HIV status of the ritual cleanser and no condom was used during sex with him. Moreover, 14 of the 36 widows

(39%) were involved in transactional/casual sex in order to receive monetary or material gain, and five in that group (36%) did not use a condom. Widows were inherited for childbearing (47%), sexual companionship, and ritual sexual cleansing purposes. Social, economic, and cultural factors influenced inheritance decisions for individuals and communities. The monthly income of widows was a factor, much more so than location, educational level, religion, and occupation. Most of the widows lost their household assets (land [58%], houses [39%], and livestock [17%]) immediately following the husband's death. Most study participants were unaware of widows' rights to inherit property, and male dominance continues to perpetuate wife inheritance.

In rural Tanzania, WLHA continue to be at risk because of inadequate social, economic, legal, and emotional support. Social exclusion and the erosion of asset bases reinforce their vulnerability. This study revealed a deep, complex set of social and economic challenges that must be addressed with innovative strategies to ameliorate gender-based stereotypes that disempower women. Interventions should be designed to strengthen the role of WLHA and reduce the incidence of transactional sex, gender-based violence, and other societal HIV risk behaviors.

Jerusha (T) Limited

How Access to Smartphones Affects HIV Risk among Students in Tanzania: A Case Study of Selected High Schools in the Dar es Salaam Region: Twelve private and government high schools in Ilala and Kinondoni Municipalities, both day and boarding schools, participated in this study. Questionnaires were administered to 240 students, ages 17–22 years. FGDs were facilitated with students and IDIs were conducted with stakeholders, including parents of high schoolers, district education officials, teachers, and education and health officials from NGOs. Secondary data were collected through a document review.

Eighty-two percent of the high school students interviewed (more day students than boarders) owned or had access to a smartphone. Older boys and girls (18- to 24-year-olds) and young girls (14- to 17-year-olds) who lived in urban centers had a higher rate of smartphone adoption than those who lived in semi-urban and rural areas. Although respondents mentioned that a smartphone could be used to improve academic performance and health, many students in fact used their smartphones for purposes other than education or health. Interview responses from teachers and officials in education and other NGOs suggested that even most teachers were not aware of specific education and health websites. Connecting through social media was one of the most common uses of smartphones among the students surveyed, as was viewing pornography. Two-thirds of the students (70%) stated that they had accessed pornographic videos and photos on their phones. Eighty-eight percent of students believed that smartphone use can help increase awareness about HIV and improve academic performance. However, 43 percent of the students used smartphones to search for materials that are not related to either health or education, which renders their smartphone use less beneficial to them and puts them at greater risk of contracting HIV.

These findings point to the need for education on the proper use of technologies, including smartphones. Parents and guardians should monitor their children's smartphone use and parents, teachers, and community members should restrict the use of smartphones among young students.

THPS

Enhancing HIV Retention and Clinical Outcomes in Kigoma, Tanzania through Pediatric- and Adolescent-Friendly Services: Set in Kigoma Regional Hospital, in Western Tanzania, this mixed-methods study used a retrospective cohort analysis of secondary data from the national CTC2 database that routinely collects patient-level information from all HIV clients receiving care and treatment. Several outcomes were compared among two groups of pediatric clients: those enrolled before (Group I) and after (Group II) the establishment of pediatric- and adolescent-friendly HIV care-and-treatment services. Using structured questionnaires, qualitative data were collected through FDGs and IDIs to assess perceptions of adolescents, health providers, and parents or guardians of pediatric and adolescent HIV services.

Data were extracted from the CTC2 database on 490 clients with 204 (61%) in Group I and 286 in Group II. Documentation on the four clinical stages at ART initiation established by the World Health Organization was available for two-thirds of study participants (*n*=331). Nearly half (46%) of participants in Group I began ART at clinical stage IV. Late initiation of ART in clinical stage IV was more common before the establishment of pediatric- and adolescent-friendly services (37% in Group I compared to 19% in Group II). Three-quarters of children and adolescents initiated on ART (75%) had an immunological assessment at baseline in Group II compared to less than half (40%) in Group I. Retention rates for children and adolescents at three, six, nine, and 12 months was better after the establishment of the friendly clinic. The probability of the child not remaining in HIV care after 12 months was higher in Group I. Qualitative analysis revealed that pediatric- and adolescent-friendly services provided support for disclosure of HIV status and strategies for coping with the disease. Participants agreed that adolescents would seek HIV services from health facilities if the services were friendly and the environment favorable for pediatric and adolescent clients. Findings from the FGDs showed that stigma and discrimination is still an important barrier to optimal pediatrics/adolescent-friendly HIV services. About half of both guardians and children mentioned that stigma and discrimination at various points affect their retention in HIV care.

This study showed that pediatric- and adolescent-friendly services for HIV care and treatment improve retention in HIV care. Furthermore, the services improve CD4 assessments and support early initiation of, and adherence to, ART.

PIUMA

The Children Left Behind: Barriers to Testing and Enrolling Children in HIV Care and Treatment in Njombe Region, Tanzania: This was an exploratory, descriptive, and retrospective qualitative study using IDI for data collection. The study population included 132 parents and guardians of HIV-exposed children who did not receive an HIV test, parents and guardians of infants and children that were confirmed HIV-positive but had not started ART, parents of HIV-positive children who had begun ART but stopped or were LTF, and 50 healthcare workers at CTCs and facilities with PMTCT services.

Although the parents and guardians of HIV-exposed children and infants knew their children were at risk, 61 percent of such children were not tested for HIV. Parents and guardians gave the following reasons for not seeking HIV testing service for the children: not living with the children, failing to obtain permission from their spouse, conflicts between the parents, lack of awareness of the importance of testing children, fear of a positive test result, stigma, not feeling motivated because of a lack of symptoms or signs of illness, the inconvenience of going to get tested, unavailability of services and staff, and the cost of travelling to a testing site. Parents and guardians acknowledged that it was important for the HIV-exposed children to be tested and for HIV-positive children to start treatment. The main barriers to enrolling children in HIV care-and-treatment programs were lack of understanding of how the HIV care-and-treatment system works and negligence. Other factors included self-denial, fear, embarrassment, feeling too shy to go to a treatment center, and self-stigma. Healthcare workers said that parents and guardians declined to get their children tested, because of low levels of awareness among adults of the importance of testing, along with barriers related to transportation. A barrier for orphans is not having a parent or guardian to care for their health.

There is no system for identifying HIV-positive infants and children outside health facilities. The policy that requires parents' or guardians' consent for children under 15 years old to be tested limits the access of HIV-exposed children to HIV testing and counseling services. Healthcare workers agreed that this requirement creates a significant barrier discouraging children from getting an HIV test. Parents and guardians suggested that a knowledge gap and inadequate awareness of the importance of testing their HIV-exposed children was a key barrier to testing children.

KCMC – AMO – General School

Feasibility of Scaling Up Home-Based HIV Counseling and Testing among Women Delivering at Home: A Geita District Council Case, Tanzania: A longitudinal household survey was conducted in Geita Region, Tanzania. The study involved all mentally able women who delivered within two years preceding the survey and their children under the age of two.

Of the 993 women who participated in the study, a total of 879 (89%) had ever been tested for HIV and 791 (80%) tested during an antenatal care visit. Nearly all (981; 99%) accepted household-based HIV counseling and testing (HBHCT) from the research team. Of the 565 women who delivered at home (WDH), 486 (86%) had ever tested for HIV. Among these, 433 (77%) tested during an antenatal care visit and 562 (99%) accepted HBHCT. Of the 981 participants who accepted HBHCT, 52 (5%) tested HIV-positive. Among the women who were newly identified during HBHCT, 21 (40%) were enrolled in prevention of mother-to-child transmission (PMTCT) services. Of the 32 HIV-positive participants who delivered at home, eight (26%) were enrolled in PMTCT.

HBHCT detected new HIV infection among WDH as well as seroconversion among women with previously negative HIV tests. HBHCT can be used as an intervention to improve PMTCT services among WDH, because it was acceptable for detecting new HIV infection among WDH as well as seroconversion among women with a negative HIV test in their previous PMTCT HIV testing.

Research Highlight: KMCC

The KCMC research team found nearly 100 percent acceptability of HBHCT among all women study participants. The study revealed 26 newly identified HIV-positive test results. Twenty-seven of the children delivered by HIV-positive women were tested for HIV with more than half from the mothers who were newly detected with HIV infection by the study. Of these children, seven were HIV-positive. The study team referred 43 mothers to a health facility; 12 for testing after denying HBHCT and 31 for subsequent PMTCT care after testing positive for HIV. Among the 31 participants, only five successfully attended referral; of these, four were newly identified as HIV-positive.

Nearly 400 community members who were not eligible to participate in the study requested and received HBHCT. These tests identified 19 new HIV infections. Men, in particular, wanted to test in all wards.

KCMC data collector

Mmakija Survey Management

Attrition from HIV Care and Treatment Services in Tanzania: Magnitude and Reasons: This study used retrospective record review and a cross-sectional study design involving PLHIV enrolled in treatment between 2006 and 2014 in two high-volume CTCs in Mnazi Mmoja Hospital (MMH) (Dar es Salaam region) and Mkuranga District Hospital (MDH) (Pwani Region).

A total of 5,499 PLHIV initiated ART in the two health facilities during the study period, January 2006 through December 2014. Attrition was 0.9 percent in MDH and 19 percent in MMH. "Lost to follow-up" (LTF) was the most common cause of attrition cited in MDH (84%), whereas in MMH, the most common cause of attrition was death (62%). The magnitude of attrition among PLHIV who initiated ART gradually increased as the time after initiation of ART increased; 2011 had the highest attrition of all of the follow-up periods. Attrition was 26 percent at six months and 41 percent at 12 and 24 months. In both health facilities, the most common reason for stopping ART (among PLHIV in ART who were traced to their homes) was stigma at the clinic or community (37% in MDH and 64% in MMH). Religious belief was the least common reason (5%) in MDH and lack of food (3%) was the least common reason in MMH.

Attrition of PLHIV from ART is still a public health problem in Tanzania. Death and LTF are the most common types of attrition, and PLHIV mentioned stigma as the most common reason for stopping ART services. A robust vital registration system for death registration, a robust tracking system for LTF, and interventions to address stigma are needed to improve retention.

Seeds of Hope Foundation

Prevention Needs and Priorities among Vulnerable Female Populations Living with HIV: The Case of Temeke Municipality, Tanzania: Using a mixed-methods approach relying on qualitative and quantitative research methods, survey data were collected from 246 females living with HIV (i.e., pregnant women, adolescent girls, female sex workers, and female elders) who were attending four CTCs across Temeke municipality in the Dar es Salaam region. FGDs were conducted with 50 selected respondents and eight policy-related questionnaires were completed by program administrators.

Three-fourths of the respondents had disclosed their HIV test results to only one person since they were tested, 3–5 years ago. Most participants (62%) had not used any family planning method two months prior to the study. More than three-quarters of the participants said they were not receiving HIV-related services at an NGO or civil society organization apart from the CTC they were attending; moreover, consistent condom use was reported by only half (49%) of the respondents. A quarter said they used a condom sometimes or infrequently**.** The four categories of study participants identified the same top five prevention needs: cotrimoxazole prophylaxis, ART, psychological counseling and services, PMTCT, and income-generating activities. Participants reported stigma among family members and the community as the top barrier against attaining socioeconomic prevention needs, because they are not ready to disclose their serostatus. Paying for medicine to prevent and treat opportunistic infection was a significant challenge for most of the participants, owing to meager incomes. Participants lacked other social support to help them.

Findings from this study overwhelmingly show that vulnerable females living with HIV have specific prevention needs and priorities that can be categorized as biomedical, structural, and behavioral. The Government of Tanzania has implemented various HIV prevention measures. Hence, determining the prevention needs and priorities of at-risk populations and establishing the social, economic, and individual factors that limit the effectiveness of interventions are essential steps if stakeholders want to attain the goal of healthy living for PLHIV and reducing HIV and AIDS across Tanzania.

Data Dissemination Highlight: Seeds of Hope

Seeds of Hope conducted a stakeholder workshop to share their research findings with a district, regional, and national-level audience. The stakeholders recognized the need to scale up research on reducing HIV-related stigma and raising the social and economic standards of WLHA.

After presenting the study findings at a Council Multisectoral AIDS Committee meeting at Temeke District Council, where the study took place, the Council agreed to include the findings in the HIV/AIDS prevention response plan.

The PI also presented the findings at a NACP workshop to review standards of practice for HIV testing services. Based on a study recommendation to provide more support to women after their HIV-positive diagnosis, NACP is considering including in the updated standards of practice HIV post-test clubs to provide support to newly diagnosed individuals.

Idda Swai, PI, and Dino Woiso, Chairperson of Seeds of Hope

Objective 2: Provide Opportunities for Data Dissemination

The second objective of the program was to provide opportunities for the data to be disseminated to and used by local stakeholders to inform decision making. The research findings were disseminated through various channels (Table 3). All the small grants research manuscripts were turned into working papers, shared directly with USAID/Tanzania and posted on the MEASURE Evaluation website, except for one that is being submitted to JAIDS for publication and, therefore, cannot be available elsewhere.

Table 3. Small grants dissemination activities

Types of Dissemination
Presentation to the NACP during the analysis of the HIV and syphilis survey data
Poster presentation at the World Congress of Pediatric Infectious Diseases, China
Oral presentation at the European Society for Pediatric Infectious Diseases Conference, Sweden
Oral presentation at the Biometric Conference, Barcelona, Spain
Working paper sent to the district medical officer and regional medical officer in the study districts
Working paper disseminated in the communities involved in the research (i.e., to village leaders, study participants, and local community-based organizations)
Dissemination meeting held with facility supervisors, medical officer in-charges, and clinicians
Feedback workshop with local government representatives and NGOs working in the area
Brownbag presentation at MEASURE Evaluation–Tanzania office
Dissemination workshop with the regional health management committee and council health management committee in the study region
Report shared with the Tanzania Commission for HIV/AIDS (TACAIDS)
Dissemination at the district development actor's stakeholder's workshop to share findings with other HIV actors in the district

SUA disseminated their research findings to the community that was involved in the research. Local government representatives from the village, ward, and district levels, as well as ART service providers, participated in the feedback workshop. Several NGOs working with PLHIV were also invited.

THPS held a dissemination meeting in Dar es Salaam involving key stakeholders and donor representatives. The Ministry of Health was represented by the team lead for the HIV care-and-treatment section of the NACP, implementing partners such as Management Development for Health, representatives from the Ministry of Health in Zanzibar, and the Pwani regional health team. THPS proposed at the meeting the expansion of child-friendly clinics to address challenges with retention in HIV care and treatment. As an outcome of the meeting and the positive reception of the study recommendations, THPS management approved a budget to install children's play equipment at five

New play equipment at a THPS-supported child-friendly HIV clinic in Kigoma

HIV clinics in Kigoma region. All five clinics now have functioning facilities for children to play as part of the strategy to retain children in HIV services.

In addition, three large bags of donated children's items (e.g., stuffed animals, dolls, jump ropes, storybooks, coloring books, and crayons) from the United States were hand delivered to the THPS office to be distributed to the child-friendly clinics.

Governance Links Tanzania organized a joint stakeholder workshop with local government authorities of Ilemela and Nyamagana Districts where the research was conducted, civil society organizations, and two networks of PLHIV. Feedback sessions were conducted with support groups of WLHA in Ilemela and Magu Districts. The research paper was sent to a Kenyan NGO, the Rona Foundation, which supports widows and aims to end the practice of wife inheritance. Governance Links also produced a glossy two-page research brief, which they have used as they continue to disseminate their findings.

Objective 3: Build Research Capacity

The program's third objective was to build local research capacity. It accomplished this goal in the following ways:

1. Indirectly through the sub-grant funding mechanism, which gave the research teams the needed finances to conduct research and gain hands-on experience managing a research project
2. Directly, through technical sessions at the Small Grants Workshop
3. Directly, through intensive, tailored TA to the sub-grantee teams.

When needed, the sub-grantees received extensive TA from the MEASURE Evaluation small grants manager through in-depth feedback on interview questionnaires; development of FGD guides; reviews and edits of draft manuscripts, research briefs, or presentations; guidance on dissemination plans; and assistance with payment requests. The comprehensive TA not only provided a mentorship opportunity to the PIs to build their capacity, it also resulted in higher quality research papers and presentations and more timely payments.

Throughout the two rounds of small grants, the small grants manager sent the sub-grantees resources (i.e., notification of upcoming webinars, links to free online courses on monitoring and evaluation [M&E], new research tools or research articles) to support them in their research projects.

> *Since the inception of the research, the research team were getting periodical emails from Measure Tanzania announces about the coming webinar of various topics of which data management and analysis was one of them. The research team participated in the webinars. It is through such learning the research team managed to do the data analysis.* – Idda Swai, PI, Seeds of Hope

Research Capacity Self-Assessment

At the beginning of the research projects, sub-grantees were sent a form to complete a baseline self-assessment of their research capacity (Appendix C). Each research team was asked to think about their research knowledge, skills, and technical experience then choose the response (very weak, weak, good, very good, or excellent) that best represented the team's ability to successfully complete each task. The research tasks were organized by pre-award, research study implementation, and sub-grant management and execution.

The next section of the assessment asked the research teams to reflect on the self-assessment and identify their research strengths and weaknesses. With this information, they had to develop two to four objectives stating what they realistically hoped to learn or improve upon during the research opportunity. Each objective required an action plan and identification of person(s) responsible. Upon completing the research projects, the teams were asked to go back to their capacity-building plans and update how the action plans were or were not met.

Upon the final self-assessment, the research teams achieved most or all of the objectives in their action plan. They felt supported and empowered to conduct additional health research.

The sub-grantees were also required to submit an end-of-project report at the conclusion of their research projects. One of the three questions in the report was, "How did this funding opportunity build your research capacity?" The sub-grantees reflected on the ways their research projects built research capacity among the project staff and within their organizations or departments.

Mentoring for Future Research

Many of the sub-grantees shared how this opportunity and the tailored TA they received not only strengthened their research abilities but also built their capacity to engage in future research.

> *Generally, the knowledge of staff in research management and leadership have tremendously improved and raise[d] future research opportunity in the organization.* – David Kayabu, PI, Wambura and Jacque Company Ltd.

> *The grant built research capacity directly to group members but also indirectly to other scholars who benefited through mentorship and coaching from the group members.* – Werner Maokola, PI, Mmakija Survey Management

> *The acquired capacity building skills received from MEASURE Evaluation had been transferred from principle investigator to research assistant and has also mentored other employees and volunteers within Seeds of Hope.* – Idda Swai, PI, Seeds of Hope

> *This research project that we conducted through the small grant was a great opportunity to build capacity of our team especially on how to define problems, set objectives and priorities, identify solutions to problems as well as proper planning of resources. For example [one of the researchers] has been appointed to lead two national projects as PI… One of his responsibilities include setting of objectives, priorities, identify solutions to problems as well as proper planning of resources. With the skills he gained though this research, he feels very confident with designing implementation plans of the said projects.* – Anna Mbise, PI, Jerusha (T) Ltd.

Capacity Building Highlight: Governance Links Tanzania

Governance Links Tanzania applied multiple times, without success, to MEASURE Evaluation's other small grants programs: the family planning small grants under the MEASURE Evaluation PRH AA, and the PRH-funded small grants under MEASURE Evaluation Phase IV. After Governance Links was selected as a MEASURE Evaluation–Tanzania sub-grantee finalist, they received extensive TA to hone their research questions and improve their proposal. Two years later, Governance Links applied again for a PRH-funded small grant, this time submitting a technically sound and well-written proposal. The proposal was awarded, along with just four others, from an application pool of 111.

Pantaleon Shoki, PI, Governance Links Tanzania, discussing their research findings at a brown-bag presentation

The technical support Ms. Mbise received helped her during the process of writing her PhD proposal and securing funding to start her studies for year 2017/2018. She was also awarded a grant to conduct research on gender and taxation in Tanzania.

Providing Staff with Research Experience

All the sub-grantees mentioned how being a part of the small grants program afforded them valuable research experience.

> *Essentially, this was the great research opportunity to the team in improving our capacity and experience in carrying out the research project. Staff acquired practical skills in undertaking the entire research life cycle and process from the*

study design to dissemination of research findings. This included formulation of the research proposal, designing of research questionnaires, ethical consideration, data collection, data management and analysis, the write-up of research findings, write-up of scrutiny recommendations, and dissemination of research findings. – David Kayabu, PI, Wambura and Jacque Company Ltd.

This research sub-grant through mentoring has greatly improved the research experience for the team as [a] whole through cross-fertilization and sharing of hands-on skills and knowledges of doing research. Furthermore, it has also improved the hands-on experience of the individual researcher in the team by sharing and practicing different data analysis skills and report writing. . . . Team members have continued applying these skills acquired in other research projects as well as supporting students' work. The involvement of postgraduate students in the fieldwork has enhanced their capacity on data collection and interaction with communities. – Carolyne Nombo, PI, SUA

It has opened up new areas for teaching in relation to HIV/AIDS and youth. – Lilian Mutasingwa, PI, University of Dar es Salaam

After successful implementation of this grant, at least three field staff in Kigoma who played a role of research assistants and were not previously exposed to research processes, can now coordinate research project as study coordinator. – Redempta Mbatia, PI, THPS

This funding gave us an opportunity in defining the problem, understanding it, [learning] how the problem is defined at the ground level and if the majority sees it as a problem. – Jackson Mbogela, PI, PIUMA

Engaging Stakeholders

A key aspect of the research projects was engaging stakeholders before, during, and after the research was conducted. Sub-grantee applicants were required to submit a well-thought out dissemination plan in their proposals and stakeholder engagement was a core theme during the Small Grants Workshop.

Sub-grantees acknowledged improvements in this area.

Through the engagement of regional and district medical doctors, regional and district AIDS control coordinators in the study, the team has learned how well they can engage stakeholders in the research project to achieve the intended goal. – David Kayabu, PI, Wambura and Jacque Company Ltd.

The research opportunity contributed to strengthening the capacity of the organization engaging with wider community of stakeholders through dissemination of findings and recommendations. – Pantaleon Shoki, PI, Governance Links Tanzania

Networking with Other Researchers

The Small Grants Workshop provided the sub-grantees the opportunity to meet other researchers from around the country. With the facilitation of the activity lead, the sub-grantees continued to stay in touch as a group and network with each other.

Project staff realized the important role of peer review in improving research proposal. Inputs we get during the presentation we made at the workshop prepared by MEASURE Evaluation–Tanzania and other platforms refined our research methodology and data collection tools. – Adinan Juma, PI, KCMC – AMO – General School

In addition, MEASURE Evaluation–Tanzania started a Tanzania M&E community of practice (COP) under the activity, Increasing Opportunities for Development of M&E Professionals in Tanzania. All the sub-grantees are members of this COP, where they have access to useful M&E resources and relevant research related to Tanzania.

Working in a group with other sub-grantees have enabled the team to network with professionals with similar interests with potential continued collaboration. It is through this network the team was able to build their research capacity through intellectual sharing (knowledge sharing during the research process). This network was not only beneficial for knowledge sharing but also for further dissemination of the research findings, hence, larger impacts of the research findings. . . . Through the M&E Tanzania COP that was established in the course of this grant, it was possible to get access to research information and resources. – Carolyne Nombo, PI, SUA

Results Beyond the Program

As a result of successful research and MEASURE Evaluation–Tanzania demonstrating responsiveness and technical expertise, networking and capacity building extended beyond the small grants program. A member of the SUA research team reached out to the activity lead for additional M&E support for a new postgraduate program at the university on project management and evaluation. The conversations led to a three-hour graduate seminar on April 17, 2017, organized by SUA's Gender Centre, under the College of Social Sciences and Humanities, and presented by the activity lead. The half-day seminar was on Integrating Gender in Research. It was attended by 27 students, faculty, and staff from the Department of Policy Planning and Management.

Masters students working on a group activity during the full-day M&E seminar

The continued networking with staff in SUA's Project Management and Evaluation program resulted in additional collaboration and TA. On May 21, 2018, the activity lead and UNC gender specialist conducted a half-day training of trainers for 23 faculty, staff, and PhD students in the College of Social Sciences and Humanities on Integrating Gender into the M&E of Health Programs. The following day, the two facilitators conducted a full-day seminar on Integrating Gender into the M&E of Health Programs for 34 masters-level students in the Project Management and Evaluation program.

The training of trainers and graduate seminar were based on MEASURE Evaluation's Toolkit for Integrating Gender in the Monitoring and Evaluation of Health Programs. The faculty and staff in the training of trainers received the presentations, case studies, case study questions, and a list of resources for integrating gender into M&E to equip them with the knowledge and resources to teach the seminar on their own.

Gender Integration

Gender was a cross-cutting issue throughout the project. The small grants program maintained a gender lens in several ways: selecting research projects with a balance of male and female PIs, funding one research project in each round with a gender focus, conducting a technical session during the Small Grants Workshops on integrating gender into research, and emphasizing the need to collect and report on sex-disaggregated data.

CONCLUSIONS

MEASURE Evaluation–Tanzania's small grants program was an effective strategy for increasing the evidence base in community health and social service programs addressing HIV/AIDS, improving research capacity in Tanzania, and providing data use opportunities.

With all ten of the sub-grantees achieving the terms of their agreement, the program was deemed an overall success by both MEASURE Evaluation–Tanzania and the sub-grantees, as expressed in follow-up communication with the activity lead.

Our recommendation is to promote the small grants program as a viable approach to filling local HIV and AIDS research gaps and providing hands-on research experience for those working in areas where promotion of evidence-based practices is a priority.

REFERENCES

International AIDS Society. (2012). International AIDS Society Online Resource Library. web page. Retrieved from http://www.aids2012.org/Default.aspx?pageId=434. Accessed February 20, 2017.

Global Health Initiative Working Group. (2010). "Implementation of the Global Health Initiative: Consultation Document." p. 3. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/2760E0ED9BDB5FB9492576C4001C08CD-govt.usa-feb2010.pdf

Walter Pincus. (2010). New administrator wants to change the way USAID works. *The Washington Post*, January 24, 2010. Retrieved from http://www.washingtonpost.com/wp-dyn/content/article/2011/01/24/AR2011012406629.html?noredirect=on

MEASURE Evaluation–Tanzania. (2014). MEASURE Evaluation–Tanzania Year 1 Work Plan.

MEASURE Evaluation–Tanzania. (2017). MEASURE Evaluation–Tanzania Year 4 Work Plan. p 3

APPENDIX A: Request for Applications

SMALL GRANTS TO FUND RESEARCH IN COMMUNITY-BASED HIV/AIDS RESEARCH: REQUEST FOR APPLICATIONS

The MEASURE Evaluation Tanzania (TZ) project is pleased to announce a request for proposals for its small grants program to increase the evidence base in community-based HIV/AIDS research. The primary objectives of this program are threefold:

1. To build research capacity among local agencies;
2. To address research gaps for community health and social service programs addressing HIV/AIDS; and
3. To provide opportunities for the data to be disseminated to and used by local stakeholders for informed decision making.

The small grants are intended to support primary and secondary data analysis and data use activities based on research findings. Small grant recipients are expected to produce a publishable manuscript and complete a data use activity.

Eligibility

Eligible candidates include Tanzanian academic institutions or centers, non-profit and for-profit research organizations, parastatal organizations and research-focused NGOs. Individuals representing themselves and not an institution/organization, as well as those representing a regional/field office for an international NGO are ineligible for this funding opportunity. Candidates must be seeking to build their research capability and/or data use capacity.

Eligible research proposals will use appropriate and rigorous methods to conduct their research. Proposals should also include data use activities and/or products that help ensure the use of research findings by appropriate stakeholders, which may include: the development of a short briefing paper with recommendations and a presentation of the key actionable findings from the analysis; holding a workshop for policymakers and/or program decision makers to discuss key findings and the implication of these findings for HIV/AIDS policies and programs; organizing a meeting with national or regional level staff from the Ministry of Health and Social Welfare to discuss the research findings and develop an action plan based on the findings; and so forth.

Eligible proposals should be comprised of a team of at least three people, submitted on behalf of an NGO, university, etc. The team should have previous research experience, preferably in HIV/AIDS specifically, or community health in general, but need not be highly proficient in research techniques as technical and administrative assistance will be available to sub-grantees at all stages of the small grants program to build organizational research capacity.

Small Grants Awards

The base amount for a small grant is US$8000, which is intended to cover basic research expenses for a 12-month timeline. The total amount of the approved sub-grant will be based on proposed budgets and is expected to reflect realistic data collection and analysis activities. Anticipated data use and dissemination activities should be included in the proposed budget. Possible travel to a relevant conference or event within Tanzania to present the research findings may be requested.

Funds will be paid in three installments – at the onset of the proposed study, after receipt of the first draft of a working paper, and after completion of the final working paper and other products related to data dissemination and use.

MEASURE Evaluation TZ will assign technical staff to provide assistance for data analysis, editing drafts, and/or data utilization, as needed. This individual will also administratively manage the sub-agreements.

Application Procedure

To apply, please submit the following in English:

- brief cover letter;
- concept paper (3-4 pages) clearly summarizing the background/context, research questions, scope of analysis, description of dataset, proposed data use activities, and what the collaboration with CRD will be;
- detailed budget by line item (e.g., salaries, travel, etc.); and
- curriculum vitae of key personnel.

Concept papers are due by **November 17, 2014**. All candidates will be notified by December 1, 2014. Short-listed candidates will then be requested to submit a detailed research proposal (5-10 pages) with the following sections:

- background/context;
- research question(s);
- data collection/methodology;
- data analysis;
- plan for how the research findings will be used;
- composition of research team; and
- detailed budget.

This detailed proposal will be due by December 17, 2014. After all candidates are notified, selected candidates will be required to submit proof of institutional or country review and approval, if applicable.

Selection

Proposals will be assessed on:

1. The degree to which the proposal demonstrates a conceptual understanding of HIV/AIDS research and the related literature.
2. A good fit between the research question(s) and proposed data to be used in the study.
3. The appropriateness and rigor of the proposed research methods.
4. Evidence that the research findings are needed for program or policy decision-making in Tanzania and are not duplicating previously conducted research.
5. Prior experience working with similar activity or data analysis.

6. The feasibility and appropriateness of data use activities to the proposed research question(s).
7. The degree to which the small grant will build on the current capacity of the organization to conduct research and encourage data use.
8. Realistic budget and timeline based on the proposed research topic and available funds.

Suggested Research Topics & Methods

Priority will be given to proposals that address the suggested research topics, which have been identified from research agendas set by the United Republic of Tanzania:

- What are the social-cultural factors that encourage behavioral drivers of the HIV epidemic (e.g., multiple concurrent partnerships, transgenerational sex)?
- How do the different sexual networks in Tanzania contribute to HIV transmission?
- What is the contribution of gender-based violence and child sexual abuse to the HIV epidemic in Tanzania?
- What is the quantitative evidence establishing a causal relationship between women's property and inheritance rights and HIV transmission?
- What are HIV drug–resistance patterns in different populations of people living with HIV/AIDS in Tanzania (e.g., children, elderly, pregnant women)?
- Which factors influence effective referrals to care and treatment services for HIV-infected clients identified during counselling and testing?
- What are the perceptions and attitudes related to HIV/AIDS care and treatment services in Tanzania and what is the level of ART literacy?
- How do gender-related factors influence access to treatment services and follow-through of treatment?
- How can improvements be made to community participation in provision of HIV and AIDS services (especially home-based care) to ensure quality and sustainability?
- What are the strategies for addressing access to HIV health–related services for people with special needs?
- What are the information, education, and communication (IEC)/behavior change communication (BCC) activities/strategies that can be used to promote and support the rollout of the male circumcision program?
- What are the optimal IEC/BCC strategies for HIV prevention, care, and support focusing on children?

Contact Information

Please send inquiries and applications to:
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APPENDIX B: Small Grants Workshop Agenda

MEASURE Evaluation-Tanzania Associate Award Small Grants Workshop
April 22 - 23, 2015
Protea Courtyard Hotel, Dar es Salaam

AGENDA

Objectives:

I. Understand the purpose of the MEASURE Evaluation Tanzania Associate Award's small grants program, the sub-grant procedures, and expected deliverables;
I. Become familiar with how to integrate gender into research and maximize use of research findings; and
II. Share research protocols and establish a peer-to-peer network of Tanzanian researchers.

DAY ONE: WEDNESDAY		
8:45 – 9:00	Arrival	
9:00 – 9:30	Welcome, introductions, and review of objectives	Essau Amenye
9:30 – 10:00	MEASURE Evaluation-Tanzania Associate Award Overview	Willis Odek
10:00 – 11:00	Overview of the small grants program and expectations	Essau
11:00 – 11:15	Tea break	
11:15 – 12:30	Sub-granting processes and procedures	Bridgit Adamou
12:30 – 1:30	Lunch	
1:30 – 2:00	Field work schedule update	Essau & Bridgit
2:00 – 3:00	Gender integration in research	Bridgit
3:00 – 3:15	Tea break	
3:15 – 4:30	High impact practices in research	Bridgit
4:30 – 4:45	Summary of day's discussions	Essau

DAY TWO: THURSDAY		
8:15 – 8:30	Arrival	
8:30 – 8:45	Recap of yesterday's discussions	Essau
8:45 – 10:00	Presentation of group one's research	Sub-grantees
10:00 – 10:15	Tea break	
10:15 – 11:30	Presentation of group two's research	Sub-grantees
11:30 – 12:45	Presentation of group three's research	Sub-grantees
12:45 – 1:45	Lunch	
1:45 – 3:00	Presentation of group four's research	Sub-grantees
3:00 – 3:15	Tea break	
3:15 – 4:30	Presentation of group five's research	Sub-grantees
4:30 – 4:45	Wrap-up and closing	Essau & Bridgit

APPENDIX C: Research Capacity Self-assessment

Strengthening Research Capacity

As a MEASURE Evaluation Tanzania sub-grantee, you have the opportunity to conduct important research activities and receive targeted technical assistance (TA) while doing so as part of capacity building. The process of implementing this small grant will not only allow you to address research gaps in community-based HIV/AIDS interventions and policies, it will also strengthen your research capacity, as defined by "efforts to increase the ability of individuals and institutions to undertake high-quality research and to engage the wider community of stakeholders"[1]. The following assessment and accompanying capacity-building plan will help you to maximize this research opportunity.

Working as a team with the Principle Investigator as the lead, complete the following three parts. The first part asks for background information. Part II is a baseline assessment of your team's current research capacity throughout the research process. Part III is developing your unique research capacity-building plan based on the needs you identified in your baseline assessment.

Part I: Basic Research Information

Complete the table below with basic information about your organization or institution and background information on your MEASURE Evaluation Tanzania-funded research project. Please include information on team members' composition as it pertains to this research project. For example, perhaps one team member's working title in their employment is Lecturer, but regarding this research project, their title may be "Co-Principle Investigator".

Name of Organization	
Location	Address: District: Region:
Contacts	Telephone Number: Email Address: Website:
Names and Titles of Research Team Members	1. 2. 3.
Research Topic	
Research Objectives	1. 2. 3.

[1] ESSENCE on Health Research. 2014. Seven principles for strengthening research capacity in low- and middle-income countries: simple ideas in a complex world. WHO. Geneva, Switzerland.

Part II: Baseline Assessment

Thinking of your team's research knowledge, skills and technical experience, put a check in the appropriate column that best represents your team's ability to successfully complete each listed research task. (Each row should have only one checked box.) For the Pre-award section, think back to when you were applying for this sub-grant. For the subsequent two sections further along in the research process, there may be some areas where you have not had enough research and survey-related experience to know what to accurately check. In this case, base your answer on what you anticipate or perceive your team's capacity level will be based on the information you have about your team members' technical experiences and proficiencies.

Pre-award	**Very Weak** a lot of TA required	**Weak** considerable TA required	**Good** some TA required	**Very Good** minimal TA required	**Excellent** no TA required
Assess the local context to identify issues relevant to the population being studied					
Conduct a literature search (desk review) to identify research gaps					
Construct an introduction and background section with a compelling and articulate rationale for why this research is needed					
Develop succinct research questions					
Develop clear research objectives					
Identify the data collection methodology					
Clearly outline how you will analyze your data					
Include gender considerations for how your data will be collected and analyzed					
Identify who your target audience will be for your research findings					
Develop a data dissemination plan that maximizes the reach and impact of your research findings					
Address all requested components in the RFA, as identified by the donor					
Submit a well-written proposal on time					
Address feedback on the proposal and revise accordingly					
Complete all necessary paperwork for the sub-agreement					
Obtain ethical clearance to conduct your study					

During the Research Study	**Very Weak** a lot of TA required	**Weak** considerable TA required	**Good** some TA required	**Very good** minimal TA required	**Excellent** no TA required
Organize and conduct team meetings to plan the study					
Design data collection tools/instruments					
Train data collectors/ research assistants					
Gather primary data					
Obtain secondary data					
Enter, clean, validate, and organize data					
Analyze data and produce cross- tabulated tables, graphs, etc.					
Create actionable recommendations based on study findings					
Write first draft with all components of a research paper (e.g., background, methodology, results, discussion and conclusion)					
Circulate draft for internal comments; incorporate feedback & submit to donor					
Respond to feedback on draft from MEASURE Evaluation					
Finalize paper					
Organize dissemination meeting(s), events, presentations, etc.					
Disseminate research findings to appropriate audiences					

Grant Management & Execution	**Very Weak** a lot of TA required	**Weak** considerable TA required	**Good** some TA required	**Very good** minimal TA required	**Excellent** no TA required
Manage an appropriate budget and allocation of resources					
Adhere to timelines					
Engage stakeholders in the study topic, design and findings					
Maintain regular communication with donor					
Maintain regular communication with study team members					
Complete donor requests & procedures, including submitting quarterly reports					
Comply with your organization's requests & procedures					
Network with other researchers					

Part III: Research Capacity-building Plan

This is a simplified template for developing a plan to build your team's research capacity. It is designed to improve your team's overall research performance. The plan should be driven by clearly-defined learning objectives for what you hope to gain by participating in the MEASURE Evaluation Tanzania Small Grants Program, identifying how you intend to accomplish your stated objectives. We encourage you to be specific and focused on your scope of work, but more importantly, develop your capacity-building plan in a way that will be meaningful and helpful to you, as researchers.

Step 1: Identify your strengths and weaknesses

Referring to your self-assessment in Part II, identify what you consider to be your team's key strengths and weaknesses. If there are notable strengths or weaknesses that were not captured in the baseline assessment, include them here.

Note: Keep the focus on your research experience and expertise. Although broader organizational advantages and disadvantages (e.g., financial management, leadership, infrastructure, etc.) are linked to organizational and individual performance, the emphasis should be specifically on *research* capacity strengths and weaknesses.

STRENGTHS	WEAKNESSES

Step 2: Develop your learning objectives

Reflecting on the table above, select two to four objectives of what you hope to realistically learn or improve upon during this research opportunity. (Use as much space as needed.)

LEARNING OBJECTIVES	ACTION PLAN	PERSON(S) RESPONSIBLE

Step 3: State your action plan

In the table above, specify what concrete actions you will take to achieve your learning objectives to maximize participation in this small grants program. Identify what person or people on your research team will be responsible for ensuring the action plan is implemented.

Although the emphasis is on building your research capacity through this sub-grant opportunity, there may be learning objectives and actions that, for logistical reasons, can only apply to future research (e.g., assessing the local context to understand issues and research gaps, developing research questions, etc.). For this reason, we have not indicated a timeline since implementation of the action plan may extend beyond your end-of-project date. Please feel free to determine your own internal timeline.

Step 4: Review the action plan (To be completed at the <u>end</u> of your project.)

Upon completing your research project, in September 2016, you will reflect back at your baseline assessment, learning objectives, and action plan from September, 2015 and determine the extent to which your research capacity has been improved.

LEARNING OBJECTIVES	ACTION PLAN	UPDATE: HOW THE ACTION PLAN WAS OR WAS NOT MET

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MEASURE Evaluation–Tanzania is funded by the United States Agency for International Development (USAID) through associate award AID-621-LA-14-00001 and is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government TR-18-273
ISBN: 978-1-64232-058-9

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