THE UNITED REPUBLIC OF TANZANIA

## THE PRIME MINISTER'S OFFICE

# TANZANIA COMMISSION FOR AIDS (TACAIDS)

# JOINT BIENNIAL HIV AND AIDS SECTOR REVIEW 2008:

Dar es Salaam
December 2008

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## ACKNOWLEDGEMENT

The outputs obtained during the 2008 Joint Biennial HIV and AIDS Sector Review are thanks to contributions of many individuals, groups and organisations. The milestones set will be the baseline for improving the services and care for all people infected and affected by HIV and AIDS in line with the TACAIDS mission. Outputs obtained as studies and reports will be shared widely with all HIV and AIDS stakeholders.

TACAIDS wishes to acknowledge the contributions of the consultant team whose efforts have unfolded the existing situation on HIV and AIDS particularly in the implementation of various initiatives at the community level. Other thanks go to the Development Partners particularly for their tireless support in these endeavours.

Inputs and issues raised by the participants were also of great importance and they were the key to the results of the Review. TACAIDS is grateful for the active participation shown by all participants in all days of the Technical Review meeting 29-30 of October and at the Main Review meeting the 10-11 of November. Thanks are also due to the members of the Technical Working Committees who met to review and finalise the milestones in preparation for their submission to the Joint Thematic Working Group for adoption.

These acknowledgements would be worthless if the great efforts and devotions shown by the organising committee were not appreciated; their work contributed to the smooth flow of the review. We greatly thank everyone involved in making the 2008 HIV and AIDS Joint Review a success.

**Dr. Fatma H. Mrisho**
**Executive Chairman Tanzania Commission for AIDS**

## LIST OF ACRONYMS

| | |
|---|---|
| **ABCT** | AIDS Business Coalition of Tanzania |
| **AIDS** | Acquired Immuno-Deficiency Syndrome |
| **AMREF** | African Medical and Research Foundation |
| **ARV/ART** | Anti-Retroviral Therapy |
| **BCC** | Behaviour Change Communications |
| **CBOs** | Community Based Organisations |
| **CCP** | Community Partnership Plans |
| **CD** | Council Director |
| **CHAC** | Council HIV and AIDS Coordinator |
| **CIDA** | Canadian International Development Agency |
| **CMAC** | Council Multisectoral AIDS Committee |
| **CSO** | Civil Society Organisation |
| **DACC** | District AIDS Control Co-ordinator |
| **DALO** | District Agricultural and Livestock Officer |
| **DC** | District Commissioner |
| **DCDO** | District Community Development Officer |
| **DED** | District Executive Director |
| **DFID** | Department for International Development |
| **DMO** | District Medical Officer |
| **DPs** | Development Partners |
| **DPG** | Development Partner Group |
| **DPLO** | District Planning Officer |
| **DT** | District Treasurer |
| **FBOs** | Faith Based Organisations |
| **FY** | Financial Year |
| **GF** | Global Fund |
| **HBC** | Home Based Care |
| **HH/hh** | House Hold |
| **HIV** | Human Immuno-deficiency Virus |
| **ILO** | International Labour Organisation |
| **JAR** | Joint Annual Review |
| **JTWG** | Joint Thematic Working Group |
| **LGA** | Local Government Authority |
| **M&E** | Monitoring and Evaluation |
| **MDAs** | Ministries, Departments and Agencies |
| **MKUKUTA** | Mpango wa Kukuza Uchumi na Kupunguza Umaskini (NSGRP) |
| **MoAFS** | Ministry of Agriculture and Food Security |
| **MoDNS** | Ministry of Defence and National Service |
| **MoEVT** | Ministry of Education and Vocational Training |
| **MoFEA** | Ministry of Finance and Economic Affairs |
| **MoHSW** | Ministry of Health and Social Welfare |
| **MoLYD** | Ministry of Labour and Youth Development |
| **MoWLD** | Ministry of Water and Livestock Development |
| **MARPS** | Most at Risk Populations |

| | |
|---|---|
| **MSD** | Medical Stores Department |
| **MSM** | Men who have Sex with Men |
| **MTEF** | Medium Term Expenditure Framework |
| **NACOPHA** | National Council for People living with HIV AND AIDS |
| **NACP** | National AIDS Control Programme |
| **NGO** | Non-Governmental Organisation |
| **NMSF** | National Multisectoral Strategic Framework |
| **NSGRP** | National Strategy for Growth and Reduction of Poverty (MKUKUTA) |
| **OI** | Opportunistic Infection |
| **OVC** | Orphans and Vulnerable Children |
| **PEPFAR** | Presidential Emergency Plan for AIDS Response |
| **PLHIV** | People Living with HIV and AIDS |
| **PMO-RALG** | Prime Minister's Office, Regional Administration and Local Government |
| **PMTCT** | Prevention of Mother to Child Transmission |
| **RACC** | Regional AIDS Control Coordinator |
| **RFAs** | Regional Development Agencies |
| **RFE** | Rapid Fund Envelope |
| **RS** | Regional Secretariat |
| **RSC** | Regional HIV and AIDS Steering Committee |
| **SCC** | Social Change Communication |
| **STD** | Sexually Transmitted Diseases |
| **STIs** | Sexually Transmitted Infections |
| **TACAIDS** | Tanzania Commission for AIDS |
| **TAF** | Tanzania AIDS Forum |
| **TMAP** | Tanzania Multi-sectoral AIDS Project |
| **TWC** | Technical Working Committee |
| **UNAIDS** | Joint United Nations Programme on HIV/AIDS |
| **UNDP** | United Nations Development Programme |
| **UNFPA** | United Nations Population Fund |
| **VCT** | Voluntary Counselling and Testing |
| **WB** | World Bank |
| **WHO** | World Health Organisation |
| **WPP** | Work Place Programme |

# EXECUTIVE SUMMARY

This report summarises the Joint Biennial HIV and AIDS Sector Review 2008 for Tanzania Mainland. The main objectives of the report are to share the information presented and the concerns and issues raised in the review deliberations in order to expand the knowledge base informing the national response to the epidemic, disseminate the milestones which will be the basis of implementation of the NMSF over the next two years, and promote ongoing dialogue.

An important focus of the 2008 Review was the experience of the HIV and AIDS responses at community and district levels, informed by a Rapid Assessment Study. The review was further informed by desk reviews by independent consultants and information presented by TACAIDS and other key stakeholders. The main achievements and challenges were explored, particularly in regard to planning, budgeting, service delivery and reporting. The current epidemiological situation and trends of behaviour change in Tanzania were presented and discussed at the Technical Review meeting.

Over 300 participants attended the two review meetings; the Technical Review, 29-30 October and the Main Review, 10-11 November. Participants represented various Ministries, Departments and Agencies, Civil Society Organisations, Private Sector, People living with HIV and AIDS, Development Partners, Higher Learning Institutions and the media. The keynote speaker at the Main Review meeting was Mr. Philip S. Marmo, (MP), Minister of State, Prime Minister's Office.

The main issues of concern during the deliberations of the HIV and AIDS Review 2008 can be summarised as follows:

- HIV and AIDS prevalence has stabilized at the national level at around 6% and annual incidence at 1% but there are still huge variations between various social groups and geographical settings. As prevalence figures are cumulative they can increase as people live longer with HIV. The current state of the epidemic is really seen in the incidence figures and greater understanding is needed of geographical and gender variance in incidence.

- Stabilization of prevalence should not lead to complacency as there are different subtypes of the virus which are moving Tanzania into a 2$^{nd}$ phase of infection which could be even more serious. An urgent emphasis is needed on prevention of new infections.

- Despite several campaigns on HIV and AIDS and reduction in some risk behaviours, effective behaviour change is still very slow and accurate knowledge on HIV and AIDS at community level is limited. Prevention measures need to be targeted and based on understanding of the epidemiological situation and the National Prevention Strategy.

- Prevailing legal and societal environments can be serious obstacles to HIV and AIDS responses, such as attitudes towards women and girls, MSM, and IDUs which make them more vulnerable to infection and to the impact of HIV and AIDS. The burden of infection and care is falling disproportionately on women and girls. There is a need to develop more effective strategies for addressing gender inequalities by focussing on changing the mindset of boys and girls when they are still young, and to accept that MSM and IDUs are part of the general population requiring services.

- PLHIV are still facing many problems in accessing prompt and quality care, treatment and support, as well as stigma and discrimination, especially at district and local level. The main concerns of communities relate to poverty, poor nutrition and the need for economic empowerment for PLHIV and support to MVC.

- Many of the challenges to implementation of HIV and AIDS responses and gaps in carrying out policies are related to structural and human resource issues in the systems responsible, funding flows and lack of clear guidelines. LGA planning, budgeting, receipt and use of funds, and funding flows below the district level are of particular concern.

- 95% of the available funding for HIV/AIDS is from donors, of which only 26% is captured by the government budget. Expected overall expenditure for 2008/9 is 3% less than for 2007/8. Concern was expressed that worldwide there seems to be less funding available for HIV and AIDS. There were calls to accelerate the process of establishing the National HIV and AIDS Trust Fund to reduce dependency on donor funding. There is also a need to explore a wide range of strategies in addressing the human resource issue in the health sector, such as task shifting as proposed in the Addis Ababa Declaration.

- There is need for closer collaboration and partnership between stakeholders at all levels, including MDAs, regional and local governments, CSOs and the private sector. This includes clarifying the roles of HIV and AIDS focal points at various levels and enabling them to carry out their roles. The importance of key stakeholders such as PMO-RALG, MoEVT and MoCDGC as well as the health sector was stressed.

- CSOs require capacity building, access to resources, stronger coordination and mechanisms for representation in policy dialogue. There have been advances in workplace programmes on HIV and AIDS but the roles of the private and informal sectors in the national response need to be strengthened.

- The assessment of the milestones from the 2006 review indicated that most have been implemented but the progress has been variable and the milestones were not

well linked to the NMSF or to the routine reporting systems. Every effort has been made during the 2008 review to ensure that the milestones developed contribute to the achievement of the NMSF goals.

- Emphasis was placed on use of the routine reporting systems such as TOMSHA and LGMD. Data collection, compilation, reporting and feedback and the use of data for decision making and planning require strengthening at all levels. Investment on research needs to be spent wisely in order to be able to respond accordingly to the changing HIV epidemiology in the country.

This report consists of an introduction explaining the review process, objectives and expected outputs followed by four main components:

- The opening ceremony with contributions from all main stakeholders;
- Summaries of presentations made at the Main Review Meeting;
- Highlights of the discussions and comments on the six thematic areas and proposed milestones; and
- The decisions taken and the way forward, with concluding remarks from the Executive Chairman of TACAIDS.

The list of the HIV and AIDS Milestones for 2009-2010 is in appendix ii.

# INTRODUCTION: THE REVIEW PROCESS

## Background

Every second year a joint review is undertaken of the HIV and AIDS sector in Tanzania: its progress, its constraints and future priorities. This process is led by Tanzania Commission for AIDS (TACAIDS) with close collaboration of other HIV and AIDS stakeholders, including other parts of government, development partners, and civil society. The review normally takes place in advance of the Annual General Budget Review to provide input and to align with the national budget cycle.

## Objectives of the Review 2008

The purpose of the 2008 joint HIV and AIDS Sector Review was to take stock of progress made in implementing the National Multi-Sectoral Strategic Framework (NMSF) by all sectors and actors. The main focus was on the district and community response. The review also provided an opportunity to share important new developments and agree on specific priorities for 2009 and 2010.

The specific objectives of the review were to:

- Review progress and constraints related to resource mobilisation;
- Examine the epidemiological situation and trends;
- Review the progress on implementation of milestones of the second Joint Review, 2006;
- Analyse the report of the Rapid Assessment of the District and Community Response;
- Assess structural, policy and legal environment and achievements;
- Identify and agree on main priorities and a minimum number of milestones for the coming period of the implementation of the second NMSF; and
- Gauge implementation status of HIV and AIDS Sector as per MKUKUTA guidelines.

## Components of the 2008 Review

In June 2008 main stakeholders agreed upon the process of how to undertake the review. The review was divided into the following stages:

1) A field visit was conducted by a consultant team to undertake a rapid assessment of the progress and key issues relating to the district and community response. It looked at prospects and challenges and focussed specifically on finance, planning, budgeting, auditing, institutional arrangements and roles.
2) Three desk reviews were carried out by independent consultants on: a) Structural, Policy and Legal Environment; b) Epidemiological Situation and Trends: and c) Progress on Implementation of Milestones of 2006.
3) A Technical Review took place 28-29 October 2008. Issues discussed included the progress on implementation of the 2006 milestones; gaps and challenges in the national response to HIV and AIDS which cut across policy and structural issues, health and administrative systems and funding flows; access to treatment and care services; role of the private sector especially in workplace interventions; behaviour change among the population; and co-ordination of CSOs involved in HIV and AIDS interventions. A main purpose of the Technical Review was to propose milestones

for 2009-2010 to be considered by the Main Review. The first drafts were drawn up by groups which identified priority areas for action based on the status of responses in each thematic area and the remaining challenges. These milestones were further refined by technical experts for presentation to the Main Review.

4) On 10-11 November a Main Review was convened and brought together decision makers and key stakeholders. After presentation of the 40 proposed milestones and related goals and indicators of the NMSF the Main Review observed gaps and a need to fine-tune the milestones. It was decided that further elaboration and prioritization was needed before agreement could be reached on prioritised and achievable milestones. The 6 Technical Working Committees (TWCs) were mandated to consider the proposed milestones and take into account the discussion and comments that were made during Main review before presenting proposed milestones to the Joint Thematic Working Group for its final approval and endorsement.
5) Milestones for 2009-2010 were finally agreed upon by the Joint Thematic Working Group on the 17th of December 2008, see appendix ii.

**Expected Outputs**

The expected outputs of the review process were an increased understanding of the achievements to date and the challenges remaining to be addressed, and prioritised milestones to be used in operationalization of the Second National Multisectoral Strategic Framework and to direct responses for the next two years.

Additional deliverables include reports from desk reviews and studies carried out as well as a report on the proceedings of the Technical Review, which are attached as appendices to this "HIV and AIDS Joint Biennial Sector Review 2008: report". [1]

For additional background material and presentation related to the Review of 2008, please consult TACAIDS website on www.tacaids.go.tz.

[1] Appendices are to be found in the soft version of the report. For a hard copy version "Executive Summaries"of the reports are attached. For full reports, please consult TACAIDS website www.tacaids.go.tz.

## PROCEEDINGS OF THE MAIN REVIEW MEETING

The Main Review Meeting on the 10th and 11th of November had five main components:

I. The Official Opening Ceremony
II. Review of Progress and Challenges
III. Presentation of the Assessment of Sector Progress for the Annual MKUKUTA Progress Review
IV. Presentation and Discussion of Milestones for the period 2009–2010
V. Decision on the Way Forward

## 1. OPENING CEREMONY

The official opening of the review was presided over by Honourable Philip S. Marmo (MP), the Minister of State, Prime Minister's Office. The opening ceremony was also graced by the presence of the Executive Chairman of TACAIDS, TACAIDS Commissioners, representatives from Ministries and State agencies, Zanzibar AIDS Commission, Chair of the Development Partners' Group on HIV and AIDS, representatives of multilateral and bilateral agencies, civil society organisations, private sector, informal sector, networks of people living with HIV and AIDS, academia and research institutions, and the media.

The following were the contributions of the opening session:

- Welcome remarks by Dr. Fatma Mrisho, Executive Chairman, TACAIDS
- Opening Statement by Elise Jensen, Chair, Development Partners Group on HIV and AIDS (DPG-AIDS)
- Opening Statement by Dr. Peter Bujari, Chairman, Tanzania AIDS Forum (TAF)
- Opening Statement by Mr. Vitalis Makayula, Chairman, National Council of People Living with HIV and AIDS (NACOPHA)
- Opening Statement by Mr. Richard Kasesela, Executive Chairman, AIDS Business Coalition Tanzania (ABCT)
- Keynote Address by the Guest of Honour, Honourable Philip S. Marmo (MP), Minister of State, Prime Minister's Office
- Vote of thanks by Mr. David Machemba, TACAIDS Commissioner

A press conference was held by the Guest of Honour, the Executive Chairman of TACAIDS, the Chair of the DPG-AIDS and the Chair of National Council of People Living with HIV and AIDS following the Opening Ceremony.

### *1.1 Welcome Remarks by Executive Chairman, TACAIDS*

Dr. Fatma Mrisho, the TACAIDS Executive Chairman welcomed all the participants to the review. She acknowledged the presence of the various stakeholders represented and thanked them for their continued support and cooperation in the fight against HIV and AIDS in Tanzania.

Dr. Mrisho highlighted the objectives of the review and pointed out that the forum would also discuss the observations, recommendations and the key milestones identified by the Technical Review of October 2008. She appealed to the participants to review the progress made over the past two years objectively taking into account the experiences of the 1st NMSF and the challenges in implementation of the 2nd NMSF which is a key tool for engagement of a wide range of stakeholders in HIV and AIDS responses in the country. She also challenged the participants to come up with candid recommendations by the end of the review, as part of the way forward.

### *1.2 Statement by Chair of Development Partners Group on HIV and AIDS*

**Highlights**

- Achievements and challenges in the national response to date;
- The need to prioritise resource allocation by focusing on effective and efficient interventions;
- Commitment of Development Partners;
- The importance of prevention.

On behalf of Development Partners, Elise Jensen (Chair, Development Partners' Group on HIV and AIDS) thanked the organisers of the review for their indefatigable efforts to make the meeting a reality. The statement underscored the significance of the forum, noting that it provided a vital opportunity for assessing progress and discussing the way forward.

In line with this focus, the statement noted that Tanzania has many achievements to celebrate – almost 150,000 Tanzanians are on treatment; hundreds of thousands of people living with AIDS and orphans and vulnerable children are receiving care and support; over 4 million individuals were counselled, tested, and received their results in just the last 12 months; there are high levels of general knowledge about HIV and AIDS and prevalence may be stabilizing. In addition, Tanzania passed its first HIV and AIDS Act; there are improving relationships between government and civil society; local government authorities are budgeting more resources for HIV and AIDS services and are receiving capacity building support; and development partners continue to improve their compliance with Paris Declaration agreements.

Despite the achievements, the statement highlighted the following challenges: reaching the un-served groups with treatment and care services; reducing new infections, stigma and discrimination which cause individuals to delay getting tested, seek services or change their behaviours; gender inequality which limit the effectiveness of responses; inadequate capacity of systems to respond effectively to increasing demand for quality services; and human resource constraints.

***"If we are ever to hope to conquer HIV and AIDS in Tanzania we must be serious about investing in the NMSF's first priority – prevention. Every new infection represents a failure…"*** *Chair, DP Group*

We cannot be blinded by the vast sums of money that have been allocated to HIV and AIDS in the last few years. A recent analysis indicated that a fully funded national response in Tanzania, as currently conceived, would cost $1.2 billion per year. This is 4 times the annual funding that is currently committed to HIV and AIDS. There are no existing funding scenarios that project resource flows at this level.

In view of the challenges, the statement emphasised the need to prioritise resource allocation by focusing on effective and efficient interventions based on a thorough understanding of the nature of the epidemic in the country, increasing demand for quality services by the population, and sound planning anchored on the principle of responsible governance, transparency and accountability by all stakeholders at all levels. There are no resources to waste on ineffective prevention activities, unnecessarily expensive services, or duplicative or inappropriate systems.

The following commitments by the development partners were outlined: improved co-ordination among themselves; stronger collaboration with the government; increased use of pooled funding modalities; getting donor-funded activities "on plan"; and supporting investment in the health systems and human resource development that will lead to sustainable structures and services. However, well-costed implementation plans prepared by the relevant government bodies and based on the 2nd NMSF and the HIV and AIDS strategy of the 3rd Health Sector Strategic Plan (HSSP III) are essential if these goals are to be realised.

In conclusion, the statement emphasised the need for serious investment on prevention of HIV and AIDS. Tanzania cannot afford failures in prevention. This may mean promoting approaches that are personally challenging or particularly difficult but are absolutely critical to an effective response.

### *1.3 Statement by Chairman of Tanzania AIDS Forum (TAF)*

**Highlights**
- Development of TAF, one umbrella organisation of 10 national CSOs;
- Gaps in the functioning of the CSOs;
- Suggestions on how to address the challenges.

The statement by the Chairman of Tanzania AIDS Forum (TAF), Dr. Peter Bujari, was delivered on behalf of 40 civil society organisations registered within the forum, represented in 10 regions in Tanzania.

Dr Bujari highlighted some of the major achievements of the forum since its establishment in 2006, including rapid growth of membership, increased participation in policy processes especially at the national level and increased involvement of the

member CSOs in community based interventions such as prevention education, home-based care and support to PLHIV and other vulnerable groups.

However, there are a number of gaps in the functioning of the CSOs including limited understanding of key implementation tools such as the NMSF, lack of transparency and accountability in management of financial resources meant for public good, inadequate networking among the CSOs and poor relations between the CSOs and the LGAs in some areas. These need to be addressed in order to optimise the contribution of CSOs.

***"A paradigm shift is needed to see CSOs as partners in development, with clear financial systems to allow their access to resources."*** *Chair, TAF*

In view of the challenges, there is a need for the Government and development partners to work together with the forum in strengthening the capacities of the CSOs towards self-regulation, effective management of resources, good governance (transparency and accountability), and effective advocacy at the community levels. Addressing these challenges would require:

- a purposeful resource allocation for core costs rather than funding project activities;
- to ensure that policies are popularized and disseminated amongst CSOs and communities;
- to task CSOs to align their work with the national strategies;
- to produce policy documents and other important working tools not only in English but in Swahili and other local languages in order to enable the CSOs to make effective use of such tools;
- increased access to funding opportunities by the CSOs including establishment of a CSO Fund; and
- An increased financial resource allocation to districts to allow CSOs and LGA to work together and to enable CSOs to access resources at that level.

### *1.4 Statement by Chairman of Tanzania National Council of People Living with HIV and AIDS (NACOPHA)*

**Highlights**

- The progress that has been made to strengthen the capacity of the council;
- Some of the major challenges for people living with HIV and AIDS;
- Organisations supporting NACOPHA

On behalf of the National Council of People Living with HIV and AIDS, the Chairman, Mr. Vitalis Makayula, commended TACAIDS for recognising and supporting the role of people living with HIV and AIDS.

In giving an account of NACOPHA activities since its formal registration in 2005, the statement underscored the significant progress that has been made to strengthen the capacity of the council by giving it autonomy in the management of its resources, establishment of an office with a functional secretariat, establishment of the chapters at

the district level and review of the council's constitution in line with its evolving role and functions. However, little progress has been realised on the last two priorities, mainly due to financial constraints. The district chapters will work hand in hand with local networks of people living HIV and AIDS by co-ordinating their activities.

The statement also underlined the major challenges for people living with HIV and AIDS in Tanzania, such as limited access to ARVs especially by the rural populations, high cost of living and poor nutrition causing some PLHIV to stop using the ARVs, and inadequate capacity of the health system to respond effectively to the growing demand for treatment and care services.

In conclusion, the statement re-affirmed the council's commitment to the struggle against HIV and AIDS and acknowledged the support by the following organisations towards its establishment; TACAIDS, UNDP, UNAIDS, GTZ, MKAPA Foundation and all stakeholders which have provided technical assistance. NACOPHA appealed for continued support and co-operation to enable the council realise its objectives.

### *1.5 Statement by Executive Chairman of the AIDS Business Coalition Tanzania (ABCT)*

**Highlights**

- The necessity to combine various prevention strategies;
- Information and education programmes at work places;
- The needed collaboration and consultations between different stakeholders to ensure support at the highest level and full participation;
- The coalition's need to develop its capacity for a better visibility.

The ABCT Executive Chairman, Mr. Richard Kasesela, stated that there is no single magic bullet that can prevent HIV infection: a combination of prevention strategies is necessary. For private business that means interventions at the work place should be followed by interventions in business host communities.

The role played by the ABCT member companies through workplace information and education programmes aims at bringing about positive behaviour change towards HIV prevention, treatment and care; reducing HIV-related anxiety and stigmatisation; and minimising disruption at the work place.

***"To expand services there is an urgent need for accreditation of company based health facilities to provide ARVs and treatment."*** *Chair, ABCT*

Programmes should be developed through consultations between the government, employers, workers and their representatives to ensure support at the highest level and full participation. Subsequently, the coalition promised to mobilise its members to direct their core competencies and resources to the implementation of the NMSF.

A better visibility for ABCT as the main representative of the private sector with respect to HIV and AIDS is process that requires capacity development of the coalition. Sustainable response to some of the institutional needs of the coalition have been constrained by limited financial resources.

In conclusion, the statement called for concerted efforts to address the major challenges in the country which include inadequate financial resources, inequitable access to services, human resource constraints for health in both the public and private facilities, lack of patient tracking system for home based care and psycho-social support to PLHIV.

### *1.6 Keynote Address by Minister of State, Prime Minister's Office, Honourable Philip S. Marmo*

**Highlights**

- The role of the NMSF as a jointly developed framework to serve as a reference document for all stakeholders;
- The importance of decentralising resources and strengthening institutions at the lower levels to facilitate prevention and control;
- That development partners should join the "pooled arrangement" for councils as the fight against HIV and AIDS moves towards more integrated and sustainable strategies;
- The urgent need of concerted efforts to contain and mitigate the effects of the epidemic;
- To deliberate on the major challenges of partnership which include the need for alignment and engagement of non-state actors.

The address underscored the significance of the review, which has over the years been conducted in the spirit of openness for the purpose of consolidating partnership. Partnership should continue to strive for improved delivery of quality services to all Tanzanians including the poor and vulnerable groups.

The Minister observed that the review came at a time when implementation of the 2nd NMSF had just begun. The NMSF was jointly developed by the Government and its partners, to serve as a reference document for all stakeholders in developing interventions at various levels. While the 1st NMSF was primarily focused on strengthening of structures and systems for prevention and control of HIV and AIDS, the 2nd NMSF focuses on improved service delivery, taking into account the growing need for equitable access to quality services at all levels.

***"It is fortunate that Tanzania has a local government structure right down to the household level which can be used in addressing HIV and AIDS."***
*Minister of State, PMO*

Efforts to decentralise resources and strengthen institutions at the lower levels are important to facilitate prevention and control of HIV and AIDS. A mechanism has already been established to pool resources under the HIV and AIDS Fund for councils, for use at the lower levels. An appeal was made to the development partners to join this "pooled arrangement" for councils as the fight against HIV and AIDS moves towards more integrated and sustainable strategies in line with the Sector Wide Approach and the MKUKUTA.

Attention was drawn to the current situation of HIV and AIDS in the country, noting that over 2 million Tanzanians are HIV positive. Concerted efforts are urgently needed to contain and mitigate the effects of the epidemic. More investment in the health system is required to enable it to respond effectively to the growing demand for treatment and care services. The chronic problem of human resources and the inherent challenges of numbers, right skills, motivation, retention and conducive work environment for effective service delivery, can no longer be ignored.

The 2008 Biennial Review provided the key HIV and AIDS stakeholders with an opportunity to address some of the challenges alongside the findings and recommendations of the October 2008 Technical Review. The Minister also urged the participants to deliberate on the major challenges of partnership which include the need for alignment and engagement of non-state actors through effective co-ordination and reporting; transparency and accountability to the target beneficiaries at all levels; commitment to the principle of the "Three Ones"; effective mapping of resources and partners in order to ensure equity in service delivery; alignment of resources in line with the Paris and Rome Declarations; and collective efforts in developing cost-effective strategies.

### *1.7 Vote of Thanks*

On behalf of the participants of the 3rd Biennial Review, Mr. David Machemba, TACAIDS Commissioner, moved a vote of thanks to the Guest of Honour for accepting the invitation to preside over the official opening of the meeting. He also thanked him for the well-delivered speech, which drew attention of the meeting to the critical issues which needed to be addressed and set the right tone and pace for the review. He assured the Guest of Honour that the participants would make the best use of the forum to deliberate on the issues put before the review and come up with relevant milestones for measuring progress in the fight against HIV and AIDS.

## 2. REVIEW OF PROGRESS AND CHALLENGES

### *2.1 Achievement of Milestones of 2006, by Dr RBM Kalinga (TACAIDS)*

The presentation showed that out of a total 31 milestones set by the Joint Biennial Review 2006 for the period 2006-2008, 13 were fully realised, 13 partially realised and 5 were not realised. The milestones were clustered according to six areas, namely Private

Sector and Business Coalition; Policy and Planning; Monitoring, Evaluation and Research; District and Community Response; Finance and Administration; and Advocacy and Information. A matrix was presented reviewing the status of performance of each milestone and factors affecting implementation. This matrix is presented in *Appendix i.*

### *2.2 Consolidated Findings from Two Field Visits: HIV and AIDS Fund Field Visit and District and Community Response Rapid Assessment, by R. Tembele (TACAIDS)*

**Highlights**

- Funding to districts is being spent on seminars and trainings rather than service delivery;
- There are serious concerns on the accuracy of reporting and lack of feedback on reports submitted;
- TACAIDS twice yearly field visits should be continued;
- TACAIDS to liaise with PMO RALG for LGA expenditure data.

This presentation shared findings from two field visits to assess the district and community response to HIV and AIDS. The two visits represent coverage of 27% of the District Councils of Tanzania in 20 of the 21 Regions of the country. Reviewing them together showed a high level of corroboration of findings.

The first visit was carried out in 18 district councils in 5 regions, by the HIV and AIDS Fund team comprising government officials and representatives of development partners. The primary objective the visit was to examine the use of the HIV and AIDS Fund with a particular focus on the Medium Term Expenditure Framework (MTEF) at the council level. The team also looked at the use of the TOMSHA for monitoring non-health interventions.

The second visit was conducted to 18 district councils in 18 regions, by a team of both local and international consultants. The main objective was to gather information on community-based experiences of HIV and AIDS responses and review the overall HIV and AIDS programming at the council level, including the identification of gaps in the delivery.

The following were the major findings from the visits:

- There is limited decentralisation of financial resources below the district level and there is inadequate funding to community-based organisations (CBOs) dealing with HIV and AIDS activities. Several of the MTEFs showed HIV and AIDS funds mainly benefited district officials in the form of training seminars and the associated per diems;
- The LGAs provide timely performance quarterly expenditure reporting to PMO-RALG and MoFEA. However, TACAIDS has been unable to track the performance expenditure reporting;
- Many people have been trained on the TOMSHA tool and some NGOs reported that they sent the data collected to the district council for submission to TACAIDS

for analysis. However none of the districts reported having received feedback from TACAIDS;
- Inadequacy of transport facilities for monitoring HIV and AIDS activities is a major challenge, and sharing transport resources with other programmes seems to be problematic.
- In many districts there appears to be good collaboration between the District AIDS Control Coordinators (DACs) and the Council HIV and AIDS Coordinators (CHACs). However, in some districts the role of the CHACs has been marginalized and decisions about the use of the HIV and AIDS Fund are made by others. In those districts it was difficult to track the use of funds.

Prioritised recommendations from the two teams for the fiscal years 2008/2009 and 2009/2010 include:
- TACAIDS to continue with two routine field visits to the districts per year until TOMSHA is fully operational. The first visit to focus on funding flows and performance at the district level and the second, in August, to justify release of funds to the districts for future HIV and AIDS activities;
- TACAIDS and PMO-RALG to find an urgent solution to non-submission of the LGAs' HIV and AIDS performance and quarterly expenditure reports to TACAIDS;
- TACAIDS to analyse TOMSHA data from the councils and provide feedback;
- The training needs of the councils to be reviewed as part of the efforts to ensure effective use of the HIV and AIDS funds by the councils.

The presentation concluded by raising the following questions:
- Should conditionality and ceilings be put on the LGA training expenditures?
- How can the councils be encouraged to use available training allocation for WMACs, VMACs and CBOs and do away with the training syndrome that concentrates only at the district level at the expense of lower levels?

### *2.3 Rapid Assessment of District and Community Response: Challenges, Constraints and Prospects* *by Dr. Twaha (Consultant)*

This presentation gave more details on the second field visit referred to above, to 18 district councils in 18 regions. It shared observations on what works well and the gaps and challenges based on the perceptions of different stakeholders at all levels, including individual community members at the household level, Civil Society Organisations, Council Multisectoral AIDS Committees (CMACs), Local Government Authorities, and the Regional as well as the National levels.

| Results Area | What Works Well | Gaps and Challenges |
|---|---|---|
| Institutional arrangements | • Formation of Technical AIDS Committees (TACs) in MDAs and of Regional Multisectoral HIV and AIDS Committees<br>• Strong public-private partnership in some councils<br>• Most CMACs are in place and working | • Ministerial TACs do not seem active<br>• Regional level lacks human resources, transport, and linkages in M &E systems and resource tracking<br>• CMACs face constraints in funding and transport, continuity of officials, understanding of the Act and political will<br>• WMACs and VMACs and communities unaware of their roles and responsibilities as key implementers<br>• Councillors at ward level lack resources<br>• Lack of bylaws relating to HIV and AIDS |
| Co-ordination | • CMACs meetings are conducted regularly in all districts visited<br>• CHAC and DACC work together and cooperate with some CSOs | • Regional focal points do not meet regularly with partners<br>• CSOs lack resources and skills<br>• LGA/CSO coordination irregular<br>• Gaps in CSO reporting and in getting feedback |
| Planning and budgeting | All district councils visited:<br>• have plans and budget lines for HIV and AIDS<br>• use the multisectoral approach in planning and budgeting<br>• use tools provided by the Government- MTEF/Plan Rep | • LGAs lack capacity and data for planning and are mostly unaware of planning guidelines for HIV and AIDS<br>• Inadequate or late release of funds<br>• Councils do not sufficiently involve partners/communities in planning, communities are unaware of plans of LGAs and CSOs |
| Management and Implementation | • Where mobile CTCs are available, they are in good condition<br>• Councils and CSOs support education for MVCs<br>• There are examples of CMAC initiatives to support PLHIV | • Shortage and lack of capacity of VCTs and CTCs, staff shortages, overloading of CTCs in hospitals<br>• Target groups not well reached, |

| | | |
|---|---|---|
| | • There are PLHIV groups actively involved in provision of home-based care as volunteers | • Long distances travelled to reach services, drugs for OIs not free, stigma amongst service providers, and insufficient HBC providers<br>• THs and TBAs have limited HIV and AIDS knowledge and do not keep records<br>• PLHIV need food and economic opportunities/support<br>• Lack of HIV and AIDS interventions for people with disabilities |
| Awareness activities | • Regional cinema vans are used for awareness campaigns for HIV and AIDS<br>• Regional Secretariats support LGA advocacy activities in the districts | • Social and cultural practices exist which fuel the spread of HIV<br>• Limited involvement of CBOs in community education on HIV and AIDS |
| Monitoring, evaluation and reporting | • TOMSHA and LGMD are positive developments<br>• TOMSHA data collecting tools available at the lower levels in some regions<br>• Monthly, quarterly and annual reports are prepared, submitted to appropriate levels | • TOMSHA not yet operational<br>• Most LGA staff not familiar with TOMSHA and LGMD<br>• M & E not in LGA budgets<br>• Lack of LGA monitoring visits to partners<br>• Feedback not received on reports submitted by LGAs and CSOs<br>• LGAs do not share information with CSOs |
| Resource mobilisation, resource tracking and auditing | • All LGAs visited have budgets for CMAC activities from own sources<br>• Some councils have mobilised own resources for HIV and AIDS<br>• There is CSO mapping done by CMACs | • Inadequate information flow amongst LGA actors on type and sources of support received<br>• Lack of mechanisms for public/private partnership |

The presentation shared a set of recommendations to strengthen the identified results areas. See Appendix iii for an Executive Summary of the report.

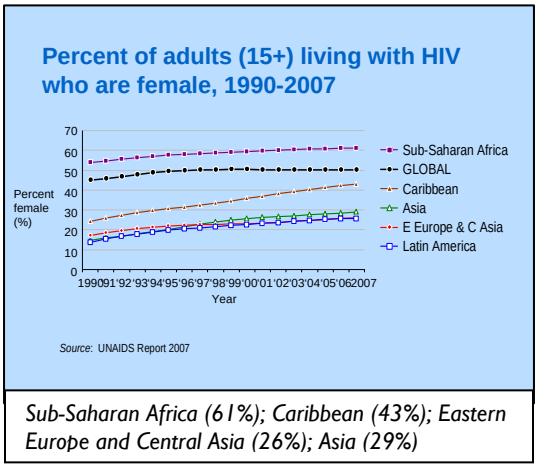
### *2.4 **Gender in the National AIDS Response** by Susan Fried (UNDP, NewYork)*

**Highlights**

- Women, girls and HIV and AIDS, including gender based violence and the disproportionate burden of the epidemic on them;
- Men who have sex with men (MSM), transgender persons and HIV, including the hidden context of stigma criminalisation;
- Recommendations for improving national responses by addressing gender concerns.

### *(i) Women, Girls and HIV*

Global trends show a disproportionate increase in the incidence of HIV among women and girls. In Sub-Saharan Africa, about 61% of all adults with HIV are women, and most infections occur within long-term partnerships/marriage, pointing to the connections between reproductive health and HIV.




*Sub-Saharan Africa (61%); Caribbean (43%); Eastern Europe and Central Asia (26%); Asia (29%)*

Gender-based violence (GBV) heightens the vulnerability of women and girls to HIV infection, including through forced sex, forced marriage of young girls, and "widow cleansing". Stigma, discrimination and poverty gravely affect women's ability to deal with the impact of AIDS, for example the denial of property and inheritance rights to women. Women's income earning and girl's education are both adversely affected by the bburden of care. Measures to address gender based violence and poverty can also reduce the vulnerability of women and girls to HIV and AIDS as well as the impact on them.

> ***"If the response to gender based violence was on the same scale as the response to STIs great strides would be made in controlling HIV."*** *Susan Fried, UNDP Gender Expert*

### *(ii) MSM and HIV*

HIV rates among MSM (Men who have Sex with Men) and transgender persons are disproportionately high and climbing. Most MSM infections around the world are occurring in "hidden" contexts of stigma and discrimination, criminalisation, rights abrogation and limited HIV surveillance or access to services. In all regions of the world transgender populations are among the most affected and most vulnerable.

Though there have been few studies, it is known that in East and South Africa MSM are from one to four percent of the population. Many men who have sex with men also have sex with women.

The presentation recommended including an MSM component in national sentinel surveillance (as part of knowing the epidemic in gender terms); strengthening technical capacity in design, execution and evaluation of this component; expanding delivery of MSM-oriented public health services into community-based settings as appropriate; addressing violence perpetrated against MSM as it can exacerbate the HIV epidemic; and supporting key actors at the national, local and community levels to address the issue.

### *(iii) Recommendations*

The presentation concluded by recommending the following top five actions to improve national AIDS responses by addressing gender and AIDS:

- Know the country's epidemic in gender terms (track and analyze HIV infection by sex, age, patterns of serodiscordance in couples, and how HIV differentially affects people by gender);
- Involve all stakeholders in assessment, planning, governance, implementation and evaluation (women as well as men, positive women as well as positive men, young people, sexual minorities, sex workers, injecting drugs users, among others, all have different and crucial perspectives and knowledge to bring to the national AIDS response);
- Identify and implement the right mix of actions (integrate a gender perspective into standard HIV interventions, and implement focused, stand-alone action on gender and AIDS);
- Ensure that people and institutions who are focused on gender equality learn about HIV and AIDS and that people and institutions focused on HIV and AIDS learn about gender equality; and
- Promote and act for gender equality and human rights more broadly.

The presentation outlined the roles and responsibilities of different stakeholders in this process, including national HIV and AIDS coordinating mechanisms, civil society and grassroots organisations, donors and UN agencies.

## *2.5 National HIV and AIDS Response Monitoring Indicators by S. Wandella (TACAIDS)*

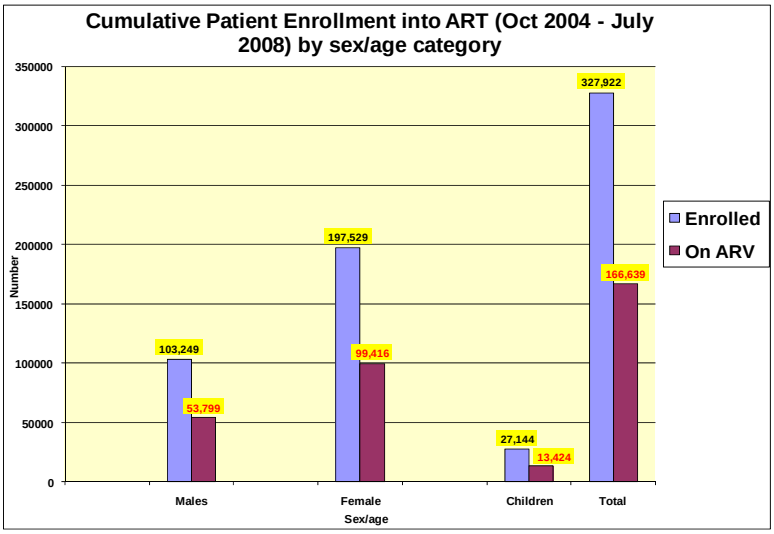
**Highlights**

- The goal and objectives of the HIV Monitoring and Evaluation System and up-dates on selected indicators;
- Data and figures on prevalence, sex debut, HIV testing, ARV, reporting to and using of TOMSHA, involvement at community level, public-private-partnerships, was presented.

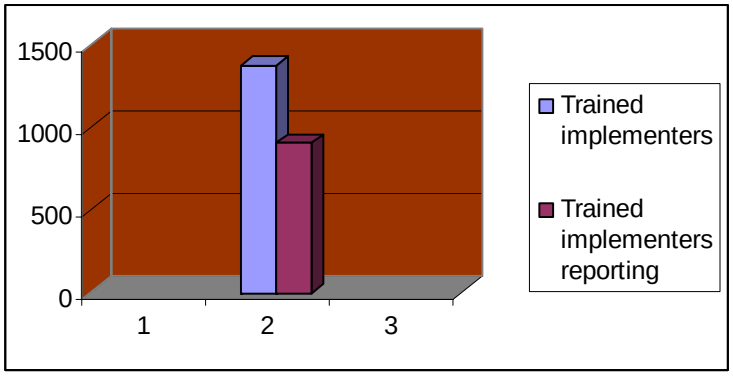
The presentation highlighted the goal and objectives of the HIV Monitoring and Evaluation System and provided up-dates on selected indicators. [2] Below are the some of the indicators and the observed trends:

[2] M&E status under 12 components. Source: National HIV and AIDS response report 2006-2007. TOMSHA (Tanzania Output Monitoring System for non medical HIV and AIDS intervention) is one of ten data sources in the National HIV and AIDS Monitoring and Evaluation System. It is a routine data source which collects and reports on non medical services delivered to the community by HIV and AIDS implementers. TOMSHA data indicates who does what and where and who are the beneficiaries in responding to HIV and AIDS activities. Hence TOMSHA data can be used in strategic planning and decision making.

- There has been a statistically-significant decline in HIV prevalence among antenatal care clinic (ANC) attendees in the last 5 years: HIV prevalence amongst pregnant women has reduced from 9.6% in 2002, to 8.7% in 2004 and 6.8% in 2006;
- The age of sexual debut has been increasing in Tanzania, with fewer people, over time, having sex before the age of 15;
- 19% of men and women aged 15-49 have had an HIV test and received their results in the last 12 months;
- Tanzania has scaled up efforts to make ARV more accessible and free or affordable in most of the regions. 36% of adults and children with advanced HIV infection received ARVs as of December 2007;
- For the period April to December 2007 66% of all TOMSHA-trained HIV implementers in the country reported on TOMSHA;
- During the same period 57% of implementers reported that they had implemented their work plans.




**TOMSHA reporting April – December 2007**




Source: National HIV and AIDS response report 2006-2007

Based on the observed trends the presentation made the following major conclusions:

- Community response has significantly increased due to the use of the multisectoral approach through the formation of multisectoral AIDS Committees which widened the chance of involving many actors across different social sectors;
- The adoption of Public Private Partnership has led to achievements in the support for interventions, management and leadership;
- The operationalisation of TOMSHA has made non-health data and information from different implementers available at grass root level;
- The establishment of the Data Management Office to lead and ensure that HIV and AIDS data infrastructure is in place and quality data and accurate information are produced and disseminating to all stakeholders.

### *2.6 Finance and Resource Mobilization as per Public Expenditure Review 2007/08*

*by B. Issa (TACAIDS)*

**Highlights**

- Summary of current financial situation and forecast;
- Urgent need to apply the scarce resources principle: prioritise, focus, product mix;
- Sector wise programmes;
- Major donors and funding mechanisms;
- Major achievements in resource mobilisation and financing.

Currently the gap to reach a fully funded national programme is more than USD 195 million, and is increasing as the population in need increases. This calls for urgent application of the scarce resources principle: prioritise, focus, product mix.

- Expected expenditure for the fiscal year 2008/09 is Tshs. 549.2 billion, down from Tshs.568.2 billion budgeted for 2007/08, a decrease of 3%.
- 95% funding is from donors, of which only 26% is captured by the government budget.
- GoT contribution has been Tshs. 22 to 25 billion per year since 2006, of which:
    - 50% to 60% is for the health sector response;
    - 6% has been spent at the regional level;
    - MDA resource allocation accounts for 38.5%.

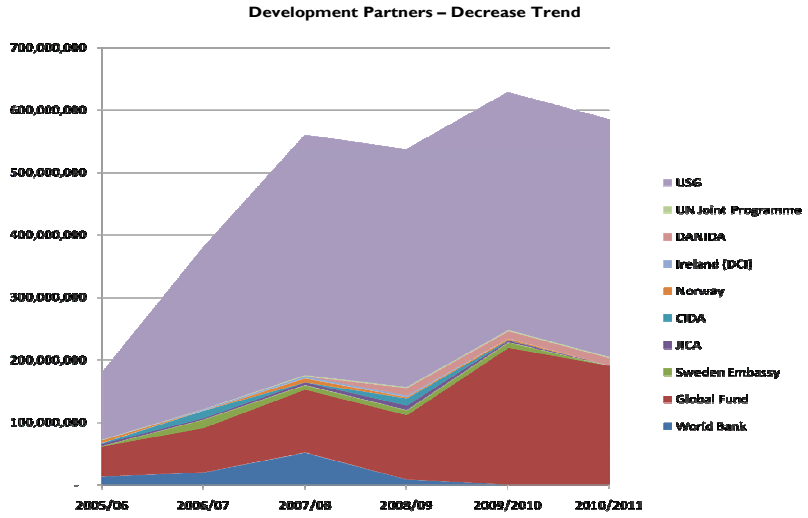
Essential features of five year forecast:

- Care and treatment commitment: 60% to 72% total resources;
- Prevention: 10% to 13%;
- Impact mitigation: 8% to 9%.

Use of current resource allocations:

| | |
|---|---|
| MoHSW | 95% HIV and AIDS budget used for care and treatment, balance for work place programmes and advocacy |
| MoEVT | Capacity building in schools, colleges and VCTs, development and dissemination of IEC materials, strengthening of HIV and AIDS education database |
| MoDNS | Receives PEPFAR and Global Fund support for care and treatment only |
| MoWLD | Workplace programmes and some IEC on HIV and AIDS during Water Week |
| MoAFS | Has developed a strategy to reach households involved in agriculture and guidelines for production of nutritional foods for PLHIV for implementation by LGAs |
| MoGDGC | Outreach programme through 58 VTCs, and workplace programmes |
| LGAs | LGAs MTEFs include Block Grant (HIV Fund) and Health Basket (PMO-RALG). In addition Global Fund support is used mainly for care and treatment. |

Donor Funding




- Donors not reflected in the chart above are contributing to the General Budget Support (GBS), at an estimated Tshs.10bn per year, and/or providing technical assistance.
- Presidential Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund support 86% of the national response, of which care and treatment use 64%.

- PEPFAR support is estimated at USD313m. per annum, representing 66% of the national response, of which:
    - Approx. 38.5% goes into ARV services;
    - 10.9% for ARV drugs;
    - 28.9% for impact mitigation (mainly MVC);
    - 20.7% for prevention (mainly blood safety and PMTCT)
- The UN Joint Programme constitutes 3% of the national response. Led by a Steering Committee the programme supports implementation of various interventions and technical capacity development.
- The National HIV and AIDS Fund, a pooled funding arrangement to support NMSF, constitutes 2% of the national response. Currently it is supported by CIDA. It has established a Block Grant mechanism for funding to LGAs, based on population count, poverty count, prevalence rate (regional) and service route (borrowed from the health sector).
- The Rapid Funding Envelope (RFE), a pooled funding arrangement managed by the private sector, constitutes 1% of the national response. A total of 90 CSO have received support from the fund since its establishment in 2002.

Major achievements and challenges in resource mobilisation and financing

*Achievements*:

- Mainstreaming of HIV and AIDS in the National Budget Guidelines;
- Establishment of the HIV and AIDS Fund;
- Budget mainstreaming at the LGA level, currently at 40%, while other LGAs plan under the Community Development Budget;
- The Government is also in the process of establishing a National AIDS Trust Fund.

*Challenges*:

- Analysis of the resources contributed by the private sector (currently missing);
- Effective costing of the NMSF and the operational plan;
- Focussing the HIV and AIDS budgeting process;
- Improving the minimum package supported with best-practice guidance.

In view of the above needs, the presentation concluded by making the following recommendations:

- NMSF should be costed and operational plans developed;
- There should be a dialogue on HIV and AIDS resources and the implications of levels and trends, including TACAIDS recurrent budget;
- There is a need to conduct a 'donor expenditure review' study;
- Detailed operational guidance is needed for the HIV and AIDS Fund, covering fund flow, procurement, financial and physical monitoring;
- MoFEA should make provision for the HIV and AIDS earmarked Block Grant in the Government budgets each year without it being donor dependent;

- Donors supporting HIV and AIDS Block Grant should negotiate with MoFEA for earlier and full release of the grant; and
- LGAs should be responsible for channelling financial support to CSO projects in the context of public private partnership.

### *2.7 Health Sector Response to HIV and AIDS* by R. Swai (NACP)

**Highlights**
- A description of the structural framework for the health sector's response to HIV and AIDS;
- An account of the progress made in different intervention areas;
- Best practices, challenges and constraints related to the National HIV Testing campaign;
- The need to make core interventions universally accessible, strengthen the health system, address knowledge gaps, let the national response be guided by evidence and the critical need for strategic information.

The presentation described the mission of the Health Sector in the national response to HIV and AIDS as working in partnership with others. This mission is captured in the third Health Sector HIV and AIDS Strategy (HSSP III) 2008–2012 which outlines the priority interventions of the Ministry of Health and Social Welfare and the sector's stakeholders.

The interventions focus on the areas of prevention, care and treatment, health systems strengthening and cross cutting issues. The HSSP III derives guidance from the NMSF, the Health Sector Strategy and the National Policy on HIV and AIDS. The main theme of HSSP III is universal access to HIV and AIDS preventive, care, treatment and supportive services.

Having described the structural framework for the health sector's response to HIV and AIDS, the presentation gave an account of the progress made in different intervention areas including control of sexual transmitted infections, prevention of mother-to-child transmission of HIV, laboratory services, care and treatment as well as community and home-based care services.

A key strategy for HIV prevention is condom use: demystification of condom use is now resulting into 30-40% condom use among sexually active groups. Distribution is through health facilities and social marketing. However, rural areas are underserved because of logistics challenges. The presentation also gave an account of the Voluntary Counselling and Testing (VCT) services. Most VCT centres are situated in the community or health facilities. Counselling focuses on the reduction of risk behaviours. Though VCT services have been availabile for a long time, uptake of services has remained low. By 2006, only about 15% of the population most at risk for HIV knew their HIV sero-status.

Through the National HIV Testing campaign it was possible within a very short time to mobilise four million people to get tested for HIV. This process of "normalization" of HIV and AIDS was brought about by the political leadership demonstrated by President Kikwete. Among the best practices noted in the campaign were broad stakeholder-participation; effective delegation of activities and co-ordination of the entire campaign; self-initiative and motivation; pragmatic leadership in the sensitisation and mobilisation of the community; teamwork; use of volunteers to bridge gaps in human resource needs; use of numbers to identify clients to preserve confidentiality; and timely data collection and recording. Challenges facing the roll out and scaling up of health sector responses include inadequate skilled human resources; inadequate infrastructure (health facilities); inadequate logistics system for HIV commodities, supplies and medicines; stigma among HCW and community members; inadequate linkages with community home based-based care; and poor system to track the huge numbers of clients and patients using HIV and AIDS services.

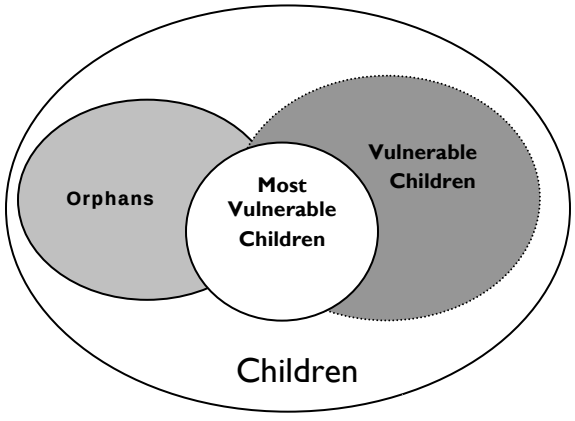
The presenter concluded by emphasising that in order to arrest further spread of HIV and care for PLHIV there is need to make core interventions universally accessible. The health system must be strengthened, knowledge gaps must be addressed, and the national response must be fine-tuned and guided by evidence, hence the critical need for strategic information.

### *2.8 Orphans and Most Vulnerable Children (MVC) by Donald Charwe, (Ministry of Health and Social Welfare)*

**Highlights**
- A definition of Must Vulnerable Children (MVC) and the extent of the problem;
- A list of the essential needs of Must Vulnerable Children;
- Achievements at policy level, the challenges in reality and the way forward.

Mr Charwe started by defining the term "most vulnerable children" and gave figures to show the extent of the problem in Tanzania: approximately 10–12% of children under 18 years are vulnerable and 5% of these are MVC, which comes to 950,000–1,500,000 children. 42% are vulnerable children as a result of HIV and AIDS. 12% of MVC live in child-headed households and only 1% of these vulnerable children get support from relatives.

**Definition of Most Vulnerable Children**



According to the presentation these children need food and nutrition; education and vocational training; health services; shelter and care; clean and safe water; and environment; psychosocial support; and finally security, protection and participation.

Together with a wide range of partners such as PMO-RALG and line ministries, TACAIDS, TASAF, SATF, communities, development partners and CSOs several achievements have been reached. A National Strategy for Care, Support and Protection of MVC and a National Costed Plan of Action (NCPA) for MVC have been launched and are now being rolled out. National guidelines for identification of MVC have been set and a Data Management System (DMS) has been rolled out to 44 councils. A coordination structure at all levels (NSC, NTC, and MVCC) has been elaborated.

Challenges still remain such as inadequate resources (financial and human) to reach more MVC with quality services; ensuring the DMS is functional all levels; weak capacity at community level to care for MVC; inadequate child protection systems. The way forward is to roll out the NCPA; expand the identification of Most Vulnerable Children and their needs; strengthen supporting systems and capacities of the families and communities; and to ensure that all councils recruit social welfare officers.

## 3. ASSESSMENT OF HIV AND AIDS SECTOR PERFORMANCE FOR MKUKUTA REPORTING

**Highlights**

- Context of the assessment in the MKUKUTA process;
- Criteria for assessing the sector as satisfactory or unsatisfactory;
- The assessment of performance proposed by TACAIDS;
- Comments from the stakeholders on the assessment.

### *3.1 Assessment of HIV and AIDS Sector Performance for the Annual MKUKUTA Progress Review* *by R. Ngirrwa (TACAIDS)*

This presentation gave a brief account of the performance of the HIV and AIDS Sector in the context of National Strategy for Growth and Reduction of Poverty, commonly known by its Swahili acronym *MKUKUTA*. According the MKUKUTA structure, each sector has to give feedback on its designated indicators to the Annual MKUKUTA Progress Review.

For the HIV and AIDS Sector one outcome indicator – the national HIV prevalence among the population between 15-24 years – is used to measure progress. This indicator is captured over three years through the Tanzania HIV and AIDS Indicator Survey (THIS) which shows that figures are 1% for those aged 15-19 years and 4.3% for

those aged 20–24 years. These findings are within the range of the MKUKUTA target of 4% for 2007/08 – hence performance of the sector related to the indicator can be said to be satisfactory.

The Sector Review process is also to be rated satisfactory or unsatisfactory by stakeholders. The following assessments of the required criteria were put forward:

| | |
|---|---|
| Relevance of the Review | Topics for the 2008 Review were identified through a participatory process involving different stakeholders in order to ensure their relevance. Desk review topics and field study were approved by June 2008. |
| National Ownership | The preparatory process was co-ordinated by TACAIDS and received considerable support from different stakeholders, which was an indication of national ownership of the review. |
| Relevance of the Review's outputs | Milestones for consideration by the Main Review were identified during the preceding Technical Review in October 2008, and will be used to guide implementation of the NMSF for 2009-2010. |
| Inclusiveness | About 300 people attended the 2008 Review. The participants were drawn from different government ministries, LGAs, multisectoral and bilateral agencies, academic and research institutions, civil society organisations, networks of people living with HIV/AID, the informal sector, the private sector and the media. |
| Impartiality | Prior to the 2008 Biennial Review field visits were conducted to selected districts by a team of both local and international consultants to assess the district and community response to HIV/ADS. Selection of the consultants for the field study and desk reviews was guided by the principle of impartiality. |

Based on these observations, the presentation concluded that the underlying process of the 2008 Joint Biennial Review of the HIV and AIDS Sector was satisfactory.

It was noted from the floor that though the indicator is prevalence for the 15-24 age group the THIS data range is over 2 groups: 15-19 and 20-25. This anomaly needs to be rectified for future years.

During the concluding session of the meeting an official statement was made by the Chair of the Development Partners Group who stated there was no objection to the satisfactory rating for the single HIV and AIDS indicator for the PAF, but this rating should not preclude working together over the next two years to address the numerous issues in policy and systems flagged during the review. In addition though there was no objection to the satisfactory rating for the review process, it was noted that the timing was such that TACAIDS had had to submit its assessment of the review before it actually happened. She hoped that there would be an opportunity for joint reflection on the lessons learned from the process of the review.

# 4. THEMATIC DISCUSSIONS AND REVIEW OF PROPOSED MILESTONES FOR 2009-2010

The first drafts of the milestones to guide implementation in the period 2009-2010 were drawn up by groups at the Technical Review Meeting, preceding the Main Review. The groups identified priority areas for action over the next two years based on the status of interventions in each thematic area and the remaining challenges. These draft milestones were further refined by technical experts for presentation to the Main Review.

The second day of the Main Review focused almost entirely on discussions around the draft milestones. A standard approach was used in presenting the draft milestones in the context of the goals and indicators for each thematic area of the NMSF II, to enable participants to see the linkages and ensure that the milestones contribute to achievement of the indicators. The thematic areas covered were Monitoring, Evaluation and Research; Financial, Human and Technical Resource Framework; Enabling Environment and Crosscutting Issues; Impact Mitigation; Prevention; and Care, Treatment and Support.

Discussions covered broad concerns of participants relating to the thematic areas as well as specific comments on the draft milestones.[3] The summary of the discussions below includes comments relevant to each thematic area made throughout the course of the Main Review Meeting. These comments were by individuals and were not endorsed by the meeting, but reflect an overview of the thinking of stakeholders present. Many of the concerns expressed will be addressed in the process of achieving the milestones as prioritised and finalised by the TWCs.

## 4.1 Monitoring and Evaluation and Research: Discussion

### 4.1.1 General Comments

- Ensuring adequate funding for M& E and dissemination of research findings is an important issue. Funding for research is currently included in budgets for three of the thematic areas and also under M and E, particularly for cross cutting issues.
- There is a need for longitudinal studies on behaviour to explain the changes and regional variations in prevalence.
- There are more than 500 peer reviewed published papers on the epidemiological situation in Tanzania. In view of the changing HIV and AIDS epidemiology there is a need for more effective use of the research information to improve service delivery.
- Research is required to understand how to mix interventions and plan and implement them effectively e.g. to understand the minimum package of services required and the effect of adding interventions.

[3] These comments were recorded by the Secretariat and shared with the Technical Working Committees which worked on refining and finalising the milestones after the Review Meeting.

- Research by NIMR shows that services for HIV and AIDS in regional and district hospitals have expanded. Further research is now needed on the problem areas.
- For full understanding of the epidemic Help the Aged International suggests that the 50+ age group has to be included in data collection.
- TACAIDS needs to do a stocktaking of the DoL for M and E, for task sharing e.g. visiting regional administrations and councils is a responsibility of PMORALG.
- As part of good governance all stakeholders should be reporting on their activities to TACAIDS, the coordinating body.

### 4.1.2 Comments on TOMSHA

- There is no alternative but to make sure that TOMSHA works and to integrate it with the LG data collection system. To do this human resources and skills development are needed at all levels.
- TOMSHA data is only available for the period April to December 2007 due to the system not yet being fully functional. Information from January to October 2008 has not yet been analysed. TACAIDS is working on developing ICT to speed up TOMSHA data collection
- Strengthening the feedback from TACAIDS on data submitted will improve the reporting.
- Data collected against different indicators is useful to different levels of government. Collection, analysis and used of data at the point of collection is to be encouraged for local level planning.
- Forms need to be reviewed so that they better capture the information available with MDAs, such as the Food and Drugs Authority and at the local level.
- DPs try to harmonise their activities and rely on joint monitoring so there is a need to make a plan for analysis of the data and set a date when a report will be available for use. This will avoid TACAIDS having to submit different reports to each DP.

### 4.1.3 Comments specifically on the drafted milestones

- Attention needs to be given to duplication and sequencing of the milestones, horizontally as well as vertically.
- In setting a milestone for the number of councils collecting TOMSHA data the baseline of how many councils are electronically equipped to capture the data needs to be taken into account.
- What is the universe of organisations that are capable of providing data and how often are they doing it now? What is the realistic expectation in two years?
- Systems will be needed to capture the information to monitor achievement of these milestones.
- Currently the focus of two TACAIDS monitoring visits per year is supposed to be on TOMSHA. The feasibility of this schedule for 21 regions needs to be considered. Joint supervisory visits could be considered for greater efficiency.
- Budgets will be required if the milestones are to include monitoring visits, such as by regional authorities to districts, and transport issues need to be considered in planning for supervisory visits by CHACs.

- Districts need to be empowered to use the data collected.
- It needs to be clear how the suggested research topics are prioritised? A study is needed on funding flows and amounts.
- The suggested annotated bibliography of research studies could be compiled by an academic institution.

## 4.2 Financial, Human and Technical Resources: Discussions

### 4.2.1 General Comments

- The process of establishing the National HIV and AIDS Trust Fund needs to be accelerated to reduce the dependency on donor funding. A paper on the Trust Fund is being prepared for Parliament.
- Emphasis on community ownership and mobilisation of local resources is needed. The TASAF modality will help facilitate this.
- As the coordinating body for HIV and AIDS TACAIDS requires funding information from various sources. TACAIDS and PMO-RALG need to review together how best to capture district level financial data and consider if this can be linked to TOMSHA.
- There is still a major human resource constraint for effective delivery of VCT, ART and home-based care services. There is a need to explore a wide range of strategies in addressing the human resource issue including Task Shifting, as in the Addis Declaration and experience in S. Africa (e.g. use of non-lab staff to conduct simple tests, use of non-medical staff for counselling services etc.).
- The HIV and AIDS programme needs to look at how it can strengthen the health systems on which it hangs heavily. Involving health personnel in providing HIV services should not be allowed to be detrimental to the provision of other essential health care services.

### 4.2.2 Comments specifically on the drafted milestones

- Milestones should build on the findings of the review which include:
  - Use of resources at district level is mainly on training yet capacity is low;
  - Resources are not reaching communities;
  - There are deficiencies in human resources in both in numbers and skills;
  - 95% funding of the national response is from donors.
- Good governance on HIV and AIDS needs to be built into the milestones.
- The costed NMSF should also be prioritised.
- The milestones should address the concerns relating to reporting on the funds which go to LGAs.
- The milestones should ensure that data on the various funding sources is captured, including the large donors.
- The milestones should facilitate long term financial planning, and embrace transparency and accountability.
- The private sector should be included as a partner in resource mobilisation.

- The milestones have to be prioritised and reduced, perhaps by merging, and framed as milestones not activities.

## 4.3 Enabling Environment and Cross-cutting Themes: Discussions

### 4.3.1 General Comments

- There are no national mainstreaming guidelines for bringing all stakeholders together in a multi-sectoral response, which means that other actors not directly working on HIV are not involved.
- The Joint Thematic Working Group (JTWG) is the mechanism to get all stakeholders involved at central level for a real discussion on HIV and AIDS.
- World AIDS Day could be used more creatively to facilitate a more conducive environment for responses. TACAIDS considers the day as an advocacy event but reports that activities are difficult to fund.
- In response to the opening of borders in the East African region there will be a need to consider harmonisation of responses across the region.
- Programmes, policies and strategies should be developed in close consultation with all stakeholders to ensure highest commitment. TACAIDS should popularize policies, assure translations to local languages, and create a framework for capacity building.
- A final structure for TACAIDS has recently been submitted to PMO for approval and will be implemented in 2009. The structure needs to be implemented in such a way as to provide for effective co-ordination at national level.
- A packet of information on HIV and AIDS is planned by the health sector for use by different levels of MDAs for evidence based response planning

***"Disorganisation at the local level can severely limit our chances at controlling HIV and lead to a crisis."*** *Dr Swai, NACP*

### 4.3.2 Local Government Authorities

- There is a contradiction, emphasised by both the presentations on districts and communities, between the lack of human resources, capacity and skills on the ground and the amount of money spent on training.
- CMACs are unable to meet regularly in many districts.
- Inadequate prioritisation of HIV and AIDS in council plans means that only "a few districts" (as per the reports presented) allocate funds from their own resources for HIV and AIDS responses. More advocacy is needed to LGAs to prioritise HIV and AIDS by including responses in the Council Plans and allocating funds accordingly, including from their own resources.
- Most LGAs get 95% of their budget from central government. A supplementary tool on HIV and AIDS has been inserted into the O and OD planning tool but funds are not reaching communities. Systems and structures do not facilitate moving money easily below the district level. TACAIDS needs to follow up with

PMO-RALG on providing adequate guidance to districts on prioritising and efficiently using the funds for HIV and AIDS.

- Though PMO-RALG and ALAT have developed guidelines for the roles and responsibilities of regions in guiding districts there has been a lack of resources for their implementation. The role of the regional level administration should be strengthened to enable it to give the necessary technical backstopping to the LGAs.

***"The campaign against HIV and AIDS will fail or succeed at the village level, where the people are."*** *Major General (Rtd.) HC Lupogo*

### 4.3.3 Civil Society Organisations

- CSO representatives stressed their role to facilitate a mutual accountability and asked to be considered as crucial partners in a more effective national response.
- The presentations show that there is an urgent need for CSOs to consolidate resources and synergise programmes. AMREF proposes that this is given urgent attention and is a priority for action, and has developed a model for CSO coordination.
- Umbrella organisations need to ensure that what they say at policy level meetings is really representing their constituents. The institutional set up of CSO umbrella organisations needs to be reviewed so that they are truly representative and inclusive of all non-state actors.
- The role of the informal sector in the fight against HIV and AIDS needs to be strengthened by developing the capacity of the Informal Sector Network.

***"The informal sector represents a very high risk group which is not being addressed as it deserves."*** *Tanzania Informal Sector Network on AIDS Initiative*

### 4.3.4 Gender and Human Rights

- The existing legislation and policy environment can obstruct HIV and AIDS responses e.g. the prohibition on carrying clean needles obstructs harm reduction which is included in the NMSF.
- A gender perspective should be applied in planning responses, as the burdens of infection and care full disproportionately on women and girls.
- Gender inequality embedded in cultural norms and practices in Tanzania is a major obstacle to HIV and AIDS control, as illustrated, for example, in a study in Mbeya and Lindi on gender and HIV. Gender based violence is a real problem linked to HIV transmission. Screening for gender based violence in PMCT clinics, hospitals etc. can be a useful strategy to address this.
- Gender norms are harmful to men and boys as well e.g. beliefs around manliness put them at risk of HIV through having multiple sexual partners. There is a need to develop more effective strategies for addressing gender inequalities by focussing on changing the mindset of boys and girls when they are still young;

- Inequality and discrimination also affect CSWs, MSM and IDUs and prevent adequate addressing of their needs for HIV prevention and treatment.
- Without addressing these groups there is a risk of increase of HIV in the general population. A study in Zanzibar presented at the WAC in Mexico has shown their importance as a bridge to the general population. There is thus an urgent need to change attitudes to CSWs, MSM and IDUs and understand that they are part of the general population and need HIV and AIDS service provision.
- There is a strong need to identify, document and disseminate an example of good practice on gender and human rights.

### 4.3.5 Comments specifically on the drafted milestones

- The group at the Technical Review came up with 19 milestones out of which six have been prioritised. Each of them encompasses a lot of work to be done.
- As creating an Enabling Environment involves coordination many of these milestones are the responsibility of TACAIDS.
- The milestone on LGA budgets needs to be functional at the district level. LGAs already budget for HIV and AIDS but the coverage is limited.
- There needs to be milestone addressing the gender and human rights context of access to services.
- Coordination within and between CSOs umbrella organisations should be given specific attention.
- All milestones need to be reviewed together to ensure that there is no duplication between themes.

## 4.4 Impact Mitigation: Discussions

### 4.4.1 General Comments

- PLHIV are a key community in the national response and all stakeholders need to strive to reach and include them to a greater extent.
- Issues relating to impact mitigation, such as nutrition for PLHIV and care of orphans, are identified by communities as priorities, as shown by the two presentations on district and community responses.
- Home Based Care is still very weak and needs to be developed.
- MoEVT needs to be included in responses as school counsellors and school committees in communities need to be trained to meet children's needs. The impact on communities of HIV and AIDS amongst teachers needs to be considered. The National Network of Positive Teachers can be a good partner as it has many members and is well organized

### 4.4.2 Most Vulnerable Children

- The guidelines for identification of MVCs are cumbersome, resource intensive and constrain the flow of resources to the target beneficiaries. The review of the guidelines to be accelerated by TACAIDS and MoHSW to enable easy flow of resources to the target beneficiaries.

- Psychosocial support and life skills development for MVCs in the school environment need to be more adequately addressed.

### 4.4.3 Comments specifically on the drafted milestones

- The group at the Technical Review prioritised 3 key milestones based on priority needs with a focus on economic empowerment.
- These are compressed milestones with a lot packaged inside each one e.g. psycho-social support would be a core service in the proposed budget guidelines for LGAs, and the milestone on "household economic strengthening" would encompass measures such as cash transfers and incentives for school attendance.
- PMO-RALG needs to be involved in any milestones related to LGAs.
- The proposed milestones are all built on ongoing initiatives e.g. Social Protection Framework, the revised Guidelines on Identification of MVCs, and the discussions with PMO-RALG regarding a new cadre of para-Social Welfare Officers. This should enhance their feasibility. The Impact Mitigation milestones need to be aligned with the Social Protection Policy.
- This is a national response not a TACAIDS response, thus there are many implementing partners. Assurance is needed that all the implementing partners indicated are committed to implementation. MoHSW needs to be included in Impact Mitigation milestones e.g. for home-based care, MVCs etc.

## 4.5 Prevention: Discussions

### 4.5.1 General Comments

- Not enough is being spent on prevention, especially in regions of high prevalence, e.g. Iringa and Mbeya.
- There is irrational use of test kits in some areas (some health workers ordering for more test kits than they need).
- Male circumcision has been identified as a prevention intervention. MoHSW is considering how to introduce this and will develop some guidelines. The human resources perspective needs to be taken into consideration and there is also need to reflect on the delicate balance between respect for human rights and the urgency to promote male circumcision.
- The policy on STI treatment as a prevention strategy needs to be reviewed in the light of up to date research findings.
- There needs to be more emphasis on HIV and AIDS and life-skills programmes in schools.
- There needs to be a commitment to targeted programmes for MARPS to include MSM, IDUs and CSWs and other most at risk people who may be hidden e.g. people in unsafe migration, forced migration and trafficking
- Availability of VCT services does not correspond with HIV prevalence rates in some areas. Regional variation in the number of VCT sites is because the original training of counsellors was optional and is also a factor of where partner organisationsare working. More systematic TOT is planned.

- Workplace programmes can play a more important role in prevention. For HIV and AIDS stakeholders integration of HIV and AIDS prevention needs to be both in their programming and in their workplaces.
- There is need to share best practices on how LGAs can work with preventive interventions.

### 4.5.2 Comments specifically on the drafted milestones

- 13 milestones initially identified by the group in the Technical Review have been trimmed down to 6 key ones.
- The informal sector needs to be captured in the milestones. Through the informal sector the unemployed, IDUs and CSWs can also be reached.
- People living with disabilities are a vulnerable group not mentioned in the milestones.
- The forthcoming Prevention Strategy will cover many of the issues discussed, such as condom promotion, and will be gender sensitive.
- Attributing a reduction in prevalence to one intervention is almost impossible. All the interventions currently available need to be used

## 4.6 Care, Treatment and Support: Discussions

### 4.6.1 General Comments

- It is essential to take into consideration the human resources capacity of the health sector, including an assessment of the implications for other essential parts of the health system of HIV and AIDS service provision.
- It is important to consider the role to be played by MDAs to implement the Guideline issued by PMO on support to PLHIV.
- In response to the demand from PLHIV for reproductive health services a committee is planned to integrate ART and reproductive health programmes.
- Consideration needs to be given to the issue of government subsidies to private hospitals for ART and OI treatment where there are no government hospitals.

### 4.6.2 Comments specifically on the drafted milestones

- Milestones have to be carefully formulated as to what is realistic to achieve in two years, to avoid disappointment and loss of confidence.
- If systems are not in place for data collection it will not be possible to measure implementation of the milestones in two years time.
- As 40% health care is provided outside government services the milestones need to include building the relationship with non- government health care providers.
- HBC stakeholders agree that the "chronically ill" for HBC services are those who cannot move to access treatment.
- Since Tanzania is rolling out family care centres a milestone should relate to the proportion of centres also providing ART to children.

- The key elements of what makes a service "user friendly" can be defined subsequently to guide implementation.

## 5. DECISION ON THE WAY FORWARD

***"Milestones are not goals but a product at some point during implementation that shows you are moving in the right direction."*** *UNAIDS Country Coordinator*

The principal outcome of the Main Review Meeting was an agreement on the process for the way forward to finalize milestones for 2009-2010. This agreement gave the mandate to the Joint Thematic Working Group (JTWG) under the MKUKUTA dialogue structure and its Technical Working Committees to finalize the milestones, which will provide the basis for the operationalisation and costing of the NMSF.

Firstly, the Technical Working Committees (TWC) would:

a) Incorporate issues and concerns raised during review;
b) Identify how some milestones could be combined and brought upstream;
c) Propose shifting some milestones to other TWC areas;
d) Prioritize remaining milestones; and
e) Identify the lead agency for each milestone.

Subsequently chairs of the TWCs would meet to present results and review them to avoid duplication and see how the milestones of the different groups could be harmonized. If necessary TWCs would meet again to further refine and finalize the reduced and prioritized milestones. Finally, the prioritized milestones would be shared with the larger group of the Joint Thematic working Group for agreement and approval by all concerned partners before wide dissemination.

<u>Closing Remarks by Executive Chairman, TACAIDS</u>

In her closing remarks, Dr. Mrisho thanked all the participants for their productive participation in the review. She also acknowledged the Organising Committee and TACAIDS team for their indefatigable efforts to ensure the success of the review. She requested all stakeholders to provide feedback on the proposed milestones to be taken into consideration by the TWCs. To ensure effective representation of key stakeholders such as PLHIV in future Review meetings she suggested caucus meetings before the the Review to go over the issues and findings of studies and establish a position.

Dr. Mrisho emphasised the need for closer collaboration and partnership between stakeholders in the fight against HIV and AIDS, includeing all government departments She singled out the Ministry of Finance and Economic Affairs, Ministry of Education and Vocational Training, Ministry of Community Development, Gender and Children; Ministry of Defence; the Prime Minister's Office–Regional Administration and Local

Government; and Ministry of Health and Social Welfare including the Department of Social Welfare as some of the key actors which need to be actively involved in the fight against HIV and AIDS. She also appealed for continued support and cooperation by all stakeholders including development partners, CSOs, LGAs, the private sector and networks of PLHIV, especially in providing the necessary feedback to TACAIDS on their various activities. The importance of TOMSHA and the NMSF in facilitating the desired co-ordination and feedback was stressed.

In view of the many challenges in the fight against HIV and AIDS and limited financial resources, Dr. Mrisho emphasised the need for harmonisation, prioritisation and cost-effective interventions. She also emphasised the need for continued capacity development at all level towards an effective national response to HIV and AIDS. With those remarks, she declared the meeting officially closed.

# LIST OF APPENDICES

## Appendix (i) Result Matrix Implementation Milestones 2006

| Milestone | Implementation Body | Partner Organisation | Achieved Yes/No and by When | Dependencies |
|---|---|---|---|---|
| ***Private sector and Business Coalition*** | | | | |
| 1. Number of companies mainstreaming HIV/AIDS increased from 52 to 104 by 2007 | ABCT | | No, reached 68 | 36 |
| 2. Advocacy for including HIV/AIDS control clause in investment agreements initiated. | ABCT | | Not initiated | |
| 3. ABCT has a strategy for promoting best practices in workplace programmes | ABCT | | No. Promoting but strategy not defined | |
| 4. 50% funding of ABCT by members | ABCT | | 29% | 21% |
| 5. Instructions given to LGAs to facilitate financing to support the sector in all the Councils | | | No | |
| 6. Scaling up best practices with support from various sources including ABCT | ABCT | | Partly done | |
| ***Policy and Planning*** | | | | |
| 7. Technical Assistance Facility to be in place | TACAIDS | All MDAs | Yes | Technical Support Plan on NMSF |
| 8. NMSF revised in light of MKUKUTA through a participatory process | TACAIDS | All stakeholders | Yes, during 2007 | |
| 9. Regular consultative forums with key sectors | TACAIDS | MoEVT<br>MoLYD<br>MoHSW | Yes | 1/year |
| 10.HIV/AIDS included in MDAs' quarterly reports to PMO | MDAs and PMO | | Yes | |
| 11. Review of NCTP | MoHSW | | Yes | |
| ***Monitoring and Evaluation*** | | | | |
| 12. TACAIDS M&E Unit to be functional | TACAIDS | | Yes, staffed 2006 | |
| 13. M&E system is functional including financial monitoring | TACAIDS | TMAP and GAMET (WB), UNAIDS, USAID, NACP at MoHSW, PSI | TOMSHA guidelines adopted 2006.<br>All components are in place | Printing and disseminating of TOMSHA last quarter of 2008<br>Annual HIV Response Report to be signed |
| 14. Develop the Operational Road Map | TACAIDS | | Yes, it is one of the 12 components of the M&E system | Update is required |

| | | | | |
|---|---|---|---|---|
| ***District and Community Response*** | | | | |
| 15. All eligible LGAs accessing funds through the block grant | MoFA | CIDA | YES, finished by first half of 2008 | |
| 16. The Regional Secretariats well placed to ensure sustainability after the RFA | TACAIDS | WB<br>RAS | Partly | |
| 17. LGAs allocate resources to address identified capacity strengthening needs | | | Partly | |
| 18. Revision of CMACs guidelines to be finalized | TACAIDS | | Yes, developed and revised | Will be disseminated |
| 19. HIV/AIDS mainstreamed into the O&OD methodology and implementation | PMO-RALG | AMREF, UNAIDS, University of Mzumbo, WB (TMAP), GFATM, GTZ, Irish Aid, UNDP | YES | Finalized by end of October |
| 20. Increase the number of CSOs accessing funds | TACAIDS, LGA | CAF | YES | |
| 21. Have a regular forum for all RFAs | TACAIDS | | YES | |
| 22. At least one functioning model WAMAC at every LGA | TACAIDS | | YES, DURING 2007 | |
| ***Finance Management and Funding Modalities*** | | | | |
| 23. Mini-study on "Funding system for CSOs and introduce systematic resource tracking and information dissemination" include in next PER | TACAIDS | ALL DEVELOPMENT PARTNERS SUPPORTING HIV/AIDS | YES, 2008 | POLICIES OF DEVELOPMENT PARTNERS |
| 24. Timely disbursement of funds to implementers | TACAIDS | INTERNATIONAL DEVELOPMENT ASSOCIATION | YES, throughout | THE INTERNATIONAL DEVELOPMENT ASSOCIATION |
| 25. Increase of donor support on financing "budget support on HIV/AIDS" | TACAIDS | ALL DEVELOPMENT PARTNERS SUPPORTING HIV/AIDS | YES, 2006-2008 | ALL DEVELOPMENT PARTNERS SUPPORTING HIV/AIDS |
| 26. Next round of the Global Fund should be designed using the GBS-HIV | TACAIDS | TNCM | NO | TNCM |
| 27. Reorganization of TACAIDS for more effective operations | TACAIDS | PRESIDENT OFFICE PUBLIC SERVICE MANAGEMENT AND OTHER STAKEHOLDERS | YES, IN PROGRESS | PRESIDENTIAL IMPLEMENTATION COMMITTEE |

| | | | | |
|---|---|---|---|---|
| ***Advocacy and Information*** | | | | |
| 28. First Lady's HIV/AIDS campaign supported | TACAIDS | PRESIDENT OFFICE<br>One UN | YES, EVERY YEAR | |
| 29. National Advocacy and Communication strategy disseminated and operationalised | TACAIDS | CSO, RFA, MDA, FBO, etc. | YES, ADOPTED 2005 AND DISSEMINATED 2007-08 | |
| 30. Eleven Mobile Cinema Vans and theatre arts available at the community level | TACAIDS | WB | YES, THEY ARE SENT DURING 2008 (PRIORITY TO REMOTE AREAS) AND ANOTHER 11 VANS ARE NOW PURCHASED. | |
| 31. National HIV/AIDS Youth and Women Campaign launched | TACAIDS | AMREF | NO. INSTEAD OF CAMPAIGN 4 WORK SHOPS WERE CONDUCTED COUNTRYWIDE | THE VIEWS OF THE YOUTH WILL BE INCORPORATED IN THE PREVENTION STRATEGY |

**Appendix (ii)**
**Draft Milestones for 2009-2010**

# MILESTONES FOR 2009-2010

| *SN* | *Milestone* | *Governmental Responsible Organisation* | *Implementing Organisation Partner* | *Time frame* |
|---|---|---|---|---|
| | **1. MONITORING, EVALUATION AND RESEARCH** | | | |
| 1.1 | TOMSHA data are electronically captured, using LGMD, in the 133 councils in Tanzania (complete 40% by 2009 and 100% by 2010) | TACAIDS | PMO-RALG<br>Council Directors<br>MCDGC | 2010 |
| 1.2 | All councils, MDAs and Private actors have developed timely and user friendly HIV program reports and ensure dissemination at all levels | RAS & TACAIDS | PMO-RALG<br>MDAs | 2010 |
| 1.3 | Capacity building for operational research at 20 LGAs has been enhanced to support planning and decision Making for HIV and AIDS response by 2010 | RAS | Council Directors | 2010 |
| 1.4 | Support Research with Information on size, magnitude and risk factors and behaviours among most at risk populations and findings disseminated by 2010 | TACAIDS | Research Institutions | 2010 |
| | **2. RESOURCE MOBILISATION** | | | |
| 2.1 | Costed NMSF | TACAIDS | PMO-RALG<br>MDAs, CSOs,<br>Private sector | June 2009 |
| 2.2 | A mechanism to generate resources both nationally and locally implemented | TACAIDS | PMO-RALG,<br>MOFEA | 2010 |
| 2.3 | A database with information of all available sources and amount of HIV and AIDS funding in the country established | TACAIDS | TACAIDS<br>MOFEA<br>PMO | 2009 |
| 2.4 | All Mainland Regions and LGAs have funded budgets and manageable costed action plans for HIV and AIDS responses at all levels (regional/district/ward/village) | PMO-RALG | LGA,<br>PMO-RALG<br>MOFEA<br>TACAIDS/DFA | June 2010 |
| | **3. ENABLING ENVIRONMENT** | | | |
| 3.1 | All MDAs and Regions have HIV and AIDS focal persons with clearly defined roles, responsibilities and accountability lines | PMO | MDAs<br>TACAIDS/ DPR | June 2010 |
| 3.2 | An Institutional Capacity Development Plan for TACAIDS has been approved and funded | TACAIDS | PMO | December 2009 |
| 3.3 | The HIV and AIDS ACT is disseminated and enacted at all levels | MoHSW | TACAIDS,<br>PMO,<br>MoJ<br>MoHA<br>LGAs | December 2009 |
| 3.4 | All CSO umbrella organizations and/or national networks have functioning internal mechanisms to represent their constituencies in policy forums at the national level | TACAIDS/DCR | CSOs<br>TACAIDS/ DPR | June 2010 |

| | | | | |
|---|---|---|---|---|
| 3.5 | Strategic guidelines and tools for mainstreaming Gender & Human Rights approaches in HIV and AIDS Plans have been disseminated at all levels | MCDGC | LGAs<br>MDAs<br>PMO-RALG<br>TACAIDS/ DPR | December 2009 |
| **4. IMPACT MITIGATION** | | | | |
| 4.1 | Household economic strengthening strategies for vulnerable groups linked to the National Social Protection Framework developed and implemented | MCDGC,<br>MoHSW/DSW<br>PMO-RALG | TACAIDS<br>MOFEA<br>MoEVT<br>NACOPHA<br>OVC–IPG | September 2010 |
| 4.2 | User-friendly budget guidelines to support LGAs in planning and resource allocation for vulnerable groups developed and implemented | MCDGC,<br>MoHSW/DSW<br>PMO-RALG | TACAIDS<br>MOFEA<br>MoEVT<br>NACOPHA<br>OVC–IPG | September 2010 |
| 4.3 | Strategy for decentralizing social welfare services and incorporation of social welfare assistants in the social welfare scheme of work developed | MOHSW/ DSW<br>PMO-RALG | TACAIDS<br>MOFEA<br>OVC–IPG | September 2010 |
| 4.4 | 75% of all districts have completed identification of MVC according to the national identification guidelines and all identified children have received a minimum package of services | MoHSW/ DSW<br>PMO-RALG | PMO-RALG<br>TACAIDS<br>MOFEA<br>MoEVT<br>MCDGC<br>OVC–IPG | September 2010 |
| 4.5 | The MVC National Costed Plan of Action (NCPA) is disseminated in all LGAs and LGAs have allocated resources to support NCPA implementation | MoHSW/ DSW<br>PMO-RALG | PMO-RALG<br>TACAIDS<br>MOFEA<br>MoEVT<br>MCDGC<br>OVC–IPG<br>Council Director | September 2010 |
| **5. PREVENTION** | | | | |
| 5.1 | A comprehensive and evidence-based National HIV and AIDS Prevention Strategy and costed 2-year action plan in place | TACAIDS | Prevention TWC | June 2009 |
| 5.2 | All HIV and AIDS prevention interventions by all stakeholders are aligned with the National HIV and AIDS Prevention Strategy | TACAIDS | RS<br>LGAs<br>MDAs<br>ABCT<br>CSOs<br>TIESNAI | June 2010 |
| **6 CARE, TREATMENT AND SUPPORT (NOT YET ADOPTED BY TWC)** | | | | |
| *6.1* | *Mapping of public and private partnership in HBC service finalised* | *MoHSW* | *CSOs*<br>*Private Sector* | *Dec 2009* |
| *6.2* | *Comprehensive HBC strategy incorporate nutritional supplementation and ARV services developed and approved* | *MoHSW* | *CSOs*<br>*Private Sector* | *Sept 2009* |
| *6.3* | *User friendly ARV services accessible at the PHC facility level in 132 councils* | *MoHSW* | *CSOs*<br>*Private Sector* | *2010* |
| *6.4* | *Strategy to establish Paediatric PMTCT user-friendly* | *MoHSW* | *CSOs* | *2009* |

| | | | | |
|---|---|---|---|---|
| | *HIV services in 132 councils developed* | | *Private Sector* | |
| *6.5* | *Improved MSD institutional capacity to manage its mandate and roles* | *MoHSW* | *CSOs*<br>*Private Sector* | *2010* |
| *6.6* | *132 councils allocate funds for HIV and AIDS to support PLHIV and OVC* | *MoHSW* | *CSOs*<br>*Private Sector* | *2010* |
| *6.7* | *132 councils roll-out Opportunistic Infection package with ART* | *MoHSW* | *CSOs*<br>*Private Sector* | *2010* |
| *6.8* | *Diagnostic of TB/HIV strategy developed and implemented* | *MoHSW* | *CSOs*<br>*Private Sector* | *2010* |

## Appendix (iii)
## Executive Summary District and Community Response

It is estimated that more than 2 million people are living with HIV/AIDS and currently, Tanzania Government efforts are to facilitate the Multisectoral response to HIV/AIDS which started in earnest in 1999, when HIV was declared a national emergency. The second National Multi Sectoral Strategic Framework (NMSF), which will run up to 2012, is under implementation. One of the approaches of the new strategy is capacity building and community participation.

The new Strategy acknowledges the role of local actors and communities to respond appropriately to curbing the spread of HIV and AIDS and its impact. Hence the current piece of work reported hereunder. The report from the study/assessment has been planned to be an input both in Technical Review and also forms the basis for reviewing the overall implementation of the second NMSF and set the milestone for the coming years. Other topics such as *public sector response* and *new survey findings* will also form inputs in the technical joint review. The assessment was meant to generate community based experiences regarding the implementation of NMSF in terms of *what worked well and what needs to be improved*, and then provide best perceived locally based interventions. Hence, TACAIDS recruited Seven (7) consultants to conduct the Rapid assessment of the district & community HIV&AIDS response.

The field work was carried out in six zones, covering three districts in each zone. The Zones were Eastern (Dar-Es-Salaam; Coast and Morogoro); Southern Highlands (Ruvuma; Iringa and Mbeya), Western (Rukwa; Kigoma and Tabora), Lake (Kagera, Mwanza and Mara), Central (Shinyanga, Singida and Dodoma and finally the Northern (Manyara, Arusha and Kilimanjaro). In each of these regions, one district was randomly sampled. The districts or Local Government Authorities (LGAs) were: Temeke, Mkuranga and Ulanga; Tunduru, Makete and Rungwe; Nkasi, Kibondo and Nzega; Muleba; Ukerewe and Tarime; Kahama, Iramba and Kondoa; Kiteto, Rombo and Arusha. A total of 18 districts were assessed.

The district selection was randomly done. In these districts, the study was through a participatory methodology which included at least two villages in each district, which were purposefully selected, one being rural and other urban. Respondents included women, youth, people infected, people with disability, men, and MVC/OVC. Gender and age desegregation were taken into consideration.

The total time frame of the assessment took 30 working days. The field visits took 15 days. Qualitative in-depth interviews were administered to respondents from Households, umbrella civil society organisations including the private and informal sector where applicable; Council Multisectoral Committees, Districts, Regions and at National levels. By the end of the visits, the consultants drafted a summary report containing the main findings and conclusions of the visit.

Indeed, the report has seven parts. Part one is the introduction, part two the terms of reference, part three is the methodology, part four gives the findings while part five summarises the conclusions, part six gives the recommendations and finally part seven presents the suggestions for implementing the recommendations.

The conclusions for each focus area are shown below.

**Coordination**
The councils are working with some private and public organizations in HIV and AIDS activities. However, the collaboration is not strong enough to enhance multi-sectoral response.

All districts are coordinating HIV and AIDS activities through the CMACs. However, activities implemented by some stakeholders, in the district, are rarely reported to the CMAC, due to low representation of CSOs and private organizations in the CMAC and lack of transparency among some of the actors e.g. CSOs.

**Planning and Budgeting**
All districts have HIV and AIDS plans and budgets, however due to poor information flow both from bottom-up and top-down, data and information from households, communities and CSOs are seldom used for generating Council Comprehensive Plans for HIV and AIDS activates.

**Management and Implementation**
In all districts, there are CSOs that are engaging PLHIV and MVC guardians in promoting IGAs. However, most of the CTC clients face serious poverty-related problems—lack of bus fares to the clinics and lack of food—for them to sustain counselling, and treatment with ARVs and for opportunistic infections.

Presence of stigmatization was reported by PLHIV, which is likely to reduce peoples' access to VCT and CTC centres.

**Monitoring and Evaluation**
TOMSHA information system is appreciated across districts. However, not all the players who are supposed to use TOMSHA are trained on how to use it.

**Resource Mobilization, Tracking and Auditing**

Variations of accountability, transparency, information flow and coordination of resources are noted in all districts and MDAs.

**Institutional Arrangements**
Institutional arrangements in place vary in terms of knowledge and capacity building to implement HIV and AIDS activities. Institutional arrangements are not well financed to enable them to execute HIV and AIDS activities

**Reporting and Report Preparation**
All districts have a number of ways and fora for reporting HIV and AIDS activities to the appropriate levels. However, feedback is not always received.

**Finally the following recommendations are made:**

**LGAs Coordination:**
LGAs should identify partners and establish mechanisms for Public Private Partnership with all other stakeholders working on HIV and AIDS activities in order to compliment efforts of actors in the district

LGAs should identify partners and establish mechanisms for Public Private Partnership with all other stakeholders working on HIV and AIDS activities in order to compliment efforts of actors in the district.

LGAs should strengthen the existing coordination mechanisms for CMACs, WMACs and VMACs in order to ensure that monitoring and evaluation activities are intergraded into the Council comprehensive plans and should be in line with NMSF and the minimum essential package so as to scale up District response and subsequently contribute to the national response.

LGAs should strengthen information flow on HIV and AIDS to and from Household and community levels in order to plan effective interventions aimed at reducing the spread of the epidemic which focus more on social behaviour studies that can inform policies, strategies and activities.

LGAs should involve all sectors and stakeholders to participate in the process of developing HIV&AIDS district comprehensive plans in order to enhance the community response

**CSOs, Private and Informal Sectors Coordination:**
Coordination mechanisms for CSOs, Private and Informal Sectors should be developed through consultation between LGAs and CSOs, Private and Informal Sectors working in HIV and AIDS programmes in order to ensure that the activities that are carried out are complimentary to the council comprehensive plans and in line with NMSF and the minimum essential package in order to scale up District response and subsequently contribute to the national response.

CSOs and other stakeholders implementing HIV and AIDS activities should be transparent and accountable to the beneficiaries' community by 2010.

**Planning, Budgeting:**
LGAs should strengthen information flow on HIV and AIDS to and from Household and community levels in order to plan effective interventions aimed at reducing the spread of the epidemic which focus more on social behaviour studies that can inform policies, strategies and activities.

CSOs and other stakeholders implementing HIV and AIDS activities should be transparent and accountable to the beneficiaries' community by 2010.

LGAs should involve all sectors and stakeholders to participate in the process of developing HIV&AIDS district comprehensive plans in order to enhance the community response

**Management and Implementation:**
LGAs incorporate IGAs projects in the district comprehensive HIV&AIDS plan in order to improve the livelihoods of the PLHIV /MVCs/ widows / widowers

LGAs should establish mechanisms for the enforcement of existing bylaws in order to protect the rights of infected and affected populations.

LGAs and CSOs should scale up the training of Traditional Healers and the Traditional Birth Attendants in order to improve performance on HIV and AIDS Client management and referral

LGAs, CSOs and other Actors should promote and expand CTC / VCT / HCT services in order to increase access at all levels

**Monitoring and Evaluation:**
PMO-RALG / TACAIDS should build capacity of Actors in order to effectively use TOMSHA and the LGMD reporting systems in order to be able to effectively use them in planning, implementing and reporting HIV and AIDS activities

**Resource mobilization, resource tracking and Auditing:**
PMO-RALG /TACAIDS should scale up Good governance practices on HIV and AIDS programmes in all TACs, LGAs and CSOs in order to achieve effective accountability, transparency, information flow and coordination of resources

**Institutional arrangements:**
Regional Secretariat and LGAs should budget, provide, scale up and sustain capacity building (continuous education/refresher training) for the MACs in terms of knowledge on HIV and AIDS, Advocacy, Planning, Implementation, M&E and Coordination in order to enhance their performance based on available resources and best practices

**Reporting and report preparation:**

PMO-RALG/ TACAIDS / RS / LGAs/ CSOs should provide timely reports and give feedbacks in order to improve performances in the planning, implementation and coordination of HIV and AIDS activities.

**Operational Research**

TACAIDS should support RS and LGAs to develop and prioritized their research agenda which addresses programmatic and operational issues on HIV and AIDS.

TACAIDS and LGAs should budget for research in their MTEF plans.

**Appendix (iv)**
**Executive summary: The Structural, Policy and Legal environment: Achievements and challenges**

This study is part of the Joint Review (2008) undertaken by TACAIDS in collaboration with other stakeholders to assess progress reached thus far in implementing the national response to HIV and AIDS. The purpose of this particular study is to asses the progress made thus far in terms of addressing HIV and AIDS from the enabling environment perspective. Three different components are looked into, the policy framework, the institutional arrangement and the legislative framework. The review discusses factors within the three components that either promote or limit effective national HIV and AIDS response. The progress reached thus far in terms of a conducive enabling environment is measured using a set of goal level enabling environment indicators that were spelled out in the National Multisectoral Strategic Framework I as well as evaluates whether the current enabling environment will facilitate the achievement of goals set out in the second NMSSF.

**Methodology**
This study is a desk review supported by a few interviews to establish insights and thoughts regarding the achievements and limitations. A selected number of ministerial HIV and AIDS focal points, selected development partners, TACAIDS officials and civil society organization were interviewed. An extensive literature review involved the reviewing of key polices, selected legislation, guidelines, Strategy documents, plans, programme documents, reports, Papers and publications.

**Key Achievements, Challenges and Recommendations**
Institutional Arrangements and Structures

**MDAs**
**Achievement:** Focal points have been established in MDAs, some of them have been trained, set up HIV and AIDS structures in ministries, developed strategies, developed implementation guidelines and are implementing activities.
**Challenge:** TACAIDS has numerous structures at national level. Some of these structures are working while some are not; likewise, some of the structures are not adequately funded and others have not been trained. Part of the reason the MDA structures are not functioning very well is the lack of political support from higher decision making bodies; Lack of sufficient technical guidance and follow up from TACAIDS has also contributed to weak implementation of the national response.
**Recommendation:** There is need to closely evaluate the relevance of all the structures within MDAs, particularly what role the structures have played in effecting the national response. Possibilities of TACAIDS' presence at regional, district and ward levels should be explored in order to effect the leadership and coordination role. However, the most critical issues is how TACAIDS can work more closely with PMO-RALG so that its monitoring and leadership role can be effectively implemented within Decentralization by Devolution.

It may be necessary to re-assess the entire concept of HIV and AIDS focal points, who they are, what their role is and how they are contributing to the national response. MDAs that have done well should be commended for their work. High level political commitment is needed in order to sustain the structures and interventions. Neither the Acts nor the policy makes it obligatory for decision makers to take concrete measures to address HIV and AIDS in MDAs. Annual performance reviews should be undertaken to asses what each MDA has achieved, the challenges and constraints.

**Regional and Local Government Structures:**

**Achievements:** Government legislations have effectively facilitated the formation of local level structures. These have been formed from the lowest levels (kitongoji) to the highest regional level. Many of these structures have been trained on their roles; some have received guidelines and materials from TACAIDS while others have not. Some of them are functioning excellently while others are almost dying.

**Challenges:** TACAIDS has little or no control over the committees. These committees, including the coordinators at regional levels are accountable to local government. Although TACAIDS mobilizes funds for monitoring and coordination, little is done to monitor and coordinate HIV and AIDS activities at lower levels. There are no clear accountability systems, lack of capacity to monitor and report, and clear accountability structures. The result of this is lack of information flow from lower levels to higher levels to guide policy formulation and implementation.

**Recommendations:** TACAIDS has information regarding the limited ability of local government based HIV and AIDS committees. TACAIDS should first take stock of what the committees at all levels at been able to do, the lessons, challenges and opportunities. They further need to re-evaluate the various structures and roles and where possible harmonize some of them (for example the RAC, DAC and the CHAC). They should have discussions with local government on how to finance, supervise and monitor HIV and AIDS committees in the local government structures as provided in the law so that these become working structures. The fact that these lower level structures are not effectively used is a lost opportunity. Means of establishing reporting and accountability mechanisms (who reports to who) needs to be agreed between all stakeholders at local government level.

There is a need to re-evaluate the feasibility of local level structures (including CSOs) and most importantly assess and strengthen the accountability systems, including strengthening local government so that it could demand more action from the HIV and AIDS committees and CSOs. This will entail capacity building of councils, strengthening of the existing structures and actors, ensuring financing, supervision and monitoring of the HIV and AIDS committees by local government so that there is actual reporting and feedback. There is need to improve mechanisms for information flow from local government level to national level and lessons from more successful committees should be documented for cross regional sharing.

**Coordination of Donor and CSOs HIV and AIDS interventions**

**Achievement**: TACAIDS has managed to attract funding for HIV and AIDS activities from various sources. Capacity of CSOs has been built and there is more active

participation in HIV and AIDS interventions in prevention, care and treatment and impact mitigation.

**Challenge:** Coordination of donors is slowly improving but needs to be strengthened and that of CSO interventions is generally weak and could be improved.

The current efforts to improve donor coordination and dialogue through the joint working group will most likely facilitate the implementation of three ones principle. However, the multiplicity of funding sources managed outside the country makes it difficult for TACAIDS to coordinate, especially where the funding agency does not communicate to TACAIDS; this issue must be taken on board when discussing monitoring, evaluation and coordination and multiple M&E systems and coordination bodies such as the TNCM should be harmonized. The current legislation on Prevention and Control of HIV and AIDS, makes it obligatory for actors to consult with TACAIDS, however, this law is not yet in operation. The MOU between donors is another instrument that is facilitating effective coordination of interventions; however, not all donors are part of this MOU. Likewise, the UN, under the one UN system is trying to work under the framework of the NMSSF and TACAIDS, but reporting on progress of interventions supported does not often reach TACAIDS. There are numerous CSOs implementing HIV and AIDS programmes. Some of these CSOs are funded internally; some are funded from international sources. TACAIDS does not have full knowledge of the number of NGOs undertaking these activities nor their sources of funding.

**Recommendation**: There needs to be a plea from higher level decision making bodies to mobilize both the civil society organizations and donors to work under the National framework and to be coordinated by TACAIDS as was agreed under the three ones principle. In the same token, MDAs need to be committed to implement the national response as decision making bodies/officials must be at the center of this commitment. The lack of political commitment is a concern for development partners and civil society organizations.

Within TACAIDS, there needs to be a coordination strategy that outlines how TACAIDS will coordinate the different partners. Already there are complaints from particularly civil society organizations that coordination is weak. This can be done if there is a specific unit with a strategy within TACAIDS that deals with this core function. This unit should be adequately funded to support follow up on all coordination issues.

**Policy Framework**

**Achievements:** The HIV and AIDS policy and the National Multisectoral Strategic Framework provide a comprehensive approach to dealing with HIV and AIDS. The availability of guidelines for implementation has harmonized processes and approaches. There are a number of supporting policies in Tanzania, these are general but provide a framework where the HIV and AIDS policy can be implemented.

**Challenge:** There are still a considerable number of people who do not know the HIV and AIDS policy, more people are aware of the NMSSF. The situation in rural areas is worse; many do not know the policy or the framework. Policy implementation is weak and needs to be monitored. However, TACAIDS does not have the legal mandate to

supervise or monitor policies in other MDAs. Many policies and programmes are addressing the impact of HIV and AIDS and there is less focus is on prevention strategies. Issues such as gender equality, access to reproductive health services by young people, quality of care and support to PLHA and support to orphans need to be more specifically backed up by specific programmes/interventions aimed at influencing changes in policy or improvement in policy implementation.
Both the HIV and AIDS policy and the TACAIDS act provide for extensive functions of the commission. Some of these functions include implementation role which reduce TACAIDS focus on coordination, monitoring and evaluation and leadership roles.
**Recommendation:** TACAIDS needs to disseminate the HIV and AIDS policy and NMSF widely, particularly to all the key actors such as focal points in MDAs and committees at local government level. CSOS, community and donors also need to have easy access to the policy. The unit responsible for policy and planning should follow up on developments in implementation of sector policies that support the national response, this means participating in various national committees that are of relevance to the national response or provide backup support to focal points in MDAs. Unfortunately, many of the focal points are not in decision making positions, this may require that TACAIDS undertakes high level policy forums with decision making bodies for purposes of influencing change in policy implementation. Likewise, advocacy support provided to CSOs should be geared at upstream activities/strategies that aim at influencing policy change or policy implementation.

TACAIDS needs to review its policy and the Act that establishes it to ensure that its role is specific and does not conflict with roles in other MDAs. Currently, TACAIDS is responsible for both implementation and coordination, while TACAIDS could be more focused and deal with coordination, strategic leadership, monitoring and evaluation and resource mobilization.

Many of the national level indicators aim at reducing the impact of HIV and AIDS for women and other vulnerable groups, in order for these results to be achieved, TACAIDS need to work closely with some of the key MDAs responsible for policy implementation, particularly MDAs dealing with vulnerable groups. In addition, TACAIDS needs to develop policy guidelines that outline ways of mainstreaming gender and HIV and AIDS in policies, programmes, strategies and other interventions. The availability of these guidelines will promote consistency and likewise, these are greatly needed by all actors.

Monitoring structures are being set up but still at their early stages. Mechanisms of collecting and recording information are still not finalized. Although tools have been developed, means of distributing the tools and in retrieving them are not yet firmed up. The TOMSHA needs to be made electronic in order of its management to be feasible. Likewise there needs to be a single monitoring system, the fact that non medical and medical information is collected separately makes it difficult to harmonize information on the national response. The bottom line is that without an efficient and effective monitoring system, it will be difficult to monitor the progress of the national response. Capacity needs to be built and the infrastructure completed.

**Legal Framework**

**Achievement:** TACAIDS has enacted a law that outlines its role in the national response and another legislation that outlines the responsibilities of other actors as well as the roles and rights of various stakeholders.

**Challenge**: The HIV and AIDS (Prevention and Control Act) of 2007 does not impose a duty on the government to provide orphans and PLHA basic health services, ARVs or an adequate standard of living. The most of the legislation do not have specific provisions enhance the national response. Gaps in legislation include the limited protection of women, vulnerable children and youths.

**Recommendation:** TACAIDS should provide strategic leadership to legal NGOs so that they can undertake interventions that promote the attainment of rights for vulnerable groups. Sustainable measures should be promoted, such as upstream advocacy activities that are likely to promote dialogue among stakeholders on rights of PLHAs, women, orphans and rights of other vulnerable groups in the context of poverty and HIV and AIDS. As well CSOs that implement gender equality programmes should be supported to promote change in behavior at community level.

The role of TACAIDS in the Act (Tanzania Commission for AIDS Act, 2001) provides for both implementation and coordination roles; this clearly conflicts with mandates of other MDAs and actors. This broad mandate provided by the Act limits the effective functioning of TACAIDS as a body to provide strategic leadership and coordination and thus action must be taken to streamline its role and strengthen HIV and AIDS coordination and monitoring.

The HIV and AIDS (Prevention and Control Act) of 2007 does not impose a duty on the government to provide orphans and PLHA basic health services, ARVs or an adequate standard of living. The pros and cons of this omission should be further evaluated.

**Appendix (v)**
**JAR Secretariat Members**

**TACAIDS**

| | |
|---|---|
| Dr RBM Kalinga | Chair |
| Richard Ngirrwa | Secretary |
| Jumane Issango | |
| Hashim Kalinga | |
| Samuel Komba | |
| Beng'i Issa | |
| Dr Subilaga Kasesela | |
| Steven Wandella | |

**Development partners**
Elise Jensen, DPG-AIDS Chair, USAID
Dr Myo Zin Nyunt, DPG-AIDS Co-Chair, UNICEF
Dr Luc Barriere-Constantin, DPG-AIDS Secretary, UNAIDS
Fredrick Macha, UNAIDS
Beverly Brar, DPG-AIDS Coordinator

**Civil Society Organizations**
Vitalis Makayula NACOPHA
Dr Peter Bujari, TAF

**Technical support**
Karin Berlin, International Consultant
Frieda Shauri, National Consultant

## Appendix (vi)
## NMSF Thematic/Technical Working Committees: Leadership, Dec 2008

Prevention

| *Leadership* | |
|---|---|
| Chair : | Dr. Kalinga - TACAIDS |
| Secretaries: | Dr. Chilanga - UNFPA |
| | Ms. V. Chuwa - UNICEF |

Enabling Environment

| *Leadership* | |
|---|---|
| Chair : | G. Majengo - TACAIDS |
| Secretary: | S. Komba - TACAIDS |

Care, Treatment & Support

| *Leadership* | |
|---|---|
| Chair : | Dr. R. Kaushik - Hindu Mandal Hosp |
| Secretaries: | Fabiola Mpunguliani - CCBRT |
| | Morris Lekule - TACAIDS |

Impact Mitigation

| *Leadership* | |
|---|---|
| Chair : | Ms. Tembele - TACAIDS |
| Secretaries: | Dr. Nyunt - UNICEF |
| | Mr. Charwe - MoHSW, DSW |

Finance and Audit

| *Leadership* | |
|---|---|
| Chair : | Ms. Issa - TACAIDS |
| Secretary: | Dr. Bujari - HDT |

Research and M & E

| *Leadership* | |
|---|---|
| Chair : | Dr. Kitua - NIMR |
| Secretary: | Dr. Mulokozi - TACAIDS |

## Appendix (vii): Time Table Main Review 10-11 November

| Monday 10th November 2008 | | |
|---|---|---|
| **Time** | **Session** | **Chair** |
| 08:00-08:30 | Registration | |
| 08:30-09:00 | Introduction of Stakeholders by Constituencies<br>*Facilitator* | Mr. Nyumayo Permanent Secretary of Prime Minister's Office |
| 09:00-09:05 | Welcome Note by Tanzania Commission for AIDS – TACAIDS<br>*Executive Chairman Dr Fatma Mrisho* | |
| 09:10-10:15 | Opening statements by:<br>- DPG-AIDS, Development Partner Group on AIDS, *Chair Elise Jensen*<br>- PMO-RALG, Prime Minister's Office – Regional Administration and Local Government<br>- TAF, Tanzania AIDS Forum, *Chairman Dr Peter Bujari*<br>- ABCT, AIDS Business Coalition Tanzania, *Executive Chairman Richard Kasesela*<br>- NACOPHA, National Network for People Living with HIV/AIDS *Chairman Vitalis Mwakayula*<br><br>*Mr. Nyumayo*, Permanent Secretary of Prime Ministers Office, will welcome Guest of Honour<br>*Mr. Philip Sang'ka Marmo (MP), Honourable Minister of State*<br><br>Vote of Thanks, TACAIDS Commissioner | |
| 10:15-10:45 | **Tea Break** | |
| 10:45-11:00 | Progress on Implementation of Milestones set 2006<br><br>*TACAIDS, Director of Policy and Planning Dr Raphael Kalinga* | Mr. Nyumayo Permanent Secretary of Prime Minister's Office |
| 11:00-11:40 | Highlights from Technical Review 29-30 October 2008:<br>- Main Achievements and Challenges in Tanzania's response to HIV/AIDS *TACAIDS Director of Policy and Planning Dr Raphael Kalinga*<br><br>- District and Community Response, Rapid Assessment Report *Professor Gabriel Mwaluko, Lead Consultant* | |
| 11:40-12:00 | HIV/AIDS National Response Monitoring Indicators<br>- Progress Report<br>*TACAIDS M&E Unit Chaddy Anthony and Steven Wandella* | |
| 12:00-12:20 | Gender and HIV/AIDS<br>*Susana Fried, Gender Adviser, HIV/AIDS Group, Bureau for Development Policy, UNDP, New York* | |

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| 12:20-13:00 | MKUKUTA process and PAF indicators<br>- Indicators and criteria for assessing the performance of the sector<br>*Ministry of Finance and Economic Affairs, Director Mrs Mwasha,*<br>*Head of CWG2 "Improvement of Quality of Life and Social Well-being"*<br><br>Assessment of the HIV/AIDS Sector Performance<br>- Proposal<br>*TACAIDS Director of Finance and Administration Beng'i Issa and Richard Ngirrwa, Officer Policy and Planning*<br><br>- Plenary discussion<br>- Agreement | |
| 13:00-14:00 | **Lunch Break** | |
| 14:00-14:20 | Financial and Resource Mobilization<br>- MTEF 2007/2008<br>- Public Expenditure Review 2007<br>*TACAIDS Director of Finance and Administration Beng'i Issa* | Luc Barriere-Constantin, UNAIDS Country Director |
| 14:20-14:40 | Coordination of HIV/AIDS planning and activities<br>- Challenges, Constraints and Way Forward<br>*PMO-RALG, Prime Minister's Office – Regional Administration and Local Government* | |
| 14:40-15:00 | Health and Social Sector Response & the Situation of the Epidemic<br>- Challenges, Constraints and Way Forward<br>*Ministry of Health and Social Welfare Dr R. O. Swai, Programme Manager NACP* | |
| 15:00-15:10 | NMSF, National Multi Sectoral Strategic Framework 2008-2012<br>- Objectives and Goals | |
| 15:10-16:10 | Session 1: Monitoring, Evaluation and Research | |
| | Goals and Indicators of the NMSF for monitoring, evaluation and research<br>*NIMR, National Institute of Medical Research, Dr Andrew Kitua,*<br><br>Proposed Milestones for 2009-2010<br>*CIDA Peggy Thorpe, Health and HIV/AIDS Advisor*<br><br>- Plenary discussion and agreement | Dr Andrew Kitua NIMR |
| 16:10-16:30 | **Tea Break** | |
| 16:30-17:30 | Session 2: Financial, Human and Technical Resources | |
| | Goals and Indicators of the NMSF for Financial, Human and Technical Resources<br>*TACAIDS Rustica Tembele Director of Community and District Response* | Rustica Tembele TACAIDS |

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| | Proposed Milestones for 2009-2010<br>*TACAIDS Beng'i Issa Director Finance and Administration*<br><br>- Plenary discussion and agreement | |
| | Closing of Day One | |

| **Tuesday 11th November 2008** | | |
|---|---|---|
| **Time** | **Session** | **Chair** |
| 09:00-09:45 | Session 1: Monitoring, Evaluation and Research | |
| | Goals and Indicators of the NMSF for monitoring, evaluation and research<br>*NIMR, National Institute of Medical Research, Dr Andrew Kitua,*<br><br>Proposed Milestones for 2009-2010<br>*CIDA Peggy Thorpe, Health and HIV/AIDS Advisor*<br><br>- Plenary discussion and agreement | Dr Andrew Kitua NIMR |
| 09:45-10:30 | Session 2: Financial, Human and Technical Resources | |
| | Goals and Indicators of the NMSF for Financial, Human and Technical Resources<br>*TACAIDS Rustica Tembele Director of Community and District Response*<br><br>Proposed Milestones for 2009-2010<br>*TACAIDS Beng'i Issa Director Finance and Administration*<br><br>- Plenary discussion and agreement | Rustica Tembele TACAIDS |
| 10:30-11:15 | Session 3: Enabling Environment | |
| | Goals and Indicators of the NMSF for Enabling Environment<br>*TACAIDS Geoffrey Majengo, Director Advocacy and Information*<br><br>Proposed Milestones for 2009-2010<br>*UNAIDS Luc Barriere-Constantin, Country Coordinator*<br><br>- Plenary discussion and agreement | Geoffrey Majengo TACAIDS |
| 11:15-11:45 | **Tea Break** | |
| 11:45-12:30 | Session 4: Impact Mitigation | |
| | Goals and Indicators of the NMSF for Impact Mitigation<br>*Unicef Myo-Zin Nyunt, HIV/AIDS Coordinator* | Myo-Zin Nyunt, Unicef |

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| | Proposed Milestones for 2009-2010<br>*USAID Elizabeth Lema, OVC, HIV/AIDS Team*<br><br>- Plenary discussion and agreement | |
| 12:30-13:15 | Session 5: Prevention | |
| | Goals and Indicators of the NMSF for Prevention<br>*TACAIDS Dr Fatma Mrisho, Executive Chairman*<br><br>Proposed Milestones for 2009-2010<br>*TACAIDS Subilaga Kasesela, National Programme Officer*<br><br>- Plenary discussion and agreement | Dr Fatma Mrisho, TACAIDS |
| 13:15-14:00 | Session 6: Care, Treatment and Support | |
| | Goals and Indicators of the NMSF for Care and Treatment<br>*Shree Hindu Mandal Hospital Dr R Kaushik,*<br><br>Proposed Milestones for 2009-2010<br>*Ministry of Health and Social Welfare, National AIDS Control Programme – NACP, Dr Rowland Swai, Programme Manager*<br><br>- Plenary discussion and agreement | Dr Ramaiya Kaushik, Shree Hindu Mandal Hospital |
| 14:00-14:20 | Social Welfare<br>*Ministry of Health and Social Welfare* | Dr Fatma Mrisho, TACAIDS |
| 14:20-14:30 | - Summary of Agreed Milestones for 2009-2010<br>- Steps Forward<br>- Final Agreement on Sector Progress to feed into GBS/PAF Process<br>Official Closing | Dr Fatma Mrisho, TACAIDS |
| 14:30 | **Lunch** | |

## Appendix (ix): Joint Thematic Working Group

| No. | Name | Institution/Agency | Designation |
|---|---|---|---|
| 1 | Dr. Fatma Mrisho | TACAIDS | Executive Chairman |
| 2 | Beng'I Issa | TACAIDS | Director |
| 3 | Rustica Tembele | TACAIDS | Director |
| 4 | Dr. Raphael BM Kalinga | TACAIDS | Director |
| 5 | Dr. Bwijo Bwijo | TACAIDS | GFATM Coordinator |
| 6 | Gerwalda Henjewele | TACAIDS | Director |
| 7 | Geoffrey Majengo | TACAIDS | Director |
| 8 | Mr. Leonard Musaroche | Ministry of Education and Vocational Training | Ag. CEO |
| 9 | Mr. Emmanuel Achayo | Ministry of Agriculture | DPP |
| 10 | Damas N. Shirima | Ministry of Water | Ag. DPP |
| 11 | Mrs. Regina Kikuli | Ministry of Health and Social Welfare | DPP |
| 12 | Dr. Deo Mutasiwa | Ministry of Health and Social Welfare | CMO |
| 13 | Mr. Basil Kaunga | PMO RALG | DPP |
| 14 | Director of Policy and Planning | Ministry of Defense | DPP |
| 15 | Mrs. Nyanguli | MoFEA | Director of Planning |
| 16 | Mr. G. Kamugisha | MoFEA | Director of Policy |
| 17 | Director of Policy and Planning | Planning Commission | DPP |
| 18 | Director of Policy and Planning | MoJCA | DPP |
| 19 | Prof. E. Lyamuya | MUHAS | Director of Research |
| 20 | Richard Kasesela | ABCT | CEO |
| 21 | Dr. A. Kimambo | CSSC | Director |
| 22 | Suleiman Lolila | BAKWATA | Director |
| 23 | Dr. Peter Bujari | TAF | Chairman |
| 24 | Vitalis Makayula | NACOPHA | Chairman |
| 25 | Dr. R. Kaushik | Hindu Mandala Hosp | Chairman |
| 26 | Mr. W. F. Ngowi | MoLEYD | DPP |
| 27 | Director of Policy and Planning | MCDGC | DPP |
| 28 | Dr. Mhili | Tanga AIDS Working Group | Chairman |
| 29 | Lyimo F | Tanzania Network of Informal Sector | Chairman |
| 30 | Director of Policy and Planning | Tanzania Chamber of Commerce | CEO |
| 31 | Elise Jensen | USAID HIV Team Leader | CEO |
| 32 | Myo-Zin Nyunt | UNICEF HIV Coordinator | DPG AIDS Co-Chair |
| 33 | Luc Barriere-Constantin | UNAIDS UCC | DPG AIDS Secretariat |
| 34 | Peggy Thorpe | Canadian CIDA | Sr. Health/HIV Advisor |
| 35 | Yahaya Ipuge | CHAI | Country Director |
| 36 | Sanne Olsen | Danish Embassy | Dev. Counselor |
| 37 | Colleen Wainwright | Irish Aid | Dev. Specialist |
| 38 | Angelika Schrettenbrunner | GTZ Health (Germany) | Multisectoral AIDS Control |
| 39 | Rik Peerperkorn | Royal Embassy of Netherlands | Health Advisor |
| 40 | Joyce Tesha | Embassy of Sweden | PO HIV AIDS |
| 41 | Jacqueline Mahon | SDC | Advisor |
| 42 | Elly Ndyetabura | UNDP | ARR |
| 43 | Chilanga Asmani | UNFPA | PO HIV AIDS |
| 44 | Tracy Carson | PEPFAR | Country Coordinator |
| 45 | John Vertefeuille | CDC | Country Director |
| 46 | Lamine Thiam | WHO | HIV Program Manager |
| 47 | Dominic Haazen | World Bank | Health Policy Specialist |
| 48 | Beverly Brar | UNAIDS | DPG Coord Officer |

## Appendix (ix): List of Participants at Main review 10-11 November

| Sn | Name | Institution | Designation |
|---|---|---|---|
| 1 | Richard Kasesela | ABCT | CEO |
| 2 | Moses Kulaba | Agenda Participation 2000 | Executive Secretary |
| 3 | Hawa Kikeue | Agriculture Food Security | Economist |
| 4 | Victar Rwechungura | Amnesty International | Programme Officer |
| 5 | Blanche Pitt | AMREF | Country Director |
| 6 | Florence Temu | AMREF | Deputy Country Director |
| 7 | Asina Shenduli | BAKWATA | National HIV/AIDS Program |
| 8 | Fabiola Mpunguliana | CCBRT | HIV/AIDS & Disability Coordinator |
| 9 | Frank Geofray | CHEEP (NGO) | Communication Officer |
| 10 | Clotilda Ndezi | Christian Council of TZ | Health&HIV/AIDS Proram Coordinator |
| 11 | Marcel Madili | Christian Social Services Commission | Principal Planning, Monitoring Evaluation |
| 13 | Joseph Komwihangiro | CIDA | Health & HIV/AIDS Advisor |
| 14 | Christopher Armstroney | CIDA | Development Officer |
| 15 | Peggy Thorpe | CIDA, Canadian Cooperation Office | Sr. Health HIV/AIDSAdvisor |
| 16 | Sarah Alphs | Clinton Foundation | |
| 17 | Abdallah J. Mwinchande | CONCERN Worldwide | HIV/AIDS Prog. Manager |
| 18 | Nojgaary KirstineThyge | DANIDA (Dev. Partners) HQ | Snn. TA |
| 19 | Issa Isihaka | DATA (Dev. Association of TZ.) | Director |
| 20 | Linda Mabie | DATA (Dev. Association of TZ.) | Secretary |
| 21 | Fartunatus Fwema | District Council-Iramba | Council Director |
| 22 | Gwamagobe Carlos | District Council-Kibondo | CHAC |
| 23 | Jeif Kungulwe | District Council-Lindi | DMO |
| 24 | Yolenda Makumbuli | District Council-Lindi | CHAC |
| 26 | Anangile Mpalala | District Council-Makete | CHAC |
| 27 | Edmund Godwell Siame | District Council-Makete | Ag. DED |
| 28 | Jarvis Simbeye | District Council-Mtwara | DED |
| 29 | Fidelis Mabula | District Council-Muleba | DMO |
| 30 | Projectus Rugaimukamu | District Council-Muleba | CHAC |
| 32 | Rodgers Baijuki | District Council-Nkasi | Ag. DED |
| 33 | Kyuza Joseph Kitundu | District Council-Nzega | DED |
| 34 | Gabriel Fuime | District Council-Rungwe | DED |
| 35 | Museleta Nyakiroto | District Council-Ukerewe | DC |
| 36 | Alfred Luanda | District Council-Ulanga | DED |
| 37 | Elise Jensen | DPG AIDS | Chair |
| 38 | Yovin Ivo Laurent | Drug Control Commission | Head Control, Investigation of Section& Research |
| 39 | Gradeline Minja | Embassy- Danish | Programme Officer |
| 40 | Sanne Olsen | Embassy- Danish | Counsellar |
| 42 | Notburger Timmermans | Embassy- Denmark | Consultant |
| 43 | Anchilla Karugendo | Embassy- Ireland | Programme Asstant |
| 44 | Rik Peeperkorn | Embassy- Netherlands | First Secretary |
| 45 | Joyce Tesha | Embassy -Sweden | Programme Officer HIV/AIDS |
| 46 | Edwin Mwaitebele | Family Health Intern. | Programme Officer |
| 47 | Selemani Amadi | FARAJA Trust | |
| 48 | Constancia Mgimwa | FEMINA HIP | Comm. Mobilization Prog. Officer |
| 49 | Vumilia Mapande | FEMINA HIP | Counsellor |
| 50 | Fulgence Swai | Food Security Schools Shelter (FSSS) | TACAIDS Consultant |
| 51 | Calista Simbakalia | Health Scope TZ. | TACAIDS Commissioner |
| 53 | Hijja Wazee | Help Age International | Programe Officer HIV/AIDS & Gender |
| 54 | Ahmed Twaha | IHSSAN | Public Health Consultant |
| 56 | Tulanoga Matimbwi | ILO TZ Office | HIV/AIDS National Coordinator |

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| 57 | Naoko Nishi | JICA | Representative |
| 58 | Ferdinand S. Swai | Kibaha Education Centre | Managing Director |
| 59 | Godfrey Hicheka | Magugu Rice AIDS Growers Association | Director |
| 60 | Hebron Mwakagenda | Mbeya HIV/AIDS Concern | Chairperson |
| 61 | Ombeni Zavala | Ministry of Information Culture & Sports | Principal Sports & Games Officer |
| 62 | Sozi Ngate | Ministry of Information Culture & Sports | Administrative officer |
| 63 | Sukapata Mkumbi Danga | Ministry of Education & Vocational Training | Home Economics Coor. |
| 64 | Letisya Sayi | Ministry of Education & Vocational Training | HIV/ADIS ProgrammeCoordinator |
| 65 | Leonard Musaroche | Ministry of Education & Vocational Training | Director Sec.Education Commissioner TACAIDS |
| 66 | Hyacintha Musaroche | Ministry of Education & Vocational Training | HIV/AIDS Coordinator |
| 67 | Iddi L. Hoyange | Ministry of Health & Social Welfare | PHO |
| 68 | Anthony Mburu | Ministry of Health & Social Welfare | Ag. DMO |
| 70 | Rowland O. Swai | Ministry of Health & Social Welfare / NACP | Programme Manager |
| 71 | Andrew Kitua | Ministry of Health & Social Welfare / NIMR | Director General-NIMR |
| 72 | Achilles Ndyalusa | Ministry, Community Dev. Gender & Children | Principal Community Dev. Officer |
| 73 | Josephat Lazaro | MISA - TZ | Researcher |
| 74 | Adeline Moshi | MSH | Seniour Technical Advisor |
| 75 | Augustine Massawe | MUHAS | President TAS |
| 76 | Phare Gamba Mujinja | MUHAS | Health Economist Public Health Specialist |
| 77 | Robert Mwanri Josiah | Muhimbili National Hosp. | Senior Medical Specialist, Head HIV Care&Treatment |
| 78 | Mussa Maghimbi | Muslim University of Morogoro | Secretary to Council Representing VC |
| 79 | Vitalis Makayula | NACOPHA | Chairperson |
| 80 | David Sando | NACP | Monitoring & Evaluation |
| 81 | Nobuhiro Kadoi | NACP/ JICA | Chief Advisor to NACP/JICA project |
| 82 | Yuki Sakurai | NACP/ JICA | Projec Coordinator |
| 83 | Mpendwa C. Abinery | NETWO+ | Chairperson |
| 85 | Hijob N. Shenkalwah | OWM - TAMISEMI | DED |
| 86 | Esther Mhagama | OXFARM Ireland | HIV/AIDS Officer |
| 87 | Gilly Arthur | PEPFAR Tanzania | Senior Scientist |
| 88 | Juma Chum | Plan International | HIV Advisor |
| 89 | Philip Sang'ka Marmo | PMO | Minister of State |
| 90 | Aly Rajabu | PMO | |
| 91 | Yokobety N. Malisa | PMO | Principal Economist |
| 92 | Mgeni S. Baruani | PMO | Asst. Director - CGB |
| 93 | Kanje J. Nisetas | PMO | Secretary toThe Minister of State |
| 94 | Solanus M. Nyimbi | PMO-RALG | DLG |
| 95 | Fransis Mallya | PMO-RALG, Mkuranga | Ag. DED |
| 96 | Joseph Donald | Poverty Africa | Researcher |
| 97 | Magreth E. Simwela | President's Office, Planning Commission | Administrative officer |
| 99 | Francis Nkurushi | PRISONS | Health Officer |
| 100 | Josephine Kayungilizi | PSI/TZ | Regional Manager |
| 101 | Bernard Nzungu | RAS - IRINGA | RAS |
| 102 | Humphredas K. Kisamo | RAS - Mtwara | RACC |
| 103 | Carle Lyimo | Reg. Hosp.Morogoro | RACC |
| 104 | Marry Kabyemela | SAT | Member |
| 105 | John Joseph | SHDEPHA+ | PRO |
| 106 | Mohamed Juma Chambu | SHIDEPHA+ | Asst. Chairman |
| 107 | Joseph Katto | SHIDEPHA+ NETWORK | Executive Director |
| 108 | Jonarda Ngissa | SIDA DMS (T) Ltd. | Consultant |
| 109 | Erhard Kipilima | Sokoine University of Agriculture | Deputy Res. Men Officer |
| 110 | Jacquiline Matoro | Swiss Cooperation Office | Programme Officer for Health |

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| 112 | Fatma Mrisho | TACAIDS | Executive Chairman |
| 114 | Karin Berline | TACAIDS | Consultant |
| 115 | Hassan Kiburwa | TACAIDS | Commissioner |
| 116 | Gerwarda Henjewele | TACAIDS | Chief Internal Auditor |
| 118 | Aroldia Mulokozi | TACAIDS | RO |
| 119 | Clifford Nzali | TACAIDS | Procurement & Supplies Officer |
| 120 | Charles Kamugisha | TACAIDS | PMO-RAGL LiasonOfficer |
| 121 | Hashim Kalinga | TACAIDS | CSO |
| 122 | Charles Mashauri | TACAIDS | MISO |
| 124 | Chaddy Anthony | TACAIDS | Data Management Officer |
| 126 | Eliazary Nyagwaru | TACAIDS | Public Institution Response Officer |
| 128 | Morris Lekule | TACAIDS | DCO |
| 129 | Georgia Baguma | TACAIDS | Counsellor |
| 130 | Ester Kazenga | TACAIDS | HBM |
| 131 | Emmanuel Mayage | TACAIDS | Procurement Specialist |
| 132 | Subilaga K. Kaganda | TACAIDS | NPC |
| 133 | Steven Wandella | TACAIDS | Head M/E Unit |
| 134 | Geoffrey Majengo | TACAIDS | Director, DAI |
| 135 | Raphael Kalinga | TACAIDS | Director, DPR |
| 136 | Beng'l Issa | TACAIDS | Director, DFA |
| 138 | Rustica Tembele | TACAIDS | Director, DCR |
| 139 | Sam Komba | TACAIDS | Legal Officer |
| 140 | Jumanne Issango | TACAIDS | Librarian & Documentalist |
| 141 | Ananilea Nkya | TAMWA | Executive Director |
| 143 | Alex Pius Margery | TANEPHA | Chairperson |
| 144 | Ali Omari Ali | TANOPHA | Programme Officer |
| 145 | Maj.Gen.(Rtd) H.C.Lupogo | TANOPHA | CEO |
| 146 | Neema Mhada | Tanzania AIDS Forum | Portfolio Manager |
| 147 | Peter Bujari | Tanzania AIDS Forum | Executive Chair |
| 148 | Christopher Wallace | Tanzania Human Rights Foundation | Programme Officer |
| 149 | Tatu Mwaruka | TASAF | Project Officer |
| 150 | Felix John | TAWIF(TZ Women Impact Foundation) | Human Resources Officer |
| 151 | Annmarie M. Mkelame | TAWLA | Programme Officer |
| 152 | Rehema Massawe | TAWOLIHA | Chairperson |
| 153 | P.S. Lisanga | TAYMA | Executive Director |
| 154 | Daniel Machemba | TCCIA | TACAIDS Commissioner |
| 155 | Adelard Mtenga | TFDA | Ag. Director General |
| 157 | Monica Chipungahelo | TFNC | Librarian |
| 158 | Enock Kijo | TGNP | Activist |
| 159 | Angelika Schrettenbrunner | TGPSH - GTZ | Senior Technical Advisor |
| 160 | M.O. Lyimo | TIENAI | Chairman |
| 161 | Halima Mwinyi | T-Mark Co. Ltd. | Marketing Manager |
| 162 | Aloys Madulu | TZ Episcopal Conference (TEC) | HIV/AIDS Prog.Coordinator |
| 163 | Elisa Moses Urio | TZ Food & Nutrition Centre | Microbiologist |
| 164 | Rose Msaki | TZ Food & Nutrition Centre | Research Officer (Nutritionist) |
| 165 | Joan Chamungu | TZ Network of Women Living with HIV/AIDS (TNW+) | Coordinator |
| 166 | N. Lufyagi | UMATI | Ag. Director of Programme |
| 167 | Anne Raahauge | UNAIDS | Programme Analyst |
| 168 | Beverly Brar | UNAIDS | DPG-AIDS Coordinator |
| 169 | Derek Mc Donnell | UNAIDS | Coordination Officer |
| 171 | Emebet Admassu | UNAIDS | Partnership & Advocacy Advisor |
| 172 | Fredrick Macha | UNAIDS | M&E Advisor |
| 173 | Luc Barriere-Constantin | UNAIDS | UCC |
| 174 | Elly Ndyetabura | UNDP | ARR |

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| 176 | Esther Muia | UNFPA | Deputy Representative |
| 177 | Justine Nankinga | UNICEF | PMTCT / PAED HIV Specialist |
| 178 | Myo-Zin Nyunt | UNICEF | HIV Coordinator Co-Chair, DPG AIDS |
| 179 | Vicy Chuwa | UNICEF | HIV/AIDS Specialist |
| 180 | Mamdani Masuma | UNICEF | Research Specialist |
| 181 | Musiba Mbilima | University of DSM | Medical Doctor |
| 182 | Tracy Carson | US Government | PEPFAR Country Coordinator |
| 183 | Julia Henn | USAID | HIV/AIDS TechnicalAdvisor |
| 184 | Elizabeth Lema | USAID | Programme Management Specialist |
| 186 | Lamine Thiam | WHO | Ag. Representative |
| 188 | Emmanuel Malangalila | World Bank | Public Health Specialist |
| 189 | Rita Kahurananga | World Vision Tanzania | Programme Manager |
| 190 | Hope Lyimo | Youth Action Volunteers (YAV) | Programme Officer |