



**USAID**  
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**HEALTH POLICY  
INITIATIVE**

**Semi-Annual Report: Tanzania  
Futures Group**

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| 1. TO Number  | GPO-I-05-05-00040-00  |
| 2. Location   | Dar es Salaam, Tanzania   |
| 3. Title  | USAID   Health Policy Initiative in Tanzania  |
| 4. Activity Description                             | This task order supports the PEPFAR/Tanzania objective to build an enabling environment for the scale-up of prevention, care, and treatment of HIV/AIDS in Tanzania. The main policy objective is to accelerate and complement effective national, regional, and district responses by supporting government policy development, building capacity for policy analysis and advocacy, fostering a legal and policy environment, and implementing existing legislation. It also entails community monitoring and oversight of HIV-related health services and the reduction of stigma and discrimination, and gender-based violence. Starting in the next reporting period, TO5 will also address FP/RH issues. |
| 5. Achievements                                     | See below.  |
| 6. Name of USAID COTR                               | Susan Monaghan  |
| 7. Name of USAID CO                                 | Kenneth LuePhang  |
| 8. Name of COP                                      | Millicent Obaso, COP  |
| 9. Date of Award                                    | December 30, 2008   |
| 10. Projected End Date                              | December 29, 2012   |
| 11. Ceiling Price                                   | \$9,500,000 (as of 2/28/10) <sup>1</sup>  |
| 12. Obligations to Date                             | \$4,450,000 (as of 2/28/10)   |
| 13. Cumulative Expenditures                         | \$2,314,523 (as of 2/28/10)   |
| 14. Balance (pipeline based on obligations to date) | \$1,697,309 (as of 2/28/10)   |
| 15. Sub-Contractors                                 | Futures Institute, CEDPA, HDT   |
| 16. Final Invoice Submission                        | N/A   |

**Period of performance for SAR:** October 1, 2009 – March 31, 2010

**Program Overview:** Through Task Order 5, the USAID | Health Policy Initiative (HPI) in Tanzania aims to build an enabling environment for an increase in prevention, care, and treatment of HIV/AIDS. To enhance advocacy for increased policy dialogue, government ownership, political commitment, accountability, and resource allocation for expanding the response to HIV/AIDS, the project focuses on strengthening the capacity of parliamentarians, faith-based organizations (FBOs), civil society

<sup>1</sup> As of 3/18/10, an additional \$400,000 was added to the ceiling to implement FP/RH activities and carry out a partnership framework policy assessment.

organizations (CSOs), nongovernmental organizations (NGOs), networks of people living with HIV (PLHIV), women's groups, media, and youth. The approach includes measures that address stigma and discrimination, the violation of PLHIV human rights, and gender-based violence (GBV).

Under PEPFAR, HPI contributes to the implementation of the "Other/Policy Analysis and Systems Strengthening" program area (policy development; institutional capacity building; stigma and discrimination reduction; and community mobilization for HIV prevention, care, and treatment).

## **Summary of Major Activities:**

### **HIV/AIDS**

#### **Policy development and implementation**

***Implementation and dissemination of HIV/AIDS law.*** In October 2009, HPI had three Legal and Human Rights Centre (LHRC) lawyers translate the HIV/AIDS law into Kiswahili, which most Tanzanians can understand. Two graphic artists will use segments of the law to design targeted informational material for groups such as health practitioners and Parliament. Medical prevention and confidentiality will be emphasized for medical practitioners, while general use of the law among respective constituencies will be the emphasis for Parliament. The project expects these steps to increase understanding of the law by the general public.

***Dissemination of HIV/AIDS law.*** On March 9–11, in Morogoro, HPI held a three-day training-of-trainers (TOT) dissemination workshop for PLHIV network representatives. It aimed to help PHLIV networks better understand the HIV/AIDS Prevention and Control Act (HAPCA) of 2008, while emphasizing sections VII (Stigma and Discrimination) and VIII (Rights and Duties of PLHIV). Twenty-five PLHIV network representatives from Dar es Salaam and Morogoro attended. A step-down training action plan was developed and in March 2010, five of the eight networks trained 150 PLHIV to use the HIV/AIDS law to address stigma and discrimination, as well as PLHIV rights and obligations.

HPI also worked with the Tanzania Parliamentary AIDS Coalition (TAPAC) to provide a small grant to the Tanzania Red Cross Society (Kibaha Branch), for purposes of training 140 PLHIV councilors, religious leaders, influential people, village leaders, home-based care (HBC) providers, and leaders of community-based organizations (CBOs) on (1) disseminating HAPCA 2008; (2) stigma and discrimination (S&D) reduction; and (3) advocacy to support adherence to antiretrovirals (ARVs). The workshops focused on building the capacities of the Kibaha groups to champion for S&D, PLHIV rights and obligations, and adherence to ARVs for people receiving AIDS treatment.

***Advocacy for OVC policy implementation.*** In February, HPI and TAPAC<sup>2</sup> also provided small grants to Tanzania Home Economics (TAHEA) in the Iringa Region for four district- and ward-level workshops focusing on advocating, initiating, and implementing policies. Councilors, parliamentarians, Department of Social Welfare representatives, and ward and village leaders attended the workshops. The 138 workshop participants developed an action plan to implement OVC need, rights, and support programs in Iringa Council.

***Documentation and development of local OVC policies.*** HPI and TAPAC provided a small grant to the Kimara Peer Educators and Health Promoters Trust to conduct OVC Policy champions training on January 11–15. The purpose of the training was to develop (based on the National Costed Plan of Action 2007–2010) OVC local policies, strengthen OVC documentation data, and garner support from the

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<sup>2</sup> HPI has a subcontract with TAPAC under which TAPAC is awarding small grants to local organizations to implement policy and advocacy-related activities.

champions. Forty-two Kinondoni District champions from the Dar es Salaam region attended the training. As a result of the training, documents used for implementing local programs that protect and support OVC were developed for the 24 localities in the Kimara, Mbezi, and Makuburi wards.

With the same grant, from February 20–26, the aforementioned Kimara Trust enumerated houses in 24 of the 28 localities in the Kimara, Mbezi, and Makuburi wards (in the Kinondoni District in Dar es Salaam). The census produced a register to track OVC in the 24 localities for effective service provision as well as supervision and follow up.

## **Training and Capacity Building**

***Training of TAPAC's small grants recipients.*** After TAPAC's subcontract award, HPI trained 20 NGO leaders (from NGOs that received TAPAC's small grants), 10 parliamentarians (that represent the constituents associated with the NGOs) and two TAPAC executive committee members on November 7–8, 2009. The two-day workshop aimed to finalize small-grant proposals and teach the recipients how to utilize the grants in a way that aligns with the HPI monitoring and evaluation framework. Consequently, the grantees were able to implement and monitor the planned activities.

***Finalization of the strategic plan for PASCHA.*** On November 5–6, 2009, HPI provided TA during a workshop to help the Parliamentary Standing Committee on HIV/AIDS (PASCHA) finalize its strategic 2010–2012 plan. Eight selected parliamentarians participated in the workshop. The plan set out the vision, mission, strategic objectives, key activities, and budget for the next three years, and, ideally, the full implementation of the plan will contribute to an HIV/AIDS national response in prevention, treatment, care, and impact mitigation.

***Tracking of public expenditure on HIV/AIDS.*** In October 2009, HPI contracted Partner Agencies Collaborating Together (PACT) to conduct a Public Expenditure Tracking Survey (PETS) with 18 participants from 15 HPI partner organizations from four districts: Njombe, Iringa (urban sector), Simanjiro, and Hai. The survey helps partner organizations track the expenditure of HIV/AIDS funds. Specifically, it gave HPI partner organizations the knowledge and skills to (1) monitor service delivery by the local government; (2) include citizens in the budget process; and (3) track HIV/AIDS funds.

***Visit to Rwanda by PASCHA.*** HPI organized a study visit to Rwanda for 12 PASCHA members of the Tanzania National Assembly from November 22–30, 2009. Parliamentarians from both countries shared experiences, best practices, and innovative approaches on how to make the national response to the HIV epidemic more effective.

The places included (1) the Parliament of the Republic of Rwanda; (2) the National HIV/AIDS Control Commission-Global Fund project; (3) the Ministry of Health's Centre for Treatment and Research on AIDS, Malaria, Tuberculosis, and Other Epidemics (TRAC Plus); (3) National Referral Laboratory, and Health Communication Centre; (4) the Central Office for Procurement of Essential Drugs, Medical Equipment and Supplies (CAMERWA); (5) USAID; (6) United Nations Agency for HIV/AIDS (UNAIDS); (7) the Population Services International (PSI) office; and (8) the Minister for Health of the Republic of Rwanda. The parliamentarians also visited community intervention activities, such as (1) a youth center jointly run by PSI and a local district council; (2) the NGOs forum with PLHIV representatives; (3) an inter-church network against AIDS; (4) media organizations; (5) a project supporting orphans; and (6) a program supporting former sex workers.

Other information required during the visit included (1) the experience of task shifting for AIDS treatment, (2) web-based AIDS treatment case management, (3) centralized procurement of drugs and other medical supplies, and (4) organization of PLHIV and other vulnerable groups in cooperative unions.

***Strengthening capacity of religious leaders to engage positively and effectively in all aspects of national response to HIV/AIDS.*** March 15–19, HPI conducted TOT for 20 religious leaders from four faith-based organizations (FBOs) in Tanzania: the Christian Council of Tanzania (CCT), Religious Leaders Living with HIV or Affected by AIDS (TANERELA), the Pentecostal Council of Tanzania (PCT), and the Muslim Council of Tanzania (BAKWATA). The workshop focused the basic knowledge on HIV, advocacy against S&D, and mainstreaming HIV issues in a religious context. Consequently, the four organizations developed an action plan for step-down training.

***Advocacy for increased resources for the HIV/AIDS national response.*** During a parliamentary session in Dodoma on February 6, HPI supported a meeting with 17 PASCHA members to discuss the modalities of establishing a National HIV/AIDS Trust Fund for Tanzania. It was in response to a Tanzania Commission for AIDS (TACAIDS) study that found that 96 percent of national HIV/AIDS funding came from donor distributions.

TACAIDS costing of the second HIV/AIDS National Multisectoral Strategic Framework (NMSF 2008–2012) also revealed that there will be a 51 percent gap in HIV/AIDS program funding over the next five years; therefore, the government will need to increase its funding to fill the gap. HPI drafted a recommendation on how to initiate the process and presented the concept to PASCHA for review and comments. The concept paper was accepted and a four-member parliamentary committee was formed to move the issue through implementation.

Almost simultaneously, an HPI Advisory Committee meeting also addressed the issue of HIV/AIDS resource gap during a meeting a few days earlier on February 2, also in Dodoma. Eleven participants from the committee, HPI, and USAID attended. The Advisory Committee formed a four-person subcommittee to meet with the prime minister and to advocate for increase of government funds in the 2010–2011 budget. During a subsequent meeting, the prime minister made a commitment, on behalf of the Tanzania government, to increase funding in the 2010–2011 fiscal year.

***Advocacy for adherence to ARV treatment and against S&D.*** HPI and TAPAC awarded a small grant to Makete Support for People Living with HIV and AIDS (MASUPHA) to conduct four workshops from January 11 to March 3. The workshops sought (1) to help peer educators build their capacities to advocate for adhering to ARV treatment by PLHIV; (2) to create TOTs for HIV/AIDS step-down training related to S&D reduction; and (3) to help community leaders increase their capacity to advocate against S&D in their respective localities. Forty peer educators from the Lupalilo Division of the Makete District attended the training on ARV treatment adherence; 40 PLHIV support group members participated in the S&D advocacy workshop; and 120 ward and village leaders from six Makete District divisions general participated in the S&D workshop. Following the workshops, newly trained trainers from Tusonge Mbele, Ubiluko, and Uwawa wards started conducting seminars on S&D reduction for their group members.

***Advocacy for voluntary counseling and testing (VCT).*** HPI and TAPAC awarded a small grant to Actions for Development Programs (ADP) in the Mbozi District for five community VCT advocacy workshops on March 5–15, which were attended by 147 participants from six villages. The participants came from high-risk groups including (1) bar maids; (2) local brew sellers; and (3) guest house workers; but also (4) ward and village leaders; (5) out-of-school youth; and (6) PLHIV. The training taught them how to convince various groups—the youth, community leaders, high-risk groups, and PLHIV—to participate in HIV prevention and use VCT to measure their health status. The workshop participants and graduates subsequently had 545 community members undergo VCT. Additionally, four PLHIV networks were established in the Iyula, Igamba, Mlowo, and Vwawa villages.

From December 20, 2009, to March 20, 2010, under the same funding arrangement, a local NGO in the Njombe District—Community Concerns of Orphans and Development Association (COCODA)—used the small grant for VCT outreach training in seven wards. The training taught them how to encourage their community members to undergo VCT. As a result of the training, 11,706 community members (4,475 males and 7,249 females) underwent VCT.

***Advocating against HIV-related gender-based violence (GBV).*** HPI and TAPAC provided a small grant to the Tanzania Rural Women and Children Development Foundation (TARWOC)—a local NGP—to conduct GBV workshops for leaders and women’s groups in three districts in the Iringa Region. Workshops took place from January 6 to March 12, and 235 women leaders attended. The workshop strengthened the capacity of Iringa women leaders to address HIV and advocate against GBV. The workshops also provided information on promoting family planning programs and the prevention of mother-to-child transmission (PMTCT) of HIV.

***Advocating for the rights of OVC and PLHIV.*** HPI and TAPAC provided a small grant to the local NGO Improving Nutrition and AIDS Control Organization (INUACO) in the Mbarari District to conduct workshops that promote OVC and PLHIV rights. Councilors, department heads, village leaders, representatives from NGOs registered under USANGONET, political leaders and PLHIV—together totaling 318 participants—attended the workshops, which trained and strengthened the capacity of these groups to fight for OVC and PLHIV rights

As a result of these efforts, during lobbying and advocacy meetings, participants contributed Tanzanian Shillings totaling 290,000 (US\$ 217) to pay school fees for 26 OVC; one PLHIV network and an accompanying interim committee were also established; the District Council agreed to double its annual budget from TZ Shs 5.4 million in 2009–2010 to 10 million (US\$ 7,491) in 2010–2011 to support OVC; village governments agreed and promised to contribute more resources to support OVC in their 2010–2011 budget; the Chimala branch of the Chama Cha Mapinduzi (CCM) ruling party allocated funds to pay school fees for six OVC in secondary school—one from each hamlet/subvillage; 10 champions volunteered to advocate for acceptance and implementation of the HIV/AIDS Act in their communities; and the Tanzania Muslim Council of the Mbeya Region held a meeting on March 20, and agreed to launch a basket fund to support OVC.

***Advocacy for resource mobilization for OVC.*** HPI and TAPAC provided a small grant to the local NGO Mtemvu Foundation to conduct a two-day workshop in the Temeke District on February 11–12. Thirty-seven participants and key decisionmakers, including 14 councilors and 23 departments’ heads from the Temeke Municipality, learned how to advocate for an increase in resources for the most vulnerable children (MVC) and for children’s rights. Councilors said they would request an increase in the 2010–2011 budget for MVC.

***Advocating against stigma and discrimination.*** Under the same funding arrangement, the Mtemvu Foundation also conducted a four-day workshop on S&D reduction in the Temeke District on January 13–16. Fifty-five people from 11 wards in the Temeke Municipality attended the workshop, which trained them to educate their communities in identifying and addressing different forms of stigma and discrimination. As a result of the training, 27 more people attended the PASADA VCT center, and S&D—of any kind—is being denounced by many people (26 PLHIV have disclosed their serostatus). Also many PLHIV have started joining PLHIV networks for HIV and AIDS services.

***Advocacy for reduction of GBV and stigma and discrimination in relation to HIV/AIDS law.*** HPI and TAPAC provided a small grant to the local NGO Society for Women and AIDS in Africa-Tanzania Branch (SWAAT) to conduct four workshops from December 17, 2009, to March 20, 2010. The main purpose of the workshops was to build capacities of stakeholders in addressing GBV and S&D in relation

to the 2008 HIV/AIDS Prevention and Control Act. A total of 255 ward development committee members from nine wards attended. As a result of the training, participants established a women's network to address stigma and discrimination.

## **FP/RH**

***FY09 workplan development.*** HPI finalized its FP/RH workplan and budget, and forwarded it to USAID for approval. HPI is consulting with various partners to achieve the prescribed objectives, including the President's Office Planning Commission (POPC), Ministry of Health and Social Welfare, and the Tanzania Parliamentary Association on Population and Development (TPAPD).

***Development of the National Package of Essential Family Planning Interventions for the Comprehensive Council Health Plan.*** The Reproductive and Child Health Section of the Ministry of Health and Social Welfare, in collaboration with EngenderHealth, invited HPI to participate in developing the National Package of Essential Family Planning Interventions for the Comprehensive Council Health Plan Guide on December 6–10, 2009. The document will guide district councils on how to budget for FP interventions through the District Council Comprehensive Health Plans. HPI led the strategic action areas of demand creation, advocacy, health systems management, and monitoring and evaluation.

***Participation in the White Ribbon commemorations.*** HPI attended the national White Ribbon commemorations in the Mtwara Region on March 15. The event was organized by the Ministry of Health and Social Welfare in collaboration with the White Ribbon Association of Tanzania. The event was attended by national and local government officials; development partners; implementing agencies, including the First Lady Foundation known as the Wanawake na Maendeleo (WAMA). Policymakers, decisionmakers, and partners working on reproductive health and other development initiatives at the national level and in Mtwara interacted. Interacting with policymakers seems to have (1) facilitated assessment of the policy environment; (2) shed light on what would be appropriate advocacy interventions to improve adolescent reproductive health; and (3) created a supportive environment for the educational, economic, and social development of teenage girls.

## **Project Management**

***Development and finalization of HPI workplan and budget for Year 2.*** TO5 staff developed and finalized the second year workplan and budget. The plan includes six goals with corresponding objectives and activities focusing on selected target groups such as parliamentarians, religious leaders, PLHIV, and issues such as GBV and strategic alliances for effective implementation of TO5 activities.

***Development of HPI TO5 Strategic Framework.*** From December 1–16, 2009, HPI hired two consultants from Caribbean Resources International (CRI) and Management Strategies for Health (MSH) to help develop a three-year strategic plan. They gathered information and insight from key HPI partners, advisory committee, and selected USAID officials. A strategic framework document was also developed during a two-day workshop. The plan, which lays out an implementation road map for the project through 2013, was presented to the HPI Advisory Committee.

***Enhancing TO5 Team Cohesiveness.*** Futures Group Tanzania country office organized a team-building retreat in Zanzibar February 25–March 1 to unite and motivate team members, as they achieve the vision, mission, and other set objectives for the project and the company. Seventeen Futures Group members from the HPI Tanzania country office (in Dar es Salaam), the Nairobi regional office, and the Washington, D.C. headquarters participated.

## **Major Achievements**

Produced a simplified version of the HIV/AIDS law translated into Kiswahili

Finished a strategic plan for PASCHA

Prepared second annual workplan and budget for HPI

Produced a strategic framework for HPI

Formed action plans to conduct step-down training for disseminating the HIV/AIDS law and mainstreaming HIV/AIDS within religious teachings, and reducing stigma and discrimination

Gained a supporter with the prime minister, who committed the Tanzanian government to increase HIV/AIDS funds in the 2010–2011 financial

Drafted OVC policy documents and a register of OVC in 24 areas in Kinondoni Municipality

Facilitated a study tour to Rwanda for PASCHA members from Tanzania Parliament

Trained 20 religious leaders and numerous PLHIV to conduct step-down training

Wrote concept paper to establish the National HIV/AIDS Trust Fund, approved by PASCHA members

12,279 community members underwent VCT following advocacy activities by HPI and partners

Reduced community-level stigma and discrimination; 26 PLHIV disclosed their serostatus

Advocacy efforts in the Mbarari District helped secure financial resources for OVC from within the community and the District Council totaling TZS 10,290,000 (US\$ 7,708)

32 OVC were supported to attend school at various levels in the Mbarari District

Ministry of Health and Social Welfare officially adopted and launched the National Family Planning Costed Implementation Program (NFPCIP)

## **Challenges**

Four challenges were identified during the reporting period. First, there were critical issues to undertake such as the development of the TO5 New Strategic Framework whose execution interfered with the planned pace of work plan implementation. Second, the process of subcontracting still took a long time, and as a result, it delayed implementation. HPI needs to streamline the process of subcontracting to minimize delays in implementation. Third, there was a shortage of office transport (HPI is securing an additional vehicle to ease this problem). The fourth challenge was power rationing, which leads to frequent power outages that disrupt work flow. HPI needs to procure a standby generator.

## **Lessons Learned**

Small grants mechanism is an effective approach for implementation of activities and advocacy at community levels.

High-level advocacy has a potential of bringing desired policy changes relatively quickly.

Well-planned and executed team-building exercises lead to team cohesiveness and performance.

Involvement of partners facilitates advocacy process.

Using real-life, evidence-based information and local environments can help sway policymakers.