



# Recommendations for USAID/Tanzania's HIV/AIDS Strategy 2005–2014

**PROCUREMENT SENSITIVE INFORMATION**

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Prepared by

Dr. Souleymane M. L. Barry, Synergy Project Senior Technical Specialist and Team Leader

Dr. Gottlieb Mpangile, Synergy Project Consultant

Ms. Lisbeth Loughran, Health Sector Advisor USAID/Tanzania

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The Synergy Project

TvT Global Health and Development Strategies™

A division of Social & Scientific Systems, Inc.

1101 Vermont Avenue, NW, Suite 900

Washington, DC 20005, USA

Telephone: (202) 842-2939

Fax: (202) 842-7646

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## Abbreviations and Acronyms

ADDO	Accredited Drug Dispensing Outlet
AIDS	acquired immune deficiency syndrome
BAKWATA	Baraza la Waislamu Tanzania
CHBC	community home-based care
DAC	Development Assistance Committee
CDC	Centers for Disease Control and Prevention
CHBC	community home-based care
GFCCM	Global Fund Country Coordination Mechanism
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation Agency)
HIV	human immunodeficiency virus
MOJCA	Ministry of Justice and Constitutional Affairs
NACP	National AIDS Control Program
NGO	nongovernmental organization
NMSF	National Multisectoral Strategic Framework
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission
STI	sexually transmitted infection
TACAIDS	Tanzania Commission for AIDS
TANESA	Tanzania Essential Strategies Against AIDS
TMAP	World Bank Tanzania Multisectoral AIDS Project
TSH	Tanzanian Shilling
UMATI	Family Planning Association
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WAMATA	Walio katika Mapambano na AIDS Tanzania
ZACP	Zanzibar AIDS Control Program
ZANGOC	Zanzibar NGO Cluster



## Executive Summary

The mainland of Tanzania faces a serious, generalized HIV/AIDS epidemic. Antenatal clinic surveillance results from 2002 show an HIV prevalence of 9.6 percent. HIV is firmly established in both urban and rural areas. It is estimated that a cumulative total of 660,000 AIDS cases have occurred since the beginning of the epidemic. HIV/AIDS has become the leading cause of death among adults.

High-transmission areas, including trading centers, border towns, and transport routes, are disproportionately contributing to the HIV epidemic. According to data from several surveys, HIV prevalence among commercial sex workers is high. For example, a 2003 cohort survey of female barmaids and other bar workers between the ages of 18 and 35 in the Mbeya Region, close to the Zambia border, identified an HIV seroprevalence rate of approximately 68 percent, and the infection rate does not appear to have peaked.

Tanzania is the largest country in East Africa, and it bears the burden of a large part of the global epidemic along with the rest of sub-Saharan Africa. Out of a population of 34.5 million, an estimated 2.2 million Tanzanians aged 15 and older were living with HIV in 2001. Of these individuals, about 440,000 are eligible to receive antiretroviral therapy.

The dramatic HIV/AIDS epidemic is having a serious socioeconomic effect on many dimensions of Tanzanian society. Patients with HIV/AIDS-related illnesses occupy up to 50 percent of hospital beds. A huge demand exists for care and hospital supplies. Tuberculosis is increasing rapidly. The modest child mortality decline during the 1980s and early 1990s has been reversed to HIV/AIDS. Consequently, more than 800,000 children have lost at least one parent to an AIDS-related disease. The Minister of Education has noted that about 114 teachers die of AIDS each month, leaving a gap in experienced teachers and, in many districts, no replacements for them.

The World Bank estimates that by 2010, life expectancy will be reduced to 47 years because of AIDS, as opposed to a projected 56 years without AIDS. The World Bank estimates a reduction in the average real gross domestic product growth rate in the 1985–2010 period from 3.9 percent without AIDS to between 2.8 and 3.3 percent because of AIDS. Due to the devastating effects of HIV/AIDS, Tanzanian society today is less prepared than ever to manage the opportunities and challenges associated with its increasingly market-driven economy and bold moves toward economic growth and privatization.

Zanzibar, however, continues to have a relatively favorable HIV/AIDS situation. HIV prevalence is estimated at 0.6 percent for the general population, according to a June 2003 study completed by the Ministry of Health, with participation and support by the World Health Organization, United Nations Development Programme, and United Nations Children's Fund.

Following years of complacency over the HIV/AIDS epidemic, Tanzania's president, parliament, and the government in general have recognized the need for enhanced coordination and leadership to mount an

effective national response. Two recent major initiatives in this direction include the development and approval of a national policy on HIV/AIDS in November 2001, and in 2001, the creation through an act of parliament of the Tanzania Commission for AIDS (TACAIDS), a new body that will lead the multisectoral national response within the office of the prime minister. These national initiatives open new opportunities for expanding effective and innovative interventions implemented over the past years in Tanzania by “champion” projects, mobilizing additional resources, and engaging critical new players to effectively address the HIV/AIDS epidemic.

Under this new favorable context, the President’s Emergency Plan for AIDS Relief (PEPFAR) is most timely. PEPFAR will assist U.S. Government (USG) agencies to complement the work of each other, and to clearly support the Government of Tanzania to harmonize and take advantage of external resources.

Most importantly, PEPFAR has allowed USAID/Tanzania to explore new avenues for developing and sustaining culturally sensitive behavior change interventions and to focus on developing clinic- and community-based prevention, care, and support services to generate in close collaboration with the Government of Tanzania and other development partners, the numbers necessary to meet the ambitious and legitimate PEPFAR targets. At the same time, USAID/Tanzania is devoting appropriate attention to taking advantage of PEPFAR and working with the Government of Tanzania and other development partners to build leadership and robust systems for a sustained HIV/AIDS response. Tanzania can build on several supporting factors and programmatic strengths to achieve the PEPFAR targets. These include the following:

*Projects by faith-based organizations and champion nongovernmental organizations.* Tanzania has a strong voluntary sector that actively provides social services, including health services. Faith-based organizations provide about 40 percent of health care services in Tanzania and are known for their high-quality care, especially in rural areas. Tanzania is also known for several effective community trials for youth, a large-scale comprehensive regional intervention for HIV and other sexually transmitted infections, as well as several innovative small-scale behavior change, care, and support interventions to prevent sexually transmitted infections.

*The Ministry of Health care and treatment plan.* A large-scale HIV care and treatment program, which is designed to provide antiretroviral therapy to more than 400,000 people living with HIV/AIDS, provides a real opportunity for strategic donor collaboration and rapid development of the prevention-to-care continuum. This plan is designed to strengthen key health delivery systems and build on public-private partnerships.

*Successful tuberculosis program.* The tuberculosis program demonstrates the possibility of success within an extensive public sector delivery system. Other immunization and family planning programs have also achieved commendable results in Tanzania compared with those in neighboring countries.

*An established social-marketing program.* Tanzania has an extensive social marketing-driven distribution system of public health products, including condoms. This program provides an important foundation for strengthening and expanding the HIV/AIDS responses.

*Improved donor collaboration.* USAID and Tanzania's other bilateral and multilateral HIV/AIDS donor partners have invested much effort in building effective collaboration and joint funding mechanisms among donors.

A review of various assessments conducted by the Mission, the current state of available knowledge, and recent results of extensive consultation conducted by USAID/Tanzania point to the following strategic technical directions for breaking the HIV cycle:

- Building supportive social norms that can sustain preventive behaviors and encourage use of products and services, while at the same time developing behavior change communication and social marketing interventions that can be targeted to youth and at-risk populations
- Breaking the dichotomy between prevention and care services, and facilitating institutional linkages among various services and stakeholders
- Addressing social stigma through systemic approaches
- Placing voluntary counseling and testing and prevention of mother-to-child transmission at the center of the prevention-to-care continuum
- Dedicating appropriate resources to facilitate the implementation of the groundbreaking Ministry of Health care and treatment plan
- Placing district-based public-private partnerships, alliances, and multisectoral responses at the center of strategic and operational plans, thereby bridging the implementation gaps in prevention, care, treatment, and epidemic mitigation support services
- Placing dedicated and sustained attention on fostering a culture of knowledge management and dissemination, and strengthening institutional capacity and systems

## Recommended Strategy

The recommended strategic objective is to reduce transmission and the impact of HIV/AIDS on Tanzania. USAID/Tanzania's HIV/AIDS strategy will link national-level interventions with district-based programs. At the district level, the Mission's focus will be on service delivery in prevention, care, and treatment, and community support mechanisms that focus on youth, people living with HIV/AIDS, and orphans. In addition, USAID will focus its district-level resources to address the needs of populations in high-transmission areas.

The recommended strategic objective was designed on the basis of an expected high-level funding scenario of \$40 million per year through 2008. The expected specific results for the proposed HIV/AIDS strategic objective over the next five years are as follows:

- A 30 percent reduction in HIV prevalence among Tanzanians 15 to 24 years of age, thereby preventing approximately 1.2 million new infections among the adult population aged 15–49 by 2008.

- A total of 25 percent (190,000) of children affected by AIDS will receive community support services.
- Approximately 34 percent (150,000) of eligible people living with HIV/AIDS will receive antiretroviral therapy.

USAID/Tanzania will achieve the strategic objective through the following key interventions: 1) Improve preventive behaviors and social norms; 2) Increase the use of prevention-to-care services and products; 3) Improve the enabling environment from community to national levels; and 4) Enhance the multisectoral response to HIV/AIDS.

The main programmatic approaches to support the implementation of these above-listed interventions are presented below.

### *Prevention-to-Care Continuum*

- Expand and improve the effectiveness of innovative and successful behavior change communication programs targeted to specific populations (youth, commercial sex workers, their clients, and “bridging” populations).
- Develop a coherent technical support strategy for behavior change interventions at national and district levels.
- Improve the relevance and performance of the existing social marketing program by separating the social marketing of products from the social marketing of behaviors and services.
- Encourage choice and competition in the market and foster involvement by faith-based organizations and public-private partnerships.
- Expand support to voluntary counseling and testing services and to prevention-of-mother-to-child-transmission interventions as the entry point to prevention and care.
- Support implementation of the Ministry of Health’s care and treatment program in close collaboration with the William J. Clinton Presidential Foundation and other development partners by:
  - Supporting service delivery of antiretroviral therapy through a district-based network of ready-to-go voluntary service organizations, faith-based organizations, and private health facilities
  - Assisting in the establishment of the care treatment unit in Ministry of Health
  - Fostering accountability for antiretroviral drugs

### *Approaches for Supporting Orphans and Vulnerable Children*

- Provide immediate and ongoing support through a mix of nongovernmental organizations.
- Improve the enabling environment by improving community social services systems.

### *Crosscutting Approaches*

- Mainstream stigma-reduction activities into all main interventions.
- Develop public-private partnerships. USAID will continue to support the Government of Tanzania reform agenda for empowering districts as operational centers and fostering public-private partnerships as a mechanism for increasing players and mobilizing additional resources.
- Build leadership and improve organizational behaviors. The Mission plans to dedicate its attention to building strategic leadership in a critical mass of public and private champion organizations and institutions in order to expand the momentum for HIV/AIDS prevention, care, treatment, and support services throughout Tanzania. These interventions will emphasize building effective management teams capable of improving organizational behaviors and performance, as well as sustaining organizational development.
- Support knowledge generation, management, and dissemination. One key Mission-supported intervention will be to develop local capacity to generate relevant data for ongoing program development, management, and evaluation, as well as advocacy and decision-making.
- Develop linkages with other sectors supported by the Mission.
- Provide a specific assistance package to Zanzibar. The Mission plans to develop a specific strategy and results framework to better capture the Zanzibar situation to help maintain the current low HIV prevalence on the islands. Advocacy, culturally sensitive prevention programs, leadership development, knowledge management, and donor collaboration will constitute the backbone of the assistance package.

### *Assumptions and Special Concerns*

Three critical assumptions are contained in this document. First, funding for USAID/Tanzania will be maintained at expected levels. Second, the current donor-funding levels for HIV/AIDS will be maintained, as will the current financial support for decentralization, health sector reform, and poverty alleviation. Third, socio-political stability and improvement of the economic situation will continue.

Five special concerns are also examined: 1) leadership and institutional capacity of local institutions; 2) high-transmission areas; 3) bridging populations; 4) knowledge generation, management, and dissemination; and 5) technical knowledge gaps.

### *Implementation Modalities and USAID Management*

USAID/Tanzania proposes to use a mix of implementing modalities to ensure that Tanzania has access to necessary high quality and flexible technical assistance and management capacities to support ready-to-go private and public organizations and institutions for rapid action and results, while at the same time building leadership, and institutional capacity and systems for sustained HIV/AIDS responses.

USAID/Tanzania appreciates the management and coordination challenges associated with this option for multiple centers of technical support. Accordingly, the Mission will develop a management matrix that focuses USAID staff on results monitoring, management, and dissemination; coordination; facilitating technical support; team building; policy dialogue, and advocacy.



# I. Situation Analysis

## I.A. Status of the Epidemic

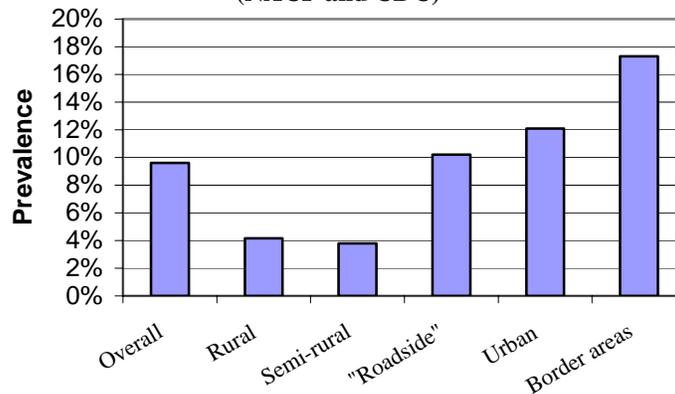
### I.A.1. Scale of the Epidemic

Tanzania faces a serious, generalized HIV/AIDS epidemic. Antenatal clinic surveillance results from 2002 place HIV prevalence at 9.6 percent. Tanzania bears the burden for a large part of the global epidemic along with the rest of sub-Saharan Africa, which in 2000 had 70 percent of the global total of people living with HIV/AIDS. In 2001, out of a population of 34.5 million, an estimated 2.2 million individuals age 15 or older were living with HIV. Of those living with HIV/AIDS, about 440,000 are eligible to receive antiretroviral therapy. It is estimated that a cumulative total of 660,000 AIDS cases have occurred since the beginning of the epidemic.

HIV is firmly established in both urban and rural areas (Figure 1). High-transmission areas, including trading centers, border towns, and transport routes, are contributing disproportionately to the HIV epidemic.

Figure 1

**HIV Prevalence at Antenatal Clinics  
Sentinel Surveillance 2001-2002  
(NACP and CDC)**



According to data from several surveys, HIV prevalence is high among female sex workers. One study of adults aged 15–54 in communities neighboring the gold mines in northern Tanzania found that 42 percent of female food and recreation workers tested positive for HIV.<sup>1</sup> Another study found that 26.3 percent of female bar and hotel workers in northern Tanzania were HIV-positive.<sup>2</sup> A survey of female barmaids and other bar workers aged 18–35 in the Mbeya Region identified an HIV seroprevalence rate of

<sup>1</sup> Clift et al. 2003.

<sup>2</sup> Kapiga et al. 2002.

approximately 68 percent.<sup>3</sup> The infection rate does not appear to have peaked. Recent data from Mbeya indicate high HIV incidence among commercial sex workers.<sup>4</sup>

This high infection rate has the potential to affect life span and quality of life, particularly for young Tanzanians under the age of 15, who account for 46 percent of the country's population. The rate that this age group acquires infection will directly affect Tanzania's productivity and ability to combat poverty in the coming years. In 2000, adolescents made up 30 percent of the Tanzanian population but they accounted for 60 percent of new HIV infections, with girls being five times more vulnerable than boys. Out-of-school youth represent a serious problem, considering that only 21.7 percent of those who complete primary education proceed to the secondary level. Every year more than one million graduates from primary school are forced to start early independent life without proper skills in a context of widespread poverty and lack of economic opportunities.

The HIV seroprevalence rate in Zanzibar has steadily increased since the diagnosis of the first three cases in 1986. Fifteen years after the first AIDS cases were reported, the cumulative number of reported HIV/AIDS cases in Zanzibar rose to 2,011 in 2001. HIV prevalence among pregnant women in Zanzibar has been growing, doubling from 0.3 percent in 1987 to 0.6 percent in 1997, with a subsequent prevalence ranging from 0.7 percent in 1999 to 0.68 in 2000. The rate also rose among blood donors, with prevalence increasing from 0.5 percent in 1987 to 1.5 percent in 1998. Health indicators in Zanzibar show a high proportion of sexually transmitted infections. Furthermore, 60 percent of sexually transmitted diseases occur among married couples, representing evidence of sexual relationships outside marriage. The HIV prevalence is estimated at 0.6 percent for the general population,<sup>5</sup> according to a June 2003 study completed by the Ministry of Health with participation and support from the World Health Organization, United Nations Development Programme, United Nations Children's Fund, and Muhimbili University College of Health and Science.

### I.A.2. Demographic and Socioeconomic Impact

*Mortality.* Adult mortality in Tanzania has increased considerably in recent years due to HIV/AIDS. AIDS is now believed to be the leading cause of death among adults.<sup>6</sup> The modest decline in child mortality during the 1980s and early 1990s has been reversed due to HIV/AIDS. The Minister of Education has noted that 114 teachers die of AIDS each month, leaving a gap in experienced teachers and, in many districts, no replacements for them.<sup>7</sup>

*Orphans.* Approximately 22 percent of children under the age of 15—or more than 800,000 children nationwide—are believed to have lost one or both parents to AIDS, with an estimated 60,000 children per year becoming orphaned.

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<sup>3</sup> Personal communication with representatives of the University of Munich Medical Research Project, Mbeya.

<sup>4</sup> *Idem.*

<sup>5</sup> United Republic of Tanzania September 1, 2003.

<sup>6</sup> United Republic of Tanzania July 2002.

<sup>7</sup> Ministry of Health 2002.

*Life Expectancy at Birth.* The World Bank estimates that by 2010, life expectancy will be reduced to 47 years from the effects of AIDS, as opposed to the projected 56 years without AIDS.

*Leading Causes of Death.* According to the 1999 Health Statistics Abstract, among the population aged 5 years and older, the major causes of death were malaria (22 percent), clinical AIDS (17 percent), tuberculosis (9 percent), pneumonia (6.5 percent), and anemia (5.5 percent). The Ministry of Health Adult Morbidity and Mortality Project offers an important tool for monitoring HIV/AIDS mortality at the community level. The system is now operational in seven sentinel districts and has documented that HIV/AIDS is the leading cause of deaths in selected sentinel rural and urban areas. Although the 2002 Tanzania Census does not indicate an overall decrease in population growth rate with respect to the population census of 1988, it may be worth investigating the factors behind the significant decrease in the population growth rate in selected regions, particularly in Iringa, Lindi, Mbeya, Rukwa, and Ruvuma, because these regions also account for a relatively high AIDS case rate.

*Treatment.* Patients with HIV/AIDS-related illnesses occupy up to 50 percent of hospital beds. There is high demand for care services and hospital supplies. Tuberculosis, which was close to being contained in the early 1980s, has risen from 11,753 cases in 1983 to 60,000 in 2000. Tuberculosis is the leading cause of mortality among patients with AIDS, accounting for 30 percent of all deaths.<sup>8</sup>

The overall economic impact of HIV/AIDS is difficult to establish. The World Bank estimates a drop in the average real gross domestic product growth rate in the period 1985–2010, from 3.9 percent in the absence of AIDS, to between 2.8 percent and 3.3 percent with AIDS.

### I.A.3. Determinants of the HIV/AIDS Epidemic

Approximately 80 percent HIV infections occur through heterosexual transmission. Less than 5 percent of infections are attributed to mother-to-child transmission, and less than 1 percent of infections are associated with blood transfusion. Other modes of transmission such as injecting drug use and professional accidents, or through traditional skin practices, are rare. Studies indicate that although most people have heard about AIDS and know how HIV is transmitted, widespread information and knowledge gaps exist regarding HIV transmission. Despite prevention efforts in the last 16 years, little sexual behavioral change has occurred. Risk perception is still low despite most people's having been personally affected in one way or another by HIV/AIDS.

The main determinants in the spread of HIV in Tanzania are sexual relations, especially between young persons, and associated underlying economic, social, and cultural factors. Intergenerational sex is an important factor in the spread of HIV/AIDS. Girls aged 15–24 years have a five to six times greater risk for infection than boys of the same ages. It is assumed that poor young girls engage in sex with adult men for financial gain. Cultural practices in some ethnic groups compound the risks. A number of

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<sup>8</sup> Ministry of Health February 2003.

communities in Tanzania still practice traditional initiation ceremonies and customs, such as female genital mutilation and widow inheritance, which place girls and women at risk for HIV infection.

The rapid development of the market economy is also a key factor behind the emergence and development of trading centers and main transportation stops. A critical mass of mobile populations, including internal and external migrants, takes advantage of these new market opportunities. As documented by the National HIV and Syphilis Sentinel Surveillance, transactional sex is a frequent event in these locations where both organized and informal sex work exposes individuals to HIV infection.

Discussions about sexuality are still largely taboo in families, schools, and in public education and information forums. Sexual relations in Tanzania with some population groups are poorly understood. Traditional male-dominated gender relations and poor economic opportunities negatively affect the ability of girls and women to determine their sexual relations, making them more vulnerable to HIV infection. Cultural practices in some ethnic groups compound these risks.

Poverty in all its facets reduces the capacity of the public and private sectors to provide quality services in education, health, and social security and to respond to the threats of the epidemic. Poverty also limits the ability of individuals, families, and communities to access existing services.

Alcohol abuse may also be an important determinant in the HIV epidemic. The mean per capita expenditure for alcoholic drinks in 2000 and 2001 accounted for approximately 20 percent of the average Tanzanian's disposable income (217 Tsh of total expenditures), a little bit lower than expenditures for health (232 Tsh) and education (227 Tsh).<sup>9</sup>

According to a review conducted by the National AIDS Control Program (NACP) in collaboration with the MEASURE Project, "male circumcision is a customary practice among Muslims and a large number of ethnic groups in Tanzania. A study in Mwanza region found modest protective effect against HIV infection, which was somewhat stronger in places with higher transmission."<sup>10</sup>

The general climate of denial, stigma, and discrimination surrounding HIV/AIDS and the continued resistance by important segments of society (e.g., religious organizations) provide a strong impetus for the continued spread of the virus.

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<sup>9</sup> National Bureau of Statistics July 2002.

<sup>10</sup> National Bureau of Statistics 2000.

## I.B. Tanzania's Strategy, Contributions, and Actions

The first cases of HIV/AIDS were initially reported in 1983 in Kagera Region, in northwestern Tanzania. Three years later, the Government of Tanzania first responded to the HIV/AIDS epidemic by forming the NACP, in the Ministry of Health. With support from the Global Program on AIDS under the auspices of the World Health Organization, Tanzania developed its first short-term plan to fight AIDS. This was subsequently followed by the development of three five-year medium-term plans, in 1987, 1992, and 1998. In addition, the National AIDS Committee and the National Advisory Board on AIDS were formed in 1989 and 1999, respectively, to support and complement the efforts of the NACP. However, these efforts appear to have lacked proper coordination for an effective multisectoral response from the beginning, partly because of the perception in many quarters that the epidemic was essentially a health issue. Indeed, HIV prevalence rates have continued to increase in nearly all parts of the country despite reported interventions and plans.

Efforts spearheaded by the Ministry of Health under the NACP have been constrained by structural factors such as slow implementation, inadequate human and financial resources, limited capacity of implementing institutions, excessive bureaucracy and centralization, poor coordination, and limited integration of activities by development partners. Nonetheless, some achievements have formed the basis of the consolidation and expansion of the national response. The need for enhanced coordination and leadership for an effective national response has been recognized, and steps have been initiated to realize the same. Two recent major achievements in this direction include the development and approval of a national policy on HIV/AIDS (November 2001), and the creation in 2001 through an act of parliament of the Tanzania Commission for AIDS (TACAIDS), a new body to lead the multisectoral national response under the office of the prime minister.

The establishment of TACAIDS and the adoption of the national policy on HIV/AIDS have laid the foundation for a coordinated multisectoral response. The national policy provides a guiding framework for HIV/AIDS interventions in Tanzania. The central role of TACAIDS is to facilitate an expanded response through strategic leadership, coordination, resource development, monitoring, and evaluation. Relevant sectors under the leadership of line ministries are responsible for technical program design and implementation. TACAIDS recently launched Tanzania's first National Multisectoral Strategic Framework (NMSF) for AIDS, which provides a structure for coordinating the responses of individual line ministries and sectors. The NMSF forms the basis for other sectors to develop their own sector response plans. For example, in March 2003, the Ministry of Health officers unveiled a health sector strategy for HIV/AIDS for the 2003–2006 period. Other sectors are in the process of developing their own responses and interventions with the technical support of TACAIDS.

The transition in leadership and coordination for the national response from the Ministry of Health to a new institution has been slow and difficult, at times requiring further clarification of roles and responsibilities between NACP and TACAIDS. The Ministry of Health in particular has been able to refocus its efforts on a quality health sector response to the crisis, as shown in its health sector strategy. With an increasing focus on care, treatment, and support initiatives (against a predominance of prevention

initiatives in the past), the Ministry of Health is strategically repositioning itself to take on new challenges. Furthermore, Tanzania's political and administrative reform agenda has placed considerable responsibilities in the districts to plan and implement their own development strategies, including health management and HIV/AIDS. Through the NMSF, districts are required to develop and implement their own HIV/AIDS response action plans. TACAIDS, with support from the World Bank, funded the Tanzania Multisectoral AIDS Project, and is in the process of establishing mechanisms for building capacity at the district level so that effective plans are developed and implemented by the districts in the entire country. Most assessments indicate that the management capacity of districts is still weak and needs to be strengthened. USAID support in this area will be of great importance.

HIV/AIDS is equally important in Tanzania's national development plans and policies. The poverty reduction strategy paper of October 2000 incorporates HIV/AIDS issues, although it does not provide a general development policy framework for addressing the effects and challenges of the epidemic. The NMSF has identified opportunities to ensure that the poverty reduction strategy paper has a more direct impact on the poverty reduction program to address HIV/AIDS challenges. Opportunities include a review of the poverty reduction strategy paper to include a broader set of core strategies to address HIV/AIDS concerns and to more closely link and fully monitor and evaluate HIV/AIDS with the monitoring and evaluation system established for the poverty reduction program.

The Government of Tanzania has been implementing a number of structural reforms that aim toward decentralizing the decision-making process and implementing development programs at the district level. The reforms empower each district to develop plans, and to implement them and report on them, taking into account their specific needs, including their own multisectoral HIV/AIDS plans. However, most assessment findings show that the capacity to plan, implement, and evaluate programs is limited and needs strengthening. USAID will need to invest in strengthening the management capacity of those districts where its activities will occur.

Tanzania has undertaken a number of measures to combat HIV/AIDS since 1986. One of these measures is the national surveillance system, which is in place within the NACP. Overall awareness of HIV/AIDS in Tanzania is high, at 97 percent. Condom use has been increasing steadily in the recent past. The social marketing program has led to an increase in condom distribution from about 11.5 million units in 1998 to 24.4 million units in 2002, and the program is expected to distribute 31 million units in 2003. The NACP has achieved good regional coverage for the control and management of sexually transmitted infections through a program that includes training service providers, procuring and distributing drugs, and targeting behavior change communication interventions. Achievements in blood safety include establishment of a laboratory at the NACP to assess HIV/AIDS and sexually transmitted infections, staff trained in all blood transfusion sites, provision of testing materials to hospitals, and dissemination of national guidelines on appropriate use of blood and blood screening in all hospitals. Plans are underway to establish a national blood transfusion agency, which will ensure high-quality standards nationwide.

Interventions to prevent mother-to-child transmission (PMTCT) are in the early phases of implementation. Currently, the interventions occur in five regions, each of which is benefiting from

intense research, resources, and enhanced planning capacity. By 2006, all 21 regions on the Tanzania mainland will benefit from a countrywide rollout of PMTCT interventions. In each region, PMTCT services will be implemented at the regional hospital and in high-volume primary health facilities surrounding the regional hospital.<sup>11</sup> Guidelines, training materials, and information-education-communication materials are being developed and pretested in preparation for nationwide dissemination. USAID, the Centers for Disease Control and Prevention (CDC), UNICEF, and the Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation Agency (GTZ)) are supporting the Ministry of Health as it develops its national PMTCT initiative.

Drug access is a growing concern in Tanzania, and two activities have contributed to building a foundation for Tanzania's future drug access initiative for people living with HIV/AIDS. The first was a situational analysis to examine the capacity of the health system to take this on; the second was the development of guidelines for clinical management of HIV/AIDS. The NACP has collaborated with the Axios Foundation in this area. Additionally, NACP has established an organized community home-based care (CHBC) model in the public sector and developed a training approach for district, health facility, and community levels. Twenty-eight districts have CHBC services; more than 100 providers and trainers have been trained as trainers of trainers; and close to 200 voluntary agencies, and nongovernmental and community-based organizations are providing some form of CHBC services. Assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria and other initiatives is expected to scale up CHBC services in the country. With support from the William J. Clinton Presidential Foundation, preparations have been made to roll out a highly active antiretroviral therapy program for persons living with HIV/AIDS that will cover all regions in Tanzania starting with about 16,000 persons in the first year, increasing to about 400,000 in five years. Additional support will be offered to increase the number of voluntary counseling and testing centers, to speed the creation of PMTCT programs in all antenatal clinics, and to greatly expand the routine counseling and testing of all patients in the health care system, regardless of their close linkages with the tuberculosis and sexually transmitted infection clinics, which are intended to ensure a steady referral of patients with HIV to the care and treatment clinics. The program also intends to contribute to strengthening the health care structure of Tanzania through expansion of health care personnel, facilities, and equipment, and comprehensive training in the care and treatment of people living with HIV/AIDS.

The Zanzibar AIDS Control Program (ZACP) embarked on a third medium-term plan in 1998. The plan was a strategic framework for a multisectoral response to fight the epidemic in the islands. However, the ZACP has had inadequate resources since 1995 and its activities remain minimal. As on the mainland, Zanzibar recently created a Zanzibar AIDS Commission to oversee the multisectoral response. Zanzibar faces significant HIV/AIDS challenges and needs to strengthen its responses to HIV/AIDS to maintain a relative low HIV prevalence.

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<sup>11</sup> President's International Mother and Child HIV Prevention Initiative. October 2003. Implementation Plan Application from Ministry of Health/Tanzania. Washington, D.C.: Centers for Disease Control and Prevention and USAID.

## I.C. United States Government Contributions, 1989–2002

### I.C.1. U.S. Agency for International Development

USAID is in its third generation of AIDS programming in Tanzania. The first, which occurred from the late 1980s through 1993, focused on assisting the NACP to implement its medium-term prevention plans, working with at-risk populations, worksite education, management of sexually transmitted infections, public and social marketing and distribution of condoms, and creating foundations for partnerships between the government and civil society. Other activities included leadership development; support for the nascent national analytical agenda; and support for the establishment of Tanzania's first organization serving the needs of people living with HIV/AIDS, *Walio katika Mapambano na AIDS Tanzania* (WAMATA), which set an important precedent for involving people living with HIV/AIDS in USAID programs.

In second-generation programs (1993–1998) through the Tanzania AIDS Project, USAID continued to stress behavior change through comprehensive communication programs as well as treatment of sexually transmitted infections. Condom distribution became prominent via the Salama social marketing program. The Tanzania AIDS Project worked in nine regions, and key preventive and care and support activities were clustered around affected populations. A critical element of the project was to encourage partnerships between regional governments and nongovernmental organizations to deliver services. The second generation of AIDS programs coincided with a shift toward strengthening relevant systems (e.g., logistics, data collection and analysis) within government institutions.

By 1998, USAID had set in place strong foundations for a program that now relies on the public and voluntary sectors for policy and service delivery. Today, five elements characterize the USAID Mission's approach to HIV/AIDS programs: building on the best practices and successes of its first two generations of programs in its activities today; supporting Tanzania's national agenda for responding to AIDS; building individual and organizational capacities in Tanzania to lead and manage effective AIDS programs; stimulating effective public-voluntary partnerships in policy and service delivery; and building within the USAID Mission a multisectoral response, currently through linkages with strategic objectives for democracy and governance, and economic growth.

A population-based conceptual framework underpins the third generation of USAID programs, which began in 1999. The framework assumes that different groups of people need access to very different prevention, care, support, and impact mitigation services on the basis of whether or not they are infected with HIV. The framework further argues in favor of scaling up best practices to meet the needs of these different groups.

Since 1999, USAID has supported a number of government reforms, focusing its programs on systems support at the national level (e.g., improved logistics management, infectious disease surveillance, and data collection); and service delivery at the district level, in particular through local government and civil society partnerships, including the voluntary sector health program. "Salama" male condoms are now

available through private sector outlets in every district in Tanzania. Behavior change communication programs aimed at youth have spread the message “abstain or use a condom every time.” USAID has spearheaded innovation in funding mechanisms, such as the multidonor Rapid Funding Envelope, which targets nongovernmental organization grantees and the Ishi campaign fund.

The current generation of programs focuses on the national and district levels. National programs include social marketing, the Ishi campaign, Rapid Funding Envelope for AIDS, logistics management, and prevention of mother-to-child transmission. Support to TACAIDS and the Ministry of Health for strategy development and institutional strengthening are also national in scope. The Angaza Voluntary Counseling and Testing Program is national in scope, but its focus is on 15 cities and towns in its first phase.<sup>12</sup> The program works through public organizations, nongovernmental organizations, and faith-based organizations, depending on institutional readiness to implement a quality voluntary counseling and testing service. Sites for expanding voluntary counseling and testing services are being selected in direct collaboration with the NACP to ensure regional coverage, and in coordination with the German bilateral donor GTZ, and the Axios Foundation.

District programs, which are part of the Voluntary Sector Health Program, are located in five regions (Coast, Dodoma, Iringa, Shinyanga, and Tabora). The combined population in these regions was near 8.6 million in 2002. The regions were selected on the basis of epidemiology, existence of potential community-based and nongovernmental partners in the regions, equitable resource allocation (including an absence of other donors in the regions), potential for integration between health and AIDS activities funded by USAID, and USAID history in implementing the Tanzania AIDS Project. Indeed, the five regions were among the nine regions in USAID’s earlier Tanzania AIDS Project and were judged to be those in which the Mission could have the most impact as it moved from a regional to a district-based program. Finally, and equally important, the regions were selected in a consultative process with government partners, who suggested including the Coast Region.

USAID has supported civil society activities in Zanzibar since 1998 through an umbrella grant mechanism managed by Africare in collaboration with the Zanzibar NGO Cluster (ZANGOC).<sup>13</sup> ZANGOC members have developed a range of prevention, care, support, and impact mitigation programs on the islands.

The following table summarizes the USAID/Tanzania HIV/AIDS budget in the FY 1998–2003 period.<sup>14</sup>

1998	\$3.5 million
1999	\$4.0 million
2000	\$6.3 million

<sup>12</sup> Arusha, Bukoba, Dar es Salaam, Dodoma, Iringa, Kigoma, Lindi, Morogoro, Moshi, Musoma, Mwanza, Ruvuma, Shinyanga, Singida, and Tabora.

<sup>13</sup> USAID support to ZANGOC through Africare supplemented programs that have been funded by the Swiss government since 1995.

<sup>14</sup> Source for 2000–2002 figures: [http://www.usaid.gov/pop\\_health/aids/Funding/FactSheets/africa.html](http://www.usaid.gov/pop_health/aids/Funding/FactSheets/africa.html)

2001	\$7.4 million
2002	\$8.5 million
2003	\$12.5 million (not including \$5.45 for PMTCT activities)

### I.C.2. Other U.S. Government Partners

USAID works in close collaboration with the U.S. Embassy, CDC, and Peace Corps on HIV/AIDS programs. CDC provides important technical and financial support to the Ministry of Health for HIV/AIDS activities and integrated disease surveillance, and to upgrade the laboratory system and strengthen blood transfusion centers. With CDC and under the leadership of the Ministry of Health, USAID is developing a long-term collaboration to implement the President’s International Mother and Child HIV Prevention Initiative in all 21 Tanzania mainland regions by 2006.

USAID provided Peace Corps/Tanzania with \$135,412 to supplement the work of volunteers who conducted HIV prevention activities from 2000 to 2002. USAID and Peace Corps are discussing options for continuing the program.

### I.D. Presidential Initiative and Emergency Plan

The U.S. Government assigns priority to Tanzania as one of 14 countries to receive additional assistance for HIV/AIDS activities.

#### I.D.1. International Mother and Child HIV Prevention Initiative

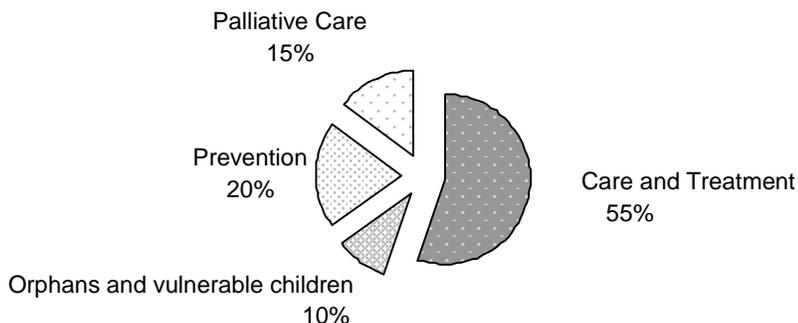
The International Mother and Child HIV Prevention Initiative aimed to prevent the transmission of HIV from mothers to infants and to improve health care delivery in Africa and the Caribbean. Through a combination of improving care, providing drug treatment, and building the capacity of the health care delivery system, this effort expected to reach up to one million women annually and to reduce mother-to-child transmission by 40 percent within five years or less in 12 African countries, including Tanzania, and two countries in the Caribbean. The initiative complemented the efforts of the Global Fund to Fight AIDS, Tuberculosis and Malaria and represented an important step in the global struggle against AIDS. This initiative has been rolled into the President’s Emergency Plan for AIDS Relief.

#### I.D.2. The President’s Emergency Plan for AIDS Relief

The President’s Emergency Plan for AIDS Relief (PEPFAR) is intended to prevent seven million new infections (60 percent of the projected new infections in the target countries), treat two million HIV-infected people with antiretroviral therapy, and provide care for ten million HIV-infected individuals and children orphaned by AIDS. This five-year, \$15 billion initiative will provide increased resources for USG-supported HIV/AIDS activities in the same 14 countries chosen for the International Mother and

Child HIV Prevention Initiative, including Tanzania. Figure 2 depicts budget earmarks in Tanzania using PEPFAR funds.

**Figure 2**  
**Projected Expenditures in Tanzania Under the President’s Emergency Plan for AIDS Relief**



PEPFAR presents significant innovative opportunities for USAID and its partner U.S. Government agencies to perform HIV/AIDS activities in Tanzania. The plan calls for developing a coordinated, collaborative response that supports Tanzania’s national plans and its priorities for prevention, care, treatment, and support. New leadership in the AIDS response through the U.S. Embassy will help to sustain a high-level dialogue with the Government of Tanzania, and thereby ensure that AIDS activities in Tanzania continue to receive high-profile attention. The plan will also help USG agencies ensure their programs complement each other, thereby reducing the potential for overlap and duplication of effort. A coordinated USG response will clearly support the Government of Tanzania, which is trying to harmonize external resources through a variety of reforms and processes.

Another important factor in the PEPFAR design is its goal to ensure the accountability and transparency required in U.S. foreign assistance. The plan will allow the USG response to HIV/AIDS to move forward rapidly, with inherent flexibility to respond to areas of opportunity, while simultaneously making the long-term investments needed to build robust systems for the response to AIDS.

## I.E. Other Main Government Partners and Their Contributions

### I.E.1. The Voluntary Sector

The Government of Tanzania and USAID recognize the importance of strong public-private partnerships in the fight against HIV/AIDS and in other development issues. In this regard, USAID plays an important role in brokering effective partnerships between the government and civil society. Voluntary agencies, which include national and regional nongovernmental, and faith-based and community-based organizations, are increasingly involved in the response and are slowly building relationships at national and district levels to work more effectively with the government.

Faith-based organizations are recognized as key players in the provision of quality social services such as health and education, including HIV/AIDS activities. They include Christian Social Services Council, an umbrella of Christian organizations, Evangelical Lutheran Church of Tanzania, Catholic Tanzania Episcopal Conference, Anglican Church of Tanzania, Seventh-day Adventist Church, and Muslim Council of Tanzania (Baraza la Waislamu Tanzania—BAKWATA). These organizations collectively have excellent, nationwide coverage and have great potential to prompt effective community mobilization, particularly in rural areas.

It is estimated that more than 800 Tanzanian nongovernmental organizations are working on HIV/AIDS activities in Tanzania. They include small village groups, district community-based organizations, and organizations with national outreach such as the Family Planning Association (UMATI). A number of nongovernmental organization networks that emerged from the USAID-funded Tanzania AIDS Project continue to be active (e.g., Iringa NGO Network, Zanzibar NGO Cluster, Kinondoni NGO Cluster). National organizations and networks of organizations of people living with HIV/AIDS are also becoming increasingly visible in the response; these include, for example, WAMATA, Service Health and Development for People Living with HIV/AIDS (SHDEPHA+), and Tanzania Association of Organizations of People Living with AIDS.

A number of nongovernmental organizations offer a continuum of care for affected families, linking voluntary counseling and testing with treatment of opportunistic infections and, where possible, with services to prevent mother-to-child transmission, and providing legal and other support to children orphaned by AIDS. Examples include the Comprehensive Community-Based Rehabilitation in Tanzania and Pastoral Activities and Services for People with AIDS in Dar es Salaam. The Tanzania-Netherlands Project to Support HIV/AIDS Control in Mwanza Region (formerly TANESA, now renamed Tanzania Essential Strategies Against AIDS) has emerged from an organizational transition as a donor-funded project to become a new nongovernmental organization in Mwanza Region. MEUSTA, another active nongovernmental organization in Tanga, which in the past received donor support from a Norwegian agency, is still active on a regional basis. Another example is the Tanga AIDS Working Group, whose volunteers provide home care, and which also assesses the efficacy of a number of traditional medicines used in Tanga Region. A variety of similar organizations can be found in all regions in Tanzania; while

these organizations are an important resource, organizational development audits need to be conducted for each one, and each one needs to develop an effective plan for capacity building.

A number of international nongovernmental organizations are also active in HIV prevention activities in Tanzania; these include African Medical and Research Foundation, Plan International, Population Services International, Save the Children (UK) (also in Zanzibar), World Vision, Action Aid Tanzania, CARE Tanzania, the Red Cross Society, Marie Stopes Tanzania, Africare, Pathfinder International, Médecins sans Frontières, Médicos del Mundo (also in Zanzibar), and the Italian organization, Collegio Universitario Aspiranti e Medici Missionari.

## I.E.2. Development Partners

Many donors are interested in supporting the fight against HIV/AIDS in Tanzania. The major bilateral and multilateral donors coordinate their HIV/AIDS activities through the Development Assistance Committee (DAC). In the DAC's first year of operation, USAID served as the chair and continues to remain an active member. The DAC HIV/AIDS group is currently chaired by GTZ and includes representatives from the bilateral donor agencies of Canada, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, Japan, The Netherlands, Norway, Sweden, Switzerland, and the United Kingdom. The DAC also includes representatives of the European Union, International Labor Organization, Food and Agriculture Organization, United Nations Development Programme (UNDP), World Health Organization, United Nations Children's Fund (UNICEF), United Nations Fund for Population Activities, the Joint United Nations Programme on HIV/AIDS (UNAIDS), World Bank, and World Health Organization. UNICEF represents Zanzibar on the DAC.

The overall aim of the DAC HIV/AIDS group is to enhance commitment and coordination among donors to support an accelerated national response to HIV/AIDS. The group does not include nongovernmental organization donors and foundations.

The Government of Tanzania established a Global Fund Country Coordinating Mechanism (GFCCM) in response to the first call for proposals by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The GFCCM has broad government, voluntary, and private sector representation and could become a vehicle for ensuring broad coordination beyond the DAC HIV/AIDS group. USAID is an active member of the GFCCM.

Donors in Tanzania tend to have geographical or regional focuses on the basis of their own strategic interests or in response to requests by the Tanzanian government. As a result, several donor-mapping exercises have occurred in Tanzania, including, most recently, one that was conducted as part of Tanzania's first AIDS sector public expenditure review that summarized bilateral and multilateral donor support to Tanzania's AIDS programs.

There has not been a formal mapping of donor support for AIDS activities in Zanzibar. Many donors suspended aid to Zanzibar following the 1995 general election disputes. However, USAID has continued

to provide support since 1998. UNDP provides support to strengthen the Zanzibar Ministry of Health, the ZACP, and for district AIDS control teams. UNDP will maintain support for ZACP and the Zanzibar AIDS Commission over the next five years at a level of approximately \$600,000 a year for advocacy, epidemic surveillance, and monitoring, and for development of the new strategic plan and donor coordination. UNICEF, UNAIDS, and the World Health Organization are also active in a limited number of districts in Zanzibar, primarily through the use of Italian government funds, in condom promotion; provision of information, education, and communication activities to vulnerable groups; home-based care; voluntary counseling and testing; and treatment of opportunistic infections.

Several recent donor initiatives are described below. Two of the examples, the Rapid Funding Envelope, and the GFCCM, illustrate the commitment of Tanzania's donor partners to coordinate their responses for maximum impact.

*The Rapid Funding Envelope for AIDS.* The Rapid Funding Envelope is a short-term grant mechanism that was jointly established by TACAIDS and eight collaborating donor agencies, including the Canadian International Development Agency, Ireland Aid, Swiss Agency for Development and Cooperation, the Embassy of Finland, The Royal Netherlands Embassy, The Royal Danish Embassy, The Royal Norwegian Embassy, and USAID. The goal of the Rapid Funding Envelope is to support civil society activities in HIV/AIDS on the mainland and in Zanzibar. USAID, which spearheaded the establishment of the Rapid Funding Envelope, supports costs for technical and financial/grant management through contracts and agreements with Management Sciences for Health (via field support) and Deloitte & Touche. All strategic areas in HIV/AIDS, including prevention, advocacy, care, support, applied research, institutional strengthening, and others, can be financed under this mechanism. The Rapid Funding Envelope serves as an important tool for enhancing the policy environment for public-private partnerships in that it is being led by TACAIDS. Three TACAIDS commissioners serve on the Rapid Funding Envelope's steering committee, through which they gain significant experience in grant management and partnership building.

*The Global Fund to Fight AIDS, Tuberculosis and Malaria.* The Global Fund awarded Tanzania a first grant of \$19 million to fight malaria. Tanzania has also received a second grant for US\$5.4 for its Round 1 proposal for HIV/AIDS activities focusing on education, district responses, and AIDS prevention in the informal sector. Tanzania was invited to resubmit its proposal in a much more modest form, via a \$211 million proposal to link treatment for tuberculosis and HIV/AIDS. Tanzania resubmitted its response in May 2003, and the Global Fund has just approved the proposal, which is worth US\$87 million. The five-year program will scale up voluntary counseling and testing, and care and support services for HIV/AIDS and related tuberculosis activities on the mainland. The overall goal of the proposal is to decrease morbidity from these diseases and to reduce mortality. Specific objectives in the Round 3 proposal include the following:

- Increase the number of sexually active individuals (15–49 years old) using voluntary counseling and testing services in 45 target districts.

- Provide access to comprehensive care and support services for patients with tuberculosis and persons living with HIV/AIDS in all voluntary counseling and testing sites/health facilities and a comprehensive care-plus package in all regional/referral centers in 45 target districts.
- Increase the number of clients using voluntary counseling and testing services and patients with tuberculosis who are screened for both conditions and treated according to national protocols.
- Increase the number of available community care and support groups for persons living with HIV/AIDS, tuberculosis, or both diseases in 45 target districts.
- Strengthen the capacity of the Ministry of Health and partner institutions to coordinate, plan, monitor, and evaluate the execution of an integrated HIV/tuberculosis program.

Zanzibar has a separate country coordinating mechanism and, in its first round of proposals, Zanzibar was awarded funds for its malaria program (a five-year maximum of \$1.1 million). Zanzibar's Round 2 proposal, which was also approved, will provide a maximum of \$2.3 million over five years to develop a participatory response to HIV/AIDS for youth.

USAID is an active participant, along with three other donor representatives, on Tanzania's GFCCM, and has provided technical assistance to facilitate proposal design and to draft proposals in collaboration with other Tanzanian and international partners. USAID supported the development of Zanzibar's Round 1 proposal, but it has not participated as a member of the Zanzibar country coordinating mechanism in the development of subsequent proposals.

*The World Bank Tanzania Multisectoral AIDS Project (TMAP).* TMAP is worth US\$70 million. The program began in the third quarter of 2003 and will support implementation of priorities identified in the National Multisectoral Framework for HIV/AIDS. The grant will finance four components: a civil society fund, a public multisector fund, and institutional support for TACAIDS, and support for the response to HIV/AIDS in Zanzibar.

*The William J. Clinton Presidential Foundation.* The foundation's HIV/AIDS initiative is seeking to raise about US\$539 million for HIV/AIDS activities in Tanzania over the next five years and has developed its business plan, "HIV/AIDS Care and Treatment Plan: 2004–2008." Funds are to be earmarked for treatment of persons living with HIV/AIDS; to strengthen the health care systems and human resources; to expand information, education, and communication activities; and to increase social support for care, treatment, and stigma reduction.

*Lessons Learned.* Coordination of support from development partners and national efforts has been a challenge in the past. However, with the creation of TACAIDS, this is being addressed more fully. Currently, some mechanisms for coordination are in place and should be further strengthened with time. Geographic and thematic mapping will need to be further enhanced for effective coverage.

## I.F. Stakeholder and Civil Society Consultation: Key Findings and Programmatic Implications

USAID adopted a three-part consultative process in designing its new 2005–2014 HIV/AIDS strategy. The process will include communications through annual meetings of partners, assessments and appreciative inquiry, and stakeholder participation in the development and review of the results framework. The President’s Emergency Plan for AIDS Relief figures prominently throughout the consultative process, and USAID staff have kept partners up to date on the status of the emergency plan, seeking input and ideas at critical points during the strategy formulation.

The health team chose to use its scheduled February 2003 annual stakeholders and partners meeting to announce the Mission’s new strategy development plans. The purpose was to share information on the analytical agenda, the concept paper development, and the steps the Mission would take to complete a draft strategy for submission to USAID/Washington. The February 2004 annual meeting of partners will again serve as a forum to bring partners and stakeholders up to date on the status of the new strategy.

The second component of the consultations included assessments and a structured stakeholder input process using an “appreciative inquiry” methodology. Through the assessments, USAID was able to consult with experts in HIV/AIDS in Tanzania and gain insight from their knowledge and experience for the strategy. USAID deliberately used the appreciative inquiry process to learn about successful community, regional, and national initiatives. The inquiry focused on care and support for persons living with HIV/AIDS and on approaches for overcoming stigma in order to increase participation in AIDS programs.

External consultants were used to facilitate the appreciative inquiry process. The process included two elements: a series of five facilitated discussions with a total of 106 participants from Arusha, Dar es Salaam, Mwanza, and Zanzibar; and building on information gathered through these interviews in a day-and-a-half meeting in Dar es Salaam with 73 participants from the mainland and Zanzibar. Participants in the interviews and at the meeting included a wide range of stakeholders (regardless of whether or not they were USAID partners) from all parts of Tanzania, representing, among others, government, communities, nongovernmental organizations, faith-based organizations, traditional healers’ associations, and organizations of persons living with HIV/AIDS. An important finding of the process is that USAID has already built capacities, forged partnerships, and strengthened systems.

The programmatic implications for USAID, based on participant discussions, are to incorporate key thematic areas into prevention, care and treatment, and support activities, including those that follow.

### *Management and Institutional Capacity*

*Institutions:* Establishing linkages between relevant agencies; building systems in line with ongoing reforms.

*Coordination, participation, and partnership:* Increasing coordination by TACAIDS and the Zanzibar AIDS Commission for greater impact, promoting collaboration by all sectors (i.e., promoting the

concept that AIDS is everybody's war), increasing the involvement of the education sector, and incorporating public-private partnerships to ensure equitable distribution of resources to specific target groups.

*Resource issues:* Improving capacities for budgeting (including gender budgeting), and identifying gaps and infrastructure needs.

*Knowledge and data issues:* Sharing information (data, reports), and ensuring that data are used to improve performance and target AIDS programs.

*Empowering Environment.* Address tolerance and acceptance of persons living with HIV/AIDS, legislative and policy issues, capacities to formulate policies, and gender mainstreaming.

*Comprehensive Care and Treatment.* Address voluntary counseling and testing (quality, access, training, linkages to community services), critical treatment issues (adherence, one-stop AIDS treatment facilities), nutrition issues in the context of antiretroviral drugs and treatment, and psychosocial support for vulnerable communities.

*Education and Competence.* Focus strongly on training (for all aspects of AIDS programs); address social norms; and integrate economic opportunities for vulnerable communities into programs.

*Prevention.* Include and empower youth; give youth life skills; build partnerships; link service provision and materials development; integrate information, education and communication; integrate voluntary counseling and testing; integrate antenatal clinic and prevention of mother-to-child transmission programs; and develop workplace programs.

*Research.* Support research on behavioral aspects of transmission, including stigma and the socioeconomic effects of the epidemic; involve persons living with HIV/AIDS; translate research into action (improved quality of life of infected and affected persons; influencing policy development and decision-making).

Other recommendations from the stakeholder consultative process include the following:

*More Support to Zanzibar.* USAID was urged to consider supporting the Zanzibar AIDS Commission in a wider perspective.

*Cross-Generational Sex.* Cross-generation sex has been a serious issue in Tanzania since the 1980s, yet few programs address the problem. USAID should address this as part of tailored information, education, and communication programs.

*Greater Involvement of Traditional Healers.* Traditional healers should be involved in the planning of interventions in order to tap their experience and knowledge, and to contribute to the fight against AIDS. Traditional healers are the first point of contact for more than 50 percent of persons living with

HIV/AIDS. They need to be used more strategically in all relevant areas, including counseling, management of opportunistic infections, and research.

*Voluntary Counseling and Testing.* Better and coordinated post-testing support is needed. Necessary structures must be put in place to ensure a continuum of care (i.e., voluntary counseling and testing → referral → care and treatment → psychosocial support).

The consultative process confirmed that key challenges for USAID in its ten-year strategy will include the physical infrastructure of the health care system, health personnel, technical capacity in the public and private sectors, community preparedness, cost recovery, strategic integration of prevention and treatment and, in particular, ensuring that USAID does not lose its focus on prevention, and strategic integration between health and AIDS. The overarching challenge for USAID and others involved in the response to AIDS is to overcome stigma and to promote increased acceptance and tolerance.

The third component of the USAID consultative process was structured around formulation and review of the results framework. Three external stakeholders representing the government and civil society organizations, and three USAID/Washington representatives participated in a two-day results framework exercise that resulted in a first-draft results framework. The final draft will be presented for discussion at the health team annual partners' meeting in January 2004. USAID/Tanzania will take into account additional contributions and comments from participating partners.

The challenges of providing care and support call for specific decisions to be made to effectively integrate the health and HIV/AIDS interventions. Integration will be necessary because both sets of interventions will use the same systems and service delivery points. For example, the health strategic objective will support maternal and child health activities in antenatal clinics where the HIV/AIDS strategic objective will also support PMTCT initiatives. It is logical that the two strategic objectives work in tandem for maximum effectiveness.

## I.G. Supporting Factors and Constraints to HIV/AIDS Programs

### I.G.1. Policy Environment

Some positive developments in the policy environment have occurred in Tanzania in recent years. For example, the environment in which Tanzania's new national multisectoral strategic framework is unfolding holds significant promise and represents opportunities for USAID support for HIV/AIDS activities. Concurrent establishment of a high-level, multisectoral commission in the prime minister's office reinforced the commitment expressed in 2000 by Tanzania's president, when he declared AIDS a national disaster. This has been accompanied by modest increases in government budgetary allocations and significant increases in donor funding for HIV/AIDS activities. Civil society is playing an increasing role in fighting the epidemic. USAID and other donors are helping to strengthen the capacities of voluntary sector organizations to actively participate at all levels (policy, implementation, monitoring) of the response.

Some areas of concern exist, however, within the policy framework. For example, the pace of HIV/AIDS policy change has not kept pace with global developments in drug affordability, simplification of treatment regimens, and the willingness of external donors to finance treatment initiatives. The challenge will be to ensure that at national levels, government and its civil society and donor partners are able to rapidly assess the policy environment and make necessary changes. In addition, the one-political-party culture is still alive despite the existence of multiple parties. Tanzania needs to further promote the critical concept that the citizenry understand and demand their basic rights. This will be an important element in ensuring that Tanzania's care and treatment plan remains transparent and accountable.

### I.G.2. Culture and Gender

Tanzania's social structures and societal values are changing, albeit slowly. Discussion of sexuality remains largely taboo in families, schools, and public information systems. The dynamics of sexual relations in Tanzania and within various population groups remain poorly understood. Traditional male-dominated gender relations and poor economic opportunities negatively affect the ability of girls and women to determine their sexual relations, making them vulnerable to HIV infection. Cultural practices in some ethnic groups compound these risks: a number of communities in Tanzania still practice traditional initiation ceremonies, and polygamy, female genital mutilation, and widow inheritance place women and girls at risk for HIV infection. Finally, HIV stigma is alive and thriving in Tanzania. There is still a tendency by most Tanzanian families and communities to cover up the existence of AIDS, which perpetuates the silence and denial associated with the condition.

### I.G.3. Institutional Capacity

Tanzania has significant institutional and human capacity constraints to lead, coordinate, and implement a national, multisectoral response to HIV/AIDS. The Ministry of Health on the mainland, for example, has experienced significant attrition among its most highly qualified young professionals over the past couple of years, which has negatively affected the ministry's overall programs. Only the health sector has performed an assessment of the effect of the epidemic on its performance.

Human resource constraints are further compounded by a number of factors. Highly skilled staff members are difficult to recruit and retain because of low remuneration, poor working conditions, chronic shortages of supplies and lack of working equipment, and a lack of quality supervision and support. Although the situation is severe throughout nearly all Tanzania, some districts have a greater disadvantage because employees prefer not to go to work there.

### I.G.4. Conflict Vulnerability

Tanzania has been politically stable, although the region has been marked by violence and instability over the past two decades. Tanzania currently hosts more than a half-million refugees. Thus, although the Tanzania mainland is not particularly at risk for conflict, persistent conflict in neighboring countries and

in Zanzibar could have future, long-term repercussions in a number of sectors such as agriculture, education, health, security, and HIV/AIDS.

The situation in Zanzibar has been critical. USAID/Tanzania prepared a “Conflict Flash Points” study that focused on Zanzibar’s political instability and recommended interventions to reduce the likelihood of future conflict. In November 2001, opposing parties in Zanzibar signed a landmark political reconciliation accord. To date, implementation of the reforms is proceeding satisfactorily. However, as a result of the conflict in Zanzibar in the mid-to late-1990s, most bilateral donors closed their programs on the islands. Available donor support was channeled through civil society structures, including ZANGOC, which continues to receive USAID support.

### I.G.5. Faith-Based Organizations

Tanzania has a strong voluntary sector that actively provides social and health services. Faith-based organizations provide about 40 percent of health care services in Tanzania and are known for their high-quality care, particularly in rural areas. Faith-based organizations have great potential to initiate antiretroviral therapy and community home-based care programs with minimum investments in systems development and capacity development. Many organizations have already initiated and are implementing such programs.

### I.G.6. Donor Collaboration

Tanzania’s dependency on external donor funding for HIV/AIDS and most public health programs is an important constraint that fuels the fragmented and uncoordinated responses to the epidemic. Short-term commitments from donors, and different funding cycles, agendas, and approaches to development assistance make collaboration a challenge. However, USAID and Tanzania’s other bilateral and multilateral AIDS partners have invested a great deal of effort in building effective collaboration among donors. This improved collaboration is exemplified by:

- The creation of the Rapid Funding Envelope for AIDS by eight donor agencies and TACAIDS.
- The joint technical support provided by donors for the development of a Global Fund proposal and the TACAIDS multisectoral plan.

Although USAID/Tanzania does not contribute to the common donor “basket”—or pool of funding including contributions from several donors—the Mission has emerged as a critical supporter of the sector-wide approach. The Mission has maintained sustained dialogue with the government and other donors, and has planned and allocated its technical and financial resources in accordance with government priorities and requests.

### I.G.7. Key Programmatic Strengths

*An Established Social Marketing Program.* Tanzania has an extensive social marketing-driven distribution system for public health products, including condoms. Condom distribution increased from

11.5 million units in 1997 to nearly 31 million units in 2003. The program provides an important foundation for strengthening and expanding the HIV/AIDS responses.

*The Ministry of Health's Care and Treatment Plan.* The Ministry of Health's large-scale HIV care and treatment program, which is designed to provide antiretroviral therapy to more than 400,000 people living with HIV/AIDS, provides an opportunity for strategic donor collaboration and rapid development of the prevention-to-care continuum. This plan is designed to strengthen key health delivery systems and build on public-private partnership. USAID/Tanzania's support to the plan will facilitate achievement of the goals of the President's Emergency Plan for AIDS Relief.

*A Successful Tuberculosis Program.* The tuberculosis program demonstrates the possibility of success within an extensive public sector delivery system. Other programs associated with immunization and family planning also have achieved commendable results. Lessons learned about the factors behind these results will benefit and guide implementation of the Ministry of Health's care and treatment plan.

*Accredited Drug Dispensing Outlet Program.* The Accredited Drug Dispensing Outlet (ADDO) program is funded by the Bill and Melinda Gates Foundation and managed by Management Sciences for Health. The objective of the program is to establish a regulated system of profitable ADDOs to provide a range of quality drugs and professional services to underserved populations in collaboration with the Tanzanian Pharmacy Board. The drugs shops, called *duka la dawa baridi*, are licensed to sell only over-the-counter drugs, but most sell prescription drugs as well. This initiative is relevant to the HIV/AIDS program because it will make quality drugs for treating opportunistic infections more accessible to rural areas and underserved populations. Tanzania has only 350 pharmacies, most of which are located in main urban areas, whereas it has more than 4,000 drugs shops.

## I.H. Gaps and Priority Needs in HIV/AIDS Programming

### I.H.1. Crosscutting Gaps and Priority Needs

*Weak Culture of Data Generation, Management, and Dissemination.* All assessments conducted by the Mission point to the pervasive lack of regular data at all levels for culturally-sensitive program development, implementation monitoring, impact evaluation, and in-depth understanding of determinants of the HIV/AIDS epidemic and responses. As importantly, no established mechanism exists to disseminate the available set of critical data and information to relevant organizations.

*Inadequate Leadership.* Despite the Tanzanian president's increased commitment and leadership in the fight against HIV/AIDS and the establishment of TACAIDS, communities and decentralized structures and partners responsible for program development and implementation have not yet sufficiently recognized the HIV/AIDS challenge. Too few "champions" are committed to HIV/AIDS prevention, care, treatment, and support; and districts and communities do not generally perceive HIV/AIDS as a priority. The need to develop, implement, and sustain a leadership development program with a particular decentralized focus cannot be overemphasized.

*Implementation Gap.* Tanzania is known for several effective community trials, such as a large-scale regional intervention in Mbeya and other innovative small-scale interventions. These interventions, however, have not been taken to scale. Critical interrelated factors behind this situation include fragmented assistance by development partners, support for pilot and demonstration projects that do not incorporate plans in their program designs for scaling up, and government dependence on donor funding for HIV/AIDS interventions. Other determinants for the implementation gap include social stigma; limited access to financial resources by nongovernmental organizations; poor capacity of nongovernmental organizations and districts; limited public-private partnerships; a lack of services in the prevention-to-care continuum; weak financing and accountability mechanisms by nongovernmental organizations and districts alike; and weak logistics and management systems for drugs and reagents.

## I.H.2. Gaps and Priority Needs in Prevention, Care, Treatment, and Support

### *Prevention*

*Focused behavior change interventions.* At-risk populations such as sex workers, truck drivers, fishermen, men who have sex with men, soldiers, and prisoners have little or no access to sustained prevention programs, much less to programs designed to address their unique circumstances. The disproportionate number of HIV infections among adolescents and extremely high prevalence rates among sex workers strongly support the importance of substantial increases in the number and quality of interventions that target these populations and their related sexual networks. Limited data and understanding exist of the “bridging” populations, their profiles, and their contribution to sustaining the HIV epidemic in the general population. Bridging populations include men and women in union who engage in unprotected sex with others who have higher HIV rates and who place their regular sexual partners at risk for HIV infection. Gender imbalance and the low status of many women in union may place them at risk for HIV.

*Voluntary counseling and testing.* The network of about 180 operational voluntary counseling and testing sites is too limited to serve the needs of the population, and many districts have no functioning voluntary counseling and testing centers whatsoever. Less than 5 percent of the adult population has taken an HIV test. Broader coverage of quality voluntary counseling and testing services in Tanzania is needed to support both prevention, and care and support interventions alike. There is a particularly glaring deficiency in the availability of voluntary counseling and testing services positioned for use by vulnerable people.

*Prevention of mother-to-child transmission.* The development of an infrastructure that other prevention and care initiatives can leverage to prevent mother-to-child transmission presents major challenges and opportunities. Specific gaps include weak management and supervisory systems; a limited number of competent service providers; and weak procurement, forecasting, and distribution systems for drugs and other health commodities.

*Quality of prevention interventions.* Various assessments by the Mission have pointed to quality gaps in the basic package of interventions being conducted by USAID's implementing partners. Factors in these gaps include limited use of contemporary, integrated marketing and scarcity of data for sound social marketing interventions; lack of posttest interventions in the voluntary counseling and testing program; inadequate focus on cross-generation interventions; and lack of a clear technical agenda and oversight for the community-based interventions of the voluntary sector program.

*Lack of a structured program for primary and secondary school activities.* A major deficiency in Tanzania's response to the HIV/AIDS epidemic is its lack of structured school activities for HIV prevention. The Ministry of Education and Culture recognizes this and is finalizing an HIV/AIDS strategic plan. In-school interventions will be able to build on a range of demonstration in-school interventions being conducted by the government's implementing partners.

### *Care, Treatment, and Support*

*Limited nutrition education for HIV-positive people and their families.* People with HIV infection and their families are poorly informed about ways to maintain and optimize their nutrition. People who are poor cannot obtain sufficient quantities of food. Typically, in Tanzanian hospitals, patients must have food brought in by family or friends. Patients with limited support may receive only one inadequate meal a day. Other people have adequate nutrition until they become ill, at which point their food-purchasing ability is drastically reduced. In addition, wasting syndrome is a common condition in patients with AIDS, and nutritional deficiencies may be exacerbated by complications such as chronic diarrhea with malabsorption. Finally, many people with HIV infection are nutritionally deficient because of poor diet and food choices. Such people have access to natural foods, including locally grown beans, fruits, and vegetables, but they instead choose processed and low-nutrition alternatives due to the prestige attached to manufactured foods.

*Limited awareness by the general population about other key beneficial health measures.* Many people with HIV infection and their families are poorly informed about the importance of early HIV detection, early diagnosis and treatment for opportunistic infections, and adherence to treatment. People with acute infection are not being recognized and, largely, are not diagnosed during the chronic, asymptomatic stage. A pressing priority is the need to educate the general public about the benefits of early HIV case detection, early diagnosis and treatment for opportunistic infections, and adherence to treatment regimens.

*HIV/AIDS-related stigma and health workers.* There is a widespread belief within Tanzania's health care system that health workers themselves are a main cause of HIV/AIDS-related stigma. Given the frontline role of health workers in managing the HIV/AIDS epidemic and the increased understanding of the importance of the prevention-to-care continuum, equipping these workers

with the knowledge, skills, and tools they require to manage this responsibility should be a priority in Tanzania.

*Severe shortage of qualified service providers for HIV/AIDS care, treatment, and support.*

Critical gaps include a lack of clearly designed HIV/AIDS courses or modules for preservice training; and the lack of an institutionalized, formal, in-service training program for basic case diagnosis, management of opportunistic infections and HIV/AIDS, and antiretroviral therapy prescribing protocols.

*Inadequate capacity for treatment of opportunistic infections.* The capacity to treat HIV-related opportunistic infections varies throughout the health care system. Maintaining a sustained supply and sound management of drugs for opportunistic infections (with the exception of tuberculosis drugs) is a recurrent problem.

*Inadequate capacity for palliative care.* The capacity to provide palliative care is limited. Programs that include palliative care interventions are mostly small in scale and scattered. Faith-based organizations stand out as the best performers in providing palliative care. Critical gaps include a lack of a clearly defined basic package and systematic training for service providers in providing home-based care and hospice services, including pain management, nutrition supplementation and counseling, psychosocial support, and legal services.

*Poor condition and management of the general laboratory infrastructure.* Many hospital laboratories, including at least one referral and one regional hospital, could not perform basic kidney and liver function tests. Developing and implementing a strategy and plan to improve the general laboratory infrastructure are critical to supporting HIV/AIDS case management and antiretroviral therapy.

*Limited capacity for follow-up with patients on antiretroviral therapy.* Tanzania has not established systems, norms, standards, or protocols for following up with patients on antiretroviral therapy. Limited data on follow-up rates among patients receiving therapy are highly variable, as they rely entirely on the individual. No structured mechanisms exist to support adherence to antiretroviral therapy.

## II. Proposals for the Ten-Year HIV/AIDS Strategic Plan

### II.A. Conceptual Approach and Implications

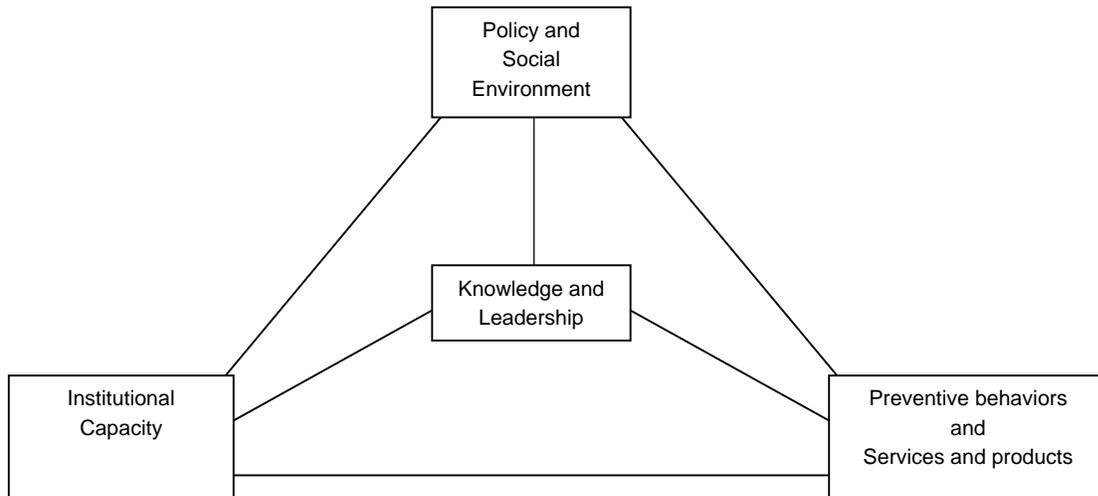
The conceptual framework of USAID/Tanzania's current HIV/AIDS strategy features a definition of the minimum essential interventions and best practices necessary to meet the needs of the population. Lessons being learned from implementing this strategy demonstrate serious limitations associated with the inadequate knowledge base and technical expertise available to support the critical interventions and best practices at an operational level. Further, the current strategy does not address the need for supportive policies, and societal and institutional support to institute the basic package of interventions.

The proposed new conceptual approach maintains a population-based framework, yet it solidifies the concept by placing knowledge management and dissemination, as well as strategic leadership development for selected public institutions and nongovernmental organizations, at the center of the Mission's HIV/AIDS strategy. The new strategic framework further stresses an operational technical-assistance mechanism to achieve the following goals:

- Build a critical mass of leaders and competent service providers to provide a continuum of prevention, care, and infection mitigation interventions;
- Foster a supportive institutional, policy, and social environment; and
- Define and prioritize the basic package of interventions that are necessary to achieve effective preventive methods, as well as care, treatment, and support services.

Figure 3 depicts the knowledge and leadership required to inform critical investments, technical assistance, and the culturally sensitive approaches that will be necessary to improve the policy and social environment, institutional capacity, and expanded use of products and services to effect continued change. As knowledge of the different components (institutional environment, policy, social and sexual interactions) that frame critical thinking improve and the capacity to optimize appropriate use of knowledge becomes stronger, it is assumed that the gain in quality knowledge will enhance the optimal use of the available resources, support systems, tools, and materials for expanding the use of effective preventive behaviors, services, and products.

**Figure 3**  
**Contextual interactions between knowledge and leadership, policy and social environment, institutional capacity, and products and services**



A critical assessment of the existing HIV/AIDS environment in Tanzania reveals little use of data and knowledge management as useful tools for effective program management and leadership. Therefore, placing dedicated and sustained attention on fostering a culture of data management can provide an important gateway for developing a better understanding of the critical factors that affect the determinants of the HIV/AIDS epidemic and the responses to it. For example, a greater understanding of sexual networks should allow better segmentation and focusing on the needs of specific populations, including “bridging” populations with culturally sensitive interventions.

It is also assumed that an emphasis on knowledge management should lead to the development of organizational learning and repositories that can deliver the right knowledge to the right individual and organization at the right time. For this goal to be realized, it is critical that systems and mechanisms be established that build on information technology. Such technology can: 1) support work practices; 2) continually reorganize organizational memories to integrate new information and new concerns; and 3) serve the task by making information relevant to the new task at hand and providing both tools and support materials.

Within this context of sharing knowledge, tools, and support materials, and support for leadership development, is a range of critical team leadership traits and skills, as well as organizational behaviors that are necessary for achieving two goals:

- Building “a vision that has clear and compelling imagery that can offer innovative ways to improve, a vision that recognizes and draws on traditions, and a vision that connects with the actions that people can take to realize change,”<sup>15</sup> and
- Taking maximum advantage of the technical support available from international partners and focusing the country on results and accountability.

The current state of available knowledge and recent results of extensive consultation conducted by the Mission point to the following strategic technical steps, which if taken, may break the HIV cycle:

- Building supportive social norms that can sustain preventive behaviors and use of products and services, while at the same time developing behavior change communication and social marketing interventions that can focus on youth and at-risk populations;
- Breaking the dichotomy between prevention and care services, and minimizing social stigma by facilitating institutional linkages among various services and stakeholders;
- Placing voluntary counseling and testing and prevention of mother-to-child transmission at the center of the prevention-to-care continuum;
- Dedicating appropriate resources to facilitate the Ministry of Health’s care and treatment plan;
- Placing district-based, public-private partnerships and alliances and multisectoral responses at the center of strategic and operational plans, thereby bridging the implementation gaps for prevention, care, treatment, and mitigation support services; and
- Placing dedicated and sustained attention on fostering a culture of knowledge management and dissemination, and strengthening of institutional capacity and systems.

## II.B. Strategic Objective for HIV/AIDS

The proposed strategic objective is *reduced transmission and impact of HIV/AIDS on Tanzania*. This proposed HIV/AIDS strategy and related results framework are based on an expected funding level of \$40 million per year through 2008. The expected specific results for the proposed HIV/AIDS strategic objective over the next five years are as follows:

- 30 percent reduction in HIV prevalence Tanzanians aged 15–24 years<sup>16</sup>;
- 25 percent (190,000) of children affected by AIDS receive community support services<sup>17</sup>;

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<sup>15</sup> Nutt and Backoff, July 1995.

<sup>16</sup> Applying this HIV prevalence reduction among the population aged 15–49 that accounts for 42 percent of the total population would prevent ~1.2 million new infections by 2008 (with the assumption that HIV prevalence would not exceed 10 percent in the general population by 2008 in the absence of interventions sponsored by PEPFAR and the Presidential Mother and Child HIV Prevention Initiative, and a constant annual population growth rate of 2.8 percent). This estimate will be revised according to guidelines soon to be issued by the Office of the Global AIDS Coordinator for estimating the number of infections averted.

<sup>17</sup> The current estimated number of orphans is 800,000.

- 34 percent (150,000) of eligible people living with HIV/AIDS receive antiretroviral therapy.<sup>18</sup>

## II.B.1. Strategic Plan Rationale

**Development Hypothesis.** The HIV/AIDS strategic objective is based on the hypothesis that improved preventive behaviors and social norms, increased use of prevention-to-care services, an improved enabling environment, and an enhanced multisectoral response to HIV/AIDS are prerequisites for reducing HIV transmission and the impact of the disease in Tanzania.

The status of a priority focus country under PEPFAR provides a unique twofold opportunity to 1) take advantage of the increased resources, and 2) build on the recent commitment of the Government of Tanzania to tackle HIV/AIDS in a serious manner and the strong in-country donor collaboration for bridging the implementation gap through district-based multisectoral public-private alliances. Fortunately, Tanzania can build on a range of effective community trials, a large-scale regional intervention, and several innovative, small-scale activities to bring interventions to scale and achieve change.

USAID/Tanzania has developed a strategic plan that builds on the lessons learned from the Mission's current HIV/AIDS program and the momentum of the country. The strategy aims to support the Government of Tanzania as it aims to achieve two goals:

- Reduce the rate of new infections among Tanzanians by focusing on vulnerable populations, developing services in the prevention-to-care continuum, and building a supportive societal, institutional and policy environment; and
- Reduce the impact of HIV/AIDS by building a multisectoral response.

**Primary Focus Populations.** The strategy proposes to focus on six primary target populations:

- 10- to 24-year-old in-school and out of school youth in urban and rural areas
- High-risk populations, including sex workers, truck drivers, and military personnel
- Bridging populations
- Pregnant women attending antenatal clinics
- People living with HIV/AIDS
- Orphans

At the same time, the strategy proposes to engage four secondary populations in developing the supportive societal, policy, and institutional environment necessary to achieve the proposed results. These secondary populations include the following:

- Health workers/service providers
- Management teams of selected public and private institutions/organizations
- Parents and other youth gatekeepers (religious leaders, teachers, youth role models)

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<sup>18</sup> The Ministry of Health estimates that about 440,000 persons living with HIV/AIDS are eligible to receive highly active antiretroviral therapy.

- Traditional healers
- Opinion and political leaders

Reducing HIV transmission will require a sustained focus on youth and high-risk populations and their related sexual networks in order to decrease new infections. A reduction in HIV infections among youth will contribute to the United Nations General Assembly Special Session on HIV/AIDS goal to reduce HIV prevalence among 15- to 24-year-olds.

A specific focus on preventing mother-to-child transmission will also add to the overall reduction in new infections and provide a gateway for encouraging couples to seek voluntary counseling and testing, and for opportunities to increase risk perception and behavior change among married men who have casual sex with formal and informal commercial sex workers.

It is assumed that targeting and providing care, treatment, and support services to people living with HIV/AIDS will encourage vulnerable populations to know their serological status and receive early counseling and support in order to remain free of HIV or to reduce HIV transmission. Improving access to care, treatment, and support for people living with HIV/AIDS will also provide a fertile ground on which to develop strong associations of people living with HIV/AIDS and involve them in supporting prevention efforts and public accountability for AIDS resources.

To assist the Government of Tanzania to reduce the impact of AIDS, USAID/Tanzania will build a partnership with other sectors by developing specific networking with the other strategic objectives of the Mission. This partnership will aim to improve community support and protection for vulnerable children and households, increase access to economic opportunities by vulnerable children and families, and empower communities to strengthen public accountability for AIDS resources.

*Geographic Focus.* USAID/Tanzania's HIV/AIDS strategy will link national-level interventions with district-based programs. Illustrative activities to be supported at the national level may include strengthening national systems (logistics, management information, human resources); supporting TACAIDS, the Ministry of Health, and the National AIDS Control Program (advocacy, leadership, coordination); promoting national behavior change; promoting social marketing interventions in partnership with the commercial sector; and fostering donor collaboration. At the district level the Mission's focus will be on service delivery in prevention, care, treatment, and community support. In most cases, the Mission will provide a core package of services, complementing what is available through other USG agencies participating in Tanzania's response, the Tanzanian government, and other donor resources. In selected districts the USAID Mission will support a full continuum of prevention, treatment, and support activities.

In addition, USAID will focus its district-level resources to address the needs of populations in high-transmission areas and to address the needs of the general population. In some cases, the two groups might be located in a single geographic area. In others, USAID would work exclusively with one group or another in a given location. Therefore, at the district level, USAID will have one approach to focus on

high-transmission areas along migratory routes, trading centers, and border towns that are underserved by sustained interventions; and a second approach to support district-based public-private partnerships in selected geographic areas.

The selection of the districts in which USAID will work will be made in close consultation with the Government of Tanzania and other donors. The following criteria will be used to determine where USAID funds should be deployed:

*HIV prevalence and potential demographic impact of the epidemic.* USAID will ensure that its resources are used where they are most needed and where they can have the most impact. Given the requirements of PEPFAR to address prevention, treatment, and support concurrently, it will be important for USAID to carefully review epidemiological data to prioritize regions and districts in which to work.

*High population density, especially for youth.* PEPFAR and the United Nations General Assembly Special Session on HIV/AIDS both set ambitious targets for reducing new infections among Tanzania's youth by 2008. As a result, USAID will pay particular attention to the demographic profile of selected districts to maximize the effect of programs that target youth. The criteria suggested here will require collaboration with the Planning and Privatization division of the President's Office, which coordinates youth initiatives.

*Synergy with other USAID-funded programs.* USAID has proposed a multisectoral AIDS strategy, and HIV/AIDS is a crosscutting theme in the Mission's overall country strategy. As a result, USAID will examine opportunities to implement district-based programs in areas in which the Mission's economic growth, democracy and governance, and natural resource management strategic objective teams also work.

Most important will be the need to collaborate effectively with the Mission's health strategic objective to ensure that HIV/AIDS and health activities are integrated for maximum impact. For example, facility-based reproductive and child health activities will benefit from the investments in the prevention of mother-to-child transmission program, and similarly, that program will benefit from improvements made to antenatal clinic facilities that result from health sector investments.

*Synergy with other USG agencies working to implement PEPFAR.* The U.S. Government is expected to produce a consolidated country operational plan under PEPFAR, outlining its overarching goals, strategies, and tactics, and clearly defining the coordinating and implementation responsibilities of the different USG agencies working in Tanzania. As a result, the selection of geographic sites for USAID activities will be finalized in collaboration with other USG agencies and under the leadership of the U.S. Embassy.

*Areas where other donors do not offer programs.* The Government of Tanzania and its donor partners collaborate effectively to ensure resources are available for the response to HIV/AIDS. USAID, as an active member of the Development Assistance Committee HIV/AIDS group, will work to ensure that the districts in which it proposes to work are not fully covered through other donor activities.

As an example, USAID will work closely with TACAIDS, the National AIDS Control Program, and GTZ, to determine what services are needed to complement those being offered by the Government of Tanzania and GTZ in Lindi, Mbeya, Mtwara, and Tanga Regions.

*High transmission areas.* USAID proposes to develop programs to address the prevention, treatment, and care needs in high-transmission areas, particularly along Tanzania's highways, in areas that attract significant numbers of migrants, in market and border towns, and in mining areas. As much as possible, such interventions would occur in geographic areas where the HIV/AIDS strategic objective team is planning activities for the general population as well; however, the Mission does not rule out developing discrete high-transmission-area activities under its new strategy.

*Availability of effective networks of nongovernmental and faith-based organizations to provide prevention, care, and treatment services.* Partnerships between the government and civil society organizations will continue to be a priority in the new USAID strategy. As one of Tanzania's few "project support" donors, it will be particularly important to ensure that USAID resources flow to the voluntary sector, complementing other resources that are traditionally targeted at the public sector (i.e., basket and budget support donors such as the World Bank).

As a result, USAID will need to ensure that the districts in which it works have a critical mass of competent, viable civil society organizations (i.e., community groups, nongovernmental organizations, faith-based organizations) with which to partner to deliver prevention, treatment, and support services.

*Location of referral hospitals and champion institutions.* USAID/Tanzania proposes to initiate treatment initiatives for Tanzanians living with AIDS. These activities will include PMTCT-Plus (i.e., expanded prevention of mother-to-child transmission programs) and treatment. Over the next ten years, Tanzania's treatment initiative should evolve so that services are routinely available at district levels. In the immediate future, however, treatment will be concentrated within key hospitals and ready-to-go health facilities from faith-based and private sector organizations that have the financial, staff, and technical resources to provide quality care. Government services are the primary targets of several large initiatives as well, through large-scale funding and budget support, and through bilateral agreements. A number of Tanzania's donor partners direct the majority of their resources (including resources for AIDS prevention, treatment, and care) to the public sector. USAID funds have traditionally complemented other donor contributions, with an emphasis on targeting the voluntary sector. In the present strategy,

USAID proposes to build on its comparative advantage by focusing its resources at community and district levels and contributing to building linkages from community to district, regional, and then referral facilities.

The various assessments conducted by the Mission indicate that a number of smaller faith-based and private sector facilities currently have the capacity to provide quality care using highly active antiretroviral therapy and are doing so. As a result, USAID's treatment resources will start in existing facilities with existing capabilities, and move according to need (and based on the full set of criteria listed here) as the country gains experience in providing antiretroviral therapy. Proximity to referral hospitals is therefore assumed to be a criterion.

*Government of Tanzania criteria and decisions.* USAID's selection of districts for implementation of the HIV/AIDS strategy will be made in close consultation with the Government of Tanzania.

*USAID comparative advantage.* USAID has gained significant experience in its more than 15 years of working in Tanzania to provide HIV prevention services. More importantly, through its strong tradition of working at regional and district levels, USAID has developed a network of partners and understands the opportunities and needs of the districts where it has worked. It will be important to include as part of the criteria for selecting districts USAID's comparative advantage resulting from its presence in many locations in its earlier programs.

Accordingly, one option will be for USAID to maintain, strengthen, and expand its presence in the regions in which it currently works, and which include a total population of 8.6 million. However, USAID would develop partnership programs with additional regions/districts with high population densities such as Kagera, Kilimanjaro, Mara, Mtwara, Mwanza, and Zanzibar, as well as regions with high-transmission areas, as long as these regions benefit from a network of ready-to-go faith-based and nongovernmental organizations with demonstrated track records. Dar es Salaam as a trendsetter and as the region with the highest population—density, AIDS case rate, and an established network of nongovernmental organizations should also be considered in the final USAID decision. Including these additional regions in its geographic scope would allow USAID to have access to a total population of about 21 million people and to maintain flexibility to focus its resources to critical populations and geographic areas according to a defined set of results-driven criteria.

## II.B.2. Critical Assumptions

The proposed new strategy is built on the following interrelated critical assumptions:

- Funding for USAID/Tanzania will be maintained at expected levels.
- Current donor funding levels for HIV/AIDS activities will be maintained, as will current financial support for decentralization, health sector reform, and poverty alleviation.
- Socio-political stability and economic improvements will continue and will not deteriorate.

## II.C. Main Programmatic Approaches

With greater funding from the U.S. Government and other donors, USAID will continue to dedicate its attention and resources to strengthening the excellent momentum gained in donor collaboration, and to developing an effective coordination mechanism with USG partners, including the Centers for Disease Control and Prevention and Peace Corps. Better coordination among other donors and USG partners will allow USAID/Tanzania to more effectively link prevention to care, treatment, and support interventions and to leverage its comparative technical expertise and financial resources to support key critical interventions from other development and USG partners.

### II.C.1. Prevention-to-Care Continuum

Using the lessons learned and the recommendations of the range of assessments of current prevention efforts in Tanzania, USAID/Tanzania will support a new range of key interventions that build on the momentum created to date and that address the limitations and quality gaps in the prevention programs. These include the following:

*Expanding and Improving the Effectiveness of Innovative and Successful Behavior Change Communication Programs Focused on Specific Populations (Youth, Commercial Sex Workers and Bridging Populations).* USAID/Tanzania will place particular emphasis on focusing behavior change communication interventions that will enhance and strengthen current successful initiatives. One important measure will be to link champion community and mass media initiatives in order to take advantage of the powerful synergy between fundamental communication channels and to build the necessary supportive environment and positive social norms. One good example would be to better link the well-designed magazines *Femina* and *Si Mchezo*, which focus on youth with the extensive network of voluntary organizations and FM radio programs.

*Developing a Coherent Strategy for Technical Support for Behavior Change Interventions at National and District Levels.* USAID/Tanzania will foster the development of a clear technical agenda based on identified needs and a planned program. It will further establish a technical support network for behavior change interventions for local and community-based implementing partners to facilitate access to sustained technical expertise; and cultivate diverse and coordinated communication strategies and relevant linkages with other behavior change communication programs, such as family planning and maternal and child health programs.

*Improving the Relevance and Performance of the Existing Social Marketing Program by Separating the Social Marketing of Products from the Social Marketing of Behaviors and Services.* This separation will allow a dedicated focus on expanding availability of condoms and other products in rural areas. The social marketing of behaviors and services would include condom usage, delay of sexual debut, fidelity, and a campaign against stigma and discrimination. It could also be used to promote supportive social norms and reach Tanzanians with messages about topics such as antiretroviral drugs and prevention of mother-to-child transmission. USAID/Tanzania will also consider the role of social marketing of services as an activity distinct from the provision of those services. This will provide the opportunity, for example, for the social marketing of voluntary counseling and testing sites to be more integrated and coordinated with social marketing of products and behaviors.

*Encouraging Choice and Competition in the Market and Fostering Involvement of Faith-Based Organizations and Public-Private Partnerships.* Many commercial firms in Tanzania have management, marketing, and behavior change communication expertise. Within this sector there also exists a growing recognition of social responsibilities; many large commercial companies have, for example, introduced free antiretroviral programs for their staff members. The Mission will also encourage faith-based organizations to take advantage of the strengths of the commercial sector to market positive social values, abstinence, delay of sexual debut, and fidelity.

*Expanding Support to Voluntary Counseling and Testing, and Prevention of Mother-to-Child Transmission Services as the Entry Point to Prevention and Care.* USAID/Tanzania will support the Government of Tanzania's strong commitment to scale up voluntary counseling and testing services and continue to place particular attention on strengthening the quality of those services. A critical concern of the Mission is to develop strong posttest counseling and follow-up services for both HIV-negative and HIV-positive individuals and couples. The Mission will also support the introduction of newly developed testing technologies and innovative approaches to voluntary counseling and testing as they become available.

*Supporting the Implementation of the Ministry of Health's Care and Treatment Plan by Closely Networking with the William J. Clinton Presidential Foundation and Other Development Partners.* USAID/Tanzania plans to play a critical role in assisting the Ministry of Health to achieve its ambitious care and treatment targets using its comparative advantage. USAID/Tanzania will pay particular attention to helping the Ministry of Health take advantage of the planned investment to strengthen the overall public and private health delivery systems, but also to respond to PEPFAR. Accordingly, USAID/Tanzania plans to complement planned Ministry of Health and other donor assistance in the following ways:

- a) *Supporting delivery of antiretroviral therapy.* The Mission will:
  - Prepare non-public and mission hospitals to qualify for Ministry of Health support, thus cultivating a network of centers of excellence located within districts;

- Fund a district-based network of ready-to-go voluntary service organizations, faith-based organizations, and private health facilities to support implementation of the Ministry of Health care and treatment plan, including palliative care (home-based care and hospice services);
  - Purchase antiretroviral and related drugs, equipment, and commodities in consultation with the Ministry of Health and other development partners;
  - Support targeted food and nutrition programs, and vocational training, and provide follow-up support for vulnerable households; and
  - Establish a dedicated technical support mechanism for responding to demand-driven technical assistance needs from the ready-to-go network of decentralized public and private health facilities.
- b) *Assisting in the establishment of the care treatment unit in Ministry of Health.* The Mission will:
- Fund international and national technical experts and a mentorship program to attract qualified Tanzanians to work at regional and district levels; and
  - Establish complementary, dedicated, short-term technical assistance mechanisms to enable the Ministry of Health to:
    - o Support/update development of service delivery norms, standards, protocols, and support materials for case management of opportunistic infection and HIV/AIDS;
    - o Design and implement the certification system proposed by the Ministry of Health;
    - o Demonstrate the feasibility of an “opt-out” policy for routine pretest counseling and testing;
    - o Design nutritional education and counseling for all patients on treatment and related mechanisms for nutritional support;
    - o Design a basic package of other palliative care-related home-based and hospice services;
    - o Strengthen drug logistics and management, and health management information systems; and
    - o Adopt and mainstream innovative training and supervision approaches and training management information systems to support the massive training and supervision needs for rapid improvement of quality care and treatment and palliative services.
- c) *Fostering accountability for antiretroviral drugs.* Accountability and transparency are needed to ensure that antiretroviral drugs are used in Tanzania for their intended purposes. Equally important is to ensure that individuals eligible for treatment are aware of their rights and aware of the precise cost, if any, of treatment services. Therefore, USAID assistance will:
- Support the involvement of associations of people living with HIV/AIDS and civil society organizations and individuals to manage and monitor the care and treatment plan; and
  - Facilitate the sustained use of mass media by associations of people living with HIV/AIDS and civil society “champions” to report and discuss on the progress, challenges, and key issues facing the implementation of the Ministry of Health treatment plan.

## II.C.2. Approaches for Supporting Orphans and Other Vulnerable Children and Communities

*Providing Immediate and Ongoing Support Through a Mix of Nongovernmental and Faith-Based Organizations.* USAID will support organizations that take successful approaches to supporting orphans and vulnerable children, particularly organizations whose strategies promote the coping abilities and economic capacities of families, communities, and children.

*Improving the Enabling Environment.* USAID recognizes that caring for children affected by AIDS will require a long-term investment in government and community social services. As with many of its programs, USAID will use an approach that provides immediate support through appropriate services at the community level while strengthening the systems that will allow Tanzania's government and its society to sustain caring and coping efforts over time.

## II.C.3. Crosscutting Approaches

*Developing Public-Private Partnerships.* USAID will continue to support the Government of Tanzania's reform agenda for empowering districts as operational centers and fostering public-private partnerships. The Mission will build on the experience it has gained through current district partnerships with the voluntary sector. It will concentrate most of its assistance package within districts by facilitating results-driven, institutionalized networking between district councils, and the voluntary and commercial sectors.

*Building Leadership and Improving Organizational Behaviors.* The Mission will dedicate attention to building strategic leadership among a critical mass of public and private champion organizations and institutions in order to expand the momentum for HIV/AIDS prevention, care, treatment, and support services across Tanzania. Leadership efforts will emphasize building effective management teams capable of improving organization behaviors and performance, as well as sustaining organizational development.

*Supporting Knowledge Generation, Management, and Dissemination.* A key Mission intervention will be efforts to develop local capacity to generate relevant data from ongoing program development, management, and evaluation activities, as well as advocacy and decision-making. Another intervention will be to organize and provide technical support to a network of public and private organizations and institutions dedicated to facilitating critical thinking and the use of local knowledge to guide strategic decisions; supporting innovative strategic leadership; and improving effectiveness of support systems, organization operations, and human capital management.

*Developing Linkages with Other Sectors Supported by the Mission.* HIV/AIDS is a crosscutting theme for USAID/Tanzania, and it will be incorporated through linkages with other Mission strategic objectives. The linkages need to be articulated at the activity level on the basis of two opposite perspectives; namely, the potential contributions of sector activities to increase and reduce HIV transmission and the impact of HIV/AIDS.

The framework of the ten-year AIDS strategy suggests integration from these two perspectives using two approaches. The first is a focus on HIV/AIDS activities geared toward reducing HIV transmission and reducing the impact of HIV/AIDS on the populations targeted by the other Mission strategic objectives, thus strengthening the human resource base in democracy and governance, natural resource management, and economic growth. Examples include support for HIV/AIDS workplace interventions among partners of other strategic objective teams. The second approach focuses on the contribution of other strategic objectives to HIV/AIDS prevention, treatment, and support. In this approach the emphasis shifts to building a multisectoral response; for example, economic growth activities can target communities affected by HIV/AIDS and, particularly, orphans. Democracy and governance efforts can contribute to ensuring that the rights of persons living with HIV/AIDS are protected and that funds allocated to HIV/AIDS activities are accountable.

For the health sector, the HIV/AIDS strategic objective will develop mutually supportive interventions in mother-to-child transmission prevention; infection prevention; sexually transmitted disease case management; production of a modularized, integrated curriculum for counseling; repositioning condom promotion for dual protection purposes; and strengthening supervision, logistics, and information systems. USAID/Tanzania will also maximize its common use of technical support mechanisms to minimize duplication of interventions that target the same service providers and populations.

The HIV/AIDS strategic objective team proposes to structure cross-sectoral linkages around the four core elements of the strategy: knowledge, institutional capacity, products and services, and the policy environment.

### *Integrating Crosscutting Themes Into the HIV/AIDS Strategic Objective*

*Gender.* The HIV/AIDS strategic objective will incorporate gender issues in activities being planned as part of the four intermediate results. Gender issues will be incorporated in the four core elements of the strategy. Gender considerations are particularly critical considerations if social norms are to be changed and stigma reduced. Factors to consider include data analysis to determine how to best incorporate gender in strategic objective activities; social norms; delivery of services to ensure equitable access by men and women; equitable access to training and other capacity-building resources; increasing involvement by men and women in specific activities in which neither group traditionally participates; and ensuring that policies and laws protect the rights of all citizens regardless of gender.

The following results will be tracked:

- Gender considerations of policy and legislative reform (through the Ministry of Justice and Constitutional Affairs (MOJCA));
- Participation of men and women in different activities through data disaggregation by gender and, where relevant, by activity, to track the number of men and women accessing prevention, treatment, and support services, as well as capacity building and leadership programs; and

- Effects of services on men and women through gender-disaggregated analysis of population surveys such as the Demographic and Health Survey and the Tanzania Health Information Survey.

*Governance.* The HIV/AIDS strategic objective will promote good governance, particularly through Intermediate Results 3 and 4. This implies accountability for public resources by the government and others, such as nongovernmental organizations, in their use of public funds to implement programs, through participatory decision-making processes in the making of policies and laws, and through the efficient delivery of quality public services. The aim will be to increase good governance in the HIV/AIDS sector in Tanzania through approaches that address leadership, participation, accountability, and policy formulation and implementation. Activities that reflect the adoption of governance as a crosscutting theme include building accountable community and nongovernmental organizations; fostering an enabling environment to focus specifically on policy formulation and dissemination, on legislation, and ensuring accountability for allocation and use of resources for HIV/AIDS activities; building leadership for the response to HIV/AIDS; and building an advocacy capacity.

The following results will be tracked:

- Capacity of targeted civil society organizations to demand public accountability for HIV/AIDS resources; and
- Number of public-private town meetings on key issues related to HIV/AIDS.

### *Integrating Crosscutting Tools Into the HIV/AIDS Strategic Objective*

*Capacity building.* The HIV/AIDS strategic objective includes institutional capacity as one of its core conceptual elements. Capacity building is an integral tool in the four intermediate results through activities that focus on individuals and organizations. Targeted areas focus on capacities needed to scale up prevention activities; capacities for delivering new products and services (such as treatment); and capacities of communities and families to cope with the epidemic.

Individuals who will benefit from capacity building include service providers (in prevention, support, and care and treatment) as well as people affected by AIDS (e.g., orphans who need vocational training, and guardians who require better agricultural or business skills to meet the needs of children for whom they now care). Organizations targeted for capacity building include community, nongovernmental, and faith-based organizations. The strategic objective will also strengthen government institutions and systems, and build providers' capacity for supplying prevention, care, treatment, and community support services.

To scale up treatment, the strategic objective will use conventional and innovative approaches such as twinning, a volunteer medical corps, and distance learning.

*Information communication technology.* USAID/Tanzania has an active information communication technology team and has piloted a number of information activities through cross-sectoral linkages. Information communication technology remains a central tool in the ten-year strategy, and will be used to facilitate communication and experience sharing between partners to increase program effectiveness.

The HIV/AIDS strategic objective proposes to use information communication technology across its four intermediate results. Illustrative uses of this technology include fostering linkages between the health and HIV/AIDS sectors within facilities, using state-of-the-art technology for improving targeted health systems (logistics, human resources), using information communication technologies as an integral component of referral systems in HIV/AIDS treatment programs, and using these technologies creatively to promote prevention.

*Global alliances.* The private sector worldwide is quickly increasing its participation in HIV/AIDS activities, as evidenced by the activities of the Global Business Coalition on HIV/AIDS, for example. USAID/Tanzania is committed to increasing the participation of the private sector in Tanzania's response to HIV/AIDS through innovative alliances and partnerships. The Rapid Funding Envelope for HIV/AIDS, which brought together eight bilateral donors under a common funding mechanism to support civil society, holds promise as a future development alliance. Alliance opportunities also exist with the William J. Clinton Presidential Foundation to provide assistance such as HIV/AIDS drugs, and services such as logistics and voluntary counseling and testing. Other avenues for public-private partnerships will be explored during the ten-year strategy, building on the corporate social responsibility movement as well as the private sector's increasing commitment to protecting its own human resources through HIV/AIDS prevention and treatment programs.

The HIV/AIDS strategic objective will develop collaborative interventions with all Mission strategic objectives to monitor and disseminate data on the impact of HIV/AIDS.

In the democracy and governance sector, USAID will develop collaborative interventions that focus on improving the ability of civil society and the media to effectively engage in HIV/AIDS policy advocacy and oversight of higher amounts of government and donor HIV/AIDS funds. In the natural resource management and economic growth sectors, collaborative interventions will be planned in targeted geographic areas to build public-private alliances to expand prevention, and care and treatment interventions in rural areas, and through partnerships between the stakeholders engaged in community-based natural resource management and with producer organizations and business associations in the agriculture sector. Microfinance interventions will also be developed to provide economic opportunities to vulnerable children and households.

*Mainstreaming stigma-reduction activities into all interventions.* USAID/Tanzania will attack social stigma from several fronts. It will integrate stigma reduction activities in all major interventions discussed above. The most critical interventions for fighting social stigma will be to break the dichotomy between prevention and care services by 1) providing a continuum of services and support; 2) developing a supportive environment that engages opinion, community leaders, and health

workers; and 3) maintaining a research agenda that will inform culturally sensitive stigma reduction strategies.

*Providing a specific assistance package to Zanzibar.* The Mission plans to develop a specific strategy and results framework to better capture the peculiarities of Zanzibar. Advocacy, culturally sensitive prevention programs, leadership development, knowledge management, and donor collaboration will constitute the backbone of the assistance package.

#### II.C.4. Scaling-Up Approaches

With greater resources for HIV/AIDS activities, USAID/Tanzania proposes to use several approaches to scale up effective HIV/AIDS interventions.

The geographic coverage and number of people served with effective interventions will be expanded for youth, people living with HIV/AIDS, orphans and vulnerable children, and populations with high-risk behaviors (e.g., sex workers, truck drivers). USAID/Tanzania will expand existing, effective projects or partners to cover a wider area, or additional populations or services. The Mission will also foster the replication of successful projects in new geographic areas in collaboration with local partners by encouraging the use of blueprints and franchise approaches, and building the leadership and institutional capacity of champion public and private institutions and organizations. Accordingly, USAID/Tanzania will establish a specific mechanism that supports the dissemination of support materials and action learning.

Services will be expanded to additional critical target populations (bridging populations) and interventions will be expanded to engage critical secondary audiences (parents and youth gatekeepers, opinion and political leaders, management teams of public and private institutions, health workers, traditional healers).

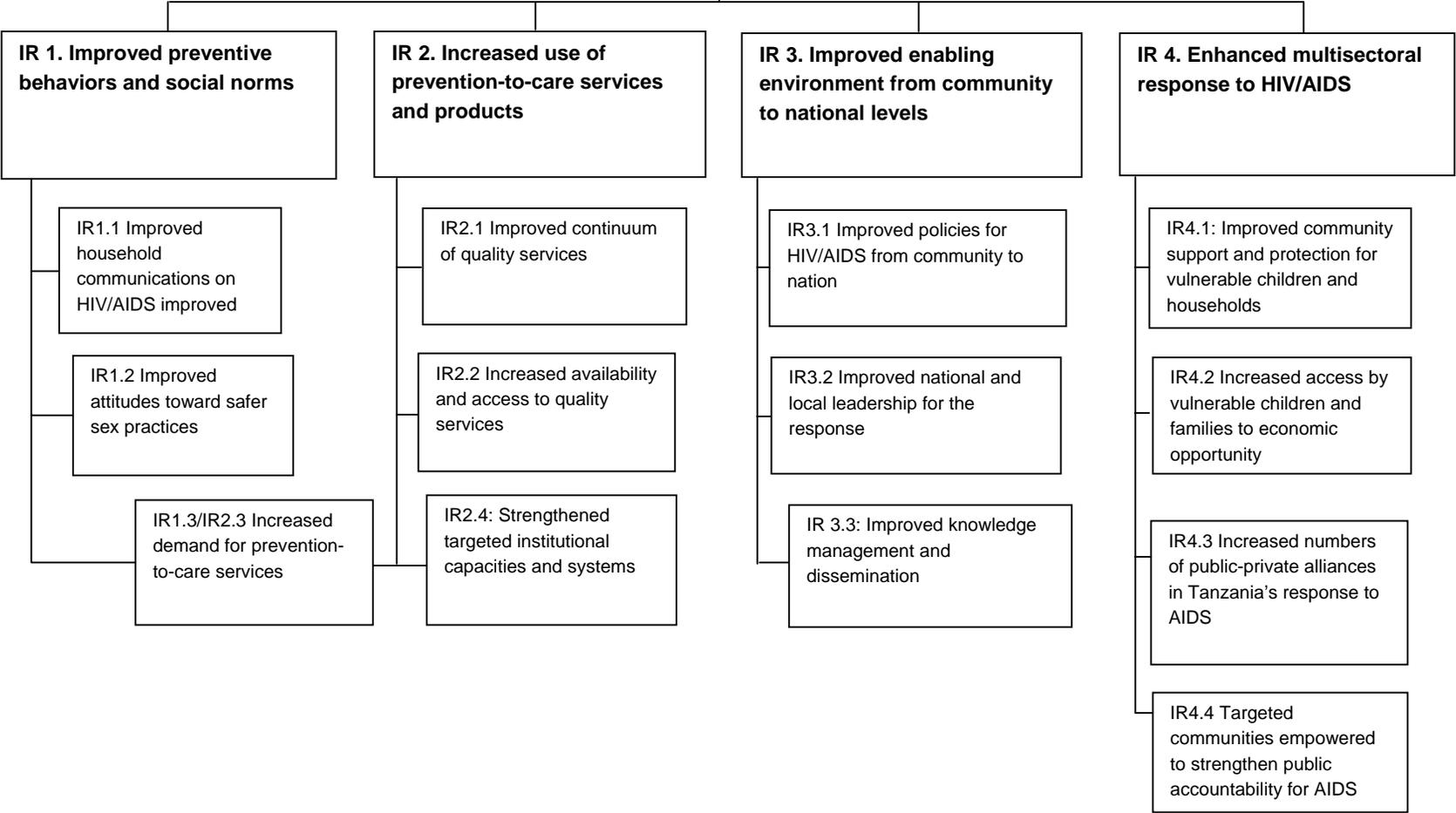
The scope of services will be expanded by supporting a continuum of prevention, care, treatment, and support services, and palliative care interventions, including those for orphans and vulnerable children. This approach will allow idea-sharing and mutual support among partners and programs that focus specifically on prevention or care.

HIV/AIDS prevention and care materials and services will be mainstreamed into existing service delivery systems for health, democracy and governance, natural resource management, and economic growth.

#### II.D. Key Intermediate Results and Illustrative Activities

In order to help Tanzania reduce HIV transmission and the effects of HIV/AIDS, USAID/Tanzania has built consensus on four intermediate results and 13 subsidiary results. These results are presented in the results framework on the following page.

**Reduced Transmission and Impact of HIV/AIDS on Tanzania**



## II.D.1. Intermediate Result 1: Improved Preventive Behaviors and Social Norms

*Rationale.* Intermediate Result 1 focuses on creating the necessary supportive societal environment to adopt a range of preventive behaviors in order to decrease the sexual transmission of HIV, which accounts for about 78 percent of HIV transmissions in Tanzania. Primary populations include in-school and out-of-school youths aged 10–24, and populations with high-risk behaviors, including commercial sex workers, truck drivers, men who have sex with men, and bridging populations who engage in regular, casual sex.

*Emphasis.* This intermediate result places emphasis on improving household communications among children, youth, and parents. It further promotes social acceptance of abstinence, delay of first sex and fidelity, and strengthening the quality of interventions that target populations with high-risk behaviors. Finally, the intermediate result will increase demand for prevention services by breaking the long-lasting dichotomy between prevention and care services.

### *Illustrative Activities*

#### *Within 1–2 years:*

- Mainstream the stigma-reduction package and new opportunities for a continuum of prevention-to-care services in existing behavior change and communication activities supported by the Mission.
- Support diverse and stimulating peer education and youth-friendly services by engaging faith-based organizations, women’s groups, youth groups, and opinion leaders to promote social acceptance of abstinence, delay of first sex, fidelity, and the need to keep girls in school.
- Support an education program for health-seeking behaviors that highlight the importance of nutrition and appropriate health-seeking behaviors for effective counseling, care, and treatment programs.
- Support school-based counseling and guidance services with a particular focus on supporting girls.

#### *Within 2–5 years:*

- Link existing household, facility, and community-based interventions with multipronged and carefully designed media activities, including social marketing of behaviors and positive social norms to promote delay of first sex, abstinence, fidelity, the importance of keeping girls in school, new opportunities for a continuum of prevention-to-care services, universal precautions/infection prevention at health care and non-health care settings, and the importance of moderate use of alcohol.
- Link community-based efforts with upgraded social-marketing activities and cross-border activities that focus on commercial sex workers, truckers, bridging populations, and guest house owners and managers to promote social norms for consistent use of condoms and use of voluntary counseling and testing services.
- Initiate household-based skills-building sessions to promote communication among youth, their parents, and other gatekeepers.

- Support life and livelihood skills training in small grants programs for youth organizations.
- Initiate start-up funds to help youth organizations operate small-scale revenue-generating activities that promote self-esteem and provide a more productive path to socioeconomic stability.

*Within 5–10 years:*

- Conduct an external review of the package of interventions and adjust expansion and scaling-up of strategies.
- Strengthen, revise, or expand and scale up these interventions and foster innovations.

## II.D.2. Intermediate Result 2: Increased Use of Prevention-to-Care Services and Products

*Rationale.* Assessments conducted by the Mission highlighted several challenges related to the limited availability, accessibility, and use of HIV/AIDS-related prevention and care services and products, despite an established social marketing and communication program, and a fairly well distributed health care system. The average per capita outpatient department is believed to be low, at 0.71. Condom accessibility remains limited in rural areas.

The network of about 180 operational voluntary counseling and testing sites remains limited, and less than 5 percent of the adult population has taken an HIV test. Interrelated factors to explain this situation include a shortage of competent and motivated personnel; poor facility management; decreasing quality of health services including regular shortages of drugs, reagents, and protective gear; stigma generated by health workers; dichotomy between HIV prevention and care; underuse of the voluntary sector; and limited resources for outreach activities.

*Emphasis.* Intermediate Result 2 focuses on improving a continuum of quality prevention and care services, increasing the availability of quality services and products, and strengthening institutional capacities and systems. This intermediate result addresses many of the service delivery–related quality gaps identified by the various assessments and builds on the new momentum created for the expansion of voluntary counseling and testing services and overall strengthening of the health delivery system that will accompany the introduction of antiretroviral therapy for people living with HIV/AIDS. It will place also dedicated attention to transparency and accountability for antiretroviral drugs.

## *Illustrative Activities*

### *Within 1–2 years:*

- Improve the performance of existing voluntary counseling and testing, prevention of mother-to-child transmission services, and antiretroviral therapy sites by institutionalizing posttest counseling, follow-up services, and palliative care, and improving the quality of services according to available standards.
- Support the introduction of new voluntary counseling and testing, prevention of mother-to-child transmission, and antiretroviral therapy sites in USAID-target geographic areas, as appropriate.
- Implement stigma-reduction activities focusing on health workers, traditional healers, clients, and relatives through existing services (voluntary counseling and testing, prevention of mother-to-child transmission, antiretroviral therapy, sexually transmitted infections, and outpatient care sites and home-based care).

### *Within 2–5 years:*

- Strengthen referral systems to link voluntary counseling and testing, prevention of mother-to-child transmission, family planning/mother and child health, sexually transmitted infections, home-based care services, and outreach activities.
- Develop and strengthen HIV/AIDS and sexually transmitted infection service-delivery norms, standards, and procedures, and support certification for voluntary counseling and testing, prevention of mother-to-child transmission, and antiretroviral therapy sites.
- Develop and implement an HIV/AIDS-related basic package of in-service and preservice training programs to support expansion of counseling, voluntary counseling and testing, prevention of mother-to-child transmission, care, and treatment services, including antiretroviral therapy services and palliative care.
- Implement integrated communication and social-marketing activities for health-seeking behaviors and supportive norms involving traditional healers to promote use of services, condoms, protective measures, universal precautions, moderate use of alcohol, male involvement in prevention of mother-to-child transmission, voluntary counseling and testing for couples, and awareness and adherence to antiretroviral therapy.
- Support systems-strengthening activities at the national level and in target districts for drug logistics and management, human resource management, information systems, training systems, planning and management, and organizational capacities for implementation in collaboration with zonal training centers and regional medical offices and relevant private organizations.

### *Within 5–10 years:*

- Conduct an external review of the package of interventions and adjust expansion and scaling-up strategies.
- Strengthen, revise, expand, and scale up these interventions and foster innovations.

### II.D.3. Intermediate Result 3: Improved Enabling Environment from Community to National Levels

*Rationale.* Recent initiatives by the Government of Tanzania to strengthen its fight against HIV/AIDS, such as the creation of TACAIDS, have opened several opportunities for improving the currently inadequate enabling environment and expanding effective prevention, treatment, care, and support programs. There is still a pervasive lack of recognition of the roles and responsibilities in the fight against HIV/AIDS by Tanzanian society and related public and private institutions. District councils do not regard the fight against HIV/AIDS as a priority, and there is a persistent and widespread stigma among key national and local opinion leaders. Associations of people living with HIV/AIDS are weak, and nascent HIV/AIDS “champions” in civil society do not have the necessary clout to influence HIV/AIDS programs. Accordingly, many communities continue to face HIV/AIDS-illness and death with resignation, denial, and fatalism.

*Emphasis.* Intermediate Result 3 focuses on improving national and local leadership, fostering knowledge management and dissemination, and improving policies and bylaws from the community to the national level. This intermediate result proposes to develop team leadership skills and focuses appropriate attention on building effective teams in selected promising public and private champion organizations/institutions. It emphasizes knowledge generation, management, and dissemination as a critical gateway to affect the development, implementation, management, and financing of HIV programs in a positive way, and to generate results and innovation. Finally, the intermediate result builds on the current momentum to develop and update current legislation and policy guidelines, and mechanisms for dissemination and application.

#### *Illustrative Activities*

##### *Within 1–2 years:*

- Target TACAIDS and “champion” public and private organizations and institutions, including selected zonal training centers and regional medical offices, with a basic training program and follow-up for strategic leadership development and effective team building and teamwork.
- Support the development, revision, and dissemination of policy guidelines and bylaws within districts and communities, paying special attention to stigma reduction.
- Support leadership forums on HIV/AIDS in collaboration with civil society and mass media.
- Develop and support the implementation of a joint analytical, research, and evaluation agenda in consultation with development and implementing partners.
- Support dissemination of knowledge, best practices, and support materials.

##### *Within 2–5 years:*

- Support quality data collection, analysis, dissemination, reporting, and decision-making.
- Dedicate resources to monitor stigma-reduction efforts and analyze related determinant factors.

- Develop and implement leadership fellowship and mentorship programs that engage young graduates, youth opinion leaders, and community leaders.
- Support the MOJCA process of reviewing and amending legislation that result from new AIDS policies.
- Develop the research capacity of a selected network of public and private institutions, with particular emphasis on rapid appraisal methods, and the range of methods for scientific qualitative research (beyond focus group discussions).
- Support the establishment of selected resource centers and Web pages as repositories of critical information, documents, and data; and disseminate support materials, lessons learned, and best practices.

*Within 5–10 years:*

- Conduct an external review of the package of interventions and adjust expansion and scaling-up strategies.
- Strengthen, expand, and scale up these interventions and foster innovations.

#### II.D.4. Intermediate Result 4: Enhanced Multisectoral Response to HIV/AIDS

*Rationale.* Until now, the multisectoral response to HIV/AIDS in Tanzania has been minimal. The effects of HIV/AIDS have not been documented other than by the Ministry of Health. Addressing the needs for prevention, care, treatment, and support for individuals infected and affected by HIV/AIDS and the needs of their communities requires not only a multisectoral response, but most importantly, an effective public partnership for program development and implementation.

*Emphasis.* The objectives of Intermediate Result 4 are to engage the sectors receiving USAID assistance to support prevention and care activities in targeted geographic areas for rural and vulnerable populations working with these sectors, and improve community support and access to economic opportunities to the increasing number of households and more than 800,000 vulnerable children affected by HIV/AIDS. This intermediate result also builds on the current activities implemented by the democracy and governance sector to strengthen accountability for AIDS resources. It also engages the private, nonprofit, and commercial sectors in addressing HIV/AIDS through partnerships at national and district levels for prevention, care, treatment, and epidemic mitigation activities.

#### *Illustrative Activities*

*Within 1–2 years:*

- Support implementation of a stigma-reduction package in all sectors receiving USAID assistance.
- Support district-based public-private partnerships for expanding prevention, care, and treatment services; and procure management services to support alliances.
- Support nutrition/food programs in collaboration with existing USAID and other donor food programs.

- Provide additional funding to existing programs for palliative care, and orphans and vulnerable children supported by faith-based and nongovernmental organizations.
- Disseminate policies that foster greater community care for orphans and vulnerable children, and better palliative care interventions.
- Support public-private dialogue on key issues related to AIDS through town meetings.

*Within 2–5 years:*

- Expand workplace prevention and care services through public-private alliances.
- Strengthen coping capacities of communities.
- Expand programs for orphans and vulnerable children.
- Strengthen systems that foster greater community care for orphans and vulnerable children.
- Support business, marketing skills, vocational training, and seed grants for out-of-school youth, and orphans and families affected by HIV/AIDS.
- Support microfinance activities for vulnerable women and households in targeted geographic areas in collaboration with existing microfinance programs.
- Engage stakeholders of community-based projects for natural resource management to expand prevention and care services to vulnerable populations in targeted areas.
- Build community service organizations and associations of people living with HIV/AIDS to advocate for HIV/AIDS resources, and to monitor and analyze the AIDS budget.

*Within 5–10 years:*

- Conduct an external review of the package of interventions and adjust expansion and scaling-up strategies.
- Strengthen, expand, and scale up these interventions and foster innovations.

## II.E. Special Concerns

### II.E.1. Leadership and Institutional Capacity of Local Institutions

The Government of Tanzania has been taking action since 2000, to increase its commitment to the fight against HIV/AIDS, yet there still exists only a minimal sense of emergency in the face of a disastrous HIV/AIDS epidemic. With its hierarchal leadership model, Tanzania empowers the center rather than the communities, the decentralized structures and partners that are responsible for implementation. In contrast, lessons from HIV/AIDS programs elsewhere in sub-Saharan Africa show that it is essential to develop existing local leadership and to support the decentralization of power to districts, civil society, and communities through building capacities at the local level.

A primary concern for USAID/Tanzania over the next ten years is to help Tanzania implement the principles of shared leadership in the fight against HIV/AIDS. This includes activities to strengthen and expand local leadership at the district and community levels while continuing to support national bodies in advocacy, implementation, monitoring, and evaluation of the national responses. It implies

strengthening the leadership, planning, and coordination capacities of district and community organizations. It requires a continued effort in building the voluntary sector and developing public-private partnership for engaging the participation of local leadership in the fight against HIV/AIDS.

### II.E.2. Stigma

USAID/Tanzania is proposing a strategy that will dramatically increase the number of individuals focused on prevention, treatment, and support activities. This will take place against a backdrop throughout eastern and southern Africa of pervasive stigma and discrimination toward individuals seeking any form of AIDS care. In Tanzania, stigma might similarly be a significant factor in preventing HIV-infected persons from coming forth to seek treatment. Care must be exercised to focus on risk behaviors and needs, positioning messages and services to appeal to those most vulnerable, rather than to risk increasing stigma by targeting certain people.

Stigma is rampant in Tanzania, and it is having a negative effect on the country's response to the epidemic. A study on stigma and discrimination by Muhimbili Hospital, in collaboration with the International Center for Research on Women, found that people living with HIV/AIDS accept stigma and discrimination as being normal and even justified. Stigma appears to be equally high in Zanzibar despite a different pattern of the epidemic on the islands, and little is being done to reduce it. Stigma needs to be addressed aggressively and on a long-term basis if it is to be reduced to levels at which other HIV/AIDS interventions from across the prevention-care-support-treatment continuum can be truly effective.

USAID/Tanzania will address stigma as an integral part of all of its activities. Stigma is represented at the intermediate result level for the four proposed intermediate results of the strategy, reflecting its function as a crosscutting theme that needs to be addressed in order for prevention, treatment, care, and support to be effective.

### II.E.3. High-Transmission Areas

Although the HIV/AIDS epidemic is generalized in Tanzania, extremely high prevalence rates among at-risk populations strongly support the tactic of substantially increasing the number and quality of interventions focused on the needs of these people. For example, one study of adults aged 15–54 years in communities neighboring the gold mines in northern Tanzania found that 42 percent of female food and recreation workers had tested positive for HIV. A survey of female barmaids and other bar workers between the ages of 18 and 35 in Mbeya Region identified an HIV seroprevalence rate of approximately 68 percent.

Generally, quality data on key vulnerable populations, including sex workers, truck drivers, fishermen, miners, migrant workers, men who have sex with men, prisoners, and uniformed services (i.e., police and military), are generally not available in Tanzania. Data on key risk behaviors (e.g., injecting drug use and high-risk sexual behavior) are equally limited. In addition to the more traditional at-risk profiles, youth—

disaggregated by various risk criteria (e.g., young women driven to formal or informal sex work by economic conditions or out-of-school youth)—should also be considered a key vulnerable population.

A review of programs implemented nationally over the past decade indicate that specific vulnerable populations typically have little or no access to prevention programs in general, much less to programs designed to address their unique circumstances.

USAID/Tanzania's new HIV/AIDS strategy will include focused programs that position interventions to reach populations that are most at risk for infection in high-transmission areas. USAID/Tanzania has prior experience working in this area through its high-transmission area trucker programs of the mid-1990s and through a focus on bars and guesthouses in work by Population Services International. Tanzania's high-transmission areas have expanded with a greater market economy and with growth in the mining industry. These factors will contribute to determining specific approaches for USAID high-transmission area interventions. Over the immediate short term, it will be critical to gain a better understanding of the range of vulnerable populations, including where they are located in Tanzania, and the behaviors and circumstances that lead to their greater vulnerability to HIV/AIDS. Over the medium and long terms, essential services (i.e., behavior change communication, voluntary counseling and testing, sexually transmitted infection diagnosis and treatment, drop-in centers, and access to condoms) should be made readily available to these populations.

#### II.E.4. Bridging Populations

The HIV/AIDS epidemic is generalized in Tanzania. Prevention activities need to carefully focus on the needs of different populations with different messages, approaches, and social support structures to reflect their different needs, characteristics, and motivations.

Bridging populations include men and women in union who have active sexual relations with other high-risk individuals, and who require special attention in prevention activities. In Tanzania, this population is not well understood, and no recent studies have been undertaken to identify key elements that would assist in designing a program to target the needs of these bridging populations. USAID efforts would therefore need to start with research on the target groups before identifying suitable, relevant interventions for HIV/AIDS prevention.

#### II.E.5. Knowledge Generation and Dissemination

There is a recognized knowledge gap regarding HIV/AIDS in Tanzania that is having a widespread effect on the country's prevention, treatment, care, and support efforts, and that finds its roots in the country's weak routine management information systems and poor tradition of broadly sharing knowledge and information in organizational contexts. The knowledge gap is recognized as one of the most important barriers to the control of HIV/AIDS. Few formal systems exist for analysis, dissemination, and feedback so that information can be used for public health or treatment planning and evaluation. AIDS case data are characterized by underreporting. Few studies on the epidemiology of HIV-related illness have been

performed, including those concerning distribution of different opportunistic infections and other HIV-related complications in patients with HIV infection. And where systems and studies exist, they are fragmented, planned, and implemented in isolation from each other, thereby reducing their contribution to the national knowledge pool.

A primary goal for USAID in the next ten years is to build an empowering Tanzanian knowledge base that promotes and sustains national mobilization and innovation for addressing the strategic core priorities in the fight against HIV/AIDS. Primary groups that could lead the development of the Tanzanian knowledge base for action should include health workers, opinion leaders and decision makers, managers of key public and private institutions, people living with HIV/AIDS, and champions in the general population.

It will be critical to rely on proven interventions to address the HIV/AIDS emergency; knowledge for this will be generated from robust monitoring and evaluation of existing activities and proactive dissemination of information among partners and other organizations contributing to the response. It will be equally important to expand and exploit the knowledge base for individual and group behaviors in Tanzania. Over the next ten years, a new research agenda and the related institutional capacity must guide the design of culturally sensitive interventions. The research agenda should understand the Tanzanian value systems, factors that influence perceptions of HIV/AIDS, links between perception and individual decision-making, and the development of motivation theories of behavior change.

## II.E.6. Technical Knowledge Gaps

Despite extraordinarily high levels of awareness of HIV/AIDS among the general population, there exists a glaring lack of substantive knowledge. This lack of knowledge—coupled with misunderstandings and misinformation—is severely impairing Tanzania’s response to the epidemic. Surprisingly, this lack of knowledge cuts across Tanzanian society; for example, health care professionals and government leaders are, in many cases, as poorly informed as community members in a rural village. Obviously, different populations need access to different information about HIV/AIDS, but it is clear that no population group has enough knowledge. As a result, meaningful and sustained behavior change is proving to be an elusive goal. There is a general desire by people directly and indirectly involved in the response to improve their knowledge, which is a significant opportunity that should be exploited as quickly as possible.

Knowledge is therefore at the center of USAID/Tanzania’s ten-year HIV/AIDS strategy because of its overwhelming strategic importance to every prevention, care, treatment, and support activity outlined in key documents that discuss Tanzania’s response, including the strategic frameworks published by TACAIDS and the National AIDS Control Program. USAID activities will, illustratively, address inadequate staff training/education, limited awareness of the general population about the need for early HIV detection, as well as limited education by patients with HIV infection and their families about beneficial health measures, including nutrition, as a means of closing the technical knowledge gap on HIV/AIDS in Tanzania.

## II.F. Implementation Modalities

USAID/Tanzania should use a mix of implementation modalities for this strategy. The objective should be to ensure that Tanzania has access to quality technical assistance for prevention, treatment, and support, while at the same time ensuring that implementation mechanisms have the financial and administrative capacity to manage funds efficiently and accountably, while supporting rapid action and rapid achievement of results.

USAID/Tanzania should devote particular attention to relying on local institutions to the extent possible and building true partnership between U.S. and local organizations and institutions for capacity building. In addition, USAID/Tanzania should seek to carefully match activity and implementation modalities, assessing where contracts are best suited and where grants are needed.

USAID/Tanzania should seek to minimize its management burden by limiting the number of activities it manages without compromising its ability to attract the most suitable partners for planned activities.

USAID should build on its existing strategy by expanding and restructuring mechanisms currently in place that have a role in the new strategy. Assessments conducted as part of the strategy development have identified key strengths of the present district-level programs being operated by Africare and CARE, which will be needed in a future strategy. The USAID voluntary counseling and testing program similarly has relevance in the new strategy, with voluntary counseling and testing as an entry point for prevention and for care and treatment. These mechanisms will be used in the transition to the new strategy and expanded and restructured if and as needed to support activities.

USAID anticipates a mix of mechanisms to support activities in the new strategy, including collaborating agencies/field support, central procurement (contracts, indefinite quantity contracts, leader-with-associate awards, cooperative agreements), and bilateral agreements (grants to the Government of Tanzania, cooperative agreements with Tanzanian and international nongovernmental organizations, and contracts with Tanzanian and international companies).

Illustrative mechanisms needed to implement the proposed strategy include the following.

- *A mechanism for faith-based and nongovernmental organizations.* The purpose would be to provide quality technical assistance, commodities, and grant funds to organizations with strong capacities to deliver prevention, care, treatment, and support services, and whose programs offer opportunities for replication. While the target organizations might operate at district and community levels, they are not community groups per se, but rather larger organizations with established systems and procedures, and existing relationships with the government as providers of social and health services. Grants would be for service delivery.
- *A mechanism to foster public-private partnerships between districts and community-based organizations.* The purpose would be to provide quality technical assistance to district partnership and AIDS committees and to community groups. The grant-making mechanism would target

community groups, assuming that through other funding, the districts would access public sector HIV/AIDS funds.

- *A mechanism for behavior change communication, including social marketing of behaviors.*
- *A mechanism for product distribution (social marketing of products).*
- *A mechanism for supporting leadership, knowledge, and policy activities.*
- *Mechanisms for strengthening government and other systems (field support, or consolidated mechanism with capacity to address different system issues)*

Selected mechanisms may serve both the health and HIV/AIDS strategic objectives. These may include mechanisms for public-private partnerships, social marketing of behaviors and product distribution, as well as a mechanism for knowledge management and dissemination, and selected field support interventions.

## III. Results and Reporting

### III.A. Magnitude and Nature of Expected Results

USAID/Tanzania is committed to assisting the Government of Tanzania in meeting the key national targets set in its multisectoral plan, the Ministry of Health care and treatment plan, and its proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria within the next five years. These include:

- A 30 percent reduction in HIV prevalence among youth aged 15–24;
- A 20 percent reduction in the percentage of HIV-infected infants born to HIV-infected mothers;
- Providing antiretroviral therapy to 423,050 people living with HIV/AIDS; and
- Reducing the adverse effects of HIV/AIDS on orphans.

These national-level results are not USAID/Tanzania's sole responsibility, but they can be achieved only in collaboration with the Tanzanian government and other donors. In view of Tanzania's commitment, strong donor collaboration, the improved financial scenario, and demonstrated resource mobilization capacity of the William J. Clinton Presidential Foundation, USAID/Tanzania is of the opinion that the targets stated above indeed can be reached. USAID/Tanzania will provide financial support and technical assistance to support the Government of Tanzania to attain the targets indicated above in collaboration with other development partners.

In addition to contributing to these national targets, within the next five years, USAID has established the following specific targets that are consistent with the President's Emergency Plan for AIDS Relief. These include the following:

- 25 percent (36,000) of HIV-infected pregnant women will receive antiretroviral prophylaxis;
- 25 percent (190,000) of children affected by AIDS will receive community support services; and
- 34 percent (150,000) of eligible people living with HIV/AIDS will receive antiretroviral therapy. (USAID/Tanzania is, however, confident that the Government of Tanzania target of 423,050 is attainable if the William J. Clinton Presidential Foundation is able to mobilize the necessary financial resources).

The planned 2004 Demographic and Health Survey that will include an HIV prevalence survey will allow a refinement of the baseline data on prevalence. Follow-up surveys will allow the Mission to track reductions in HIV/AIDS transmission; baseline data on service provision will be provided from annual program implementation reports and facility-based assessments.

### III.B. Country Reporting, and Performance Indicators and Targets

The expanded strategy being proposed to USAID focuses on national and community groups that include vulnerable populations. Epidemiological and census data will help refine the selection of specific population groups within the categories described below.

*Youth.* Youth will become increasingly important in the expanded strategy. Key targets include a reduction in new infections among youth aged 10–24, which will require political and cultural will to develop and implement prevention interventions for youth both in and out of school. Important changes need to occur rapidly that will allow youth to design, lead, and manage activities. Youth are just as prominent in USAID’s district programs, which supports nascent youth groups and their HIV/AIDS prevention activities. Finally, youth will be a special focus for voluntary counseling and testing activities, with a number of sites catering specifically to them. Specific attention should be given to youth in high-transmission areas because of the high mobility associated with young people.

*People Living with HIV/AIDS.* USAID has a long tradition of focusing programs for persons living with HIV/AIDS, particularly in two ways: first, as leaders in the response through support to organizations and networks of persons living with HIV/AIDS; and second, as targets of strategic services in prevention, care, support, and impact mitigation. In Tanzania, it is particularly important to involve persons living with HIV/AIDS in order to reduce stigma and discrimination; it is also necessary to facilitate rather than initiate such processes so as to avoid deepening, rather than reducing stigma, through appearances of benefits that accrue to individuals as a result of their serological status.

*Pregnant Women, and Orphans and Vulnerable Children.* The expanded HIV/AIDS strategy will focus particular attention on the needs of women, orphans, and vulnerable children through prevention of mother-to-child transmission activities and dedicated programs for orphans and vulnerable children. In line with Tanzania’s prevention of mother-to-child transmission strategies, USAID activities will incorporate gender considerations; in particular, efforts to increase the participation and support of men to these programs as a stigma-reduction strategy.

*At-Risk Populations and Bridging Populations.* Commercial sex workers and other populations with high-risk behaviors continue to disproportionately fuel the HIV/AIDS epidemic. Bridging populations, particularly men, may place their spouses at risk for HIV infection and contribute to sustaining the HIV/AIDS epidemic in the general population. It is of utmost importance to better understand these sexual networks and the profiles of populations who fuel the HIV epidemic. USAID should explore innovative methods such as “Place Methodology” to increase specific knowledge of the sexual networks and their determinants for effective, targeted interventions.

The strategy will also monitor the work of leaders, management teams of service organizations and local institutions, health care workers, HIV/AIDS service providers, opinion leaders, and gatekeepers whose efforts are critical to the development and implementation of the HIV/AIDS response. Better knowledge of determining factors that shape their attitudes, perceptions, and actions will help improve training and support interventions for them.

USAID/Tanzania should establish an effective contract mechanism to support and coordinate data collection, management, reporting, and dissemination to measure impact and outcome results through indicators under all strategic objectives. USAID/Tanzania contractors should support and work with all relevant implementing agencies, as well as key public and private institutions at the national and

decentralized levels to ensure sound and basic management information systems. An important mandate of USAID implementing partners will be to build capacity and to develop a network of public and private institutions and organizations that dedicate specific resources and staff to implementation, monitoring, evaluation, and research efforts.

### III.B.1. Strategic Objective Indicators

The following illustrative indicators have been selected to measure program impact:

#### *Strategic Objective Indicators*

- HIV prevalence in the 15- to 24-year-old age group;
- Number and percent of orphans supported; and
- Number and percent of people living with HIV/AIDS or advanced HIV infection receiving antiretroviral treatment.

#### *Intermediate Result 1: Improved preventive behaviors and social norms:*

- Median age at first sex of young men or young women aged 15–24;
- Percentage of sexually active people in a stable relationship who had sex with a nonregular partner in the last 12 months;
- Percentage of sexually active people not in a stable relationship who had sex with a nonregular partner in the last 12 months;
- Use of condoms by sexually active women aged 15–49 and men aged 15–59 with a nonregular partner in the last 12 months;
- Women’s ability to negotiate safer sex with their husband; and
- Percentage of people who refuse casual contact with a person living with HIV/AIDS.

#### *Intermediate Result 2: Improved use of prevention-to-care services and products:*

- Percentage of health care providers with positive attitudes toward people living with HIV/AIDS;
- Total condoms sold;
- Number of people reached with sexually transmitted infection services, including those in high-transmission areas;
- Percentage of health care facilities with guidelines to prevent accidental transmission of HIV, having adequate infection prevention procedures, and having surgical gloves in stock;
- Percentage of facilities with no shortages of drugs to treat sexually transmitted infections, condoms, HIV tests, and antiretroviral drugs;
- Number of voluntary counseling and testing centers receiving USAID assistance;
- Number of individual clients served at voluntary counseling and testing centers;
- Number of health facilities providing at least the minimum package of prevention of mother-to-child transmission services;
- Number and percentage of women who attend antenatal clinics for a new pregnancy and receiving prevention of mother-to-child transmission services in the past 12 months;

- Number and percentage of women with known HIV infection among those seen at antenatal clinics that offer prevention of mother-to-child transmission services in the past 12 months;
- Percentage of HIV-positive women attending antenatal clinics receiving a complete course of antiretroviral therapy to reduce the risk of mother-to-child transmission in the last 12 months;
- Number of individuals reached by community and home-based care programs in the past 12 months;
- Number of USAID-assisted community and home-based programs;
- Number of health care facilities certified to implement antiretroviral treatment programs according to national guidelines; and
- Number of USAID-assisted antiretroviral treatment programs in the past 12 months.

*Intermediate Result 3: Improved enabling environment from community to national levels:*

- AIDS program effort index;
- Amount of funds allocated in national and district accounts for spending on HIV/AIDS prevention, treatment and care, and monitoring and evaluation;
- Proportion of HIV/AIDS service organizations with information technology capabilities to support knowledge management and use of information;
- Percentage of USAID focus districts producing district-specific annual HIV/AIDS data and reports; and
- Proportion of relevant public and private organizations and associations that have developed a vision and strategic plan for HIV/AIDS prevention, care, and support.

*Intermediate Result 4: Enhanced multisectoral response to HIV/AIDS:*

- Number of sectors having completed and disseminated an HIV/AIDS impact assessment to stakeholders;
- Amount of funding dedicated for affected households and orphans;
- Number of service organizations and sites supporting children and families affected by AIDS; and
- Poverty index.

With respect to USAID/Tanzania's focus on knowledge management and dissemination, the Mission will be in a position to support routine data analysis and specific small-scale surveys and research to guide routine program development, management, and decision-making. It is expected that a network of local public and private institutions will increase both the demand and the culture for routine management and use of program data.

### III.C. Contribution to International and Expanded Response Goals

USAID/Tanzania expects that the new HIV/AIDS strategy will make a significant contribution to achieving the international goals for HIV/AIDS as described above. The Mission is currently the leading donor for prevention activities. A variety of assessments conducted in the development of this strategy

have pointed to important quality gaps in current prevention interventions and proposed new directions that will allow current interventions to be strengthened and expanded, and to introduce some innovations. USAID/Tanzania is confident that Tanzania will meet its HIV prevention targets.

Tanzania is fortunate to have the support of the William J. Clinton Presidential Foundation to provide supplemental funding for care and treatment programs. The Mission plans to develop a close working relationship with the Ministry of Health, the Clinton Foundation, and other donors to meet the ambitious targets for care, treatment, and support.

With additional monies, USAID/Tanzania will be able to take advantage of the network of nongovernmental and faith-based organizations to provide support to 25 percent of children affected by HIV/AIDS. USAID/Tanzania will also be able to build on the lessons learned from the Social Funds program and continue to spearhead community support approaches in collaboration with USAID implementing partners. USAID will continue to pay appropriate attention to donor collaboration and expand networking efforts at the district level to support the scaling up of proven interventions and contribute to global goals to combat the epidemic. Annex 1 shows the targets contained in the National Multisectoral Strategic Framework that contribute to international goals and objectives of reducing the effects of the HIV/AIDS epidemic.

### III.D. Planned Surveillance, Surveys, and Other Monitoring and Evaluation Activities

Baselines and targets at the goal and strategic objective levels will be measured through surveys, assessments, and program implementation reports, including the following:

- The annual Tanzania sentinel surveillance survey, which measures HIV prevalence among antenatal clinic attendees;
- The Tanzania behavior sentinel survey, which is repeated every five years, will focus on youth and populations with high-risk behaviors;
- The Demographic and Health Survey of 2004 (and which is repeated every five years) will provide information for a range of HIV/AIDS data;
- The Tanzania HIV indicator survey will provide HIV prevalence data every five years<sup>19</sup>; and
- Program implementation reports that will be validated by the USAID implementing partner in charge of supporting implementation, monitoring, evaluation and research initiatives.

USAID plans to provide dedicated support to public and private institutions and organizations by recruiting a monitoring and evaluation contractor, which will work closely with USAID and all implementing partners to develop an agenda for implementation, monitoring, evaluation, and research and ensure that rigorous monitoring and evaluation plans are developed, and put in place appropriate data verification systems.

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<sup>19</sup> Additional special HIV studies may be necessary to document changes in infection rates given the planned focus on reducing mortality of persons living with HIV/AIDS through a wide-scale introduction of antiretroviral therapy.



## IV. Resources

At present, USAID/Tanzania’s budget for HIV/AIDS activities for FY 2004 is \$18.75 million. This includes \$5.45 million for prevention of mother-to-child transmission activities. The funds are currently split between public and voluntary sector health programs. Allocations for specific program areas are presented in the following table:

Program Area	Percent Allocation (FY 2003)
Prevention	42.0%
Care, treatment, and support (including support for orphans and vulnerable children)	4.3%
Systems strengthening for prevention and care	22.7%
Prevention of mother-to-child transmission	31.0%

The staff structure to support the current HIV/AIDS program is as follows:

- Health and population officer (U.S. Direct Hire)
- Head of the public sector program (Technical Advisor on AIDS and Child Survival)
- Program management specialist (Foreign Service National)
- Head of the voluntary sector program (Technical Advisor on AIDS and Child Survival)
- Program management specialist (FSH)
- Technical advisor, behavior change communication (Population Leadership Program Fellow)
- Health sector advisor (U.S. Personal Services Contractor)
- Financial analyst (Foreign Service National)
- Administrative assistant (Foreign Service National)

### IV.A. Expected Levels of Program Funding, Staff, and Operational Expenses Funding

Because Tanzania is one of the 14 countries designated to receive funds through PEPFAR, USAID/Tanzania expects a funding level of \$40 million per year through 2008 for activities to implement the proposed HIV/AIDS strategic objective. Accordingly, USAID/Tanzania will allocate funds using the following criteria:

- 20 percent for preventing new infections; USAID/Tanzania will follow the “ABC” model— Abstinence, Be faithful, or use Condoms, in that order specifically;
- 55 percent for care and treatment services, in close collaboration with the Ministry of Health, and other USG and development partners;
- 15 percent for home-based care and hospice services; and
- 10 percent for orphans and vulnerable children.

USAID/Tanzania will develop a results-driven management matrix that adds two new positions to its staff: a U.S. Direct-Hire HIV/AIDS team leader, and a Foreign Service National administrative assistant. The proposed management matrix will modify the current responsibilities of the existing staff in

accordance with new programmatic priorities and options for implementation modalities. The management matrix will focus USAID staff on results monitoring, management and dissemination, coordination, facilitating technical support, team building, policy dialogue, and advocacy. The management matrix will also incorporate networking necessities between the HIV/AIDS and health strategic objectives for a successful and smooth implementation of the two strategic objectives. USAID will make management adjustments as necessary during program development and implementation to cope with requirements mandated by USAID and PEPFAR. The proposed staffing structure to support the implementation of the HIV/AIDS strategy, including an illustrative list of responsibilities, is presented below:

- Health and population officer (U.S. Direct Hire): 30 percent time for HIV/AIDS and 70 percent time for the health strategic objective. This person will be in charge of overall leadership, coordination, and management.
- HIV/AIDS team leader (U.S. Direct Hire): 100 percent time for HIV/AIDS.
- Program management specialist (Foreign Service National): 100 percent time; focus on HIV/AIDS service delivery (care, treatment, and support, for prevention of mother-to-child transmission activities, and for orphans and vulnerable children). This person will be in charge of implementing mechanisms for ready-to-go faith-based and nongovernmental organizations and service delivery-related technical support.
- Technical advisor (Technical Advisor on AIDS and Child Survival or a U.S. Personal Services Contractor): 60 percent time for HIV/AIDS activities and 40 percent time for health activities. This person will be in charge of implementing district-based public-private partnerships.
- Technical advisor for behavior change communication (Population Leadership Program Fellow): 60 percent time for HIV/AIDS activities and 40 percent time for health activities. This person will be in charge of mechanisms to implement the ABC (abstinence, be faithful, use condoms) protocols, social marketing of behaviors, and products.
- Technical advisor (U.S. Personal Services Contractor or Technical Advisor on AIDS and Child Survival): 80 percent time for HIV/AIDS activities and 20 percent time for health activities. This person will be in charge of leadership development, building institutional capacity, and systems strengthening.
- Program management specialist: 60 percent time for HIV/AIDS activities and 40 percent time for health activities. This person will be in charge of mechanisms to implement the performance-monitoring plan, and knowledge management and dissemination.
- Technical advisor (Technical Advisor on AIDS and Child Survival): 25 percent time for HIV/AIDS activities, and 75 percent time for health activities.
- Program management specialist: 25 percent time for HIV/AIDS activities and 75 percent time for health activities.
- Financial analyst (Foreign Service National): 70 percent time for HIV/AIDS activities and 30 percent time for health activities.
- Administrative assistant (Foreign Service National): 100 percent time for HIV/AIDS activities.
- Administrative assistant (Foreign Service National): 25 percent time for HIV/AIDS activities and 75 percent time for health activities.

#### IV.B. Results with Less Support

With lower levels of support, USAID/Tanzania will work with USAID/Washington and the Government of Tanzania and other critical partners to determine the optimal level of results in accordance with the availability of resources. Under this scenario, USAID/Tanzania plans to maintain support for improving prevention behaviors and social norms, and increasing the use of prevention-to-care services and products, as well as leadership development, and knowledge management and dissemination. However, USAID will focus on fewer geographic areas and decreased planned investments in service delivery interventions that target people living with HIV/AIDS, and orphans and vulnerable children, and to strengthen systems. Revised targets will be established for preventing new infections and for providing care, treatment, and support to people living with HIV/AIDS, and orphans and vulnerable children in accordance with available resources.



## Annex 1: Contribution to the Goals and Objectives of the National Multisectoral Strategic Framework

<b>Goals, Indicators and Targets of the National Multisectoral Strategic Framework on HIV/AIDS</b>			
<i>Description of Goal/Indicator/Target</i>	<i>Relation to UNGASS* Indicators</i>	<i>Reporting Schedule</i>	<i>Method of Data Collection/ Comments</i>
<p><b>Goal 1:</b> Reduce the spread of HIV in the country</p> <p><b>Indicator:</b> Percentage of young people aged 15–24 who are HIV-infected</p> <p><b>Target:</b> By 2007, reduction of 30%</p>	<p>UNGASS Impact Indicator No. 1</p> <p>Target: 25% reduction by 2005</p>	Yearly	<p>Annual serological surveillance</p> <p>In place in six regions with four sites each</p>
<p><b>Goal 2:</b> Reduce HIV transmission to infants</p> <p><b>Indicator:</b> Percentage of HIV-infected infants born to HIV-infected mothers</p> <p><b>Target:</b> By 2007, reduction of x%</p>	<p>UNGASS Impact Indicator No. 2</p> <p>Target: 20% reduction by 2005</p>		<p>Target will be established later when the Ministry of Health has developed its sector plan and more experiences are available. In the meantime, see expected outcome of strategic objective No. 9, for prevention of mother-to-child transmission</p>
<p><b>Goal 3:</b> Political and government leaders consistently give high visibility to HIV/AIDS in their proceedings and public appearances.</p> <p><b>Indicator:</b> Amounts of national funds spent by government</p>	<p>UNGASS Indicator National Commitment and Action No. 1</p>	Yearly	<p>Public expenditure review at community, district, regional, and national levels</p>
<p><b>Goal 4:</b> Political leaders, public and private programs, projects and interventions address stigma and discrimination and promote respect for the human rights of persons living with HIV/AIDS</p> <p><b>Indicator:</b> Number of high-level</p>	<p>UNGASS Indicator National Commitment and Action, National Composite Policy Index: Human Rights</p>	Yearly	<p>Data collected on district, region, and national bases, and from organizations. Indicator will be reviewed after the first year.</p>

\* United Nations General Assembly Special Session on HIV/AIDS.

<b>Goals, Indicators and Targets of the National Multisectoral Strategic Framework on HIV/AIDS</b>			
<i>Description of Goal/Indicator/Target</i>	<i>Relation to UNGASS* Indicators</i>	<i>Reporting Schedule</i>	<i>Method of Data Collection/ Comments</i>
events and programs, projects, and interventions having anti-stigma and anti-discrimination measures included			
<b>Goal 5:</b> HIV/AIDS concerns are fully integrated and prioritized in the national poverty reduction strategy (PRSP) and Tanzania assistance strategy (TAS). Indicator: PRSP and TAS have sufficiently incorporated an HIV/AIDS dimension	UNGASS Indicator National Composite Policy Index Strategy Development No. 2	Yearly	Continuous assessment and review
<b>Goal 6:</b> Reduce the prevalence of sexually transmitted infections Indicator: Percentage of patients with a sexually transmitted infection at health care facilities who are appropriately diagnosed, treated, and counseled <b>Target:</b> By 2007, 70% of patients at 80% of health care facilities	UNGASS Indicator National Program and Behavior No. 3	Yearly	Health care facility surveys (on appropriate care) plus data from districts, municipalities etc. on coverage
<b>Goal 7:</b> Increase the knowledge of HIV transmission in the population <b>Indicator:</b> Percentage of young people aged 15–24 who correctly identify ways of preventing the sexual transmission and who reject major misconceptions about HIV transmission <b>Target:</b> By 2007, 95%	UNGASS Indicator National Program and Behavior No. 7	Yearly	Annual behavioral surveillance monitoring in place in six regions
<b>Goal 8:</b> Increase the number of persons living with HIV/AIDS who have access to a continuum of care and support from home/community to hospital level. <b>Indicator:</b> Percentage of health care facilities with the capacity to deliver appropriate care to persons living with HIV/AIDS	UNGASS Indicator (Alternative) National program and Behavior No. 5	Yearly	National, district, and regional data. Also see expected outcomes of objective 15 on treatment for opportunistic infections, including access to antiretroviral drugs.
<b>Goal 9:</b> Reduce the adverse effects of	UNGASS Indicator		Population-based

<b>Goals, Indicators and Targets of the National Multisectoral Strategic Framework on HIV/AIDS</b>			
<i>Description of Goal/Indicator/Target</i>	<i>Relation to UNGASS* Indicators</i>	<i>Reporting Schedule</i>	<i>Method of Data Collection/ Comments</i>
HIV/AIDS on orphans <b>Indicator:</b> Ratio of current school attendance among orphans to that among non-orphans in the 10–14-year age range	National Program and Behavior No. 9		surveys (Demographic and Health Survey, UNICEF Multiple Cluster Indicator Survey)



## Annex 2: Contacts and Persons Interviewed

### Dar es Salaam

#### USAID/Tanzania

John Dunlop, Team Leader (0744 335310)  
Liz Loughan  
Patrick Swai (0741 333661)  
Vicky Chuwa (266-8490)  
Michael Mushi, Project Management Specialist  
Tom McAndrews, Private Enterprise Officer  
Sean Hall, Democracy and Governance Team Leader (266-8490)  
Maggie Hiza  
John Hatch, EGAT/ISD, Washington (266-8490)  
Dan Craun-Selka (260-0305)

#### USAID Partners

Barry Chovitz  
JSI/Deliver (Ministry of Health, Demographic and Health Survey, Pharmaceutical Supplies Unit)  
0741 486691  
[barry\\_chovitz@jsi.com](mailto:barry_chovitz@jsi.com)

Binagwa, F.A.  
CARE  
0744 408168  
[fbilagwa@care.or.tz](mailto:fbilagwa@care.or.tz)

Vanessa Williams  
Africare  
0744 278599  
[africare@cats-net.com](mailto:africare@cats-net.com)

Deo Ng'wanansabi  
Population Services International  
2151581-3  
[Deo@psi.or.tz](mailto:Deo@psi.or.tz)

Gasto Lyaruu  
0748 686234  
[glyaruu@psi.org.tz](mailto:glyaruu@psi.org.tz)

Annefrida Kisesa  
0744 274037  
[annek@amreftz.org](mailto:annek@amreftz.org)

Justin Nguma  
Healthscope  
0744 326363  
[Jnguma@healthscope.co.or](mailto:Jnguma@healthscope.co.or)

Sylvester Ngallaba, President's Office  
0744 290803  
[ngallaba@yahoo.com](mailto:ngallaba@yahoo.com)

Bennett Fimbo, National AIDS Control Program  
0744 329829  
[benfimbo@nacptz.org](mailto:benfimbo@nacptz.org)

Samson Kironde  
Axios Foundation  
256 77 208247  
[kirondes@axiosint.com](mailto:kirondes@axiosint.com)

Hores Isaack Msaky  
213 7542/7843-6  
[isaackh@axiosfoundation.org](mailto:isaackh@axiosfoundation.org)

N.G. Simkoko, MD  
National Tuberculosis and Leprosy Program (Ministry of Health)  
0741-449585  
[ngideon2002@yahoo.com](mailto:ngideon2002@yahoo.com)

Klint Nyamuryekunge  
World Health Organization  
0744 399132  
[kunge@who.or.tz](mailto:kunge@who.or.tz)

C. Brigid Corrigan, MD  
PASAD  
0741 334302  
[brigide@intafrica](mailto:brigide@intafrica)

Stella Chale  
Muhimbili National Hospital  
0744 823682  
[schale@muchs.ac.tz](mailto:schale@muchs.ac.tz)

Muhammad Bakari  
Muhimbili University College of Health Sciences  
0744 387328  
[mbakari@muchs.ac.tz](mailto:mbakari@muchs.ac.tz)

Mary Materu, Nutritionist, Executive Director  
The Centre for Counseling, Nutrition and Health Care (COUNSENUTH)  
0744 279145  
[materu@ud.co.tz](mailto:materu@ud.co.tz)  
[marymateru@hotmail.com](mailto:marymateru@hotmail.com)

Koushik, MD  
Shree Hindu Mandal Hospital  
022 211 4991-4  
[hindu@cats-net.com](mailto:hindu@cats-net.com)

Chalamilla Guerino, MD, sexually transmitted disease and skin specialist  
Infectious Disease Centre—IDC  
022 2137540  
0748 600700  
[chalamilla@hotmail.com](mailto:chalamilla@hotmail.com)  
[idc@muchs.ac.tz](mailto:idc@muchs.ac.tz)

Michiko Tajima  
Japan International Cooperation Agency  
0741 320628  
[mogino@usa.net](mailto:mogino@usa.net)

Dr. Somi, Head, Epidemiology Unit  
National AIDS Control Program, Surveillance  
0741 224042  
[g\\_somi@yahoo.co.uk](mailto:g_somi@yahoo.co.uk)

Mr. Rubona, Acting Chief, HMIS  
Ministry of Health  
0744 095817

Dr. H. Ngonyani  
Ministry of Health, HSIU (QI/IP)  
[Hmgonyani2002@yahoo.com](mailto:Hmgonyani2002@yahoo.com)

Zebina Msumi  
National AIDS Control Program  
[nacp@raha.com](mailto:nacp@raha.com)

Jessie Mbwambo  
Muhimbili University College of Health Sciences  
[jmbwambo@intafrica.com](mailto:jmbwambo@intafrica.com)  
0744 339747

Minou Fuglesang, Project Coordinator  
HIV Multimedia Initiative  
[Femina-hip@raha.com](mailto:Femina-hip@raha.com)

Francis Oleche, Research Coordinator  
African Medical and Research Foundation  
[Franciso@amref2.org](mailto:Franciso@amref2.org)  
0744 859137

Rockwell Griffen  
Population Services International  
[rgriffen@raha.com](mailto:rgriffen@raha.com)  
0741 470864

Deo Ng'wanansabi  
Population Services International  
2151581-3  
[Deo@psi.or.tz](mailto:Deo@psi.or.tz)

Dr. A. Hokororo  
Tanzania Episcopal Conference  
0741 332656  
[tec@cats-net.com](mailto:tec@cats-net.com)

Sheikh Chizenga  
National Muslim Council  
0741 280653  
[dyomboka@yahoo.com](mailto:dyomboka@yahoo.com)

Rev. Jacob Kahemele  
Christian Council of Tanzania  
0744 564557  
[kahemele@hotmail.com](mailto:kahemele@hotmail.com)  
[cct-gs@do.ucc.co.tz](mailto:cct-gs@do.ucc.co.tz)

Agnes Christopher  
Tanzania Network of Organizations of People Living with AIDS  
0744 446074

Dr. Pasiens Mapunda  
*Walio katika Mapambano na AIDS Tanzania*  
0744 381569

Joseph B. Katto  
Service Health and Development for People Living with AIDS (SHDEPHA+)  
2181849/50  
0741 224883  
[shdepha3@yahoo.com](mailto:shdepha3@yahoo.com)

Dr. Michael Burke  
Anglican Church of Tanzania  
0744 489140

Marily Knieriemen  
Peace Corps Country Director  
022 266 7172  
[mknieriemen@tz.peacecorps.gov](mailto:mknieriemen@tz.peacecorps.gov)

William Mfuko, Senior Technical Advisor  
Management Sciences for Health/SEAM Project  
0748 202235  
[wmfuko@msh.org](mailto:wmfuko@msh.org)

Thomas Layloff, Principal Program Associate  
Pharmaceutical Quality Center for Pharmaceutical Management  
022 213 6415  
[tlayloff@msh.org](mailto:tlayloff@msh.org)

Ned Heltzer, Principal Program Associate  
Center for Pharmaceutical Management  
703 524 6575  
[nheltzer@msh.org](mailto:nheltzer@msh.org)

Keith Johnson, Deputy Director  
Program Administration, Information, and Coordination  
Director, SEAM Program  
703 524 6575  
[kjohnson@msh.org](mailto:kjohnson@msh.org)

Dr. Adeline Kimambo, MD  
Tanzania Public Health Association, TACAIDS  
0744 304267  
[tpha@much.ac.tz](mailto:tpha@much.ac.tz)  
[aikimambo@hotmail.com](mailto:aikimambo@hotmail.com)

Henry Kuria, Grants Manager  
CARE International  
022 2666471  
[hkuria@care.or.tz](mailto:hkuria@care.or.tz)  
[care-tzhq@care.or.tz](mailto:care-tzhq@care.or.tz)

Sheikh Hassan Chizenga, Secretary of Ulamaa Council, National Muslim Council of Tanzania  
Commissioner, TACAIDS  
Chairman, Baraza la Waislamu Tanzania AIDS Project  
022 211 2899  
0744 280 653  
[sheikhchizenga@yahoo.com](mailto:sheikhchizenga@yahoo.com)

A. Hohororo  
Tanzania Episcopal Conference  
0741 332656  
[tec@cats-net.com](mailto:tec@cats-net.com)

Jacob Kahemele  
Christian Council of Tanzania  
0744 564557  
[kahemele@hotmail.com](mailto:kahemele@hotmail.com)  
[cct-gs@do.ucc.co.tz](mailto:cct-gs@do.ucc.co.tz)

John Laiser, Coordinator  
Evangelical Lutheran Church in Tanzania, Arusha Diocese  
0277 2509974  
0744 761295  
[johnlaiser@yahoo.com](mailto:johnlaiser@yahoo.com)

[Mrs.] Kipuyu  
UZIMA Site, Arusha

**Zonal Training Center in Arusha, Centre for Educational Development in Health in Arusha (CEDHA)**

Dr. Jincen, Tutor, Acting Principal (0744 360991; 027 2548281)  
[cedhatz@cedha.ac.tz](mailto:cedhatz@cedha.ac.tz)

Dr. Ben Mboya, Tutor  
F. Nedki, Tutor

**Heifer Project International**

[Mrs.] Mallay, National Gender Training Coordinator  
Porches Buretta, Monitoring and Evaluation

**Rapid Funding Envelope**

Joe Eshun, Grant Manager  
Deloitte & Touche  
022 2116006  
[RFE@deloitte.co.tz](mailto:RFE@deloitte.co.tz)

**Ministry of Health**

Dr. Yahya Ipuge, Head, Diagnostic Services, Secretariat for PMTCT  
[yipuge@moh.go.tz](mailto:yipuge@moh.go.tz)  
0744 264219

Dr. Angela Ramadhani, Prevention of Mother-to-Child Transmission Coordinator  
[arshayo@moh.go.tz](mailto:arshayo@moh.go.tz)  
0744 266 333

Monica Nganyani, Prevention of Mother-to-Child Transmission Secretariat, Nutritionist  
0744 666214

Dr. H. Ngonyani, Health Service Inspectorate Unit (HSIU–QI/IP)  
Ministry of Health  
0744 264359

Dr. Gabriel L. Upunda, Chief Medical Officer  
Ministry of Health  
2120261 ext 246/247; fax 2138060; 0744 222268  
[www.moh.go.tz](http://www.moh.go.tz)

### **Pact Tanzania**

Dan Craun-Selka, Country Director (Tel: 022 2600305/6; fax: 2600310)  
[dan@pacttz.org](mailto:dan@pacttz.org) (0744 805347)  
[www.pactworld.org](http://www.pactworld.org)

### **Sexual and Reproductive Health**

Gottlieb Mpangile, MD (0744 477495)  
[mpangile@africaonline.co.tz](mailto:mpangile@africaonline.co.tz) (022 2136937)

### **Pharm-Access International**

Geert Haverkamp  
[g.haverkamp@pharmaccess.org](mailto:g.haverkamp@pharmaccess.org) (316 505 18807; 0744 972946)  
(in the Netherlands; 31 20 5210700; fax 31 20 5210799)  
[info@pharmaccess.org](mailto:info@pharmaccess.org)  
[www.pharmaccess.org](http://www.pharmaccess.org)

### **Iringa**

Durtan Mpangile, RACC  
Angelui, Mhetla, Population Services International Regional Manager  
Jimmy Innes, Student Partnership Worldwide Program Manager  
Dr. John Hillary, Evangelical Lutheran Church of Tanzania Iringa Diocese (0744 434006)  
Lilian Shoo, Marie Stopes MAK (0748 358008)  
Phillotheus Njuyuwi, Iringa Develop Youth and Disabled Children (0744 391542)  
Godlove Farasi, DACE (0744 391542)  
Daudi Nasib, Partnership Advisor, USHP (0744 268777)  
Dr. Mwakajila, Collegio Universitario Aspiranti e Medici Missionari Regional Director (0744 576 454)

**Mafinda District**

Dr. Kinyaga, District Medical Officer  
Dr. Mbala, Medical Officer  
Dr. Makombe, District Medical Officer  
Haliga Hida, District Executive Officer (0744 458 266)  
Salome Kangwezi, Mwakaumu

**William J. Clinton Presidential Foundation**

Alice Kang'ethe (0744 038694)  
Edwin Macharia (0744 604964)  
Ed Wood (0744 605312)  
Linda Wood  
Megan O'Brien (0744 038673)

**National Bureau of Statistics**

Said Aboud (0744 373581)

**Mbeya Cement Company**

Anthony Malamba (0744 596559)  
Stanley E. Mwanyika (0744 279378)  
Philemon Mwalusamba  
Erasto L.M. Kamnde (0744 292107)  
Jesnala Mwamlima (0744 362616)  
Albert H. Kilato (0744 885257)  
Dr. Sewangi Julius RACC, Regional Medical Office  
H. A. Lyuanda MACC  
Dr. Eleuter Samky, Director, Referral Hospital (0741 260224)  
Dr. Jamil Kaguna Director, Regional Hospital  
Oliver Hoffman, Project Coordinator, University of Munich  
Aloya Kimaro, Population Services International zonal manager  
Dr. Mligo Elaius, AMO—Igawilo Health Centre

**Kihumbe NGO Mbeya**

Florence Mwahawyamale, Coordinator  
Elia Mwafulage, Accountant  
Charles Mhagewa, Counselor  
Eva Lutangila, Counselor

**Primary Care Health Institute**

Dr. R.B. Momburi (0744 310 208)

Dr. H.S.S. Shemhilu (0744 362201)

Moses E. Fusi

Dr. J.S. Mosha (0744 362294)

Damian Mwanwongi (0744 579832)

## Annex 3: Documents Reviewed

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