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THE HEALTH POLICY INITIATIVE IN TANZANIA: END-OF-PROJECT REPORT (2005–2008)

FEBRUARY 2010

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

CONTENTS

Acknowledgments.....iii

Abbreviationsiv

Introduction..... 1

Supporting the Adoption of Tanzania’s HIV Law 4

Engaging the Media 9

Engaging Religious Leaders to Fight Stigma 11

Supporting Youth Involvement and Participation..... 16

Helping PLHIV Build Strong Networks 17

Strengthening Grassroots Advocacy..... 19

Repositioning Family Planning..... 20

Conclusion 24

Annex: Results Achieved..... 26

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- Kinondoni District Network of People Living with HIV/AIDS (KINDIPHA+)
- Dar es Salaam Coalition of People Living with HIV and AIDS (DACOPHA)
- Kongwa Red Cross Society
- Association of Journalists Against AIDS in Tanzania (AJAAT)
- Women and Legal Aid Center (WLAC)
- Legal and Human Rights Center
- AIDS Business Coalition of Tanzania (ABCT)
- Media Owners Association of Tanzania (MOAT)
- Tanzania Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (TANERELA)
- Christian Council of Tanzania (CCT)
- National Muslim Council of Tanzania (BAKWATA)
- Pentecostal Church of Tanzania (PCT)
- Africa Alive
- Youth Coalition members
- Ilala District Network of People Living with HIV/AIDS (IDINEPHA+)
- Temeke District Network of People Living with HIV/AIDS (TEDINEPHA+)
- Tanzania Network of Women Living with HIV/AIDS (TNW+)
- Anti Female Genital Mutilation Network (AFNET)
- University of Dar es Salaam
- Tanzania Gender Network Program

We also thank the United Nations Development Program (UNDP) for their collaboration, as well as the community members, trainers and trainees, and all the other individuals whose efforts made this project so successful.

ABBREVIATIONS

ABCT	AIDS Business Coalition of Tanzania
AFNET	Anti Female Genital Mutilation Network
AIDS	acquired immunodeficiency syndrome
AIM	AIDS Impact Model
AJAAT	Association of Journalists Against AIDS in Tanzania
BAKWATA	National Muslim Council of Tanzania
CCT	Christian Council of Tanzania
CCYP	Coordinating Committee for Youth Programs
CSO	civil society organization
DACOPHA	Dar es Salaam Coalition of People Living with HIV and AIDS
FAJISAM	<i>Fahamu Afya Yako, Jitunze Uishi, Salimisha Wengine, Mche Mungu</i>
FBO	faith-based organization
FHI	Family Health International
FP/RH	family planning and reproductive health
GBV	gender-based violence
HIV	human immunodeficiency virus
HPI	USAID Health Policy Initiative, Task Order 1
IDINEPHA+	Ilala District Network of People Living with HIV/AIDS
KINDIPHA+	Kinondoni District Network of People Living with HIV/AIDS
KRCS	Kongwa Red Cross Society
MCH	maternal and child health
MOAT	Media Owners Association of Tanzania
MOHSW	Ministry of Health and Social Welfare
MOJCA	Ministry of Justice and Constitutional Affairs
MP	Member of Parliament
MPEE	Ministry of Planning, Economy, and Empowerment
NBS	National Bureau of Statistics
NGO	nongovernmental organization
NMSF	National Multisectoral Strategic Framework
OVC	orphans and vulnerable children
PCT	Pentecostal Church of Tanzania
PEPFAR	President's Emergency Plan for AIDS Relief
PHN	(USAID) Population, Health, and Nutrition
PLHIV	people living with HIV
PPU	Population Planning Unit
TACAIDS	Tanzania Commission for AIDS
TANERELA	Tanzania Network of Religious Leaders Living with or Personally Affected by HIV/AIDS
TAWLA	Tanzania Women's Lawyers' Association
TDHS	Tanzania Demographic and Health Survey
TEDINEPHA+	Temeke District Network of People Living with HIV/AIDS
TFR	total fertility ratio
TNW+	Tanzania Network of Women Living with HIV/AIDS
TOT	training-of-trainers
UNAIDS	(Joint) United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
VCT	voluntary counseling and testing
WLAC	Women and Legal Aid Center

INTRODUCTION

This report highlights the achievements of the USAID | Health Policy Initiative (HPI), Task Order 1, in Tanzania. The project, implemented by Futures Group and partners, continued the work of the USAID-funded POLICY Project. HPI's overarching objective was to foster an enabling policy environment for health, particularly HIV, family planning and reproductive health (FP/RH), and maternal health.

HPI's approach addressed five key areas necessary to change the policy environment: (1) adoption and implementation of policies; (2) strengthening of leaders and champions; (3) effective and equitable allocation of resources; (4) multisectoral collaboration and coordination; and (5) evidence-based decisionmaking. HPI's country-specific strategy focused on achieving the following objectives: strengthening commitment for family planning programs; reducing HIV-related stigma and discrimination; strengthening the HIV policy framework; increasing the involvement of youth and people living with HIV (PLHIV) in the policy process; and building advocacy capacity at the community level.

The Policy Environment in Tanzania: Needs, Challenges, and Opportunities

The United Republic of Tanzania is among the poorest countries in the world—with a per capita gross national income of US\$600—and is ranked 162 out of 177 countries on the Human Development Index.¹ The majority of Tanzania's rural areas are characterized as having limited economic development; low levels of education and literacy; poor health; and poor access to essential services, including reproductive healthcare such as family planning and safe motherhood services.

Tanzania's poverty is exacerbated by its high rate of population growth. It has one of the fastest-growing populations in the world. In 2005, mainland Tanzania had a population of about 36 million people. At the current growth rate of about 3 percent, the population will double in 25 years.² Tanzanian women have, on average, 5.7 children throughout their lifetime—virtually unchanged over the past 10 years.³ Tanzania's contraceptive prevalence rate for modern methods is relatively low (20%). Further, about one-fifth (22%) of married women of reproductive age want to space or limit births but are not using any FP method.⁴ Continued rapid population growth threatens the country's ability to achieve national socioeconomic goals and affects the health and welfare of families.

The challenges facing Tanzania are magnified by the HIV epidemic, which is having a profound impact on the population, especially among people ages 15–49 who are economically productive and of reproductive age. The *Poverty and Human Development Report*⁵ shows that the estimated number of PLHIV in Tanzania is 1.4 million, and the estimated number of children under the age of 17 who have lost one or both parents to AIDS-related illnesses is 1.1 million. The Tanzania HIV/AIDS Indicator Survey (THIS) 2003–2004 indicates that 7 percent of the mainland adult population (ages 15–49) is HIV positive—although geographical variations in HIV prevalence are significant. In urban areas, prevalence averaged 11 percent—twice the level found in rural areas.⁶

¹ United Nations Development Program. 2004. *Human Development Report*. New York: UNDP.

² Population Planning Unit (PPU)/Ministry of Planning, Economy, and Empowerment (MPEE). 2006. *Tanzania: Population, Reproductive Health, and Development*. Dodoma, Tanzania: PPU, Planning Commission, President's Office. Available at www.healthpolicyinitiative.com/Publications/Documents/348_1_Tanzania_RAPID_English_acc.pdf.

³ According to the Tanzania Demographic and Health Survey (TDHS), Tanzania had a total fertility rate (TFR) of 5.8 children per woman in 1996, which declined slightly to 5.7 in 2004–2005.

⁴ 2004–2005 TDHS.

⁵ Research and Analysis Group. 2005. *Tanzania Poverty and Human Development Report 2005*. Government of Tanzania.

⁶ Tanzania Commission for AIDS (TACAIDS), National Bureau of Statistics (NBS), and ORC Macro. 2005. *Tanzania HIV/AIDS Indicator Survey 2003-04*. Calverton, Maryland: TACAIDS, NBS, and ORC.

Tanzania's national effort to stem the spread and reduce the impacts of HIV is embodied in the 2001 National Policy on HIV/AIDS and the latest National Multisectoral Strategic Framework (NMSF) 2008–2012. According to the NMSF, the HIV epidemic is still a major threat to national development. When HPI began its work in Tanzania, a national HIV law, the HIV and AIDS (Prevention and Control) Act, 2007 had been drafted but not finalized or passed by Parliament. HPI's predecessor, the POLICY Project, was instrumental in helping the Ministry of Justice and Constitutional Affairs (MOJCA) draft the Act.

Tanzania's PLHIV community has remained largely fragmented, poorly coordinated, and under-resourced. The weakness of the PLHIV movement has been compounded by the high levels of stigma and discrimination in the country. As a result, the voices of PLHIV are not unified or strongly heard in policy dialogue or advocacy efforts for both access to and the quality of services at community levels.

When HPI began its work, Tanzania was in the process of implementing health sector reforms that promote decentralization and grant greater decisionmaking authority to local government structures. This decentralization has had mixed success. There have been some improvements in financing, coordination, and communication, particularly in addressing HIV. However, lack of knowledge and skills related to HIV at the community level have proved obstacles to effective implementation of HIV policies and programs.

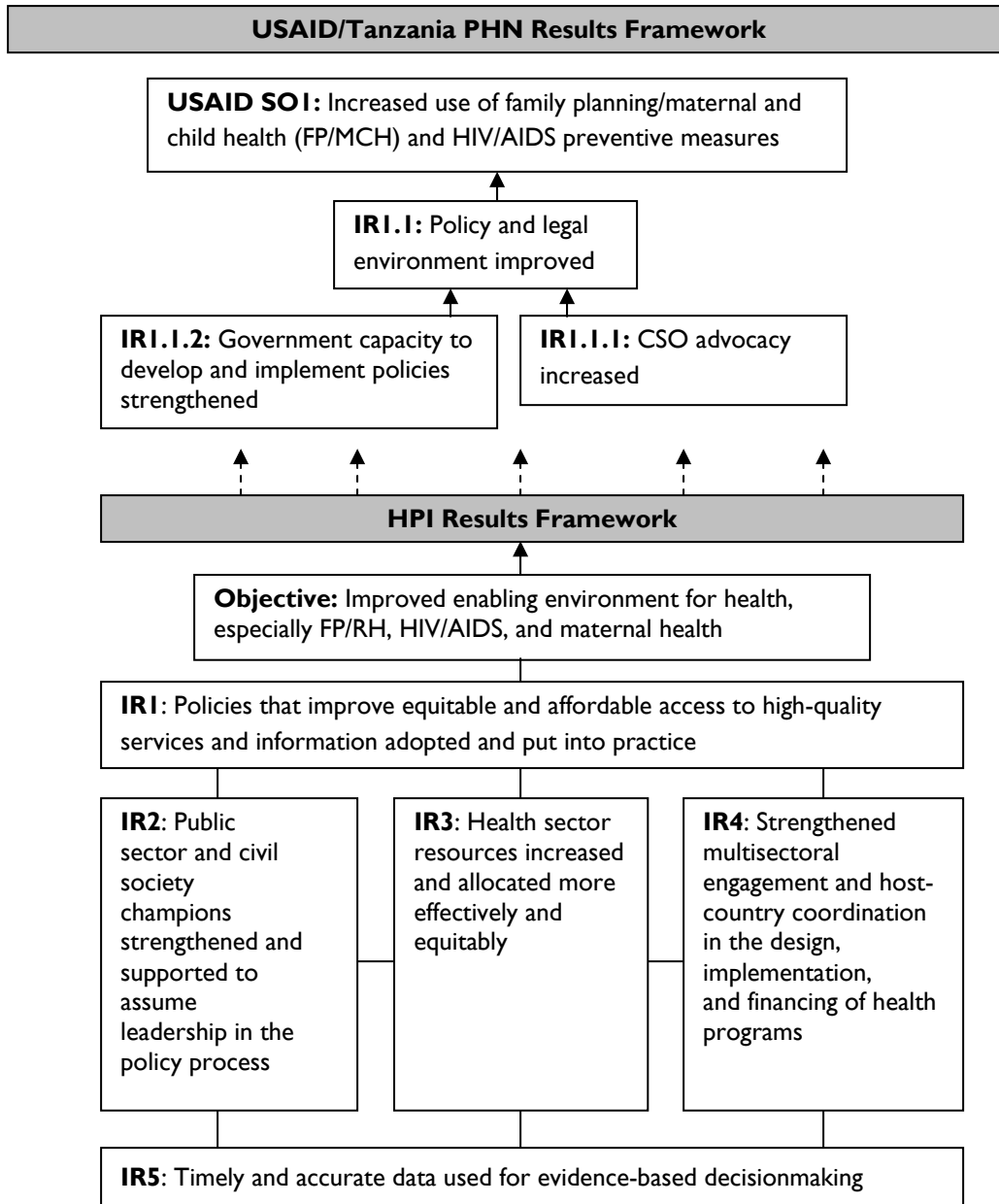
The Role of the Health Policy Initiative

USAID's goal in Tanzania is to "Improve the quality of life in Tanzania, using strategies that are aligned with Tanzania's goals for good governance and poverty reduction through sustainable income generation and access to high-quality services." HPI's work in the country was guided by the project's overall results framework (see Figure 1) and directly supported the USAID/Tanzania Population, Health, and Nutrition (PHN) Results Framework and Country Operational Plan. HPI's work also contributed to achieving the goals of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in Tanzania, particularly in the area of policy analysis and systems strengthening.

The project's activities supported USAID/Tanzania's strategic objective (SO) 1, "Increased use of family planning/maternal and child health (FP/MCH) and HIV/AIDS preventive measures." HPI directly addressed USAID's Intermediate Result (IR) 1.1, "Policy and legal environment improved." Specifically, HPI's activities in Tanzania contributed to IR1.1.1, "CSO advocacy increased," and IR1.1.2, "Government capacity to develop and implement policies strengthened" (see Figure 1).

Under Task Order 1, HPI achieved 18 results in Tanzania—including results in policy and practice (3), public sector and civil society strengthening (11), resource mobilization and allocation (3), and use of data in decisionmaking (1).

Figure 1. HPI and USAID Results Frameworks



Altogether, the project’s activities made important contributions to strengthening the policy environment for health in Tanzania. HPI successfully engaged religious leaders in efforts to combat HIV-related stigma and discrimination and enlisted their support for increased access to FP methods and services. HPI used the RAPID Model to build support for family planning among parliamentarians and other policymakers, which led to a funding increase of approximately US\$3.4 million for procurement of contraceptives. The project fostered advocacy efforts that helped secure passage of the HIV Law and helped PLHIV form a regional network to strengthen their voice in the policy process. HPI also helped build the capacity of youth to act as their own advocates on HIV issues and conducted analysis that will help donors, governments, and other stakeholders integrate gender issues into programming strategies for HIV prevention.

These wide-ranging achievements are explored in more detail in the following sections of this report.

On December 31, 2008, Futures Group was awarded Task Order 5 in Tanzania to continue work in the HIV policy arena, although some activities using the remaining Task Order 1 funds continued throughout 2009.

Key Achievements of HPI Task Order I in Tanzania

- Parliament passed the HIV and AIDS (Prevention and Control) Act of 2007 (*February 2008*)
- Tanzania's Supreme Clerical Council for Muslims (Ulamaa) issued an official clerical statement endorsing the use of family planning among Muslims (*May 2008*)
- The Government of Tanzania released Tsh 4.5 billion (about US\$3.4 million) for procurement of contraceptives following HPI-supported advocacy efforts (*September 2009*)
- Christian and Muslim councils of Tanzania adopted guidelines on stigma and discrimination (*August 2008*)
- 18 mass media companies adopted workplace HIV policies (*as of September 2008*)
- Leaders of the Pentecostal Church of Tanzania reversed their long-standing views of HIV as a disease that does not affect religious people, establishing an HIV department within the Pentecostal Church and committing to expand training and sensitization of Pentecostal bishops and pastors (*July 2008*)
- Raised awareness on the importance of family planning among parliamentarians using RAPID Model analysis
- AJAAT established a Features Service to support accurate and sensitive reporting on HIV issues (*November 2006*)
- The Kinondoni District Network of PLHIV (KINDIPHA+) grew in size and influence, facilitating the formation of PLHIV networks in two neighboring districts (Ilali and Temeke) as well as a regional network, the Dar es Salaam Coalition of PLHIV (DACOPHA) (*June 2008*)
- Tanzanian youth and orphans and vulnerable children (OVC) stakeholders formed a coalition and engaged in well-publicized policy debates on HIV and OVC issues (*2006, engagement ongoing*)
- Kongwa Network on Human Rights, a grassroots advocacy network, was formed following HPI-supported trainings on stigma and discrimination (*June 2008*)
- Three HPI partner organizations raised US\$2.4 million from national and international donors to support their work on HIV (*July 2008*)

SUPPORTING THE ADOPTION OF TANZANIA'S HIV LAW

One of HPI's most important contributions to strengthening Tanzania's HIV policy environment was its support for the passage of the HIV and AIDS (Prevention and Control) Act. Tanzania's Parliament unanimously passed the measure in February 2008. The act, signed into law by the president on April 4, provides for HIV prevention, care, and treatment and protects the rights of PLHIV. It also defines the roles and responsibilities of all sectors in addressing HIV. Sensitive issues addressed in the proposed bill had the potential to delay its passage for months, if not years. The unanimous passage of the act on its second reading is a testament to extensive assistance from HPI and its predecessor, the POLICY Project,

which helped to identify gaps in existing laws, build the capacity of key players, encourage participation, and mobilize political support.

Throughout the process, HPI, the POLICY Project, and their partners considered international best practices and human rights principles, supported reviews by legal experts, and fostered civil society engagement. The final content of the law, however, was determined by the government and in-country decisionmakers. The law represents a step forward in Tanzania's national response, especially by prohibiting discrimination against HIV-positive people and by establishing a legal framework for a coordinated, multisectoral HIV response.

Background

Tanzania took its first steps toward fostering a multisectoral HIV response in 2001, with the adoption of the country's first ever National HIV/AIDS Policy and establishment of the Tanzania Commission for AIDS (TACAIDS). However, while policies outline overarching principles and objectives, laws and regulations are needed to determine how policies will be put into practice. Thus, the national policy called for creating a supportive legal framework to establish a multisectoral response and address relevant legal and ethical issues.

With direction from MOJCA, the POLICY Project provided technical and financial assistance for a review of the legal environment for HIV, which was carried out by the Tanzania Women's Lawyers' Association (TAWLA). After discussions with key stakeholders, MOJCA decided to draft an omnibus bill that could address several of the gaps identified in the TAWLA report, and MOJCA and POLICY finalized a plan of action for moving forward with the formulation of an omnibus HIV law.

To draft the law, in 2004, MOJCA appointed a seven-member task force that included representatives from the Ministry of Health and Social Welfare (MOHSW), MOJCA, and TACAIDS, as well as the chief parliamentary draftsman. While the members of the task force were lawyers and legal experts in their own right, they did not necessarily possess expertise in HIV and related legal issues. Thus, POLICY organized activities to strengthen the HIV-related capacity of the drafting team.

HPI's Role

When the POLICY Project concluded in 2006, revisions of the draft bill were still underway. HPI continued to support the policy development process, turning its attention to fostering civil society engagement in the legislative process. The project's efforts focused on four main strategies: mobilizing the media, training policy champions, involving youth advocates, and analyzing gender issues.

Mobilizing the media

In 2006, in collaboration with the Association of Journalists Against AIDS in Tanzania (AJAAT), HPI conducted a series of trainings that reached about 90 journalists. The trainings covered a range of topics, including the legislative process, the proposed HIV bill, and best practices for HIV-related reporting. The aim was to improve and increase coverage of HIV issues, combat stigmatizing portrayals of PLHIV, and raise public awareness of the HIV bill. The training also incorporated a hands-on, practical component. About 30 trained journalists were sent to regions highly affected by HIV to research and compile stories. To share the stories with media outlets, AJAAT launched a free HIV Feature Service. By early 2007, media outlets had used about 70 news stories, feature articles, and radio programs. AJAAT's Feature Service fills an important gap because many media outlets, which are based in Dar es Salaam, do not have the resources to send journalists to cover HIV issues in the most-affected and hard-to-reach regions. The establishment of a Features Service is an important milestone in improving the quality of reporting on HIV in Tanzania.

Policy champions

MOJCA’s plan of action on the formulation of the HIV bill called for holding five zonal meetings to gather input from local stakeholders. To promote civil society participation in the meetings, HPI identified 12 individuals to serve as policy champions for passage of the HIV bill. The policy champions included HIV-positive people, youth advocates, and members of nongovernmental organizations (NGOs) and community-based groups. In November 2006, the project organized a workshop to orient the policy champions to the legislative process and the proposed bill, build advocacy and policy dialogue skills, and plan a course of action for involvement in the meetings. During the zonal meetings in 2007, the policy champions advocated for strong leadership commitment, mobilization of resources, increased PLHIV participation, and stigma reduction as essential components of the national response.

Youth advocates

Youth are crucial to Tanzania’s response to the HIV epidemic. Young people are increasingly vulnerable to HIV, and it is by changing the attitudes and behavior of young people that the country will be able to avert future infections and eliminate HIV-related stigma. HPI conducted trainings for about 175 youth, culminating in the formation of a Youth Coalition including 12 youth-serving organizations and networks. In addition, the project provided an orientation for 48 youth leaders on legal and policy processes to enable them to participate in the zonal meetings and ensure the inclusion of youth voices throughout the process.

Gender analysis

The need to address gender issues to combat the spread of HIV had been highlighted years earlier in the TAWLA legal assessment. In 2007, HPI supported the Women and Legal Aid Center (WLAC) to identify gender gaps in the proposed HIV bill. Some of the problematic issues the analysis identified included the need to promote safe partner disclosure, ensure access to post-exposure prophylaxis, provide free treatment and nutritional support, and adequately define “intentional” transmission of HIV. This latter provision in the bill, for example, is intended to address issues such as rape and sexual assault but could be misused to infringe on the rights of HIV-positive women who wish to have children or who, as a result of gender inequality, cannot negotiate safe sex practices. The WLAC shared its recommendations with MOJCA, TACAIDS, and the drafting team. Together, these strategies enabled diverse groups and perspectives to influence the development of the HIV bill and kept its passage high on the political agenda.

Assessing Policy issues Affecting Gender, GBV, and HIV

At USAID/Tanzania’s request, HPI conducted a rapid assessment of policy issues affecting gender, gender-based violence (GBV), and HIV in Tanzania. The project—through key informant interviews with representatives of civil society groups, donors, and government representatives based in Dar es Salaam—examined how HIV and Ministry of Community Development and Gender policies address GBV and gathered information on the successes and challenges of ongoing programs and the progress of watchdog groups. The final report—*Gender-based Violence in Tanzania: An Assessment of Policies, Services, and Promising Interventions* (November 2008)—can be used to help donors, governments, and other stakeholders, including USAID/Tanzania, integrate gender issues into programming strategies for HIV prevention.

Targeting the decisionmakers

While fostering demand from the grassroots up, HPI also targeted the decisionmakers who, ultimately, would be responsible for finalizing and approving the HIV bill. The project sought to strengthen commitment from political leaders at all levels.

At the national level, HPI sensitized Members of Parliament (MPs) in collaboration with the Tanzanian Parliamentarians AIDS Coalition (TAPAC). Sensitization efforts highlighted the key concepts in the proposed HIV bill and the benefits of enacting an HIV law. One orientation organized by the project was attended by 275 MPs (out of 317) and provided an opportunity to inform MPs about the proposed bill as

well as programs supported by PEPFAR. The project and TAPAC also engaged in discussions with smaller groups and one-on-one meetings to encourage political support among MPs.

In addition to training MPs on issues around the HIV bill, HPI also trained 48 MPs on stigma and discrimination and gender advocacy. Participating MPs reported the need to train all legislators on these issues and to implement special efforts to ensure that politicians and other influential leaders avoid stigmatizing language in their speeches. The MPs observed that increasing numbers of PLHIV were seeking services away from their home towns because of stigma and discrimination. They also suggested that testing and treatment services be integrated into other healthcare services. The legislators established a plan of action to review outdated laws and policies that relate to GBV, such as the Marriage Act of 1971. They also pledged to speed up the amendment process of the Inheritance Act (1962)—the implementation of which has contributed to an increase in the incidence of GBV. As a result of the training, TAPAC also decided to integrate stigma and discrimination into its strategic plan.

At the local level, in 2006/07, HPI and the State University of New York oriented more than 375 women councilors from Kagera, Lindi, Mtwara, and Ruvuma regions. As a result, the councilors pledged to mobilize community participation through the zonal meetings on the HIV bill and to educate their constituents on the issues addressed by the bill.

Finally, in January 2008 (between the first and second readings of the HIV bill), HPI, MOJCA, and TACAIDS organized a multisectoral stakeholders' forum to provide additional input into the final version of the proposed bill. The forum included 80 representatives from NGOs, community-based organizations, and government agencies, whose comments on the bill were compiled and shared at a meeting with the Permanent Parliamentary Committee on Social Welfare. In the sensitization and advocacy sessions, MPs and local councilors expressed their enthusiasm for the HIV bill and eagerness and commitment for putting the law into practice.

These sessions underscored the urgent need for an HIV law, provided a platform for political leaders to contribute to the bill, and created a favorable environment for its passage into law.

Next Steps

The HIV and AIDS (Prevention and Control) Act of 2008 establishes the HIV Law and provides a legal basis for protecting the rights of PLHIV. It includes provisions outlining the roles of the government, health sector, NGOs, faith-based groups, and the private sector in the national HIV response. Moreover, it calls for stepping up efforts to meet the needs of orphans and vulnerable children (OVC).

Key Provisions of the HIV Law

The Government, political, religious, and traditional leaders and employers in the private sector shall advocate against stigma and discrimination of people living with HIV and AIDS (4.2-b)

A person shall not be compelled to undergo HIV testing (15.3)

The Ministry [of Health] shall, where resources allow, take necessary steps to ensure the availability of antiretrovirals and other healthcare services and medicines ... (24.2)

A person shall not formulate a policy, enact a law or act in a manner that discriminates directly or by its implication persons living with HIV and AIDS, orphans, or their families (28)

A person shall not stigmatize or discriminate in any manner any other person on the grounds of such person's actual, perceived, or suspected HIV and AIDS status (31)

Any person living with HIV and AIDS shall, using available resources, have a right to the highest attainable standard of physical and mental health (33.1-a)

Every local government authority shall design, formulate, establish, and coordinate mechanisms and strategic plans for ensuring that the most vulnerable children within its respective area are afforded means to access education, basic healthcare, and livelihood services (34.1)

The law represents a step forward in Tanzania's national response that came about by a process led by in-country stakeholders. But, as with many legal documents, the law has its shortcomings. Stakeholders familiar with HIV laws warn that some people see them as a "magic bullet" in the prevention and control of HIV. However, much work needs to be done to clarify, disseminate, implement, and enforce such laws. Essential next steps in Tanzania include

- Disseminating the law and sensitizing the law's enforcers (e.g., judiciary, police, corrections system staff, employers, medical facility supervisors, and others) on its contents and provisions;
- Training the law's implementers (e.g., human resources personnel, healthcare providers, legal resource clinics) on reforms included in the law;
- Raising public awareness of the rights and guarantees included in the law, especially for PLHIV, and establishing mechanisms for legal redress and monitoring;
- Harmonizing the law and National HIV/AIDS Policy with other legal provisions, especially those relating to the most at-risk groups, including sex workers, injecting drug users, and men who have sex with men;
- Developing regulations and guidelines to operationalize provisions in the law (the MOHSW has begun the process to address changes called for in the health sector);
- Mobilizing complementary, community-based activities to enhance compliance with the spirit of the law—especially regarding the empowerment of women and girls, facilitation of safe partner disclosure, elimination of cultural practices that increase vulnerability to HIV, and reduction of stigmatizing attitudes; and
- Ensuring that training, guidelines, and enforcement measures clearly discourage misuse or misinterpretation of any provisions that could infringe on the rights of PLHIV.

Moving forward, the country must continue to refine and supplement its legal framework based on human rights and international best practices for addressing HIV challenges and meeting the needs people living with and affected by HIV. Following passage of the HIV Law, HPI continued to foster legal and policy

reform and implementation in Tanzania. For example, the project supported the WLAC to conduct advocacy with policymakers to address GBV and provide input toward the amendment of the Inheritance Act. The project also collaborated with TACAIDS, the United Nations Development Program (UNDP), the Legal and Human Rights Center, and others to identify areas of the HIV Law requiring corresponding guidelines and regulations for implementation.⁷ HPI also facilitated revision of the Legal and Human Rights Center's "HIV/AIDS and Human Rights Training Manual," which aims to build the capacity of paralegals and other human rights activists in HIV and AIDS.

ENGAGING THE MEDIA

The mass media play a key role in the fight against HIV. The media have the power to inform the public about HIV issues, challenge stigmatizing portrayals of PLHIV, and keep HIV high on the political agenda. In Tanzania, HPI helped strengthen the media's role in the national HIV response. The project partnered with AJAAT, the AIDS Business Coalition of Tanzania (ABCT), and the Media Owners Association of Tanzania (MOAT) to enhance journalists' knowledge of HIV issues and increase their capacity to provide relevant, accurate, and non-stigmatizing coverage of HIV-related issues. In addition, HPI urged media houses—as businesses in their own right—to become part of the private sector response to HIV by designing and implementing HIV workplace policies and programs.

Strengthening AJAAT

Founded in 2003 with support from the POLICY Project, AJAAT's mission is to contribute to the prevention, care, and control of HIV in Tanzania by providing innovative communication interventions that facilitate positive behavior change. Both POLICY and HPI have strengthened AJAAT's organizational capacity, helping it become a leading civil society champion for HIV policies, programs, and stigma reduction. The association stimulates public dialogue on HIV issues, supports the advocacy efforts of other organizations, opposes HIV-related stigma and discrimination, and promotes accurate reporting on HIV and AIDS, serving as a resource for training and information for journalists writing about the epidemic.

In 2006, HPI conducted a series of trainings for journalists to improve and increase coverage of HIV issues and helped AJAAT launch a free HIV Feature Service to share the stories with media outlets. To promote high-quality reporting and broader coverage of HIV issues, AJAAT and HPI also engaged five journalism institutes in dialogue to integrate HIV in training curricula. As a result, the institutes committed themselves to designing a health journalism curriculum that all journalism institutes in the country will adopt as a means of taking a consistent approach to reporting on health-related issues.

HPI also collaborated with AJAAT to train 15 journalists on GBV issues to broaden their understanding of the link between GBV and HIV and expand media coverage of these issues. Following the training, AJAAT produced 45 feature articles on GBV and HIV, which were published in English and Swahili daily and weekly newspapers and posted on the AJAAT website. The articles focused on societal practices that perpetuate GBV, women's rights to inheritance and property ownership, and patriarchy and gender relations. Print media editors continue to request more GBV-related features, and two local organizations approached AJAAT to request assistance with preparing newsletters on HIV.

One of HPI's objectives in Tanzania has been to strengthen the institutional capacity of its partners. In 2008, HPI helped AJAAT mobilize \$6,260 from the Joint United Nations Program on HIV/AIDS (UNAIDS)/UNDP, \$50,027 from UNICEF, and \$8,696 from TACAIDS. HPI and UNAIDS facilitated the

⁷ As of January 2010, the HIV Law still had not been formally implemented. Task Order 5 has been charged with helping the government disseminate the law, develop regulations that will guide implementation, and help popularize the law's provisions.

launch of AJAAT's strategic plan (2008–2011). HPI also helped AJAAT improve its website, (www.ajaat.or.tz), which has raised awareness of the media's role in combating HIV and helped the association double its membership. The association recently launched an online forum, Ongea (Kiswahili for "talk"), where journalists and members of the public can participate in an online village meeting to discuss the epidemic. With HPI's assistance, AJAAT also formed a working group to prepare a stigma and discrimination glossary of terminology that media houses and journalists should use in covering HIV issues and events. This will help reduce the use of language that perpetuates stigma and discrimination.

With support from HPI, AJAAT has become a stronger and more effective organization. In addition to providing training and reference materials for journalists, the association has facilitated linkages between journalists and other key stakeholders, launched forums for public dialogue on HIV-related issues, and actively supported passage of Tanzania's HIV law.

Strengthening HIV Interventions in the Media Workplace

In 2007, AJAAT, with financial support from HPI, conducted a rapid assessment on HIV, gender, and the media. The study of employees and managers at 80 media houses in Tanzania revealed that, while journalists often report on HIV issues, many lacked accurate knowledge about HIV and its transmission, prevention, and treatment. The assessment also found a lack of workplace interventions in the media sector, low risk perceptions among media practitioners, and HIV-related stigma and discrimination in media houses. The study showed that resource allocation for HIV interventions in media houses was either nonexistent or inadequate. Moreover, gender issues within media organizations had the potential to increase HIV vulnerability, especially for female employees who worked in an environment with pervasive sexual harassment and traditionally low wages for women.

“For those affected by HIV, these policies will help make life easier. The policies can help to reduce stigma and promote social acceptance of people living with HIV. Ultimately, implementation of HIV workplace programs can check the spread of HIV by raising awareness and educating workers, by promoting prevention, and by encouraging testing.”
*Henry Muhanika,
Executive Secretary of MOAT*

AJAAT and HPI held a press conference to disseminate the findings of the assessment. Subsequently, HPI and AJAAT engaged media house managers to sensitize, mobilize, and assist media houses in the design of HIV workplace policies and programs. As a result, MOAT committed to instituting HIV workplace policies in a bid to promote care, support, and treatment of its employees and reduce stigma and discrimination.

Between October 2007 and March 2008, HPI collaborated with MOAT and ABCT to train 44 coordinators and human resource personnel from 16 media houses in planning, coordinating, and implementing HIV workplace policies. HPI also trained 42 peer educators from the media houses on facilitation skills to educate others and champion access to HIV information and services. In April 2008, HPI began outreach to a second set of media houses. In collaboration with ABCT, HPI organized a four-day workshop on workplace policy development for 10 media houses; trained 29 human resource officers and focal persons from 21 media houses; and sensitized 23 senior staff on the significance of workplace policies. Of the 21 media houses that HPI engaged on improving HIV responses in the workplace, 18 had adopted workplace policies by August 2008. The policies cover awareness creation, stigma reduction, care and support, encouragement for voluntary counseling and testing (VCT), and confidentiality. In addition to prevention initiatives, the workplace policies and programs prohibit discrimination against HIV-positive employees and outline the care and treatment services covered by company programs.

As noted above, to support implementation of the policies, HPI and ABCT have trained 44 human resource coordinators and 42 peer educators in the media houses. These personnel will help enforce HIV policies and organize HIV awareness raising and peer support among staff.

Global Publishing, which HPI helped to develop an HIV workplace policy, has about 65 employees and publishes six different publications each week. The publishing house designed its HIV policy with input from workers' representatives. The new policy states that employees cannot be terminated due to HIV-positive status and outlines psychosocial support, care, and treatment offered by the company. Since April 2008, the company's HIV coordinator/peer educator has organized periodic information sessions on Saturdays that cover general HIV prevention information, as well as specific topics, such as HIV and youth. As a result, one employee has come forward to disclose her HIV status to her colleagues. She is now actively taking part in the company's awareness-raising efforts.

Workplace policies and programs within media houses fulfill two fundamental objectives. First, they can reach a part of the private sector that has often been ignored and can mobilize media houses to address the HIV-related needs of their own staff. Second, raising HIV awareness of journalists and editors through HIV workplace programs can help enhance the empathy of media professionals and improve the overall quality of HIV-related reporting, thereby having an impact not only on media employees but the broader public as well.

Media Organizations that Adopted HIV Workplace Policies with HPI Support

- Radio Tumaini and Tumaini Letu Newspaper
- Sahara Communication and Publishing Company Ltd
- Tanzania Broadcasting Corporation
- Tanzania Standard Newspapers Ltd
- Tazama Newspapers Co Ltd
- The Guardian Ltd
- Word and Peace Organization
- Business Times Limited
- Clouds Media Group
- Emen Nyakati
- Free Media Limited
- Global Publishers and General Enterprises Ltd
- Hoja Newspaper Ltd
- Kiongozi Newspaper
- Media Solutions Ltd
- Mwananchi Communications Limited
- New Habari (2006) Limited
- Independent Television (ITV) and Radio One

ENGAGING RELIGIOUS LEADERS TO FIGHT STIGMA

Faith plays an important role in the daily lives of Tanzanians. Most of Tanzania's 29 million people are followers of Christianity or Islam, with a small proportion being adherents of indigenous religious traditions. Religious leaders often have greater reach and influence at the grassroots level than any government program or health intervention. Consequently, religious leaders are crucial players in promoting change in the fight against HIV, especially in reducing stigma and discrimination.

"I came to realize I could become a role model for positive living ... My message focuses on two themes: HIV is preventable and it is manageable."

*Rev. Amin Sandewa,
TANERELA Founder and
National Coordinator*

Many faith-based organizations (FBOs) have responded to the HIV epidemic by encouraging prevention and providing care and support. Yet, challenges such as stigma, shame, denial, discrimination, inaction, and mis-action persist—in some cases fueled by religious attitudes that equate HIV with immorality.

Since 2006, building on work initiated under the POLICY Project, HPI has mobilized religious leaders in response to the HIV epidemic in Tanzania. In its engagement of the faith community, HPI placed special emphasis on sensitizing religious leaders to combat HIV-related stigma and enhancing their skills and knowledge to promote HIV prevention and provide compassionate counseling, treatment, and care.

Living Positively

Societal beliefs that associate HIV with sin often expose religious leaders living with HIV to even greater stigma than other PLHIV. Those who disclose their HIV status risk losing their jobs and being rejected by the community. The fear of stigma and discrimination has kept HIV-positive religious leaders in Tanzania isolated and in the shadows.

Thanks to the work of one of HPI's key partners, this situation is beginning to change. The Tanzania Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (TANERELA) is an interfaith network that aims to empower HIV-positive religious leaders to live openly and positively, overcome self-stigma and shame, and become agents of change in their congregations and communities. TANERELA was founded by Rev. Amin Sandewa in 2005 and by mid-2007 the network had 70 members. During this time, Rev. Sandewa became the first religious leader in Tanzania to publicly disclose his HIV status to the media. Seven other religious leaders also publicly disclosed their status, each taking the bold first step to challenge stereotypes about PLHIV.⁸ However, TANERELA had limited funds and HIV-positive religious leaders remained scattered throughout the country, making it difficult to reach and offer support to potential members.

Beginning in December 2006, HPI provided TANERELA with technical and financial assistance to strengthen its organizational capacity. The project and TANERELA conducted a series of workshops for HIV-positive religious leaders in USAID high-priority districts. The workshops focused on strategic planning and effective resource use, interfaith collaboration, policy dialogue and advocacy, positive living skills, and stigma reduction.

As a result of these efforts, in early 2007, TANERELA members launched regional branches in Dodoma and Morogoro, where stigmatization remains high and access to HIV information and services is limited. The branches will help improve the network's community-level outreach. Signifying support from different faiths, the regional sheikhs and bishops from the two regions serve as patrons of the branches. Further, in March 2007, HPI assisted TANERELA in designing a strategic action plan for the regional branches. The plan's objectives include expanding the network's membership, establishing support groups for PLHIV in each region, educating community members, increasing voluntary counseling and testing, and creating a performance monitoring system.

TANERELA has already made progress toward achieving its objectives. By mid-2008, the network had increased its membership to about 120 religious leaders and had received requests from other religious leaders to establish branches in their areas. TANERELA also collaborated with HPI in carrying out HIV sensitization and stigma-reduction training for a variety of religious groups.

"Those of us living with HIV are finding society more accepting of us now than ever before... I can confidently say that stigma and discrimination are declining and people's understanding and knowledge on HIV/AIDS have increased enormously."

*Maklina Jordan
TANERELA member and
Catechist, Roman Catholic Church*

⁸ While the network encourages disclosure as a means of combating stigma, this is a personal decision that is made by the individual and disclosure is not a requirement for membership in the group.

In June 2007, TANERELA’s Dodoma branch created a “post-test club” to help encourage and support religious leaders to come forward for testing—recognizing that religious leaders will be better able to counsel others to seek VCT if they have gone through the process themselves. The club is intended for religious leaders, regardless of HIV status, who accept the importance and necessity of voluntary HIV testing. Immediately following the formation of the club, about 10 religious leaders in Dodoma came forward for testing.

Reaching Out to New Religious Groups

In late 2007, Rev. Sandewa met with resistance when he tried to form a post-test club for religious leaders in his home region of Morogoro—particularly from leaders of the Pentecostal Church of Tanzania (PCT). The Pentecostal denomination of Christianity places great faith in the power of prayer and miraculous healing from God. The belief that religious people cannot contract HIV and therefore there is no need for religious leaders to go for HIV testing is commonly held. Moreover, it is believed that HIV can be healed through prayer, making antiretroviral treatment (ART) unnecessary.

“We did not know about HIV, about the need for condoms and HIV prevention... Now we understand that we must start by educating our pastors who, in turn, will educate their congregations about HIV.”

*Bishop David Andulile Mwasota
General Secretary, Pentecostal Church
of Tanzania*

Recognizing that these beliefs would hinder efforts to promote VCT and reduce stigma in the community, Rev. Sandewa approached HPI to support sensitization of Pentecostal leaders. Together, the project and TANERELA organized a three-day workshop in February 2008 for 37 senior bishops and pastors of the Pentecostal church representing from 12 regions of the country. The workshop sought to gain buy-in from the leaders, promote HIV champions within the church, and strengthen HIV knowledge and skills (e.g., on pre- and post-test counseling, provision of palliative care, and issues such as gender-based violence).

The first day of the workshop was difficult for both facilitators and participants. At first, when Rev. Sandewa disclosed his HIV-positive status, participants urged him to pray for forgiveness and criticized his presence in the room. However, his testimony, courage, and thoughtful perspectives eventually achieved a breakthrough. The remainder of the workshop focused on answering questions and addressing misconceptions. Participants explored topics such as the science of HIV and AIDS; HIV prevention and treatment; issues faced by serodiscordant couples; and religious teachings and HIV. By the third day, participants’ knowledge and attitudes had changed dramatically. The Pentecostal leaders charted a new course on HIV that included commitment to expand training and sensitization of other bishops and pastors and to establish an HIV department within the Pentecostal church.

PCT acted swiftly to follow through on its commitments. In April 2008, HPI and TANERELA helped PCT organize a follow-up meeting with 30 bishops to establish an independent department on HIV and AIDS. The new department has 11 members, including senior PCT members. Members decided to call the HIV department “Fahamu Afya Yako, Jitunze Uishi, Salimisha Wengine, Mche Mungu.” Translated, the Swahili phrase means “Understand Your Health; Live a Life of Hope; Take Care of Others; and Worship God.” PCT drafted a constitution for the department and officially registered FAJISAM as an NGO in early July 2008. At the end of July, FAJISAM was introduced at an annual meeting of all 400 Pentecostal bishops. The objectives of FAJISAM are to reduce stigma, improve the knowledge of Pentecostal communities on HIV prevention and treatment, strengthen HIV counseling skills of religious leaders, and help provide nutritional support and home-based care for OVC and PLHIV.

Pentecostal leaders report that their HIV efforts have had an impact. Bishops are giving sermons on HIV prevention and compassionate care, and some congregants have come forward to disclose their status.

Using Religious Teachings to Combat Stigma

The Christian Council of Tanzania (CCT) is an overarching organization for four Christian denominations (Anglican, Lutheran, Mennonite, and Moravian), and the National Muslim Council of Tanzania (BAKWATA) encompasses all Muslims in the country. Both organizations have been part of the national response since the detection of the first HIV and AIDS cases in Tanzania in the 1980s. They currently support HIV activities and training as part of their health and social welfare programs. Yet, there is a need to continually confront stigma and raise HIV awareness and knowledge.

HPI and its predecessor, the POLICY Project, have a long history of working with CCT and BAKWATA to strengthen religious leaders' commitment to HIV. POLICY achieved significant breakthroughs, including the adoption of HIV curricula for Madrassas and Sunday schools, which are now used across the country and frequently reprinted and used by other faith-based and civil society groups.

Building on this work, in 2007/2008, HPI provided assistance to reach students through Sunday schools and Madrassas with an emphasis on confronting HIV-related stigma. The project began by sensitizing Christian and Muslim leaders and teachers on how to discuss stigma, as well as address the needs of orphans, HIV-positive children, and widows. The project trained master trainers, who then brought together religious leaders, teachers, and students to create educational materials. These materials include dramas, songs, and poems that focus on HIV issues and draw from Christian and Muslim teachings, respectively. The dramas, songs, and poems have been recorded onto audio cassettes and published in printed formats for dissemination to schools. By March 2008, about 225 Sunday school and Madrassa teachers had been oriented on stigma mitigation and use of the new educational materials.

In 2009, CCT conducted two dissemination workshops for 78 Sunday school teachers and reverends in Dodoma (38) and Morogoro (40). The workshop participants prepared action plans to expand the dissemination of poems through edu-tainment events aimed at strengthening efforts against stigma and discrimination in Christian institutions and congregations. BAKWATA disseminated the materials to 38 Imams in Dodoma (18) and Morogoro (20). The Imams acknowledged the utility of the poems in helping with their efforts to reduce stigma and discrimination within the wider Muslim community. They drafted an action plan to facilitate further dissemination through Muslim forums and emphasized the engagement of children enrolled in madrassas in reciting the poems to strengthen public understanding of the impact of stigma and discrimination. Each Imam committed to disseminating the poems to 10 madrassas in his respective region.

By using a participatory process that is owned by senior religious leaders, teachers, and schoolchildren and that emanates from the communities' own religious beliefs, it is hoped that these educational efforts will have a meaningful impact on the attitudes and behavior of young people as they grow up. The goal is to help encourage young people to safeguard their health and to show compassion for those affected by the epidemic.

Much of the assistance that HPI provided focused on strengthening leadership commitment to address HIV and helping influential leaders reduce stigma and discrimination. An important next step is to ensure that individual commitment leads to lasting organizational and policy change. Having policies in place helps to establish clear guidelines and fosters sustainability of HIV initiatives, especially during times of leadership transitions. In faith-based institutions, which often have hierarchical structures and value adherence to doctrine, new policies and statements from senior religious leaders can spread quickly throughout the organization.

While BAKWATA and CCT had had trainings and issued guidance on HIV prevention, treatment, and care issues, neither group had strong guidelines on addressing stigma and discrimination, which is crucial

for increasing access to services. To address this gap, HPI provided capacity building to 330 religious and community leaders. The trainings focused on HIV and combating fear and denial. They used holy books and teachings to mobilize leaders to fight stigma and discrimination. Religious leaders have committed to formulating workplace policies in their institutions; promoting access and adherence to ART; participating in community mobilization as part of the national campaign on VCT; and advocating strongly against HIV-related stigma.

As a result of the trainings, BAKWATA's Ulamaa Clerical Council—the most senior Islamic clerics in the country—issued a *fatwa* (or Islamic legal pronouncement) against HIV stigma and discrimination and prepared related guidelines. The CCT also adopted guidelines on stigma and discrimination. The guidelines provide direction to the Christian and Muslim communities on how to address HIV-related stigma and discrimination and also discuss the rights of PLHIV and the role of religious leaders in addressing stigma and discrimination. These policy statements will help send a strong message from religious leaders about the need to end stigma and discrimination against people living with or affected by HIV.

Lessons Learned

Several challenges persist, including lack of HIV knowledge among religious leaders who are often called upon to offer counseling on HIV issues; reluctance to discuss condom use and HIV prevention; and continuing stigma against PLHIV and most at-risk groups. To overcome these challenges, members of TANERELA, CCT, BAKWATA, and PCT highlight the following lessons learned:

- HIV and AIDS are complex issues that require specific education and training, even for religious leaders who are scholars in their own field. Education is needed on basic HIV facts, counseling, and provision of care, as well as gender issues that increase HIV vulnerability.
- Religious leaders have a responsibility for the well-being of their followers that involves not only spiritual health but also physical health. This responsibility points to the need for offering comprehensive, balanced HIV prevention efforts, especially when considering the needs of discordant married couples and most-at-risk groups.
- Religious leaders living with HIV can provide powerful testimony challenging the notion that HIV is punishment from God or that HIV is caused by sin. However, more work is needed to sensitize religious institutions to ensure that disclosure, by HIV-positive religious leaders or community members, does not lead to discrimination.
- Passages from the Bible and Qur'an speak to the value of all God's children and reinforce the importance of compassionate care and service to one's fellow community members. These teachings should be emphasized and disseminated through communities of faith.

These approaches are making a difference. As a result of HPI's partnerships with FBOs in Tanzania,

- HIV-positive religious leaders have greater access to support services through TANERELA and are increasingly playing a role in breaking the silence around HIV;
- The Pentecostal church is now a champion for HIV prevention and treatment. Its senior leaders are committed to combating stigma and to sharing accurate information about HIV with their congregations;
- Christian and Muslim communities, under the leadership of CCT and BAKWATA, are reaching students through faith-based schools; this education will help to raise a generation with improved HIV knowledge and greater compassion toward PLHIV; and

- CCT and BAKWATA have issued guidelines and policy statements condemning stigma and discrimination, sending a strong message to their communities.

Together, these activities are fostering an enabling environment that supports open discussion about HIV prevention issues and encourages people to come forward to seek testing, treatment, and care.

SUPPORTING YOUTH INVOLVEMENT AND PARTICIPATION

Youth constitute a large portion of Tanzania's population, and they are deeply affected by HIV issues. Yet, often, youth are not engaged in the decisionmaking process. Engaging youth to help them become active participants in the policymaking process can be empowering for the youth and can also help bring attention to previously neglected issues and needs. As part of its efforts to strengthen civil society champions, HPI engaged and trained youth to act as advocates on issues related to HIV. The project's efforts helped bring youth champions into HIV policy dialogue.

Mobilizing Youth in the HIV Response

In 2006, HPI, in collaboration with Africa Alive, brought together 12 youth-serving organizations to create a Youth Coalition to promote policy dialogue and advocacy, particularly around the HIV bill. The coalition also advocates for the rights of OVC and actively engages HIV-positive youth to address stigma and discrimination. HPI collaborated with Africa Alive to train 26 youth from 10 members of the new youth coalition in gender and advocacy. The training aimed at building institutional capacity for integrating gender in HIV-related interventions and included a section on stigma and discrimination reduction. The workshop provided a forum for the creation of an advocacy action plan for the coalition, setting the stage for future coalition activities.

HPI also collaborated with Family Health International (FHI) in its efforts to support youth involvement and participation in the policymaking process, using FHI-trained peer educators from Youth Advisory Groups (YAGs) in a number of its trainings. The YAGs eventually became participants in the HPI youth coalition. HPI also served as a member of the Coordinating Committee for Youth Programs (CCYP), a network made up of youth-serving organizations, youth, donors, and government partners, which promotes the overall health and development of young people and promotes meaningful youth participation in Tanzanian society. Through its participation in the CCYP, HPI was nominated to head an Advocacy Working Group. HPI used this opportunity to raise the awareness of CCYP representatives on issues surrounding adoption of the HIV bill, including the need to incorporate youth concerns into the bill.

Between April and September 2007, HPI's support enabled Africa Alive to train 62 youth (including 18 PLHIV from the HPI youth coalition in Dar es Salaam and YAGs from Morogoro and Dodoma) in HIV prevention, treatment, and nutrition. The workshops documented barriers to accessing HIV services experienced by HIV-positive youth and increased participants' understanding of HIV treatment and its link to nutrition. The youth networks prepared action plans to reach out to peers in their respective communities with accurate information on HIV prevention, treatment, and nutrition. As a result of HPI's efforts, some youth groups began supporting youth VCT campaigns.

In December 2007, HPI and the Youth Coalition supported the participation of seven youth champions, including two HIV-positive youth, in the national World AIDS Day celebrations held in Tabora. The champions organized question and answer sessions in collaboration with FHI and T-Marc to raise awareness of HIV issues among young people, organized exhibitions, distributed HIV-related information compiled from recent national survey reports, and advocated for improved access to information and

services. HPI also supported 10 youth champions to participate in dialogue on the HIV bill and, in 2008, supported the training of 28 youth from 10 organizations on leadership and management skills.

Advocating for Orphans and Vulnerable Children

In 2008, HPI supported a two-day advocacy planning meeting of the Youth Coalition, which brought 15 youth champions together to discuss HIV testing, treatment, nutrition, and stigma and discrimination. The champions generated an activity plan and strategy to strengthen implementation of the OVC national guidelines. The youth coalition also conducted a policy debate on OVC in order to raise stakeholders' awareness of OVC national guidelines. The participants, including 77 youth and other OVC stakeholders, identified several resolutions that call upon the government to intensify efforts in meeting OVC needs and promote education on children's rights in schools. The participants also appealed to communities to strengthen OVC care, while emphasizing the role of NGOs in advocating for OVC policy implementation.

Following these trainings and activities, the Youth Coalition conducted a two-day mock Parliament debate on youth and HIV, stigma, and OVC. The event drew 150 youth, including HIV-positive youth; students from higher learning institutions and secondary schools; and representatives of youth-based associations in Dar es Salaam. The Parliament enabled youth to express concern over HIV-related issues and advocate for the implementation of OVC policy guidelines. Participants' recommendations included the formation of an OVC department within the Ministry of Community Development, Gender, and Children; capacity strengthening of families to provide psychosocial and other basic support to children; and evaluation of existing orphanages to determine their legality and to institutionalize services offered to OVC.

While calling for increased resource allocation and disbursement to improve OVC services in the country, the youth coalition committed to continuing advocacy efforts for OVC at all levels. The coalition, in collaboration with other participating youth organizations, agreed to continue consultations with local authorities on HIV issues, with special reference to the needs of OVC, through various forums. It also strongly recommended the gathering, analysis, and use of data in formulating OVC-related policies and programs, with a particular focus on the needs and vulnerabilities of young girls.

HELPING PLHIV BUILD STRONG NETWORKS

Despite the challenges posed by high levels of HIV-related stigma and discrimination, PLHIV in Tanzania are coming together to support each other and combat the spread of HIV. They have formed a multitude of groups and networks at all levels. The number of groups is an indication of the potential for PLHIV to contribute to an effective national response. However, the sheer number of organizations makes coordination difficult and hinders the coalescence of a unified PLHIV movement. Most PLHIV groups are also grappling with inadequate capacity and an inability to access resources—challenges that are compounded by weak leadership and lack of management skills.

Forming district networks and regional coalitions is one way to overcome these obstacles. Networks can coordinate members' efforts, avoiding unnecessary duplication and ensuring that services reach those most in need. They can plan and implement joint advocacy campaigns and provide technical assistance to build member groups' capacity and skills. Greater size and visibility make it easier for networks and coalitions to mobilize resources and gain recognition from local governments. As resource allocation in Tanzania is carried out at the district level, the formation of district networks also creates a vital avenue for PLHIV to access resources and advocate for their rights at the community level.

With support from HPI, the Kinondoni District Network of PLHIV (KINDIPHA+) has piloted a successful district and regional network-building approach in Dar es Salaam. With technical and financial assistance from the project, KINDIPHA+ has improved its leadership and management skills, designed a five-year strategic plan, and fostered the formation of sister networks in two neighboring districts. KINDIPHA+ then took its approach to the next level, bringing together the three district networks to form the Dar es Salaam Coalition of PLHIV (DACOPHA). Building on its successes, KINDIPHA+ has begun reaching out to other regions to encourage them to build their own PLHIV networks.

Enhancing Management and Planning Capacity

Since its founding, KINDIPHA+ has become the leading source of information on the HIV situation in the Kinondoni District of Dar es Salaam. Its membership has expanded from 35 to 46 PLHIV support groups. The network is recognized by the municipal council as the legitimate representative of PLHIV interests in the district and works closely with the council to address HIV issues. HPI has been instrumental in strengthening KINDIPHA+ by providing financial support and technical assistance, as well as extensive training in management, strategic planning, monitoring and evaluation, and resource mobilization.

In June 2007, the project trained 59 leaders from KINDIPHA+ in leadership and management skills. The workshop helped participants assess their organizations' goals, structure, services, and impact. Upon completion, they used their new skills to identify organizational strengths and weaknesses and make recommendations to the KINDIPHA+ board.

The management training gave KINDIPHA+ a newfound understanding of the importance of planning, which led them to request assistance from HPI in drafting a strategic plan. In September 2007, the project sponsored an intensive four-day planning workshop for KINDIPHA+'s executive committee and representatives of member organizations, at which they developed a five-year strategic plan (2008–2012) for the network. The plan aims to build the capacity of KINDIPHA+'s member organizations as they strive to provide high-quality HIV and AIDS services to PLHIV, orphans, widows, and the community at large.

Through the planning process, KINDIPHA+ decided that the community would be best served if the network focused on capacity building, coordination, and technical assistance—leaving direct service provision in the hands of its member groups. KINDIPHA+ adopted a new vision and mission that reflect this shift in priorities.

As the first step in implementing the strategic plan, HPI continued to support KINDIPHA+, providing training in areas identified through the planning process. In May 2008, the project trained 21 representatives of member groups in project planning. In June 2008, the project trained 20 network members in proposal writing and participants used their new knowledge to write proposals for their groups. The proposals solicit continued training in planning and management, as well as technical and financial support for a variety of activities, including nutrition and home-based care for PLHIV, income generation, and awareness raising. Participants expressed concern about marketing the proposals to donor organizations and identified this as an area for future training and support.

Forming New Networks

In 2007, KINDIPHA+ used knowledge acquired through HPI trainings to advocate for and facilitate the formation of two sister PLHIV networks in the neighboring districts of Ilala and Temeke. These networks, the Ilala District Network of People Living with HIV/AIDS (IDINEPHA+) and the Temeke District Network of People Living with HIV/AIDS (TEDINEPHA+) have 36 and 42 member groups,

respectively. To help build capacity, HPI helped KINDIPHA+ to provide management training for 41 members of the newly established Ilala and Temeke networks.

In June 2008, at a project-supported planning workshop, the three district PLHIV networks—KINDIPHA+, IDINEPHA+, and TEDINEPHA+—came together to form a regional coalition known as the DACOPHA. DACOPHA’s goal is to ensure that services offered to PLHIV by the government, NGOs, and the private sector reach their intended recipients. The new coalition seeks to enable PLHIV networks in Dar es Salaam to more effectively engage in the fight against HIV by ensuring that they are given opportunities equal to those of other stakeholders. Its three core strategies include capacity building, advocacy and lobbying, and forging partnerships. Joining together in district and regional networks will significantly magnify the influence of PLHIV, enabling them to more effectively advocate for their rights.

KINDIPHA+ has also begun reaching out to other regions to persuade them to follow Dar es Salaam’s example. The network engaged in several advocacy activities with PLHIV groups in five regions—Coast, Dodoma, Iringa, Morogoro, and Tanga—encouraging them to form their own district and regional PLHIV networks.

Next Steps

KINDIPHA+ and its sister networks still face a number of challenges—mobilizing resources being first and foremost. Implementing the strategic plan requires an infusion of resources. The structure set out in the plan calls for a secretariat, but the network lacks sufficient funds to hire staff. Its work is currently carried out by a 13-member executive committee, all of whom are volunteers. Infrastructure and equipment to establish a fully functional office are also urgently needed.

The prevalence of stigma and discrimination also has a profound effect on KINDIPHA+. Many people lack accurate HIV knowledge, and HIV-positive individuals often face stigma even within their own families. In this environment, professionals and those who are educated often fear joining the network or volunteering because they do not want others to think that they are HIV positive. Government officials and political leaders are also sometimes reluctant to support the network for the same reason. These attitudes have made it more difficult for KINDIPHA+ to achieve close collaboration with the local government and to mobilize funding.

Despite these challenges, KINDIPHA+ members are optimistic about the future. They are eager to put their strategic plan into action, establish a secretariat capable of coordinating members’ service delivery efforts, and provide ongoing capacity building and technical assistance. The executive committee has prepared several proposals to fund implementation of the strategic plan and is seeking support from the government and other donors. KINDIPHA+ leaders are also planning to pass on their new skills in management and planning to additional network members.

STRENGTHENING GRASSROOTS ADVOCACY

Using AIM to Support Advocacy

The AIDS Impact Model (AIM) projects the consequences of the HIV epidemic, including the number of PLHIV, new infections, and AIDS deaths by age and sex; as well as the new cases of tuberculosis and children orphaned by AIDS. AIM is used by UNAIDS to make the national and regional estimates it releases every two years.

In Tanzania, HPI held several training-of-trainer (TOT) workshops on the use of AIM as an advocacy tool. The workshops were designed to promote policy dialogue at the community level, with a view to improving the planning of HIV interventions.

In 2006, HPI worked with the Tanzania Network of Women Living with HIV/AIDS (TNW+) and the Anti-Female Genital Mutilation Network (AFNET) to conduct a three-day TOT workshop on the use of AIM as an advocacy tool. The workshop, attended by 20 participants, aimed to strengthen training skills and provided participants with the information and skills needed to link AIM results with specific policy and advocacy objectives. During the workshop, participants created action plans for training selected groups of people in HIV-related community mobilization for prevention, care, and/or treatment; as well as stigma and discrimination reduction. The project also conducted a three-day workshop on AIM for 28 participants from 10 youth-serving organizations, including PLHIV groups.

Following HPI's trainings on using AIM as an advocacy tool, participants began using their skills to advocate for policy action to improve services at VCT centers and ART clinics. They also called for increased PLHIV involvement in addressing stigma and discrimination.

Combating Stigma and Discrimination at the Community Level

Between October and December 2006, HPI conducted several TOT workshops for 153 representatives from community-based organizations and NGOs in the Morogoro region. The trainings aimed to reduce HIV-related stigma and discrimination at the community level by increasing awareness and knowledge and by promoting information sharing among participants. Participants were also asked to draft action plans for addressing stigma and discrimination in their respective communities. The workshops motivated some participants to seek HIV testing, while others gained confidence to disclose their serostatus.

One participant of the TOT workshop was the Secretary of the Kongwa Red Cross Society (KRCS), Jackson Ngaiti. While KRCS had conducted a variety of other HIV activities, the organization had not tackled stigma and discrimination until the HPI training. The workshop prompted Ngaiti to launch a stigma-reduction effort in Kongwa District. With HPI support, KRCS conducted training workshops in 21 villages to raise awareness and stimulate community action to reduce stigma and discrimination. Participating community members have embraced the training, urging KRCS to provide similar sessions in all the district's villages. They demonstrated their commitment by contributing their own resources to ensure the trainings could take place. Altogether, community members donated US\$625—a significant sum given the area's low income level—to support the provision of training. Community leaders even offered to provide future workshop venues for free.

Between April and June 2008, KRCS trained 45 individuals in two advocacy and networking workshops. One of the workshops targeted community-based organizations and resulted in the formation of the Kongwa Network for Human Rights Advocacy. The new network will advocate for the rights of PLHIV and other vulnerable groups, contribute to community mobilization against stigma and discrimination, and stimulate policy dialogue on HIV-related issues. The network prepared an action plan and conducted stigma and discrimination training for 30 councilors, ward executive officers, PLHIV, and orphans.

REPOSITIONING FAMILY PLANNING

Since 2006, HPI has partnered with in-country stakeholders to strengthen commitment for FP programs in Tanzania. A major component of this effort is evidence-based advocacy using the RAPID Model. RAPID is a computer model that analyzes country-specific data to explore the effects of high fertility and rapid population growth on education, the economy, healthcare, urbanization and housing, agriculture, food

security, and natural resources. Analyses based on RAPID demonstrate the magnitude and urgency of the issues, show the benefits of supporting FP programs, and stimulate policy dialogue on the way forward.

As a first step toward building broad-based support for FP programs in Tanzania, HPI targeted a range of audiences, including members of Parliament and religious leaders. Specifically, the project sought to

- Use RAPID to increase awareness of the impact of rapid population growth on the achievement of Tanzania's health and socioeconomic development goals;
- Mobilize key opinion leaders to support family planning in their communities; and
- Build capacity of national and district health, budget, and planning officers to use RAPID to analyze the effect of population factors and policy options in their own sector or district.

Successful advocacy efforts to reposition family planning must be country driven. Involvement of in-country partners is essential. They can help identify needs and priorities, as well as serve as policy champions who foster buy-in and sustain long-term commitment to FP programs. Beginning in mid-2006, HPI partnered with Tanzania's Population Planning Unit (PPU). Located under the Planning Commission of the President's Office, the PPU provides strategic leadership on population and development issues, including formulation of the *National Population Policy* (2006) and its implementation strategy (2007). In partnership with the PPU, HPI identified key target audiences (including ministry technical staff and religious leaders) and began to explore ideas for disseminating the findings of the RAPID analysis.

The purpose of RAPID is to analyze and package information for advocacy and policymaking. The results can be used by a broad range of stakeholders to engage in evidence-based advocacy. HPI and PPU collected demographic and socioeconomic data for Tanzania and applied the model.⁹ RAPID projects different scenarios for the selected country or region, based on continued high fertility and declining fertility. Setting up projections involves making decisions and assumptions that should be informed by the country's goals and priorities. Thus, in building the model, HPI sought input from various partners, including the PPU; Ministry of Planning, Economy, and Empowerment (MPEE); MOHSW; University of Dar es Salaam; Tanzania Gender Network Program; and other government departments and civil society groups. Involvement of these institutions increased ownership for the activity and will help promote data use in the future.

Based on the RAPID analysis in Tanzania, HPI and PPU prepared a briefing booklet and PowerPoint presentation of key findings. The booklet—*Tanzania: Population, Reproductive Health, and Development*¹⁰—and presentation contain sections on the country's socioeconomic goals, demographics and population trends, and priority sectors. The model projected two scenarios for Tanzania's mainland population growth up to 2035. Under the high fertility scenario, Tanzania's total fertility ratio (TFR) declines slightly from 5.7 in 2005 to 5.0 in 2035. Under the declining fertility scenario, the TFR declines gradually from 5.7 in 2005 to just over two children per woman (2.2) in 2035. Through charts and graphs, target audiences can see the difference in resources needed under scenarios of high fertility and declining fertility.

⁹ Major sources of data included the TDHS, Population and Housing Census, poverty and human development reports, economic surveys, and statistics gathered by various ministries and programs.

¹⁰ For more details on the analysis or illustrative recommendations, please see the Tanzania RAPID booklet, available at www.healthpolicyinitiative.com/Publications/Documents/348_1_Tanzania_RAPID_English_acc.pdf and PowerPoint presentations, available at

http://www.healthpolicyinitiative.com/Publications/Documents/786_1_Tanzania_RAPID_English_Omega_acc.pdf.

The Swahili version of the booklet is available at

http://www.healthpolicyinitiative.com/Publications/Documents/785_1_Tanzania_RAPID_Kiswahili_acc.pdf.

To ensure widespread access to the information, HPI facilitated printing and dissemination of the RAPID booklet in English (2,000 copies) and Kiswahili (4,800 copies). As part of the dissemination plan, HPI trained 12 master trainers on applying and using the RAPID Model. These master trainers—from the Planning Commission, MOHSW, University of Dar es Salaam, and other civil society organizations (CSOs)—have the capacity to conduct RAPID trainings with limited external technical assistance. They were an integral part of HPI’s effort to reach national- and district-level policymakers.

In 2007, HPI supported RAPID workshops for four key audiences: national policymakers, district officials, religious leaders, and journalists.

National Policymakers

In March 2008, HPI supported the PPU and the master trainers to conduct a workshop for 24 senior policy and planning officers from 15 central and sectoral ministries. The workshop offered an overview of the country’s national development and poverty-reduction priorities as outlined in the *Development Vision 2025*, *National Strategy for Growth and Reduction of Poverty*, and *National Population Policy*; presented the RAPID analysis; and explored recommended policy options. In collaboration with the PPU and the Tanzania Parliamentary Association for Population and Development, HPI also presented the RAPID findings to 108 members of Parliament. As a result, some members of Parliament recommended expanding FP services to ensure access and use; supported the integration of population issues into development planning and poverty-reduction strategies; and used RAPID findings to make the case for support of family planning during parliamentary sessions.

On July 26, 2009, HPI organized an advocacy meeting involving 132 MPs and representatives of relevant government ministries to discuss the role of FP in slowing population growth and helping achieve national MDG targets. HPI trained 25 executive committee members of the Tanzania Parliamentary Association on Population and Development (TPAPD) on basic advocacy skills. HPI drafted a resolution for achieving budgetary growth and prepared various materials that the MPs used to discuss the MOHSW’s budget in July 2009 and advocate for increasing budget allocations to FP.

District Officials

Tanzania is undergoing a process of decentralization in which district officials are gaining greater responsibility for determining local budget allocations and program implementation strategies. In 2008–09, HPI provided logistical and financial support to the PPU to organize RAPID workshops in six high-priority regions, reaching 116 officials from 34 districts across Dar es Salaam, Dodoma, Morogoro, Lindi, Mtwara, and Coast (Pwani). The workshops were conducted by the in-country master trainers and convened under an invitation from the President’s Office, reflecting high-level commitment for the activity.

Participants included district health officers, planning/budget officers, and statisticians. During the first two days of the five-day workshops, participants learned about the country’s socioeconomic and poverty-reduction priorities, the *National Population Policy*, the current demographic situation, and the impact of high fertility and rapid population growth on different sectors. The final three days were spent learning to use RAPID to analyze district-level data, make projections, and assess different policy and program options. During the workshops, participants shared their experiences related to district operations—particularly regarding insufficient resources for the provision of social services, limited use of technical analysis for decisionmaking, low awareness among decisionmakers regarding the need for family planning, and the challenges that technical personnel face in influencing resource allocation decisions. District technical staff acknowledged the need for increased resources for FP and, to achieve it, they

recommended advocacy efforts for high-level officials, including district executive directors, district heads of departments, and councilors who control the district council budgets.

Religious Leaders

Religious beliefs have a strong influence on Tanzanians' life choices, including decisions regarding the use of FP methods, birth spacing, and age at marriage. As a result, family planning and reproductive health can be sensitive topics for both politicians and communities. By speaking out in support of family planning, religious leaders can encourage FP use among their followers and help alleviate cultural barriers to government support for FP programs. HPI carried out advocacy using RAPID, which has been instrumental in urging Muslim and Christian leaders in Tanzania to recognize FP services as essential to the improved health of individuals and families in the communities they serve.

In 2008, HPI and BAKWATA organized RAPID workshops for 34 members of the Ulamaa (Supreme Clerical Council for Muslim Leaders). Following the presentations, BAKWATA formed a technical team to identify the links among reproductive health, population and development, and Islamic teachings. Based on the team's recommendations, the Ulamaa issued an official clerical statement (*fatwa*) on May 14, 2008, that supports expanded use of FP and birth spacing among Muslim families. The Ulamaa also prepared a DVD message and guidelines for disseminating the declaration to communities. As the *fatwa* was issued by the highest clerical body, it will contribute to increased awareness and use of FP services among Muslims in Tanzania.

HPI also organized an advocacy workshop to present the RAPID analysis to the bishops of the CCT. As a result, the bishops issued an official statement in support of expanding FP service use, issued on June 27, 2008. The statement was signed by the CCT Secretary General and Chairperson, disseminated through a press release, and covered in the media. In addition, HPI partnered with CCT to conduct a one-day session reproductive health, population, and development for 80 women leaders from all dioceses as part of the CCT Women's Annual General Meeting in July 2008. The session provided an opportunity to disseminate the bishops' statement on FP support and to gather recommendations regarding men's role in promoting FP services.

Journalists

Print and broadcast media can educate both communities and the government on the benefits of family planning, as well as foster public demand for services and help monitor the performance of FP programs. However, for journalists and editors to report on these issues, they must first understand and care about the effect of rapid population growth on the well-being of families and the nation's development.

In late 2007, HPI oriented 22 journalists from AJAAT on population issues and socioeconomic development using the RAPID Model. Ten journalists underwent a second training to enable them to use RAPID and present the analysis in their respective media houses. As a result, the trained journalists prepared 17 articles on population and FP issues. The journalists also made RAPID presentations to press clubs and media houses and integrated RH topics into existing TV talk shows.

Key Outcomes

The RAPID dissemination activities have raised awareness among national officials of the link between FP and achievement of socioeconomic goals. RAPID has also helped to mobilize religious leaders in support of FP and catalyze initial media interest in population and FP issues. Moreover, RAPID serves as a tool to help national- and district-level technical staff promote evidence-based advocacy, policy dialogue, and decisionmaking.

These activities have helped lay the groundwork for broader support for FP in Tanzania. HPI models, particularly FamPlan and RAPID, were used extensively in policy dialogue and advocacy on family planning and reproductive health issues in Tanzania in 2009. For example, the models' analysis factored into resource allocation decisions, including the emergency allocation of Tsh 4.5 billion (about US\$3.4 million) in September 2009 for procurement of contraceptives. Model analyses were incorporated into the background document produced to encourage inclusion of family planning in Tanzania's Poverty Reduction Strategy Paper, known as the MKUKUTA. They were also used to develop costing scenarios for the national FP programs' costed implementation plan.

The amount of public resources allocated to FP services has been decreasing since FY04/05, and Tanzania has been facing acute shortages of contraceptive commodities. In September 2009, the government of Tanzania released Tsh 4.5 billion (about US\$3.4 million) for procurement of contraceptives. Of this, Tsh 1.8 billion is from the Basket Fund and Tsh 2.7 billion is from the government's own resources. While announcing the new funds, the National Family Planning Coordinator within the MOHSW attributed the success to the advocacy efforts by HPI/Tanzania and other FP stakeholders. These activists provided information to members of Parliament to help them speak about FP issues and drew attention to the decline in FP resource allocation and the acute shortage of contraceptive products. The allocation of more resources will help ease the current commodities shortage. Also, a significant government contribution to procurement of commodities is likely to encourage development partners to allocate more resources.

Recommended next steps include the following:

- **Support trained FP champions through additional advocacy training and improved data collection.** Participants in the RAPID trainings expressed the need for additional training and follow-up support on RAPID, data analysis, and advocacy skills, as well as mechanisms to ensure data collection and quality. Further, additional resources are needed to monitor the long-term impact of advocacy efforts by those trained to use the RAPID Model.
- **Build on the momentum within the audiences reached to date and expand advocacy to reach new constituencies.** Participants in the RAPID activity stressed the need to change the mindsets of the senior-most officials in the ministries and district councils who have decisionmaking authority over program priorities and budgets. Key audiences for further advocacy should include directors of policy and planning and permanent secretaries at the ministry level, executive directors and heads of departments at the district level, and additional members of Parliament.
- **Translate renewed commitment into action.** A necessary next step is to encourage policy reform and increased resource allocation for family planning. As a follow-on activity, HPI provided assistance to the MOHSW and other partners to design a costed implementation plan to hasten achievement of the FP goals outlined in the *National Road Map/Strategic Action Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania (2008–2015)*. With a costed action plan, FP advocates and policymakers will be better able to plan responses and advocate for needed resources, including at the decentralized levels.

CONCLUSION

Task Order 1 of the Health Policy Initiative in Tanzania made valuable contributions to the family planning and HIV policy environments in Tanzania. The project's application of the RAPID Model laid the groundwork for increased commitment to FP in Tanzania among key target audiences, including parliamentarians, religious leaders, journalists, and district officials. In the HIV policy arena, sustained engagement on the part of HPI and the advocates it trained and supported led to the passage of the HIV

law, which is a crucial first step toward a strong legal framework that supports efforts to fight HIV and protects the rights of PLHIV and others affected by the epidemic. The project's trainings on stigma and discrimination reduction at the community level received an overwhelmingly positive response. This receptivity signals a need for donors and in-country partners to continue engaging communities at the grassroots level to reduce HIV-related stigma and discrimination. Another notable area of success was engagement of religious leaders. Building on relationships with BAKWATA and the CCT established under the POLICY Project, HPI was able to facilitate adoption of stigma and discrimination guidelines by both bodies—not to mention the unprecedented *fatwa* supporting the use of family planning among Muslims issued by BAKWATA. The importance of reaching religious leaders in building commitment to and demand for FP services, as well as to successfully combating HIV, cannot be overstated and HPI made vital progress in this area. The project also made an important contribution by strengthening district PLHIV networks in Dar es Salaam and helping them come together to form a regional coalition. These are important first steps toward achieving a stronger, more unified voice for PLHIV in Tanzania's HIV response. While there is much work to be done, HPI's commitment to sustainable policy change has left a strong framework in place on which future projects can build.

ANNEX: RESULTS ACHIEVED

1.1: Number of national/subnational or organizational policies or strategic plans adopted that promote equitable and affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information

- *September 2008.* 18 mass media companies adopted workplace HIV policies to reduce stigma and discrimination and promote access to HIV information and services.
- *August 2008.* Christian and Muslim councils in Tanzania approved guidelines on stigma and discrimination and affirmed religious leaders' role in addressing HIV-related issues.
- *February 2008.* Tanzania's Parliament unanimously passed the HIV and AIDS (Prevention and Control) Act of 2007, which aims to provide for the prevention, care, and control of HIV and to protect the rights and promote the health of PLHIV.

2.1: Number of instances in which policy champions that were assisted by the project are actively engaged in policy dialogue, planning, and/or advocacy

- *September 2008.* Tanzanian youth and OVC stakeholders formed a coalition and conducted a well-publicized policy debate on OVC issues.
- *May 2007.* As a result of advocacy training provided to members of the Tanzania Young Positive Ambassadors, one coalition member—acting as a champion for youth issues—conducted successful advocacy meetings on April 20 and May 17 with medical officers in the three districts of Dar es Salaam to seek support for youth-friendly counseling and testing services.
- *November 2006.* Following HPI's media training, AJAAT established a Features Service in November 2006, whereby journalists compile HIV-related articles advocating for care, support, and treatment issues around the HIV bill and share these articles with other media entities.

2.2: Number of instances where targeted public and private sector officials, FBO, or community leaders publicly demonstrate new or increased commitment to FP/RH, MH, or HIV/AIDS

- *May 2008.* Based on research done by the National Muslim Council of Tanzania, the Supreme Clerical Council for Muslims developed an official clerical statement endorsing the use of family planning among Muslims.
- *April 2008.* Leaders of the Pentecostal Church of Tanzania reversed their long-standing views on HIV as a disease that does not affect religious people by becoming advocates for the involvement of church leaders in HIV prevention and treatment and home-based care for OVC and PLHIV.
- *March 2007.* Red Cross Kongwa, an organization that had not previously engaged on stigma and discrimination issues, mobilized communities in its district to address stigma and discrimination through a series of village workshops, demonstrating a new commitment to addressing the issue in their community.

2.3: Number of instances in which networks or coalitions are formed, expanded (to include new types of groups) or strengthened to engage in policy dialogue, advocacy, and training

- *June 2008.* The Kongwa Network on Human Rights, a grassroots advocacy network, was formed following HPI-supported training on stigma and discrimination.
- *June 2008.* KINDIPHA+ successfully facilitated the formation of sister PLHIV networks in the region's two remaining districts, Ilala and Temeke.
- *June 2008.* At a workshop supported by HPI, three district PLHIV networks (Kinondoni, Ilali, and Temeke) came together to form the DACOPHA.
- *December 2006.* TANERELA formed new network clusters in the Morogoro and Dodoma regions.

2.4: Number of in-country organizations or individuals the project has assisted that conduct formal advocacy training on their own or provide TA to others to undertake advocacy

- *March 2007.* One of the CBOs trained by HPI, the Red Cross of Kongwa, subsequently conducted workshops for community members in 10 villages to raise awareness and stimulate action toward reducing stigma and discrimination.

3.1: Number of instances in which new and/or increased resources are committed or allocated to FP/RH, MH, or HIV/AIDS as a result of a project activity

- *September 2009.* The Government of Tanzania released Tsh 4.5 billion (about USD 3.4 million) for procurement of contraceptives following advocacy HPI-supported advocacy efforts.
- *July 2008.* Three HPI partner organizations—AJAAT, Tanzania Network of Women Living with HIV/AIDS (TNW+), and WLAC—raised US\$2.4 million from national and international donors to support their work in HIV/AIDS.
- *September 2007.* Communities responded to the efforts of Red Cross Kongwa to provide workshops on stigma and discrimination by contributing US\$625 for conducting workshops in other communities of the district.

5.2: Number of instances in which data/information produced with support from the project are used for policy dialogue, planning, resource allocation, and/or advocacy, or in national/subnational policies or plans

- *September 2009.* HPI models, particularly FamPlan and RAPID, were used extensively in high-level policy dialogue and advocacy on FP/RH issues, including dialogue around the new Poverty Reduction Strategy Paper, the development of costing scenarios for the national FP program's costed implementation plan, and dialogue leading to increased resource allocation for contraceptive procurement.

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