

Tanzania

Title

National AIDS Control Programme

Date of Plan

1998-2002

Contributors

National AIDS Committee, NGO's, Religious Groups, UNAIDS, United Nations' Co-sponsors, and partnerships in the Private Sector

Table of Contents

- I. Introduction
 - A. Summary
 - B. Background
- II. Goals of Plan
 - A. Instructions
 - B. Grid of Priorities
 - C. List of Priorities
- III. Implementation
 - A. Organizational Structure
 - B. Research, Monitoring, Evaluation
 - C. Impact and Effectiveness Indicators
 - D. Resource Mobilization and Funding

I. Introduction

A. Summary

According to the United Nations Population Division, Tanzania's population in 1999 was 32,793,000. Adult's aged 15 to 49, the group most likely to engage in high-risk behavior for infection, represented approximately 46 percent of the total population. The HIV prevalence rate among this group was estimated by UNAIDS to be 8.09 percent. By the end of 1999, 1,300,000 adults and children were living with HIV and AIDS in Tanzania and more than 1,100,000 children had been orphaned due to AIDS.

In response to the epidemic, Tanzania developed the National AIDS Control Programme, 1998-2002. According to our overview of this plan, Tanzania has developed strategies and programmes in 11 different areas to address the epidemic. Some examples of those activities are programmes that focus on poverty, mobility and migration, gender issues, sexual behavior, counseling services and sexually transmitted diseases. Special programmes have been developed to target commercial sex workers, armed forces, youth and women.

B. Background

The third Medium Term plan (MTP-III) of the United Republic of Tanzania defines the national expanded response to the HIV epidemic in Mainland Tanzania for 1998-2002. This response is contained in a strategic plan that will be implemented by many sectors (multi-sectoral) and will address both risk factors for and vulnerability to HIV/AIDS/STDs. The response will also attempt to cover more geographical areas in its activities and facilitate access to more prevention and care than ever before.

During the last sixteen years, Tanzania has undertaken many different approaches in attempting to slow the

spread of HIV and minimize its impact on individuals, families, and society in general. Successful national responses have been identified during this intense period of battling with the epidemic in Tanzania. The most effective responses have been those touching on the major determinants of the epidemic, addressing priority areas that make people vulnerable to HIV infection and taking into consideration the unique constraints and opportunities of its people and institutions.

The Strategic Plan for MTP-III that follows is the framework for implementing a multi-sectoral response based on what we know about the HIV/AIDS/STD epidemic in Tanzania, what has been done about it, where and how Tanzania will focus its response in the future. This document provides the basis for which subsequent formulation of operation of the programme will be undertaken. The operational plans will be solicited from the central and district levels in time with evolving roles of these levels as provided for in the Health Sector and local government reforms. The district will be given the most prominent focus because this is the level where most activities will take place.

This document is the product of many workshops, discussions, reviews and comments on the draft MTP-III document by government ministries, donors, NGOs, UNAIDS and United Nations' co-sponsors, and partners in the private sector. Previous workshops were conducted, one in August 1997 to analyze the HIV/AIDS situation, another in October 1997 to review the second Medium Term Plan, and yet another in November 1997 to draft the third Medium Term Plan. After a wide circulation of the MTP-III document to the interested parties for comments and after receiving a substantial number of responses, a national workshop was held in June 1998 to finalize the draft into a Strategic Plan for the period 1998-2002.

II. Goals of the Plan:

A. Instructions

This grid is intended to outline the priorities set forward by national HIV and AIDS plans of several sub-Saharan African countries. The goals of each plan were assessed by Harvard AIDS Institute researchers according to the Critical Area's of Concern and categorized with respect to the type(s) of intervention(s) planned for each area. The Critical Areas of Concern and the intervention categories were developed by researchers and faculty at the Harvard AIDS Institute. Please see Appendix A for definitions of these terms.

The areas which are marked as a "priority" in this grid have a corresponding paragraph, quoted directly from the national plan, so that one can read the as it is stated in the plan. In order to view these quotes, simply click on the word "priority."

On printed versions of this document, please locate the coordinates of the priority on the grid by using the line number in the far left column and the letter of the intervention in the top row. Combining these will give you a priority reference number. Please proceed to the following pages, Section II C, List of Priorities, to find the appropriate priority reference number and the corresponding quote.

		Critical Areas of Concern		Interventions	
Reduce HIV Transmission		A	B	C	D
Socioeconomic Factors		Develop Policy	Strengthen Institutions	Service Delivery	Research
1	Poverty			Priority	
2	Illiteracy				
3	Mobility		Priority	Priority	Priority
4	Gender		Priority	Priority	Priority
5	Substance Abuse				
Behavioral Factors					
6	Sexual Behavior/Condom Use		Priority	Priority	Priority
7	Counseling Services	Priority	Priority	Priority	
Biological Factors					

8	Perinatal Transmission/Breastfeeding				
9	STDs		Priority	Priority	Priority
10	Blood and Instruments		Priority		Priority
11	Vaccine Development				
	Reduce HIV Impact Individual				
12	Treatment – ARV				
13	Treatment – Opportunistic/Other		Priority		
14	Support – Psychological				
15	Human Rights/Legal Framework	Priority		Priority	Priority
	Household and Community				
16	Children				
17	Orphans				
18	Health Services		Priority		
19	Income Decline/Welfare				
	National				
20	Workforce (Including Health Workers)				
21	Resource Constraints				
22	Political Constraints				
23	Health Services		Priority		
24	Surveillance				
	Special Focus Areas Program				
25	Sex Workers		Priority	Priority	
26	Armed Forces		Priority	Priority	Priority
27	Youth		Priority	Priority	
28	Women			Priority	

C. List of Priorities

1C

Initiate income-generating activities for low-income women who earn money from sex workers to obtain soft loans for initiating small businesses as income generating activities.

Encourage and assist sex

3B

Identify and support religious leaders and institutions already working with highly mobile population groups for dissemination of information on HIV/AIDS/STD prevention.

Train additional peer educators using other peer educators to promote safe sexual behavior among highly mobile population groups

3C

Develop information Education Communication materials in a united effort among selected partners who are already working with some target groups; to procure and distribute condoms; to distribute relevant IEC materials in strategic areas; and to sensitize/orient health workers to the needs of relevant highly mobile populations in selected areas

Identify and sensitize owners of entertainment facilities in HIV/AIDS/STD prevention among vulnerable and highly mobile populations, and identify and orient contact persons in entertainment facilities on HIV/AIDS/STD prevention

Identify peer educators for highly mobile populations using the African Medical and Research Foundation (AMREF) experience to produce peer educative materials in collaboration with AMREF and Population Service International (PSI)

3D

Conduct a needs assessment for condom use among highly mobile groups outside of African Medical and Research Foundation's target groups

4B

Expand secondary and higher education opportunities for girls to reach 50% of available total capacity in secondary and higher education facilities

4C

Sensitize women about their rights, and support and empower them to stand up for these rights.

Encourage the local government and community to establish vocational training centers for girls with accommodation facilities.

Identify existing vocational training centers and assess training opportunities for girls.

Promote educational opportunities for girls in vocational training centers to be comparable to programs for boys, if not more beneficial.

To promote the rights of women, any law that would implicitly infringe women's rights should be identified, and every effort made to change it in the legal frameworks which are now under consideration, particularly those of HSR and decentralization.

Provide economic assistance in gaining access to secondary and higher education to girls in need

Provide girls with access to vocational training

Revive cultural norms and values in the Tanzanian society which encourage positive attitudes and decision-making about sexual matters

4D

Engage a consultant who will identify positive cultural norms and values

6B

Identify and train peer educators on positive sexual behavioral change among the armed forces. The peer educators should then train their peers on positive sexual behavior change with regular supervision by informed resource persons.

Train peer educators and use mass communication media to sensitize, educate, and inform the society about the positive cultural norms and values

Draw up terms of reference for identification of positive norms and values; review secondary and higher education curricula and incorporate life skills education with positive norms and values; orient teachers on the newly incorporated features of the curriculum.

6C

Provide awareness education on HIV/AIDS through IEC materials, public meetings, radio and TV programmes; develop IEC materials, disseminate the IEC materials to the target population.

Promote safer sex through scaling up of the strategy of Father “Three-Boats” concept of abstinence, fidelity and use of technology (condoms).

Sensitize, educate and inform society to internalize positive cultural norms and values through various interventions and communication channels.

6D

Develop terms of reference for a consultant to design a study on identification of cultural norms and values in the Tanzanian society that encourages positive attitudes and decision-making about sexual matters, and suggest ways of reviving them.

7A

Resource persons, funds and materials to review and update policies on care and counseling services for PLWAs.

7B

Allocate funds for training 25% of health care staff in care and counseling skills for HIV/AIDS.

Allocate resource persons, funds, and materials for training 2 counselors per region as trainers.

Allocate resource persons, funds and materials to incorporate counseling aspects into the curricula of doctors, clinical officers, and nurses.

Allocate resource persons, funds and materials to support the formation and running of voluntary HIV counseling and testing centers at district level.

Train 2 counselors per region who should then train 25% of health staff in their respective regions in care and counseling services to be extended to district hospitals.

Develop a code of ethics for counselors

Incorporate counseling training into the curricula of doctors, clinical officers, and nurses, updating on a regular basis the policies on care and counseling services for PLWAs, and encouraging and supporting the formation and running of voluntary HIV counseling and testing centers at district level.

7C

Encourage and support counseling and voluntary HIV testing for communities and improve access to care for People Living with AIDS (PLWAs)

9B

Strengthen management and coordination capacity at all levels. The major steps involved include an analysis of management needs, identifying terms of reference for addressing training needs, identifying a national training facilitator, providing training for district Health Management teams, and establishing key documentation centers for personnel to update their knowledge and skills in STD care and management.

Establish a comprehensive surveillance system for STDs

Identify the training needs of health workers, procure essential test kits and carry out necessary training, monitoring, distribution and evaluation

Modify the existing syndromic approach to STD management and care for use by the district level health care workers. This would involve hiring experts from STD management and district staff to define needs and gaps in current STD management

9C

Promote health-care seeking behavior. Steps for promoting health care seeking behavior are to: Conduct a RAP to determine patterns of health seeking behavior; Perform an assessment study; Develop and distribute IEC materials for promotion of health care seeking behavior; To sensitize health care workers to the needs of STD patients; Top prevent stigmatization through appropriate counseling.

Promote reproductive health education in hard-hit districts. The steps for accomplishing this strategy are: promote reproductive health education in selected districts by identifying a national expert to develop IEC materials on STDs and reproductive health for women at the district level; and to conduct awareness seminars to district leaders and communities including schools.

9D

Identify training needs. Determine the need to revive prophylaxis and treatment for neonatal conjunctivitis, determine whether partner notification and counseling services need to be reestablished, draft training materials,

design a training of trainers course, and implement STD management activities at the district level.

10B

Provide training supplies and equipment to ensure blood safety

Develop a National Blood Transfusion Service whose main responsibility will be to monitor the standards and quality of district blood transfusion.

10D

Update status of blood transfusion in all health units where blood transfusion is performed. To prepare terms of reference, identify a consultant who is familiar with the blood safety issues in Tanzania, and conduct the research

13B

Encourage the government to regulate and create a favorable environment to ensure the availability of relevant and active drugs at affordable cost.

Identify training needs of Home Base Care (HBC) services in districts with high HIV prevalence, prepare and ensure the availability of manuals and guidelines on HBC, recruit and train HBC providers and develop a clear discharge plan that links hospital based services to HBC

15A

Finalize the National HIV/AIDS/STD policy document and submit it for ratification

15C

Conduct advocacy activities on HIV/AIDS related issues by sensitizing the community at grass-roots levels.

Enforce laws on (basic) constitutional human rights and promote legal aid groups

Promote mass media information programmes on misconceptions, cultural norms, beliefs, customs and taboos surrounding HIV/AIDS.

Sensitize mass media journalists on HIV/AIDS related issues

Conduct a study to find out why the level of stigma is still very high in community and health facilities despite high levels of HIV/AIDS awareness

18B

Expand and improve home-based care services in districts with high HIV prevalence.

23B

Identify training needs of Home Based Care (HBC) services in districts with high HIV prevalence, prepare and ensure availability of manuals and guidelines on HBC, recruit and train HBC providers, and develop a clear discharge plan that links hospital based services to HBC

Expand and improve HBC services, focusing on districts with high HIV prevalence.

25B

Collate and analyze available information on Commercial Sex Workers (CSWs), identify different groups of CSWs and their focal points, and develop and implement IEC interventions including, peer education and counseling targeted towards CSWs.

Ensure availability of STD services, including drugs for CSWs, and promote non-discriminating attitudes among health care providers.

Further develop the condom distribution system and conduct social marketing for condoms targeting CSWs.

25C

Promote income-generating activities among Commercial Sex Workers (CSWs), empower them to negotiate for safer sex, but also empowers them to adopt the attitude of "No condom, no sex."

Promote use of condoms among CSWs.

Promote health care seeking behavior among CSWs.

Improve access to STD services for CSWs

26B

Identify and train peer educators on positive sexual behavior change among the armed forces. The peer educators

should then train their peers on sexual behavior change with regular supervision by informed resource personnel.

26C

Prepare, pre-test, print and distribute IEC materials on condom use; identify proper storage facilities and transport for condoms; identify appropriate sources and procure condoms.

Provide voluntary HIV screening and counseling among the armed forces.

Provide STD case management services

Promote positive sexual behavior change through peer education.

26D

Prepare terms of reference for a base-line study to establish the level of condom use among the military. Assign a military consultant to conduct the study; report the results of such a study to the relevant forum.

27B

Conduct a needs assessment concerning the teaching of HIV/AIDS/STD in schools, prepare training manuals and education materials for teachers and students respectively, and identify and train teachers to provide HIV/AIDS/STD education in schools.

Establish committees in various institutions, identify and recruit a consultant with appropriate terms of reference for the development of guidelines for training of peer educators, conduct the training of selected peer educators, and support and supervise peer educators on a regular basis.

Establish school committees where they do not exist, arrange meetings of chairpersons of school committees to sensitize them to HIV/AIDS/STD education, convene school committee meetings to discuss HIV/AIDS/STD related issues, and sensitize parents through parents' meetings

In existing school libraries, relevant educational materials on HIV/AIDS/STD will be identified, or otherwise provided from other sources such as UNICEF or NGOs working in these area.

27C

Encourage participatory theatre groups and debating clubs to develop and conduct plays to promote prevention of HIV/AIDS/STD. Identify and train peer educators and establish or strengthen counseling services in schools.

28C

Expand secondary and higher education opportunities for girls to reach 50% of available total capacity in secondary and higher education facilities.

Negotiate with education providers(public, religious, private, and NGOs) for them to purposely expand enrollment for girls in their facilities.

Allocate more places for girls in all secondary schools and higher education facilities.

Provide economic assistance in gaining access to secondary and higher education to girls in need.

III. Implementation

A. Organizational Structure:

The National AIDS Committee will be the highest programmes management body with respect to the implementation of MTP-III, and will be responsible to the cabinet through its parent ministry. The committee will be served by a secretariat, which will also be responsible for the co-ordination of implementation of the NACP activities. Individual central government sectors including parastatal, districts, NGOs and enterprises in the private sector will be considered autonomous and connected to the secretariat directly through technical AIDS committees and indirectly through the normal working system of government and other agencies. This approach considers that activities of all key actors, i.e. the central government, parastatal, districts, NGOs and the private sector, are spread over the sectors

B. Research, Monitoring, Evaluation

MTP-III Monitoring Framework

Monitoring is an important management activity during the implementation and operation of programmes or projects. Its purpose is to ensure that activities are being implemented according to the plan and desired outputs

are being produced in anticipated quantity and quality. When anticipated quantities and qualities deviate beyond acceptable limits, corrective actions should be taken.

The monitoring system under MTP-III will monitor inputs (funds, equipment, time and personnel), outputs and physical implementation of each activity. All institutions involved in the implementation of the programme and projects will also be responsible for their monitoring.

The following is the distribution of tasks for the NACP, TACs and UNAIDS or other donor agencies.

The NACP will be the overall co-coordinator of the entire programme. As a central institution, it will be responsible for overseeing timely physical implementation of activities by relevant agencies at sectoral, district and project levels. It will ensure that activities/projects implemented have their action plans adhered to. NACP will report programme implementation and progress to relevant bodies.

Technical AIDS committees (TACs) will monitor implementation of activities at project level. They will continuously monitor and periodically report to NACP the actual progress during implementation and key problems affecting projects.

UNAIDS and Donors will support programme activities in accordance with proposed action plans in the MTP-III document. Donor agencies have a vested interest in the manner in which funds and technical assistance they commit to a programme are utilized. Their interest rests at timely expenditure and attainment of outputs. They will take part in the monitoring process through receiving reports from the NACO and participating in monitoring visits. Projects under MTP-III will not report directly to UNAIDS or donor agencies.

MTP-III Evaluation Framework

Evaluation is a process which attempts to determine as systematically and as objectively as possible the relevance, effectiveness, and impact of activities in light of their objectives. The process includes an analysis of the relevance of the project to programme design. The purpose of impact evaluation is to measure, interpret and judge the attainment of a programme. Feedback about achievements is important during a programme cycle and at its conclusion, and impact evaluation should often be extended to assess long term effects, including intended and unintended effects and positive and negative outcomes.

Two major evaluation exercises are envisaged for MTP-III

The first evaluation will involve programme review to be conducted in 1999 at national and district level involving all sectors. It will provide an appraisal of programmes, and catalytic projects put in place for each priority area identified in MTP-III. It will also highlight the extent to which AIDS activities have been integrated into sectoral and district plans.

The second and final evaluation will be done in the year 2002 to examine the success and impact of the expanded response during MTP-III. It will examine available human, material and financial resource and to the extent the priority areas have been addressed and been able to minimize the impact of the epidemic on the individual, the community, and the society at large.

C. Impact Effectiveness Indicators:

No information available

D. Resource Mobilization and Funding

The MTP-III will take cognizance of the scarcity of resources, including financial and material resources. For this reason the Programme will focus on the strategic priority areas of action and on strategies which are not financial resource-intensive. This includes putting emphasis on mobilization and full involvement of the civil society through participatory approaches. Sectors incorporating MTP-III activities within their functions will ease the burden of overhead costs of a vertical programme.

However, despite these approaches, the implementation of the expanded response against the epidemic in MTP-III requires increased financial, human and material resources. All available and possible resource mobilization channels will be explored.

The government will be pressurized to increase its budget towards the implementation of MTP-III in order to

increase the programme momentum against HIV/AIDS epidemic. Government budgetary sources will include direct funds to the program and budgets of these sectors. However the government expects to enlist the civil society to be the major source of funding through participatory community involvement, material contribution, and community mobilized funds and cost sharing for the services provided by the programme.

Other sources of funding will include government funding through integration of MTP-III activities in their development plans and the private sector contribution through provision of services and availing commodities through the commercial system.

Donor support is expected to continue and probably expand. Nevertheless, this support is seen to supplement national sources of funding.

Financial Management

All available HIV/AIDS/STDs related resources will be utilized to implement the MTP-III and all efforts will be directed towards efficient use of resource and their co-ordination. Control on the utilization of available funds will be enhanced through ensuring that financial reports are attached to the periodic reports sent by the NACP Secretariat to the NAC.

In order to ensure financial accountability at all levels; personnel handling funds will be trained in financial management skills where it not be possible to recruit a professional finance manager. Financial procedures will be put in place for the purposes of ensuring that funds are handled properly.