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# President Bush's Emergency Plan for AIDS Relief (PEPFAR)

## Country Operational Plan (COP) for Tanzania

Plan Period: FY2004

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Ambassador Randall Tobias  
Global AIDS Coordinator  
Office of the Global AIDS Coordinator  
Washington, D.C

Subject: The President Bush's Emergency Plan for AIDS Relief in Tanzania

Dear Ambassador Tobias,

It is with great pleasure as Chief of Mission in Tanzania that I submit to you the Tanzania Country Operational Plan (COP) for implementation of the President Bush's Emergency Plan for AIDS Relief. In collaboration with the Government of the Republic of Tanzania and local and International implementing partners, the President's Emergency Plan will aggressively put in place a program to reach Tanzania's 2-7-10 targets by 2008. I would like to take this opportunity to highlight some of the key aspects of Tanzania's COP submission.

## The Tanzania Team and Its Partners

Four U.S. Government agencies will collaborate to implement this Presidential initiative under the leadership of the U.S. Embassy. Implementation will be carried out through the Department of Defense, Peace Corps, the U.S. Agency for International Development, and the U.S. Centers for Disease Control and Prevention. Key Government of Tanzania partners include the Ministry of Health - National AIDS Control Program which has taken the lead for development and implementation of the National Care and Treatment Plan, and the Tanzania Commission for AIDS (TACAIDS) - the multisectoral body responsible for strategic leadership and coordination for the response. Other key Government of Tanzania partners include: the Social Welfare Commission of the Ministry of Labor, Youth Development and Sports who are responsible for vulnerable children including orphans; the President's Office, Planning and Privatization that coordinates multisectoral interventions targeting youth; and the President's Office, Regional Administration and Local Government (PORALG), for oversight of decentralized activities at the local level.

The U.S. Mission in Tanzania coordinates with other multilateral, bilateral, foundation and private sector donors through effective mechanisms including the Development Partner Group HIV/AIDS committee. The chief actors, however, are the Mission's implementing partners, who include a range of U.S. and Tanzanian public, private, nongovernmental and a significant number of faith-based organizations. Those included for Track 2.0 have outstanding track records in moving funds rapidly and with high accountability; in providing high quality technical assistance to build local expertise; and in supporting design, implementation and monitoring of prevention, care, and treatment programs in Tanzania and similar settings. Most importantly, we are confident that we are working with the partners who will achieve the results required under PEPFAR. Integration by the Mission of Track 1.0 partners, who bring further strength, expertise and resources to the Tanzania team, will contribute to achieving our targets. Presidential Initiative targets demand the

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engagement of Tanzania's public, non-government, faith based and private sectors: the partners proposed have all demonstrated their commitment to and capacity for both leadership and partnership.

The U.S. Mission in Tanzania has consulted extensively with stakeholders since the first announcement of PEPFAR through analyses, interviews, consultative fora and through regularly scheduled partner meetings. Tanzania's leaders in the Ministry of Health, in TACAIDS, and among non-government and faith-based organizations, have participated actively in these processes. Their input is reflected in the activities proposed in this Country Operational Plan; their sustained engagement in leading the response is essential for achieving the ambitious PEPFAR targets.

While Tanzania faces a significant AIDS burden on the mainland, the islands of Zanzibar are also a critical target for HIV interventions. The U.S. Government has developed an appropriate set of initial interventions that mirror the epidemiological realities of the Zanzibar context and will continue to scale up efforts as the response grows.

### **The Country Operational Plan- Tanzania's Approach**

The U.S. Mission to Tanzania proposes an approach with treatment as our central focus, surrounded by a strong continuum of care and support services. This approach ensures that not only are patients identified for treatment through a variety of entry points, but are also supported within the community to stay on treatment regimens. This involves a strategic mix of national and local prevention, treatment, care, and cross-cutting activities that will ensure achievement of the first year's targets, and contribute substantively to national targets set out in Tanzania's "National Care and Treatment Plan." Our approach structures activities into a *continuum of prevention to care services* that link the individual to necessary community support and ensure knowledge of and access to a continuous range of linked services. By working to ensure that all facilities and services within the President's Emergency Plan are linked to other key services through referral or provision of critical information, the COP ensures that any client, either HIV positive or HIV negative, will receive a complete set of services from prevention, through treatment with ARVs, and home based and palliative care and will not drop out of the system. Moreover, the COP covers improving critical support services such as national commodity logistics systems and laboratory capacities that will ensure that the continuum of care including treatment, is adequately supported to ensure quality.

Four Track 1.0 awardees in Tanzania will provide comprehensive facility-based care services as they initiate antiretroviral therapy for over 8,000 persons living with HIV/AIDS in the first year. Concomitantly, HIV transmission by unsafe medical injections will decrease significantly by implementing a behavior change strategy among health care workers. A national network of health centers practicing safe techniques will be established to reduce HIV transmission of infected blood, also through Track 1.0 support. Finally, ABY and OVC will be enhanced through the collaborative efforts of Track 1.0 awardees and in-country

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partners.

Under Track 1.5, the U.S. Mission has been setting in motion ambitious programs to support treatment with continuum of care approach. Both USAID and CDC are rapidly scaling up programs with an increased focus on treatment, prevention and care, and through new and innovative local partnerships, accelerating expansion of national programs. Track 2.0 programs work to further expand the emergency response and position the U.S. Government as the leader in implementation of care and treatment programs for Tanzania. While many other initiatives have begun planning and consultations for the initiation of antiretroviral programming in Tanzania, I am pleased to note that the U.S. Government response is already moving with a unified results-oriented program that places an emphasis on ensuring the continuum of care from prevention to treatment. Central to this initial program of scaling up is rapid support to 14 of 21 sites that have been identified by the Government of Tanzania as part of a "QuickStart" list of facilities, ready to begin or scale up ARV treatment programs. These sites have already been assessed by the U.S. Government and will be able to rapidly scale up to reach first year goals.

While rapidly and aggressively scaling up critical systems and services, our team in Tanzania is also putting in place the building blocks of a five-year PEPFAR strategy. Critical to the durable success of the Presidential Initiative as well as Tanzania's own five year plan will be an emphasis on human resource development, knowledge and leadership, products and services, institutional capacity and cross cutting issues.

The U.S. Mission to Tanzania is tremendously excited by the opportunities within this Presidential Initiative. Given our solid experience base, the U.S. government team is poised to bridge the gap and implement a program that has a genuine potential to affect the lives of millions of Tanzanians. We look forward to the opportunity to serve those in need through aggressive programming, that will assure quality and reach to the most rural communities within the vastness of Tanzania.

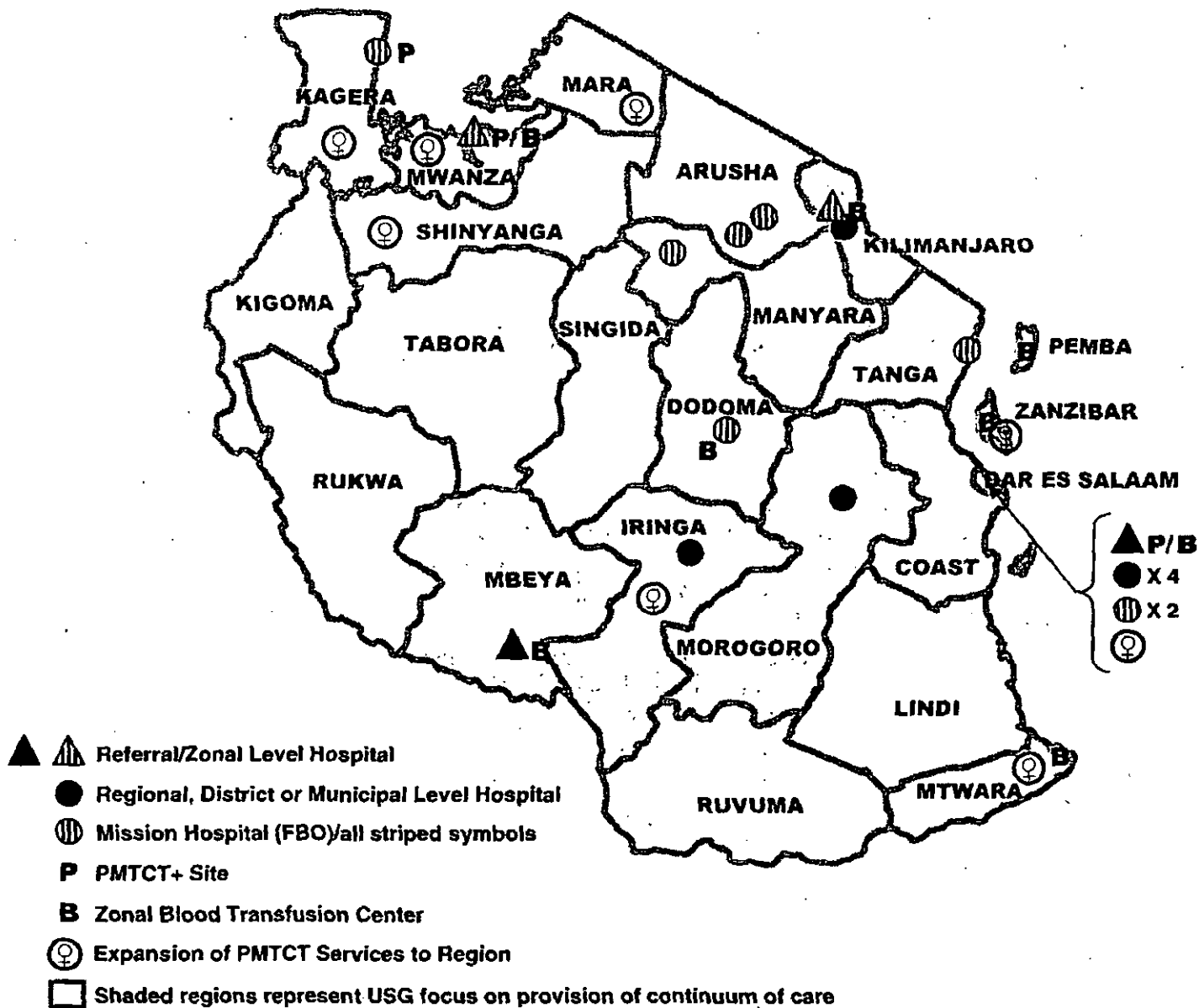
With sincerest regards,

Michael Owen

Chargé d' Affaires  
U.S. Embassy  
Dar es Salaam  
Tanzania

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Figure 1. ART and Continuum of Care Sites in Tanzania: Year 1, 2004-2005  
 USC Efforts Supported by the President's Emergency Plan for AIDS Relief



This map identifies sites proposed for USC supported antiretroviral treatment (ART) in Tanzania. In year one, 11,000 individuals will receive USC supported ART at a total of 19 health facilities including all four referral/zonal hospitals, three of which have been identified as sites for initiation of PMTCT Plus programs. Of the facilities included in year one, eight are MOH/public facilities, one is a military hospital and ten are mission or faith based hospitals. The above treatment sites have been identified based on assessments determining current capacity to initiate or ramp up care and in accordance with the Tanzania National Care and Treatment Plan which calls for the expansion of treatment capacity to lower level facilities following the development of treatment programs at referral and larger facilities. Sites were also identified to ensure good geographic coverage of ART and support activities with a greater focus in year one in Dar es Salaam which contains almost 10% of the population and an HIV prevalence of 12.8% compared to the national average of 9.6%. VCT and mass media campaigns are supported nation wide with shaded regions indicating the presence of other USG programs including PMTCT, ABY and BCC activities, palliative/HBC services and support for orphans and vulnerable children. In regions where ART is also provided, these services are linked in an effort to provide continuum of care.

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Figure 2. Funding Breakdown by PEPFAR Area

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Acronym	Definition
ABC	Abstinence, Being Faithful and Use A Condom
ABY	Abstinence, Being Faithful and Youth
AIM	AIDS Impact Model
AMO	Assistant Medical Officer Program
AMREF	African Medical Research Foundation
ANC	Antenatal Clinic
ANGAZA	AMREF - VCT Program
ARV	Antiretroviral
ART	Antiretroviral Therapy
BAKWATA	National Muslim Council of Tanzania
BBC	British Broadcasting Corporation
BCC	Behavioral Change Communications
BMC	Bugando Medical Center
BMHF	Bi and Multilateral Health Forum
BSS	Behavioral Sentinel Surveillance
CARE	Cooperative for Assistance and Relief Everywhere
CARF	Community AIDS Response Fund
CBO	Community Based Organization
CCBRT	Comprehensive Community-Based Rehabilitation Program In Tanzania
CCM	Country Coordinating Mechanism
CCT	Christian Council of Tanzania
CIDA	Canadian International Development Agency
COE	Center of Excellence
COP	Country Operational Plan
CSSU	Counseling and Social Services Support Unit
CTP	Care and Treatment Plan
CTU	Care and Treatment Unit
CU	Columbia University
D&T	Deloitte and Touche
DANIDA	Danish International Development Agency
DGP	Development Partner Group
DH	U.S. Government Direct Hire Employee
DHS	Demographic and Health Survey
DOD	Department of Defense
DOS	Department of State
FANC	Focused Antenatal Care
FBO	Faith Based Organization

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FHI	Family Health International
FSN	Foreign Service National
GAP	Global AIDS Program
GF	Global Fund
GFATM	Global Fund Annual Term Meeting
GFCCM	Global Fund County Coordinating Mechanism
GOAL	Futures Group - Model for Estimating Program Goals and Funding
GOT	Government of Tanzania
GTZ	German Technical Cooperation
HAWG	HIV/AIDS Working Group
HBC	Home-based Care
HCW	Health Care Workers
HIS	Health Information Services
HIV/AIDS	Human Immunodeficiency Virus/Auto-immune Deficiency Syndrome
HMIS	Health Management Information System
IEC	Information Education Communication
IHCC	Interagency HIV/AIDS Coordination Committee
ILS	Integrated Logistic System
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Nets
JHPIEGO	Johns Hopkins - Program for Improved Gynecology and Obstetrics
JICA	Japanese International Cooperation Agency
JSI	John Snow International
KCMC	Kilimanjaro Christian Medical Center
KRH	Kigoma Regional Hospital
M & E	Monitor and Evaluation
MMRP	Mbeya Medical Research Program
MNH	Muhimbili National Hospital
MOH	Ministry of Health
MRACP	Mbeya Regional AIDS Control Program
MTCT	Mother to Child Transmission
NACP	National AIDS Control Program
NBTS	National Blood Transfusion and Safety
NCPLHA	National Council of People Living With AIDS
NGO	Non-governmental Organization
NIMR	National Institute for Medical Research
NVP	Nevarapine
OI	Opportunistic Infections
ORISE	Oak Ridge Institute for Science and Education

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OVC	Orphans and Vulnerable Children
PASADA	Pastoral Activities and Services Against AIDS Disease in Tanzania
PCP	Pneumocystic Carinii Pneumonia
PEP	Post Exposure Prophylaxis
PEPFAR	President Bush's Emergency Plan for AIDS Relief
PLWH	People Living With AIDS
PMTCT	Prevention of Mother To Child Transmission
PSC	Personal Services Contract
QA	Quality Assurance
QC	Quality Control
RCHS	Reproductive and Child Health Unit
S/GAC	U.S. Department of State, Office of the Global AIDS Coordinator
SDC	Swiss Agency for Development and Cooperation
SIGN	Safe Injection Global Network
STI	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TANESA	Tanzania Essential Strategies Against AIDS
TANOPHA	Tanzania Organization of People Living with AIDS
TAPAC	Tanzania Parliamentary AIDS Coalition
TB	Tuberculosis
TBD	To Be Determined
TDY	Temporary Duty
TEC	Tanzania Episcopal Conference
T-MAP	Tanzania-Multisectoral AIDS Program (World Bank Project)
TRCS	Tanzania Red Cross
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly
UNICEF	United Nations International Children Education Fund
US	United States
USAID	United States Agency for International Development
USDH	United States Direct Hite
USG	United States Government
USMHRP	United States Military HIV Research Program
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YAG	Youth Advisory Group

Table 1. Overview of HIV/AIDS in Country

<b>1.1 Country Profile:</b>	
a. Population (millions): 34,569,232 (Mainland 33,584,607 and Zanzibar 984,625)	e. Per Capita Expenditure on Health (US\$): 6.6
b. Area (sq mi): 945,087 sq km	f. Life Expectancy (years): Male 54 yrs, Female 56 yrs
c. Per Capita GDP (US\$): 269 (National Budget Speech 2003/2004)	g. Infant Mortality (per 1,000 births): 99 (TRCHS, 1999)
d. Adult Literacy Rate (%): 67.8% (male 79.4%, Female 56.8%)	h. Under 5 Mortality (per 1,000 births): 147 (TRCHS, 1999)
Source(s) data: Tanzania RCHS, 1999 and National Population and Housing Census, 2002	
Year(s) data: 1999, 2002	
<b>1.2 HIV/AIDS Statistics:</b>	
a. HIV prevalence in pregnant women: 9.6%	
b. Estimated number of HIV-infected people: 1,894,160 (791,318 males, 1,102,842 females), 2002 estimates	
c. Estimated number of individuals on anti-retroviral therapy: 2,000	
d. Estimated number of AIDS orphans: 1,100,000 (UNAIDS & WHO)	
Source(s) data: NACP HIV/AIDS/STI Surveillance Report No. 17, January-December 2002	
Year(s) data: 2002	
<b>1.3 Characteristics of the HIV/AIDS Epidemic</b>	

- a. Populations at comparative high risk: 46.0% (UNAIDS, US Census Bureau)
- b. Risk factors related to comparative high risk: Frequency of STI, low condom use, number of casual partners, proximity to urban centers or trade routes, onset of early sexual activity among girls younger than 15, discordant couples ignorant of each other's or their own sero status.
- c. HIV/AIDS prevalence by gender: Male 791,318 (40.2%), Female 1,102,842 (58.8%)
- d. HIV/AIDS prevalence by age groups:
- |        |         |
|--------|---------|
| 0-14:  | No data |
| 15-24: | 7.6%    |
| 25-34: | 13.0%   |
| 35-48: | 7.0%    |
- e. HIV/AIDS prevalence by urban versus rural:
- |             |       |
|-------------|-------|
| Rural:      | 4.1%  |
| Roadside:   | 10.3% |
| Urban:      | 12.1% |
| Semi-urban: | 3.7%  |
| Border:     | 17.3% |
- f. ANC surveillance trends (specify years compared): 10.6% (2001), 9.6% (2002)
- g. BSS surveys trends (specify years compared): Tanzania HIV/AIDS Indicator Survey (THIS) Indicator data available 6/04, Full DHS to be conducted in 2004
- h. DHS surveys trends (specify years compared): See notes above as per section "g"
- i. HIV/AIDS epidemic projections: Antenatal surveillance data has shown a decline in HIV prevalence from 10.6% in 2001, to 9.6% in 2002. Previous, more limited surveillance efforts in the mid 1990's, had HIV prevalence rates over 15%.
- j. STI statistics: Genital discharge syndrome 92,412; Genital Ulcerative Disease 38,018; PID 43,362; Other 20,104
- k. TB statistics: 359/100,000 cases (2002) A total of 63,048 TB cases notified in Tanzania of which 24,136 (38%) had the most infectious form of TB (Source: NTLP Annual Report, 2002)
- Source(s) data: See above
- Year(s) data: 2002

Table 2. National HIV/AIDS Response

2.1 National HIV/AIDS Coordinating Body	Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership
National AIDS Control Program (NACP)	<p>The NACP was created by the Ministry of Health (MOH) in 1985 and with the support of the WHO Global Programme on AIDS, a first Short-term Plan (STP) was elaborated. This was later followed by three 5 Years Medium Term Plans (MTP I - III 1987, 1992, 1998). The National AIDS Committee and the National Advisory Board on AIDS were formed in 1989 and 1999 respectively to support/complement the NACP efforts. The mandate assigned by the President to the Health sector during the formation of TACAIDS was in three areas - Health Education, Prevention, and Care. In order to fulfill its mandate, the MOH has developed the Health Sector Strategy on HIV/AIDS with a strengthened and restructured NACP leading the Health sector response. The NACP has been relocated from the Division of Preventive Services to the office of the Chief Medical Officer. The internal organization structure is being refined to reflect the key roles of the sector and the current efforts in providing treatment and care, including antiretroviral therapy, to people living with HIV/AIDS.</p>
Tanzania Commission for AIDS (TACAIDS)	<p>Governmental commission: eleven members representing People Living with HIV/AIDS (PLWHA), government, faith-based organizations (FBO), nongovernmental organizations (NGO), youth, private sector, supported by a Secretariat (currently approximately 35 staff) organized in directorates (Policy and Planning, District and Community Response, Finance and Administration, Advocacy and Communication). TACAIDS was established in 2001, and was fully staffed at the end of 2003. TACAIDS' mandate is strategic leadership and coordination of Tanzania's multisectoral response to HIV/AIDS.</p>

<p>Global Fund Country Coordinating Mechanism (GFCCM)</p>	<p>The Tanzania Global Fund Country Coordinating Mechanism (GFCCM) is a National Multisectoral body established in February 2002 to facilitate and co-ordinate the management of the Global Fund to fight AIDS, Tuberculosis and Malaria in Tanzania mainland. The GFCCM includes representatives from public and private sectors, bilateral and multilateral agencies, people living with HIV/AIDS, civil society and FBOs. The GFCCM provides overall guidance on the Global fund and other international funds with similar objectives for activities including priority setting, coordinating proposal development, monitoring implementation of approved proposals, and external relations. The GFCCM is supported by a Secretariat comprising representatives of TACAIDS, UNDP, WHO, UNAIDS and other members as needed. The GFCCM is presently undergoing structural changes to strengthen its capacity as a multisectoral AIDS coordinating mechanism.</p> <p>The Zanzibar Country Coordinating Mechanism was established in February 2002 in response to the first GFATM call for proposals. The Zanzibar CCM is supported by the Zanzibar AIDS Commission (ZAC) as its secretariat, and like its partner organization on the Tanzania mainland, is responsible for setting priorities for responses to GFATM calls for proposals, overseeing implementation and reporting to the GFATM.</p>
<p>2.2 Time Period Covered in National HIV Strategic Plan(s) or documents</p>	<p>Title of National HIV Strategic Plan(s) or document(s) that outline priorities and objectives</p>
<p>From: 2003 To: 2007</p>	<p>National Multisectoral Strategic Framework for HIV/AIDS, Tanzania Commission for AIDS</p>
<p>From: 2003 To: 2006</p>	<p>Health Sector HIV/AIDS Strategy for Tanzania, Ministry of Health</p>
<p>From: 2003 To: 2008</p>	<p>National AIDS Care and Treatment Plan, Ministry of Health</p>
<p>2.3 Major Donor/Partner Organizations (Not including implementing partners)</p>	<p>Primary activities supported that are related to PEPFAR goals</p>
<p>Axios/Abbott Foundation (NGO)</p>	<p>VCT, OVCs, care and treatment, PMTCT. All activities supported are related to PEPFAR goals.</p>
<p>Belgium (Bilateral)</p>	<p>Prevention, including school-based programs (PEPFAR prevention goal)</p>
	<p>Estimated 2004 Budget</p>
	<p>\$10,000,000 (estimated per year contribution including donated drugs)</p>
	<p>\$1,100,000</p>

Canadian International Development Agency (CIDA) (Bilateral)	Support for QuickStart plan (PEPFAR care and treatment goal)	\$4,000,000 (Canadian dollars)
Global Fund, rounds 1 and 3	Round 1: district response initiative, AIDS education in schools and expansion of VCT for informal sector insurance scheme; Round 3: expansion of VCT, care and treatment in 45 districts of the country. All activities supported are related to PEPFAR goals.	Round 1: \$3,000,000 (estimated) Round 3: \$6,000,000 (estimated)
GTZ - Germany (Bilateral)	Multisectoral AIDS Program (PEPFAR prevention, care and treatment goals) in four regions of Tanzania; specifically in Mbeya, leveraged USG response and providing the PMTCT and PMTCT+ in this area	\$2,200,000
Ireland AID (Bilateral)	District response (PEPFAR prevention, care and treatment and orphan support goals) Prevention among youth (PEPFAR prevention goal)	District response: \$1,400,000 Youth: \$959,000
Italy (Bilateral)	AIDS control and prevention programs (PEPFAR prevention and care and treatment goals).	\$750,000
JICA Japan (Bilateral)	HIV/AIDS commodities and STI drug procurement (as part of US-Japan Common Agenda) and VCT (PEPFAR prevention, care, and treatment goals).	Not available VCT: \$37,000
Netherlands (Bilateral)	Condom social marketing, in collaboration with USAID (PEPFAR prevention goal); comprehensive district response including school-based prevention (implemented by TANESA in targeted districts of Mwanza region) (PEPFAR prevention, care, and treatment goals).	CSM: \$2,000,000 TANESA: \$1,600,000
Norway (Bilateral)	National AIDS Control Program (NACP support (PEPFAR treatment goal (Care and Treatment only)).	\$2,400,000
Sweden (Bilateral)	HIV/AIDS Initiatives including prevention (PEPFAR prevention goals).	\$4,200,000
Swiss Agency for Development and Cooperation (SDC) (Bilateral)	Prevention (PEPFAR prevention goals).	\$600,000

UNAIDS (Multilateral)	Strategic planning, M&E, surveillance, advocacy, networking and human rights.	\$1 million (based on 2003 contribution)
UNDP (Multilateral)	TACAIDS and UNAIDS (PEPFAR cross cutting goals).	\$200,000 (based on previous year contributions) Not available
UNFPA (Multilateral)	Zanzibar AIDS Control Program (PEPFAR cross cutting goals).	\$1,250,000
UNICEF (Multilateral)	Public sector condoms (PEPFAR prevention goals).	\$3,660,000
World Bank (Multilateral)	District response and OVC (PEPFAR prevention and care goals).	\$14 million (total budget of \$70 million over 5 years). Tender process underway, resources not to be used to purchase ARVs.
World Food Program (Multilateral)	Tanzania Multisectoral AIDS Program supports the National Multisectoral Strategic Framework and strategies of line ministries through the Public Sector Fund and civil society (FBOs, NGOs, CBOs) through the Community AIDS Response Fund (CARF). Activities related to PEPFAR goals include prevention for youth; community home based care; and support for OVCs.	\$700,000
World Health Organization (Multilateral)	Food supplementations for affected families (PEPFAR prevention and care goals).	\$2,500,000
	Sexually Transmitted Infections (STI), Voluntary, counseling and testing (VCT), Home based Care (HBC), Blood safety (BS) and surveillance (PEPFAR prevention, care, and treatment goals). Support global WHO 3X5 initiative.	



Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-2008

3.1 President's Emergency Plan In-Country Coordination							
<p>Within USG:</p> <ul style="list-style-type: none"> <li>• Interagency HIV/AIDS Coordination Committee (IHCC): the Charge d'Affaires of the U.S. Embassy, Dar es Salaam established and chairs an interagency HIV/AIDS coordinating committee to provide strategic leadership and coordination for Tanzania's response to PEPFAR. The IHCC, which meets on a weekly basis, includes representatives of CDC, DOD, USAID, Peace Corps, as well as the U.S. Embassy Political and Economic Officers. All PEPFAR planning has been accomplished within this interagency group.</li> <li>• HIV/AIDS Working Group (HAWG): the U.S. Mission in Tanzania established an interagency technical working group on HIV/AIDS to coordinate all technical input Tanzania will provide to S/GAC. The HAWG includes representatives of CDC, DOD, USAID and Peace Corps. The HAWG meets on a weekly basis between USG and other international partners:</li> <li>• Global Fund: USG is represented through USAID on the GFCCM and participates regularly and actively in all GFCCM activities. In addition, the USG is regularly requested to participate on the GFCCM secretariat, providing TA and support in setting priorities, preparing and reviewing proposals.</li> <li>• World Bank-MAP: USG through USAID was involved in the T-MAP appraisal process, including co-funding with the Canadian International Development Agency two appraisal consultancies to assess approaches for regional facilitating agencies to manage support to civil society, and to assess approaches for creating a T-MAP civil society fund. As a result of these consultancies, USAID spearheaded creation of a multi-donor funding mechanism to support civil society. USG continues to coordinate with the World Bank T-MAP, through the Development Partner Group (DPG) on HIV/AIDS (see below) and through bilateral meetings with the World Bank.</li> <li>• Tanzania has a strong, established Development Partner Group on HIV/AIDS through which Tanzania's bilateral and multilateral donors and several private foundations coordinate their support for Tanzania's national HIV/AIDS plans. UNICEF represents Zanzibar in DPG HIV/AIDS meetings. The DPG HIV/AIDS group is chaired on alternate months by TACAIDS. The USG is an active participant on the DPG HIV/AIDS.</li> <li>• BI and Multilateral Health Forum (BMHF): the BMHF is a coordinating body for donors supporting Tanzania's health sector. The BMHF gathers both basket and non-basket support donors under one single body. The USG through USAID chairs the BMHF sub-group on HIV/AIDS.</li> </ul> <p>Between USG and host government: USG agencies use a range of mechanisms for ensuring coordination of activities under the leadership of the Government of Tanzania. In particular, USG participates actively in donor coordination mechanisms (see above) which serve as a vehicle for streamlining coordination with government, thereby reducing transaction costs for the various ministries and increasing transparency among donors. Coordination is also effected through USG commitment to support national plans (TACAIDS, Ministry of Health, Department of Social Welfare). Finally, USG agencies have individual, bilateral relations with government representatives to deal with issues on a case by case basis. Key partners in government include the Tanzania Commission for AIDS; the Ministry of Health (including National AIDS Control Program and other directorates); President's Office Regional Administration and Local Government (for decentralized provision of services to the districts); and increasingly Social Welfare Department, Ministry of Labour, Sports and Youth Development (for issues pertaining to orphans and vulnerable children (OVC)).</p>							
3.2 President's Emergency Plan Targets for 2004-2008							
Target Area	2004	2005	2006	2007	2008	2009	2010

These targets to be modeled by S/GAC.						
Total # Infections averted						
# Infections averted; PMTCT						
# Infections averted; Other (not PMTCT)						
Total # receiving Care and Support	44,800	100,000	250,000	500,000	750,000	N/A
# OVC receiving Care and Support	19,400	35,000	90,000	180,000	250,000	
# receiving Palliative Care	14,400	40,000	100,000	230,000	350,000	
# receiving ART	11,000	25,000	60,000	90,000	150,000	

Table 4. Implementing Partners, FY 04 Objectives, Activities, Budget

Table 4.1 Current status of program in country	Prevention of Mother-to-Child Transmission (PMTCT)
	<p>Mother to child transmission of HIV has a tremendous impact on child survival in Tanzania. The HIV prevalence in antenatal women is currently 9.6% with a transmission rate of HIV from mother to child of approximately 40%. Recent studies have shown that malaria infection during pregnancy increases the risk of mother to child transmission of HIV by disrupting the usual placental immunity. Studies also demonstrated that delivering at least 3 doses of Intermittent Preventive Treatment (IPT) can minimize the influence of malaria infection on transmission of HIV from mother-to-child.</p> <p>The Ministry of Health (MOH) introduced interventions for prevention of mother to child transmission of HIV (PMTCT) on a pilot basis in 1999. Five UNICEF supported pilot sites in five regions were established in four referral hospitals (Muhimbili, Mbeya, KCMC, and Bugando) and one regional hospital (Kagera). A recent evaluation of the pilot sites identified challenges to the expansion of PMTCT services, but also found that the pilot sites demonstrated it was feasible to provide PMTCT services in Tanzania. Further recommendations were to improve PMTCT services at the pilot sites, expand coverage to all 21 regions in mainland Tanzania, and implement systems to effectively monitor the reduction of HIV from mother to child.</p> <p>Service components within this intervention include: counseling and testing for pregnant women, provision and guidance for appropriate use of ARV prophylaxis for HIV seropositive mothers, ensuring safe/modified delivery for all women delivering at the PMTCT designated facilities, counseling on safe infant feeding practices, malaria treatment during pregnancy, and providing family planning counseling or referral. It also aims to promote positive living for PLWHA and to decrease stigma associated with HIV.</p> <p>The Tanzania MOH has revised and updated the National PMTCT guidelines and developed a National PMTCT Monitoring System that is currently being piloted in five regions. In addition, the MOH is presently developing and institutionalizing PMTCT training across the Zonal Training Centers (multi-region centers created to provide training opportunities in a decentralized fashion) with USC support.</p> <p>To date there are 25 public, private, and NGO PMTCT sites in Tanzania receiving support from the USC. The National PMTCT expansion plan is based on a network model cascading from referral hospitals to regional hospitals to district hospitals.</p> <p>PMTCT services are a major entry point for introduction of ART in Tanzania. The National Plan expects that all PMTCT sites will gradually evolve into PMTCT+ and full ART programs according to the care and treatment Plan.</p>
<p>4.1.2 How new activities will contribute to PEPFAR targets, linkages to other activities</p>	<p>It is estimated that approximately 99,026 pregnant women attending antenatal clinics in 28 public sector sites from the seven target regions (from the national PMTCT expansion plan) will be counseled and tested for HIV. In addition, over 35 other sites (private and FBO sectors) will be supported by NGOs and FBOs reaching over 41,700 women. The provision of IPT and insecticide treated mosquito nets as part of these services will reduce the burden of malaria in HIV infected pregnant women that are enrolled in PMTCT.</p> <p>Targets:</p> <ul style="list-style-type: none"> <li>• 63 sites providing the minimum package of PMTCT service</li> <li>• 11,574 HIV infected pregnant women receiving counseling and testing for HIV and subsequent antiretroviral prophylaxis to reduce the risk of MTCT as appropriate</li> <li>• 120 health workers trained in the provision of PMTCT services by September, 2004</li> </ul>

4.1-3 Existing activities, initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (base, PMTCT, S/GAG)	Track (1-5, 2)
<p>MOH PMTCT Secretariat/National Malaria Control Programme</p> <p>New Partner? No FBO? No</p>	<p>To expand PMTCT services and integrate in reproductive and child health services in 28 health facilities across 7 regions</p>	<ul style="list-style-type: none"> <li>• Provide adequate space and facilities for provision of good quality counselling and testing services with audio-visual privacy in 28 health facilities in seven regions</li> <li>• increase frequency of intermittent treatment of malaria (to up to 3 doses) for HIV infected pregnant women</li> <li>• Initiate PMTCT services in Zanzibar</li> <li>• Provide TA for launching the monitoring system for PMTCT</li> </ul>	CDC		<p>S/GAC</p> <p>S/GAC</p> <p>Base</p>	<p>1.5</p> <p>2.0</p>
<p>AMREF Tanzania</p> <p>New partner? No</p> <p>Sub-grants to FBOs (e.g. Moravian Church, African Inland Church, Anglican Church, Evangelical Lutheran Church of Tanzania, etc.)</p>	<p>Expansion of PMTCT to a minimum of 5 ANGAZA sites to reach 10,000 Mothers</p>	<ul style="list-style-type: none"> <li>• Integration of PMTCT with 5 present "ANGAZA" VCT providers</li> <li>• Training of a minimum of 200 PMTCT providers</li> <li>• Support revision of current PMTCT national guidelines for antenatal setting</li> <li>• Initiate 20 post-test/mother support groups at community level for infant feeding practices and psycho-social support</li> <li>• Initiate design of social marketing for PMTCT</li> </ul>	USAID		<p>PMTCT</p> <p>PMTCT</p>	<p>1.5</p> <p>2.0</p>

<p>Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)</p> <p>New partner? No</p> <p>Sub-grants to FBOs (e.g. Moravians, etc.)</p>	<p>Expand PMTCT services by providing grants for 2 additional sites (est. 3,200 ANC attendees total) and continue services for 28,500 women in support of PMTCT expansion as a component of the National Care and Treatment Plan.</p>	<p>Provide implementation grants to FBO and/or other PMTCT partner</p> <p>Train service delivery providers in PMTCT service provision</p> <p>Provide oversight and data management to grant recipients</p> <p>Continue to foster linkages between PMTCT and ART</p>	<p>USAID</p> <p>[ ]</p> <p>PMTCT</p> <p>2.0</p>
<p>John Snow Inc./Deliver Project</p> <p>New partner? No</p> <p>FBO? No</p>	<p>Improve the logistics system for the rollout of PMTCT services for at least 63 sites nationwide in conjunction with the National Care and Treatment Plan</p>	<p>Support PMTCT logistics commodities/drugs for MOH and partners</p> <p>Provide TA on PMTCT logistics and ARV to PMTCT Secretariat and ARV task force on commodities/drugs</p> <p>Carryout PMTCT/ART readiness assessment (site specific)</p> <p>Quantify PMTCT/ART commodities &amp; drugs required</p> <p>Provide logistics support to selected STI/PMTCT/ART sites</p>	<p>USAID</p> <p>[ ]</p> <p>PMTCT</p> <p>2.0</p>
<p>University Research Corporation/Quality Assurance Project</p> <p>New Partner? No</p> <p>FBO? No</p>	<p>Dissemination and utilization of counseling guides for infant feeding in HIV/AIDS affected populations across 3 zones.</p>	<p>Train master trainers in at least 3 zones on the use of infant feeding guides</p> <p>Produce and disseminate infant feeding guides to PMTCT clinics in at least 3 zones</p> <p>Roll out counseling guides for infant feeding in at least 3 zones</p>	<p>USAID</p> <p>[ ]</p> <p>PMTCT</p> <p>2.0</p>
<p>4.1.4 Proposed new activities in FY 04</p>			
<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency Budget</p>

National AIDS Control Program/Johns Hopkins University  New partner? No FBO? No	To develop a PMTCT behavior change communication (BCC) strategy through the Government of Tanzania to begin to promote long term program sustainability within Tanzania	<ul style="list-style-type: none"> <li>• Conduct PMTCT BCC baseline assessments at all seven catchment regions</li> <li>• Develop PMTCT communication strategy</li> <li>• Review and finalize draft PMTCT IEC material</li> <li>• Conduct a workshop to design IEC materials</li> <li>• Disseminate printed materials to 7 regions reaching approximately 100,000 people.</li> </ul>	CDC	Base
Total partners: 6	New partners: 0	FBOs:	Sub-grants	Total budget:

**Abstinence and Faithfulness Programs**

**4-2-1** Current status of program in country

Pockets of excellence exist for abstinence and faithfulness programs in Tanzania. These are mostly small-scale interventions that have not been well documented or coordinated with each other. Consequently, piece meal programming and duplication of materials and IEC messages abound among GOT, NGOs, FBOs and CBOs. TACAIDS has been in the process of articulating a multisectoral HIV/AIDS communications strategy for quite some time and this national coordination will be instrumental to creating broader awareness and assuring the necessary synergy to reach out to youth, high risk groups and the general population with coordinated and complementary messages.

USG interventions in this area include a national HIV/AIDS mass media communications campaign focusing on youth in Tanzania. Phase I activities focused on mass media messaging of delay of sexual debut and protection. Phase II is reframing these messages to incorporate stronger messages of abstinence and faithfulness and developing regional and community level linkages through NGOs working specifically with youth.

Regional programs supported by the USG provide prevention outreach to the community level based on the "ABC" model, and tailor their programs to the necessary specific audiences which include youth of all ages as well as the adult gatekeepers who are also in need of prevention information. Within a focus on abstinence and being faithful for youth, there is a need to more explicitly emphasize the delay of sexual debut among younger youth, and to emphasize risk reduction through faithfulness and partner reduction messages for older youth. In Iringa Region, a youth oriented program framing appropriate messages for younger aged children that will more explicitly emphasize the delay of sexual debut as the primary message. In the Mbeya Region a more comprehensive "ABC" approach will continue to be implemented through the Regional AIDS Control Program and a local NGO, KIHUMBE through the distribution of a wide variety of IEC materials and traditional community performance dramas.

**4-2-2** How new activities will contribute to PEPFAR targets; linkages to other activities

With approximately 60% of the 35 million Tanzanians under the age of 25, increasing the effectiveness, coordination, and scale of program activity focusing on youth will contribute to the PEPFAR target of 7 million infections averted, and the specific Tanzania target of 750,000 infections averted by 2008. Abstinence and faithfulness messages must be appropriately framed in a youth context in order to maximize the effectiveness of the messages; explicitly emphasizing the delay of sexual debut among younger youth, and emphasizing risk reduction through faithfulness and partner reduction messages for older youth will contribute greatly to reaching the target audience and enhancing potential impact by decreasing the number of "predicted" new infections. Information, education, and the life skills necessary to take protective action, especially among girls, are integral components of these prevention efforts, and activities included in this section support these types of program activities.

Previous support for prevention activities has been provided by GTZ. This support has decreased over the years as programs have become more independent and GTZ focus has shifted towards more general medical community education. With the introduction of ARVs, there is a need to increase prevention messages so a false sense of a "cure" is not evoked. All activities will be linked with HIV counseling and testing in the regions as well as with community organizations and school education outreach programs.

4.2.3 Existing activities initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/CAG)	Track (1,1.5,2)
Healthscope New Partner? No FBO? No	To improve the existing HIV/AIDS mass media communication campaign, to reach at least 1,000,000 young people, with abstinence and fidelity messages and to enhance and scale-up the community response linked to the nationwide mass media coverage.	<ul style="list-style-type: none"> <li>Strengthen media strategies and disseminate community theatre to reach at least 1,000,000 young people.</li> <li>Scale-up outreach and capacities of 26 regionally based partner NGOs and 26 Youth Advisory Groups (YAGs) to support national "ISHI" campaign messages at the local level through a sub-grant mechanism.</li> <li>Train 500 YAG members</li> <li>Establish 4 Preventive Resource Centers for Youth at the regional level reaching 10,000 young people.</li> </ul>	USAID		Base	1.5
4.2.4 Proposed new activities in FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget		



<p><input type="checkbox"/> New Partner? Yes <input type="checkbox"/> FBO? No</p>	<p>Establish a Tanzania - <input type="checkbox"/> program with a focus on the development of a comprehensive mass media radio communications campaign reaching at least 10,000,000 Tanzanians (1/3<sup>rd</sup> of the national population), to generate sustainable demand for comprehensive services across the prevention-to-care continuum.</p>	<ul style="list-style-type: none"> <li>• Establish an in-country office.</li> <li>• Facilitate the coordination of HIV/AIDS communications and messages activities at the national level across GOT.</li> <li>• Develop a variety of mass media radio interventions for nationwide distribution with a target of 30 different radio spots and mini-dramas produced and broadcast frequently on partner radio stations through donated time. In the 2002 Steadman and Media Associates survey, 81% of respondents claimed to have listened to the radio within the past day.</li> <li>• Specific radio programming would include:             <ul style="list-style-type: none"> <li>→ Referrals to service sites</li> <li>→ Information regarding different HIV/AIDS program interventions such as ABY, VCT, PMTCT (+), ART, and care and support.</li> <li>→ Specific information for high-risk populations.</li> <li>→ Docu-dramas popularizing preventive and health care seeking behaviors, such as risk avoidance, seeking out services, and adhering to treatment regimens, and reduction of associated stigma.</li> </ul> </li> </ul>	<p>USAID</p>	<p><input type="checkbox"/> Base</p>
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<p>FHI [redacted] (10 FBOs will receive grants)</p> <p>New partner? No FBO? No</p>	<p>To increase risk perception and prevention skills of over 80,000 youth and 30,000 community members to achieve measurable increases in key prevention behaviors such as abstinence, delaying sexual debut and reducing or limiting the number of sexual partners.</p>	<p>In-school and out-of-school youth reached with age appropriate, innovative communication strategies through family life education, health services and community outreach.</p> <ul style="list-style-type: none"> <li>• Reach 80,000 young people ages 10-24 with AB messages through working with FBOs, CBOs and youth serving organizations.</li> <li>• Reach 30,000 community members with activities and training to facilitate effective delivery and reinforce AB messages to youth.</li> <li>• Establish a Youth Executive Committee to provide guidance and input to YouthNet activities.</li> <li>• Take the lead role in the development and implementation of Youth NGO Network.</li> <li>• Provide grants, TA and guidance to 30 youth serving organizations.</li> <li>• Provide technical leadership for AB-Y programs in Tanzania</li> <li>• Establish resource center</li> <li>• Through above activities document an increase in the proportion of youth with correct knowledge of HIV transmission and prevention (baseline survey currently in the field)</li> <li>• An increase in the proportion of youth practicing abstinence as a method of HIV infection prevention in target regions.</li> <li>• An increase in the proportion of youth delaying sexual debut in target regions.</li> <li>• An increase in the number of youth who perceive themselves to be at risk from HIV infection in target regions.</li> </ul>	<p>USAID</p>	<p>[redacted] Base</p>
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<p>[Redacted] Institute</p> <p>New Partner? No FBO? No</p>	<p>Increase HIV/AIDS awareness in one highly impacted district serving over 200,000 individuals.</p>	<ul style="list-style-type: none"> <li>• Conduct local training on HIV/AIDS prevention, including promotion of VCT with follow-up linkages to ART services.</li> <li>• Promote clinical and community care for PLWHA as part of the continuum of care.</li> </ul>	<p>USAID</p>	<p>[Redacted] Base</p>
<p>MOH</p> <p>New partner? No FBO? No</p>	<p>Expand IEC programs based on the "ABC" model, emphasizing delay of onset of sexual activity for youth reaching at least 500,000 individuals.</p>	<ul style="list-style-type: none"> <li>• Develop and acquire additional ABY materials coordinated with other USC and nationally sponsored programs/organizations such as FHI/YouthNet.</li> <li>• Print and distribute pamphlets, poster and informational brochures relevant to target audience to health centers, community groups and schools.</li> <li>• Train 20 additional counselors and peer and community educators, including church leaders.</li> </ul>	<p>DoD/ USMHRP</p>	<p>[Redacted] S/GAC</p>
<p>KIHUMBE</p> <p>New partner? No FBO? No</p>	<p>Expand drama presentations with a focus on "ABY" messages performed for communities and education institutions in the Mbeya Region to 100 presentations in year one reaching approximately 20,000 individuals.</p>	<ul style="list-style-type: none"> <li>• Development of two new dramas presenting "ABY" messages with TA from Youth Development Institute.</li> <li>• Performance of 100 drama presentations through out the Mbeya region for community groups and education institutions.</li> <li>• Support transportation and equipment cost of drama presentations.</li> </ul>	<p>DoD/ USMHRP</p>	<p>[Redacted] S/GAC</p>
<p>[Redacted]</p> <p>New partner? Yes FBO? Yes</p>	<p>Provide technical assistance to MOH and regional groups in the Mbeya Region by developing abstinence-based modules for the targeting of underserved youth.</p>	<ul style="list-style-type: none"> <li>• Working with local organizations, develop new, regionally relevant modules focusing on delay of sexual debut for youth.</li> <li>• Assist regional MOH and indigenous organizations in incorporating these modules into outreach programs to identify and target underserved youth populations.</li> </ul>	<p>DoD/ USMHRP</p>	<p>[Redacted] S/GAC</p>

<p>The American Red Cross</p> <p>New Partner? No</p> <p>FBO? No</p>	<p>Reduce incidence of HIV among 50,000 youth 10-24 years of age in Kigoma through the scale up of "Together We Can (TWC)," a peer education and community mobilization program for youth.</p>	<ul style="list-style-type: none"> <li>• Strengthen life skills among 50,000 youth 10-24 years of age in Kigoma with age appropriate peer education and direct youth peer outreach.</li> <li>• Conduct age appropriate peer education for male and female youth through a cascade training approach targeting 3 master trainers, 10 Instructor Trainers, 200 Peer Educators, 5,000 Youth participant multipliers</li> <li>• Strengthen 4 branches of the local Red Cross affiliate to manage and expand youth HIV prevention projects through             <ul style="list-style-type: none"> <li>→ the establishment of a Red Cross National Youth HIV Prevention Task Force</li> <li>→ organizational development to manage program volunteers</li> <li>→ strengthened regional networks for support of HIV/AIDS activities</li> </ul> </li> <li>• Enhance the community environment for adoption of safer sex practices through             <ul style="list-style-type: none"> <li>→ Increased community dialogue regarding youth HIV/AIDS prevention</li> <li>→ Establish a community mobilization program for youth behavior change</li> </ul> </li> </ul>	<p>USAID</p>	<p>Track 1.0</p>
<p>Total partners: 5</p>	<p>New partners: 2</p>	<p>FBOs: 1 + Subgrants</p>	<p>Total budget:</p>	

Table 4.3	Blood Safety		Current status of program in country		4.3.2 How new activities will contribute to PEPFAR targets; linkages to other activities	4.3.3 Existing activities, initiated prior to FY04	Partner	FY04 Objective	Activities for each Objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAP)	Track (115.2)	
	<p>Current blood transfusion services in Tanzania are hospital based and primarily depend on family/replacement donors. Most recipients of blood transfusion are children under five and pregnant women who are clients of PMTCT programs. There is a high risk of transmission of HIV and other blood transmissible infections due to use of family/replacement donors. HIV is the only blood transmissible infection routinely screened for in all hospitals though some referral hospitals have the capacity to test for hepatitis B. The volume of safe blood collected through replacement donors does not adequately meet the requirements of the hospitals.</p> <p>The Ministry of Health (MOH) is in the process of establishing a National Blood Transfusion Service (NBTS) that will recruit and retain voluntary non-remunerated repeating blood donors and ensure a safe blood supply in Tanzania. During 2002, Tanzania MOH administrative and technical personnel visited blood safety counterparts in nearby countries to observe their programs to better inform Tanzania's blood safety systems and organization. With support from the USG, the MOH is renovating four Zonal Blood Transfusion centers that will form the hub of the NBTS, and are located at the four regional hospitals (Bugando, KCMC, Mbeya, and Muhimbili). Draft guidelines for clinical use of blood and blood products are currently being reviewed by experts prior to publication. A training manual for Blood Donor Organizers and Blood Donor Counselors has been developed. Two zonal centers (Bugando and KCMC) have already trained blood donor organizers and counselors using this manual.</p>					<p>Rapid targeted strengthening of blood transfusion services in Tanzania will ensure the availability of a safe and adequate blood supply. This program will reduce the number of HIV infections transmitted by unsafe blood thus contribute to the PEPFAR target of 7 million HIV infections averted.</p> <p>The blood safety program will also support the PEPFAR prevention goal through linkages to PMTCT, VCT and ABY activities. The blood donor recruitment program will include formation of blood donor clubs that will link blood donation to HIV prevention through VCT, and avoidance and risk reduction among youths through abstinence and behavior change. Under PEPFAR, MOH in Tanzania Mainland and Ministry of Health and Social Welfare in Zanzibar have collaborated with the Tanzania Red Cross Society to develop a proposal for rapid strengthening of blood transfusion safety in the United Republic of Tanzania.</p>								

MOH (DHS/Diagnostic Services)  New partner? No FBO? No, supports all public, private and FBO health facilities	To establish 4 zonal blood transfusion centers by September 2004	<ul style="list-style-type: none"> <li>Develop guidelines for clinical use of blood and blood products</li> <li>Train blood donor organizers and counselors</li> <li>Complete renovation of 3 zonal blood transfusion centers in Moshi, Mwanza and Mbeya</li> <li>Initiate renovation of National NBTS Headquarters and Zonal Center in Dar es Salaam</li> <li>Procure equipment for 4 zonal blood transfusion centers</li> </ul>	CDC	Base	2.0
<b>434 Proposed new activities in FY 04</b>					
Partner  NBTS/Zanzibar Blood Transfusion Service (ZBTS) and Tanzania Red Cross Society (TRCS)  New Partner? No FBO? No, supports all public, private and FBO health facilities	FY04 Objective  Establish a National Blood Transfusion Service in Tanzania by September 2004	Activities for each objective  <ul style="list-style-type: none"> <li>Establish a National Blood Safety Technical Advisory Committee</li> <li>Develop policy guidelines for NBTS</li> <li>Establish NBTS as an autonomous agency</li> <li>Train blood donor recruiters and counselors</li> <li>Promote recruitment and retention of voluntary non-remunerated blood donors</li> <li>Establish and maintain 8 zonal blood transfusion centers (including 4 new centers in Mtwara, Dodoma, Unguja and Pemba) to process blood and produce safe blood products</li> <li>Establish/strengthen 11 regional blood donation centers in Tanzania mainland (9) and Zanzibar (2)</li> <li>Systematically monitor and evaluate blood donor recruitment and retention</li> </ul>	Agency  CDC	Budget  Track 1.0	
Total partners  2	New partners  0	FBOs  0	Total budget		

**Safe Injections and Prevention of Other Medical Transmission of HIV**

The Ministry of Health is implementing a Universal Safety Precaution Program utilizing elements of the WHO Safe Injection Global Network (SIGN) strategy: (1) change behavior among patients and health care workers to reduce unnecessary injections and achieve injection safety; (2) ensure sufficient availability of sterile syringes and needles; and (3) appropriately destroy sharps waste after use. Tanzania has neither a national safe injection policy nor national plans for safe injections. Interventions to address the problem will be piloted at three zonal referral hospitals and one national hospital in 2004. Lessons learned will inform a plan to expand effective interventions to other health facilities in the country in a network distribution model. A national sensitization and planning workshop involving stakeholders from the Ministry of Health, referral and zonal hospitals, regional hospitals and international organizations was conducted in January 2004.

The safe injection activities aim at reducing occurrence of sharp injuries and unsafe injection practices in Tanzania. A baseline will be established in 2004 and will be used to develop future targets regarding the numbers of infections averted by use of safe injection practices. This will contribute to PEPFAR targets of prevention of 450,000 HIV infections in Tanzania and 7 million infections globally by 2008. During the first year of implementation, 4 referral hospitals on the mainland (Muhimbili, Mbeya, KCMC and Bugando) and one hospital in Zanzibar (Mnazi Mmoja) will implement universal safe precautions and 8,400 health workers from 14 health facilities will be trained in universal precautions. MOH will collaborate with John Snow Inc. to implement this program. As HIV patient care and treatment is expanded, clinicians and laboratory technicians will require added protection in the event of accidental exposure. The USG program will also assist referral hospitals to implement post-exposure prophylaxis (PEP) program. This activity will assist in the overall transmission of HIV by protecting those individuals with a high probability of accidental exposure.

**Table 4.4**

**4.4 Current status of program in country**

**4.4.2 How new activities will contribute to PEPFAR targets linkages to other activities**

4.4.3 Existing activities, Initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAG)	Track (1, 1.5, 2)
<p>MOH with MNH/KCMC/Bugando and Mbeya Referral Hospitals</p> <p>New partner? No</p> <p>FBO? No, activities include public, private and FBO health facilities</p>	<p>To implement universal safety precautions and ensure safe medical injections on Tanzania mainland and Zanzibar</p>	<ul style="list-style-type: none"> <li>Organize a national sensitization/ planning workshop with all referral and regional hospitals (public and private).</li> <li>Establish a national coordinating office and implementation team at Muhimbili National Hospital</li> <li>Develop assessment tools and conduct an assessment of universal precautions and injection practices in all pilot sites</li> <li>Prepare training curriculum and select experts to train trainers of health care workers</li> <li>Develop a protocol for Post-Exposure Prophylaxis (PEP), develop and print 24 training manuals, 300 Injury logbooks and 3,000 Injury reporting forms</li> <li>Distribute 41,400 safety boxes for sharps waste disposal</li> <li>Train about 25 health care trainers at each pilot site</li> <li>Procure equipments and renovate office space for coordination teams at each site.</li> </ul>	CDC		<p>S/GAG</p> <p>S/GAG</p>	<p>1.5</p> <p>2.0</p>



John Snow Inc.	New Partner? Yes FBO? No	Rapid interventions to decrease unsafe injections	<ul style="list-style-type: none"> <li>Conduct an Injection Practices Assessment at the national and local level</li> <li>Draft a short-term injection safety plan, including recommendations for a 6-8 month rapid implementation phase ("rapid interventions with high probability of success")</li> <li>Implement a facility and community level pilot intervention in at least one district (eg capacity building, supply procurement, commodity management, waste management, etc.)</li> <li>Repeat the Injection practices assessment &amp; hold a workshop to develop a national safe injection plan</li> <li>Develop and finalize a national safe injection plan</li> <li>Implement the national safe injection plan</li> </ul>	CDC	TBD	S/GAC	Track 1.0
<b>4.4 Proposed new activities in FY04</b>							
<b>Partner</b>	MOH/Mbeya Referral Hospital	<b>FY04 Objective</b>	<b>Activities for each objective</b>	<b>Agency</b>	<b>Budget</b>		
New partner? No FBO? No	3	Provision of post-exposure prophylaxis (PEP) to prevent the transmission of HIV to clinical and laboratory staff due to accidental exposure covering 1,000 health care employees.	<ul style="list-style-type: none"> <li>Train staff at participating hospitals and health centers in SOP for PEP according to national standards.</li> <li>Provide tests, reagents, monitoring assays and medications for PEP coordinated with National programs and other USG activities.</li> </ul>	DoD/ USMHRP	S/GAC		
<b>Total partners</b>	3	<b>New partners</b>	<b>FBOs</b>	<b>Total budget</b>	0		

<p><b>Table 4.5</b>  <b>4.5.1 Current status of program in country</b></p>	<p><b>Other Prevention Initiatives (e.g., provision of condoms, control of STIs, high-risk groups)</b></p>
<p>4.5.2 How new activities will contribute to PEPFAR targets linkages to other activities</p>	<p>While specifically targeted groups were a focus of prevention activities in recent years have focused largely on the general population. There is widespread recognition that a focus on targeted high risk groups will be needed to spearhead effective prevention efforts in the future. High risk groups in Tanzania include those traditionally defined such as prostitutes, miners, and truck drivers. In addition it is important to recognize the high-risk introduced through the endemic nature of multiple partner behavior and trans-generational relationships in Tanzanian society. This widespread practice widens the high-risk definition to include discordant couples, married and non-married men.</p> <p>The NACP manages the National STI Control Program and the Reproductive and Child Health Service (RCHS) implements the management of syphilis in pregnancy (SIP) service in antenatal clinics. The MOH policy is to ensure that all pregnant women are screened for syphilis and treatment is offered to all women how are found positive. Syphilis screening and treatment guidelines have been developed on a platform of a highly successful Focused Antenatal Care (FANC- that combines managing Malaria and syphilis in pregnancy) package that is in the process of being rolled out country-wide. Currently, syphilis rates in pregnant women ranges between 7 to 14% and the coverage of syphilis screening in pregnancy is still low, on average 33% of all pregnant women are screened. The MOH strategy is working through the RCHS, is to expand this service such that over 80% of hospitals and health centers should have at least 2 health care workers trained in managing syphilis in pregnancy to provide such service.</p> <p>National provision of condoms has grown steadily over the last ten years, with tremendous uptake in the last four years. The current social marketing program includes a focus on the high risk populations in high transmission areas (HTAs). In 2003, almost 32 million condoms were socially marketed, in Tanzania and almost 18 million condoms were provided by UNFPA for free distribution through the MOH service delivery system. A very small percentage of condoms are provided through a gray market of commercially marketed brands that come in from other countries at the borders.</p> <p>Prevention activities for condom provision, STI prevention and the targeting of high risk groups will contribute to PEPFAR targets of 7 million infections averted and the Tanzania specific target of 750,000 infections averted by 2008. The activities proposed in this section of the COP build necessary capacity and policies to move forward and strengthen national capacity to achieve the established PEPFAR and UNGASS prevention targets. Given the linkages between some of these interventions with VCT and PMTCT services, such activities will also contribute to PEPFAR Tanzania's target of treating 150,000 patients.</p> <p>Tanzanian prevention priorities include the provision of quality STI services and counseling, behavior change communication and condom promotion at the district level throughout the country. Prevention initiatives addressing these issues and a focus on high-risk groups are addressed in the National Multi-Sectoral Strategic Framework on HIV/AIDS 2003-2007. By working with strategic partners such as TACAIDS, NACP, FBO networks, NGO networks, and other implementing partners, the USC activities under PEPFAR will move the national prevention agenda forward to achieve the necessary impact. With information, education and life skills as integral components of these prevention efforts, activities included in this section will support related PEPFAR activities for ABY.</p>

4.53 Existing activities - Initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAC)	Track (1-5)
National AIDS Control Program (NACP) FBO? No New partner? No	To improve quality of STI services in PMTCT sites and establish youth specific access points for identification of HIV positive individuals for enrollment into ART programs	<ul style="list-style-type: none"> <li>Conduct an external evaluation of national STIs management services</li> <li>Implement activities to improve quality of STI services in the 28 PMTCT expansion sites (noted in 4.1 above)</li> <li>Provide HIV counseling and testing services for STI clients</li> <li>Promote and provide specific youth friendly health services</li> <li>Establish 10 youth friendly STI treatment centers and provide HIV counseling and testing services for youth</li> <li>Refer HIV positive STI patients to care and treatment services</li> </ul>	CDC		S/GAC S/GAC	1.5 2.0

<p>JHPIEGO (partner may change to EGPAF or other partner due to end of project period)</p> <p>FBO? Sub grants to FBOs</p> <p>New Partner? No</p>	<p>To expand syphilis screening in pregnancy (SIP) activities on the focused antenatal care (FANC) platform, in coordination with PMTCT, and ART rollout in all USG sites.</p> <p>Initiate services in 33 sites, covering 31,700 ANC attendees.</p>	<ul style="list-style-type: none"> <li>• Provide grants to potential recipients (EGPAF recipients)</li> <li>• Carryout both in-service and pre-service orientation/training for providers (nurse and nurse midwives) particularly on FANC in both facilities and pre-service schools (at district and facility levels).</li> <li>• To equip demonstration sites for practicum in FANC, SIP and MIP.</li> <li>• To carry-out other key services such as partner notification and treatment, use of condoms and promotion of insecticide treated nets.</li> <li>• Provide technical assistance to ensure STI drugs, syphilis test-kits are available.</li> </ul>	<p>USAID</p>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	<p>Base</p>	<p>2.0</p>
<p>4.5.4 Proposed new activities in FY 04</p>						
<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget</p>		

<p>Procurement partner to be identified</p> <p>(from one of six pre-competed consortia under the Private Sector Program (PSP) Indefinite Quantity Contract (IQC). The scope of work for the task order has already been designed by USAID/T)</p>	<p>Promoting increased access to HIV/AIDS products and prevention, care and treatment services for high risk populations.</p>	<ul style="list-style-type: none"> <li>• Maintain nationwide distribution system reaching more than 50% (17,000,000) of the Tanzanian population for products such as point-of-use water purification, hospital stay kits (disposable items such as gloves and syringes which are often not available in public sector clinical facilities) and condoms, as well as information on prevention, care and treatment services.</li> <li>• Expand product promotion and distribution activities to 60 High Transmission Areas (linked to care and treatment sites) in 19 regions with a focus on truck drivers, miners, bar and guest house customers, and prostitute populations.</li> <li>• Extend coverage in high risk-outlets (bars and guesthouses) to 90% and add coverage in 6 new major urban centers.</li> <li>• Target discordant couples.</li> <li>• Target high-risk/multiple partner behavior.</li> <li>• Increase distribution to the above target groups through BCC messages and activities.</li> </ul>	<p>USAID</p>	<p>base</p>
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<p>Africare/Tanzania</p> <p>New partner? No</p> <p>Sub grants to the Anglican Church and Zanzibar Moslem Women's AIDS Support Organization</p>	<p>Provide technical assistance, grants, and support to 7 NGOs/CBOs and FBOs implementing HIV/AIDS activities in Unguja and Pemba islands of Zanzibar reaching over 300,000 individuals.</p>	<p>USAID</p>	<p>Base</p>
<p>Peace Corps</p>	<p>Provide umbrella grants to NGOs, CBOs and FBOs in a variety of technical areas and work with prevention, IEC, and high risk groups</p> <ul style="list-style-type: none"> <li>Strengthen institutional capacity of NGO network members to enable them to effectively plan, implement and monitor HIV/AIDS prevention activities and provide quality services and products.</li> <li>Reach 2,000 people with quality VCT services at the 3 VCT sites.</li> <li>Reach over 300,000 people with HIV/AIDS prevention messages through mass media events and community outreach activities.</li> <li>Strengthen the existing two HIV/AIDS resource centers.</li> </ul>	<p>Peace Corps</p>	<p>S/GAC</p>
<p>Peace Corps</p>	<p>Increase the basic health knowledge for at least 200 Tanzanian teachers, and 30,000 students, including training up to 200 peer counselors in HIV/AIDS prevention (e.g. delaying sexual debut and limiting partners).</p>	<p>HIV/AIDS Training design and implementation for Volunteers and counterparts.</p> <ul style="list-style-type: none"> <li>Stakeholders meeting with teachers to strategize appropriate interventions.</li> <li>Workshops on life skills for primary and secondary school teachers, and teaching HIV/AIDS in the national curriculum.</li> <li>Utilize network of over 145 [redacted] to convey HIV/AIDS and life skills messages.</li> </ul>	<p>Total budget</p>
<p>Total partners: 5</p>	<p>New partners: 1</p>	<p>Subgrants</p>	<p>Total budget</p>

Table 4.6 Voluntary Counseling and Testing		Track (1:1.5:2)	Budget Source (Base PMTCT S/GAG)
4.6.1 Current status of program in country	<p>VCT services are increasingly available in all districts of Tanzania, although the quality of services offered varies significantly. Currently, it is estimated that VCT services are available in over 261 public, private and NGO facilities. With expansion of VCT clearly defined as a priority in the MOH HIV/AIDS strategy, several players are supporting the expansion of VCT in public, NGO, and private sites.</p> <p>The USG has to date played an important leadership role in expansion of VCT services in both the public and private sectors. This has been accomplished through direct technical assistance to the MOH, development of a major VCT social marketing and quality service delivery program, and development of a training curriculum for VCT. Although supply of test kits has improved, test kit availability remains sporadic and may become a problem with rapidly increasing demand and use of VCT services.</p>		
4.6.2 How new activities will contribute to PEPFAR targets linkages to other activities	<p>Given the rapid VCT scale up required to support both prevention (for those testing negative) and identification of HIV positive (potential/future) ARV candidates, PEPFAR VCT activities will make a major contribution to ensuring access to quality VCT for Tanzania's population. In addition, NACP will provide and improve quality of VCT services in 28 public health facilities in 7 regions where PMTCT services are being expanded. Counseling and testing is integral to supporting the USG Tanzania PEPFAR focus on the continuum of care at the district level and below. Specifically targets are:</p> <ul style="list-style-type: none"> <li>• 350,000 of persons counseled, tested, and referred for care and treatment as appropriate</li> <li>• At least 70 VCT sites functioning with referral mechanisms in place (public and private sector)</li> <li>• At least 30 post test clubs established and functioning</li> <li>• 12,000,000 people reached through social marketing of VCT linked to provision of ART</li> </ul> <p>These services will not only work to reduce the number of new infections but also function as an access point to care and treatment being developed as part of this program.</p>		
4.6.3 Existing activities initiated prior to FY 04	<p>Partner:</p> <p>Activities for each objective</p>		
		Agency	Budget Amount (\$)

<p>AMREF</p> <p>New Partner? No</p> <p>Sub-grants to FBOs (e.g. Moravian Church, African Inland Church, Anglican Church, Evangelical Lutheran Church of Tanzania, etc.)</p>	<p>Expand access to linked Counseling and Testing:</p> <ul style="list-style-type: none"> <li>• 200,000 new clients</li> <li>• 25 new VCT sites</li> <li>• Establish at least 20 Community Post-Test Clubs</li> <li>• 12 million (approximately 1/3<sup>rd</sup> of the population) reached through social marketing campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• Train 1,000 (counselors, lab technicians, supervisors in VCT</li> <li>• Provide mobile VCT outreach services</li> <li>• Continue social marketing campaigns for VCT with linkages to care and treatment</li> <li>• Provide grants to a total of 45 (new and existing) NGOs and FBOs for integrated VCT service delivery</li> </ul>	<p>USAID</p>	<p>S/GAC</p> <p>S/GAC</p>	<p>1.5</p> <p>2.0</p>
<p>MOH/NACP</p> <p>New Partner? No</p> <p>FBO? No</p>	<p>To improve quality of and expand access to VCT services linked to care and treatment facilities in 7 regions.</p>	<ul style="list-style-type: none"> <li>• Improve/provide quality VCT services in 28 health facilities</li> <li>• Institutionalize VCT training to Zonal Training Centers</li> <li>• Promote VCT services among the target groups in the communities around the VCT sites</li> <li>• Establish a support network system for counselors and clients (post test clubs, etc)</li> <li>• Ensure the availability of HIV test kits and other supplies for provision of quality VCT services</li> </ul>	<p>CDC</p>	<p>S/GAC</p> <p>S/GAC</p>	<p>1.5</p> <p>2.0</p>



4.6.4 Proposed new activities in FY04		Agency	Budget
Partner	FY04 Objective	Activities for each objective	Total budget
<p>Mbeya Region</p> <ul style="list-style-type: none"> <li>• MOH/Mbeya Referral Hospital</li> <li>• <input type="text"/></li> </ul> <p>New partner? No FBO? No</p>	<p>Expansion of VCT services throughout the Mbeya Region, testing 50,000 individuals by March 2005.</p>	<ul style="list-style-type: none"> <li>• Train 100 additional counselors in hospitals and health centers in counseling and testing.</li> <li>• Provide rapid test, confirmatory diagnostic equipment and test reagents for 3 major medical centers and 4 to 8 health centers with expanding support throughout the year.</li> <li>• Expand VCT education and mobilization campaigns through linkages with AMREF and NACP sponsored programs.</li> <li>• Train 20 additional peer and community educators and provide community outreach/mobilization programs.</li> <li>• Support community mobilization campaigns and distribution of informational brochures/materials relevant to target audiences to health centers, NGO, CBO, FBO and community groups.</li> <li>• Provide TA and QA/QC services to all participating hospitals and facilities.</li> <li>• Refer HIV+ clients for basic care and assessment of eligibility for ART to the Mbeya Referral Hospital.</li> <li>• Links to services at the Mbeya Referral Hospital provided under sections 4.7 and 4.10.</li> </ul>	<p><input type="text"/></p> <p>S/GAC</p>
<b>Total partners:</b> 4	<b>New partners:</b> 1	<b>FBOs:</b> 0	<b>Total budget:</b> <input type="text"/>

Table 4.7	<b>HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)</b>					
<p>4.7.1 Current status of program in country</p>	<p>The Ministry of Health, through a five-year program supported by the Global Fund (GFATM) will implement and scale up a comprehensive package of VCT, care and support services for HIV and integration of HIV/AIDS and TB services in Tanzania mainland. VCT services will be scaled up in 45 of 121 districts to attain coverage of 5 sites per 100,000 adult population. A continuum of care and support will be provided to TB patients and PLWHA with cross referrals between VCT services and TB treatment clinics. Support to community and associated groups will ensure a continuum of care from facility to community. Also the program will support the capacity of MOH and partner institutions to coordinate, plan, monitor and evaluate the integrated TB/HIV program.</p> <p>Regardless of whether the client is eligible for ART or not clinical care and support will be provided as part of a comprehensive package of services. As appropriate, clients not eligible for ART (due to their current status) but requiring support for opportunistic infections or other clinical care will receive this as part of this package of services. Clients who do require ART, will also receive these services (as per section 4.10 below).</p> <ul style="list-style-type: none"> <li>• 13,500 patients (including children) on non ARV management that includes management of opportunistic infections (OI); prophylactic treatment for TB, cryptococcal meningitis and PCP, intermittent preventive therapy for malaria, provision of insecticide treated nets, etc. (through activities in Sections 4.7 and 4.8)</li> </ul>					
<p>4.7.2 How new activities will contribute to PEPFAR targets; linkages to other activities</p>	<p>By increasing the coverage of VCT in TB clinics, PLWHA requiring care and treatment will be identified and captured by ART services. Increased availability of services and stigma reduction will create increased demand for VCT services. Capacity building of Global Fund Implementing Partners will speed up implementation of planned activities and contribute to PEPFAR targets.</p> <p>The USG will work with local participating hospitals in the Southern Highlands to further develop their patient monitoring, OI diagnosis and treatment capabilities. Initial focus will be on improving this capacity at the referral hospital level. Continued improvement of infrastructure and capacity at health facilities in year one will allow improved diagnosis and treatment for TB and OI which are associated with the rapid decline of the health of HIV+ individuals. This improvement will be undertaken in conjunction with the development of ARV treatment programs and enhanced prevention and VCT activities at these and surrounding facilities also covered under this program.</p>					
<p>4.7.3 Existing activities initiated prior to FY04</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget Amount (\$)</p>	<p>Budget Source (Base, PMTCT, S/GAG)</p>	<p>Track (1, 1.5, 2)</p>
<p>Partner</p>	<p>[This area is heavily redacted with a dense, dark pattern.]</p>					

474 Proposed new activities in FY04		Agency	Budget
Partner	FY04 Objective	Activities for each objective	
University Research Corporation/Quality Assurance Project  New Partner? No FBO? No	Expansion of care and treatment for pediatric AIDS patients	<ul style="list-style-type: none"> <li>• Adopt HIV/AIDS pediatric care guidelines for hospital based care by "expert" group (supportive care, prophylaxis and treatment of opportunistic infections, ARV use).</li> <li>• Train an assessment team of medical doctors and nurses from participating hospitals in the Dar es Salaam area.</li> <li>• Undertake interactive assessment of participating hospitals by assessment teams (introduce the standards, assess current practices, identify existing best practices, recruit buy-in at the hospitals, and initiate onsite rapid improvements).</li> <li>• Conduct collaborative improvement sessions separated by action periods.</li> <li>• Initiate rapid improvement cycles in the quality of clinical and palliative care for hospitalized patients with HIV/AIDS using evidence based standards.</li> </ul>	Base

MOH/Mbeya Referral Hospital  New partner? No FBO? No	Improve overall clinical care program with emphasis on diagnostics and treatment of TB and other OI, providing treatment for 8,000 HIV+ individuals at the Mbeya Referral Hospital.	<ul style="list-style-type: none"> <li>• Provide OI prophylaxis and treatment and basic care and monitoring for 8,000 HIV+ individuals not qualified for ART in the Mbeya Region and surrounding Southern Highlands.</li> <li>• Improve TB and OI diagnostic capabilities.</li> <li>• Improved safety monitoring capabilities for general care and critical for monitoring patients on ARV.</li> <li>• Develop additional capacity through training and provision of medicines for treatment.</li> <li>• Provide TA and QA/QC services to all participating hospitals.</li> <li>• Links to services under 4.6 and 4.7.</li> </ul>	DoD/ USMHRP	S/GAC
Total partners: 1	New partners: 0	FBOs: 0	Total budget:	[ ]

Table 4.8 Palliative Care	4.8.1 Current status of program in country	4.8.2 How new activities will contribute to PEPFAR targets; linkages to other activities	4.8.3 Existing activities; initiated prior to FY 04	Agency	Budget Amount (\$)	Budget Source (Base PMTCT S/GAG)	Track (1, 1.5, 2)
	<p>Tanzania initiated a Community/Home Based Care (HBC) Program in 1995 through support provided by the Danish Agency for Development Cooperation (DANIDA). In December 1999, WHO provided drugs, supplies and equipment to Tanzania for general care and management of HIV/AIDS and chronically ill patients in their own communities. In 2000, a project for scaling up community and home based care for people living with HIV/AIDS was developed within the framework of the International Partnership against AIDS in Africa, funded by the Belgium Government through UNAIDS. In 2001 Tanzania was selected as one of the 10 African countries to benefit from the Italian Initiative for the Fight Against AIDS in Africa. More recently the Ministry of Health has developed a Health Sector strategy for HIV/AIDS and a National Care and Treatment Plan has just been endorsed; HBC is one of the priorities in both the strategy and the National plan.</p> <p>NACP is currently implementing home-based care in 51 districts providing diagnosis and treatment of opportunistic infection and palliative care for HIV infected persons. NACP has trained 515 HBC workers from 43 districts as training of trainers on management of common opportunistic infections including nursing care and monitoring and evaluation. Simple HBC guidelines were developed and disseminated to all health facilities providing care. An estimated 15,000 patients were reported to have benefited from HBC services in 2003. The services are being provided in collaboration with various NGO and FBO partners.</p>	<p>Palliative and HBC will ensure availability of continuum of care for the chronically ill and AIDS patients. These services will support other PEPFAR activities such as PMTCT and VCT that are entry points to care and treatment. The recipients of HBC services will be identified from among others PMTCT and VCT.</p> <p>These services will contribute the PEPFAR goal to care for 10 million HIV-infected persons and will be used as an entry point for ART programs thereby contributing to the PEPFAR goal to treat 150,000 HIV-infected persons with effective combination antiretroviral therapy in Tanzania by 2008.</p>					

<p>CARE</p> <p>New Partner? No</p> <p>FBO? No (65% of Grantees are FBOs)</p>	<p>4,500 PLWHA reached for care and support network model providing the continuum of care and support in 4 ART (QuickStart) catchment areas</p>	<p>CARE and its Alliance members (FHI, Counselnuth (local nutrition NGO), Healthscope, Heifer Project, and Muhimbili College of Health Sciences) provide the following:</p> <ul style="list-style-type: none"> <li>• Technical training in HBC for FBOs</li> <li>• Nutritional counseling and IEC</li> <li>• Sustainable nutritional support for PLWHAS</li> <li>• Linkages with ART delivery for identification of ART clients and client ART adherence</li> </ul>	<p>USAID</p>	<p>[Redacted]</p>	<p>S/GAC</p>	<p>1.5</p>
<p>FHI</p> <p>New Partner? No</p> <p>FBO? Technical support to FBOs</p>	<p>Provide technical assistance to approximately 40 NGOs implementing quality HBC under CARE program (above) in at least 4 ART (QuickStart) catchment areas</p>	<p>As CARE Alliance member FHI will:</p> <ul style="list-style-type: none"> <li>• Organize and implement training of HBC providers</li> <li>• Assist NGOs/FBOs to implement strategic HBC programs linked to clinical management of OIs and ART</li> <li>• Ensuring the continuum of care within ART catchment areas - institutionalizing linkages between home based and clinical ART care.</li> </ul>	<p>USAID</p>	<p>[Redacted]</p>	<p>Base Base</p>	<p>1.5 2.0</p>
<p><b>4.8.4 Proposed new activities in FY04</b></p>						
<p>Partner?</p> <p>NACP</p> <p>New Partner? No</p> <p>FBO? No</p>	<p>FY04 Objective</p> <p>Purchase of Home Based Care kits for up to 1,500 households</p>	<p>Activities for each objective</p> <ul style="list-style-type: none"> <li>• Provide HBC kits (including gloves, plastic sheets, bleach, soap, antipyretic/antifungal medications, etc.)</li> </ul>	<p>USAID</p>	<p>Agency</p>	<p>Budget</p> <p>Base</p>	<p>[Redacted]</p>

<p>KIHUMBE</p> <p>New partner? No</p> <p>FBO? No</p>	<p>Expand existing home base and palliative support services to cover 400 individuals in Mbeya Town by March 2005.</p>	<ul style="list-style-type: none"> <li>• Support current operational capacity and volunteer staff.</li> <li>• Train an additional 40 volunteers in basic HBC provision.</li> <li>• Provision of medical and nutritional supplies, education materials on ART and for healthy living for PLWHA plus transport for HBC providers.</li> <li>• HBC and palliative patients linked to services at the Mbeya Referral Hospital under sections 4.7 and 4.10 with HBC providers assisting in patient follow up and adherence monitoring.</li> </ul>	<p>DoD/ USMHRP</p>	<p><input type="checkbox"/> SIGAC</p>
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<p>(Partner to be identified) New partner? Yes / No</p>	<p>To provide high quality and appropriate HBC to individuals living with HIV/AIDS in seven regions</p>	<p>Provide training to 56 home care providers from health facilities, and 50 community based providers. Review and update HBC guideline to include palliative care and other interventions for care and treatment of chronically ill AIDS patients. Develop peer support mechanisms for care providers. Conduct a mapping exercise to identify the extent to which HBC is being implemented in the country. Procure and distribute drugs and supplies for HBC. Strengthen monitoring and supervision of HBC services for HIV patients. Provide treatment and prophylaxis for opportunistic infections under continuum of care and support to communities in twelve districts. Enhance community involvement in provision of social support to patients receiving home based care services. Expand and improve quality HBC for PLWHA provided by MHS Massana Hospital at Mbezi Beach area, Kinondoni District.</p>	<p>CDC</p>	<p>S/GAC</p>
<p>Total partners: 6</p>	<p>New partners: 1</p>	<p>AFBOS: 0</p>	<p>Total budget:</p>	<p></p>



**Support for Orphans and Vulnerable Children**

The Commission for Social Welfare in the Ministry of Labour, Youth Development and Sports (MLYD), is responsible for orphans and vulnerable children nationwide. In the national response to HIV/AIDS, MLYD collaborates with TACAIDS to ensure that priorities identified in the National Multisectoral Strategic Framework (NMSF) are addressed. Under the leadership of TACAIDS and MLYD, and in collaboration with a number of multilateral and bilateral donors and nongovernmental organizations (including FBOs), Tanzania has a number of recognized islands of excellence for support of orphans and vulnerable children. However, OVCs have probably received less attention than any other population targeted in the NMSF. As a result, goals and programs to address the needs of orphans and vulnerable children were identified as one of the central themes in Tanzania's 2004 Joint AIDS Review.

The USG response to children orphaned and made vulnerable by AIDS has evolved from a patchwork of interventions that operate in the absence of a national GOT framework on OVCs. Resources are focused in critical areas identified in "Children on the Brink" and other USG studies: building community and family capacity to care for orphans and vulnerable children; strengthening the coping capacities of orphans who are heads of households; and support for educational costs to enable orphans and vulnerable children to remain in school. Illustrative activities have included support for the Tanzania Social Action Trust, which allocates 50% of its investment profits to nongovernmental (including FBO) organizations supporting school expenses for primary and secondary school OVCs in 16 regions of the country; support for community initiatives including building household coping capacities in all districts of five regions through grants to NGOs/FBOs; and limited support to TACAIDS and the Social Welfare Commission in conducting a technical review on orphans and vulnerable children as part of the recent Joint AIDS Review. Through these programs, USG agencies have gained experience in how to program funds for OVCs and are familiar with local organizations that support the children. For example, in Mbeya Town, KIHUMBE provides the broadest range of OVC support through assistance with primary and secondary education, medical needs, psycho-social support and when necessary, boarding. They are currently overseeing the direct care of 22 orphans while assisting in the basic support of another 240 registered orphans.

**Table 4.9**  
**4.9.1 Current status**  
**of program in**  
**country**

<p>4.9.2 How new activities will contribute to PEPFAR targets, linkages to other activities</p>	<p>All OVC activities proposed will expand the number of orphans supported (over 10,000), through direct support to families, through strengthening family and community coping mechanisms and through the provision of security nets in cases where children are unable to remain in a family setting. Through an umbrella grants mechanism, CARE will provide support to community groups (including FBOs) in five regions to support OVCs. Deloitte &amp; Touche will receive additional grant funds in the Rapid Funding Envelope mechanism for up to four awards to larger, well established NGOs and FBOs for building community capacity to respond to OVCs. KIHUMBE will expand their support to an additional 100 orphans in year one with improved service to all OVC already under their care. Infrastructure for housing of OVC as required will provide a much needed center for these activities and the geographic range of their work will be expanded to include OVC in the outlying rural communities south of Mbeya. In addition, this program will provide access to testing and thereby treatment of HIV+ OVC. Staff at KIHUMBE working with the OVC will be trained in care for HIV+ OVC and will assist in the administering and monitoring of these children while on ARVs. This will provide not only an increase in the total number of OVC supported in Tanzania but also increase the number of HIV+ children under ART. Africare will increase their support to OVC in Zanzibar and double the number of orphans they have been reaching. Finally, FHI/Impact will provide policy support to the Social Welfare Commission in preparing a national framework for supporting orphans and children made vulnerable by AIDS.</p>					<p>4.9.3 Existing activities initiated prior to FY04</p>	<p>Partner:</p>	<p>CARE</p>	<p>Deloitte &amp; Touche and MSH Rapid Funding Envelope for AIDS (NGO/FBO grantees to be determined)</p>
<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget Amount (\$)</p>	<p>Budget Source (Base) PMTCT, S/GAG</p>	<p>Track (1, 1.5, 2)</p>				
<p>9,500 OVCs supported through Community based programs</p>	<ul style="list-style-type: none"> <li>Grants to support education and nutrition to community based organizations.</li> <li>TA in best practices for orphan support.</li> </ul>	<p>USAID</p>	<p>[ ]</p>	<p>Base</p>	<p>1.5</p>				
<p>Vocational training for OVCs (including heads of household) to be provided by up to four Rapid Funding Envelope grantees</p>	<ul style="list-style-type: none"> <li>Technical assistance in grant management, award and monitoring.</li> <li>Technical assistance to grantees in implementation and monitoring.</li> <li>Grant management: Award, monitoring and technical assistance to grantees.</li> </ul>	<p>USAID</p>	<p>[ ]</p>	<p>Base</p>	<p>2.0</p>				

<p>Africare/Tanzania</p> <p>New Partner? No</p> <p>FBO? Subgrants</p>	<p>Provide technical assistance, grants, and support to NGOs/CBOs and FBOs supporting orphans and vulnerable children in Unguja and Pemba Islands of Zanzibar.</p>	<ul style="list-style-type: none"> <li>• Provide quality home based care and counseling to 80 people living with AIDS.</li> <li>• Reach 800 orphans with care and support services.</li> <li>• Train 120 PLWHAs and orphan care givers.</li> <li>• Strengthen referral services across the continuum of care linking OVC and ART.</li> </ul>	<p>USAID</p>	<p>[ ]</p>	<p>Base</p>	<p>2.0</p>
<p>Catholic Relief Services</p> <p>New partner: yes</p> <p>FBO: yes</p> <p>FBO grantees: yes</p>	<p>Improve the quality of life of orphans and vulnerable children in three areas of Tanzania: Dar es Salaam, Njombe and Songea (LOP targets: 9,500 orphans, 1,020 families)</p>	<ul style="list-style-type: none"> <li>• Training of FBO caregivers in Njombe and Songea Dioceses by PASADA staff.</li> <li>• Providing OVCs with access to education, health services, agricultural extension, shelter.</li> <li>• Monthly home visits.</li> <li>• Community mobilization.</li> <li>• Income generation grants in 3 sites.</li> <li>• Building renovation.</li> <li>• Implementation of Stepping Stones.</li> </ul>	<p>USAID</p>	<p>TBD</p>	<p>S/GAC</p>	<p>Track 1.0</p>
<p><b>4.9.4 Proposed new activities in FY04</b></p>						
<p>Partner</p>	<p>FY04 objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget</p>		
<p>KIHUMBE</p> <p>New partner? No</p> <p>FBO? No</p>	<p>Strengthen existing orphan support program and assist in the expansion of this program to serve a total of 400 OVC in the Mbeya Region by March 2005.</p>	<ul style="list-style-type: none"> <li>• Provision of basic needs for 400 orphans: food, clothing, and medical treatment.</li> <li>• Assistance of 150 orphans with school fees and vocational training.</li> <li>• Link HIV+ OVC to services at the Mbeya Referral Hospital under sections 4.7 and 4.10 with KIHUMBE staff and HBC volunteers assisting in patient follow up and adherence monitoring.</li> </ul>	<p>DoD/ USMHRP</p>	<p>[ ] S/GAC</p>		

FHI Impact New partner? No FBO? No	Strengthen Social Welfare capacity to lead the national response to orphans and children affected by AIDS	<ul style="list-style-type: none"> <li>Technical assistance to Tanzania Social                      Welfare Department for formulating national                      framework for supporting orphans and                      vulnerable children</li> </ul>	USAID	Base
Total partners 7	New partners	1	1 + Sub-grants	Total budget
FBOs	FBOs	FBOs	FBOs	FBOs

**Anti-Retroviral Therapy (non-PMI/plus)**

Anti-retroviral therapy (ART) is nearly non-existent in Tanzania and provided primarily through private facilities or to individuals who can afford the full cost of the medications. While no accurate measurement of the number of patients under ART is available, it is estimated that no more than 2,000 Tanzanians country wide currently receive ART. Of the approximately 1,894,160 persons aged 15 years and above estimated to be living with HIV/AIDS in Tanzania, 380,000 are currently estimated to be eligible for ART. The President's Emergency Plan for AIDS Relief, the WHO 3x5 initiative and other partner initiatives provide an opportunity to rapidly scale up ART in public and private sectors. The Ministry of Health has developed a National Care and Treatment Plan to supplement the National Multi Sector Framework and the Health Sector strategy. Under the National Care and Treatment Plan, the Government of Tanzania has set a target of putting 220,000 PLWHA on ART by the end of 2005, and at least 400,000 by the end of 2008.

To strengthen and ensure successful implementation of the National Care and Treatment Plan, the MOH has established the Care and Treatment Unit (CTU) within the National AIDS Control Programme (NACP) to coordinate and implement the National HIV/AIDS Care and Treatment Plan. The MOH has requested partners to support the establishment ART in Tanzania, and the USG program stands poised to provide treatment to 11,000 people through this operational plan utilizing resources through Track 1, 1.5, and 2.

The USG working in collaboration with MOH and other stakeholders will assist in operationalizing the National Care and Treatment Plan (CTP). The PEPFAR Tanzania vision for ART includes support for both public and private institutions with linkages into the communities they serve to provide a continuum of care.

The PEPFAR target for Tanzania is to provide ART to 150,000 PLWHA by 2008. Apart from in-country initiated activities, USG will provide additional support through multi country programs awarded centrally (Track 1.0). Activities proposed under this plan will contribute to the national target of providing ART to 220,000 by end of 2005, and the USG targets for Tanzania of supporting treatment to 150,000 people by 2008. The targets for FY04 include:

- Establishment of ART in at least 13 of 21 identified "QuickStart" health facilities
- Train 150 national staff
- Provision of ART to at least 11,000 PLWHA (through Track 1.0 central procurements and Tracks 1.5/2.0 local partners)

ART activities implemented under this COP will be carried out through a mix of Track 1.0, 1.5, and 2.0 partners and grantees. These activities will support at least 13 of the 21 sites identified by the Government of Tanzania under their QuickStart plan (QuickStart is the initiation of ART at sites previously determined by the Government of Tanzania as having the capacity to scale up clinical HIV care rapidly).

**4.10.1 Current status of program in country**

**4.10.2 How new activities will contribute to PEPFAR targets linkages to other activities**

4.10.3 Existing activities initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
MOH/NACP New Partner? No FBO? No	To strengthen the capacity of care and treatment unit (CTU) to coordinate the implementation of the National HIV/AIDS Care and Treatment Plan	<ul style="list-style-type: none"> <li>Provide staff and technical support for implementation of the quick start up of the National Care and Treatment Plan</li> <li>Certify existing sites that are providing ART and potential sites for scaling up delivery of care and treatment services throughout the country</li> <li>Provide technical support to health facilities already providing ART</li> <li>Harmonize Global Fund proposal with National Care and Treatment Plan</li> <li>Develop a detailed operational plan for the first year</li> <li>Increase the capacity of MNH staff to provide anti-retroviral therapy.</li> </ul>	CDC		S/GAC S/GAC	1.5 2.0
Deloitte & Touche New Partner? No FBO? Grants to FBOs, including Selian, PASADA, etc.	Provide grants to 3 to 4 ARV sites to support direct service provision to 850 PLWHA (in support of the National QuickStart plan)	Grants to 3-4 existing FBO ARV service delivery programs to expand ARV treatment programs. Technical support to be provided by FHI. Targets: <ul style="list-style-type: none"> <li>Support provision of ART to at least 850 persons.</li> </ul>	USAID		Base	1.5 2.0

FHI New partner? No FBO? No, technical assistance to FBOs.	Technical assistance to support ARV implementation and expansion.	Technical support for: capacity building for Tanzania national treatment program; and ARV treatment within continuum of care context based on ARV experience in neighboring countries (e.g. Kenya and Rwanda).  Targets (joint targets with collaborating partners): • Provide direct support to 850 PLWHA on ARVs (with Deloitte & Touche Track 1.5/2.0 grantees) • Provide technical assistance to 1,200 PLWHA on ARVs in conjunction with Track 1.0 awardees.	USAID	[ ]	Base Base	1.5 2.0
4.10.4 Proposed new activities in FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget		
Columbia University  New partner? No FBO? No	Provide ART to 1,800 individuals in Dar es Salaam at Muhimbili National Hospital.	<ul style="list-style-type: none"> <li>• Provide ARV to at least 1,800 PLWHA in year one.</li> <li>• Initiate rapid procurement of ARVs for 1,950 people.</li> </ul>	CDC/HRSA	Track 1.0: [ ] (Not including ART costs)		
Elizabeth Glaser Pediatric AIDS Foundation  New partner? No FBO? No	Provide ART to 1,450 individuals in two zonal hospitals (Muhimbili and KCMC) as well as the Morogoro and Mawenzi Regional Hospitals.	<ul style="list-style-type: none"> <li>• Establish ART at MNH, KCMC, Morogoro and Mawenzi Hospitals.</li> <li>• Provide ARV for 1,450 PLWHA in year one.</li> <li>• Strengthen capacity of the Medical Stores Department (MSD) to procure ART</li> <li>• Establish an electronic tracking system for ARVs for all ART sites.</li> </ul>	CDC/HRSA	Track 1.0: [ ] (Not including ART costs)		

<input type="checkbox"/> New partner? Yes FBO? No	Initiate ART for 1,700 individuals in Dar es Salaam through 3 municipal hospitals.	<ul style="list-style-type: none"> <li>• Provide ARV to 1,700 PLWHA in year one.</li> <li>• Establish 3 ART sites in the Municipal Hospitals of Ilala, Kinondoni and Temeke in Dar es Salaam city.</li> <li>• Refer HIV positives identified at city clinics providing VCT and TB services to the three municipal hospitals for evaluation and further care as necessary.</li> </ul>	CDC/HRSA	Track 1.0: <input type="checkbox"/> (Not including ART costs)
<input type="checkbox"/> New partner? Yes FBO? Yes	Establish or expand ART in 7 FBO facilities, providing coverage of 2,800 people.	<ul style="list-style-type: none"> <li>• Establish 7 ART sites serving 2,800 clients with ARVs in 7 FBO sites in year one.</li> <li>• Provide community based care and follow up for PLWHA under ART.</li> </ul>	CDC/HRSA	Track 1.0: <input type="checkbox"/> (Not including ART costs)
JSI/Deliver Project  New partner? No FBO? No	To procure ARVs for patients in support of the QuickStart program. Establish logistics and procurement system for the USG supported ART program.	<ul style="list-style-type: none"> <li>• Procurement of ARVs for the USG's support for the National QuickStart program</li> <li>• Establish a long term mechanism for procurement of ARVs</li> <li>• Strengthen capacity of MSD to procure anti-retrovirals.</li> </ul>	USAID	<input type="checkbox"/> S/GAC



<p><input type="checkbox"/> New Partner? No <input type="checkbox"/> FBO? No</p>	<p>Establish a Tanzania <input type="checkbox"/> program with a focus on the development of a comprehensive mass media radio communications campaign reaching at least 10,000,000 Tanzanians (1/3<sup>rd</sup> of the national population), to generate sustainable demand ART services and promote the continuum of care.</p>	<ul style="list-style-type: none"> <li>• Facilitate the coordination of HIV/AIDS communications and messages activities at the national level across COT.</li> <li>• Develop a variety of mass media radio interventions for nationwide distribution with a target of 30 different radio spots and mini-dramas produced and broadcast frequently on partner radio stations through donated time. In the 2002 Steadman and Media Associates survey, 81% of respondents claimed to have listened to radio within the past day.</li> <li>• Specific radio programming would include:             <ul style="list-style-type: none"> <li>→ Referrals to ART service sites</li> <li>→ Information regarding ART interventions and links to other services.</li> <li>→ Docu-dramas popularizing ART and health care seeking behaviors including adhering to treatment regimens, and reduction of associated stigma.</li> </ul> </li> </ul>	<p>USAID</p>	<p><input type="checkbox"/> Base</p>
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<p>Mbeya Region</p> <ul style="list-style-type: none"> <li>• MOH/Mbeya Referral Hospital</li> </ul> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div> <p>New partner? No FBO? No</p>	<p>Provide ART for 1,500 qualified HIV positive individuals at the Mbeya Referral Hospital and complete establishment of the first HIV Clinic/Center of Excellence in the Southern Highlands.</p>	<ul style="list-style-type: none"> <li>• Treatment of 1,500 individuals with ARV in Mbeya Town: CD4 analysis, safety monitoring, and basic medications exclusive of ARVs.</li> <li>• Support development of an HIV clinic at the Mbeya Referral Hospital to provide regional and national clinician training, local patient care and serve as the referral clinic for the Southern Highlands serving a catchment area of over 6.2 million.</li> <li>• Acquire ARV IEC material and train PLWHA, CHW and church/community members in ARV educational messages and Incorporation into program outreach through health facilities and affiliated community groups.</li> <li>• Continued support for follow up and outreach for patients on ARV.</li> <li>• Establishment of electronic patient record system at Mbeya Referral Hospital for M&amp;E of program and integration into general care and treatment at the facility.</li> <li>• Provide TA and QA/QC services to all participating hospitals.</li> </ul> <p><i>ARVs to be provided through funding and procurement by USAID.</i></p>	<p>DoD/ USMHRP</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <p>S7GAC</p>		
<p>Total partners</p>	<p>10</p>	<p>New partners</p>	<p>2</p>	<p>FBOs</p>	<p>1</p>	<p>Total budget</p>

Table 4.1 PMTCT-Plus (access to care and treatment by women and families through PMTCT)													
4.1.1 Current status of program in country	PMTCT is a major entry point for ART programs in Tanzania. Providing care and treatment to HIV-infected women identified through PMTCT programs serves as a link between treatment and prevention. MOH has developed a proposal to transform the former five PMTCT pilot sites (Bugando, Kagera, KCMC, Mbeya and Muhimbili) into PMTCT+ demonstration sites. The USC is collaborating with MOH and other partners to establish the five PMTCT+ sites. The Tanzania PEPFAR program will be coordinated with such activities, providing laboratory and technical support as needed as well as providing care for over flow patients identified through these activities.												
4.1.2 How new activities will contribute to PEPFAR targets; linkages to other activities	PMTCT+ activities will contribute to the PEPFAR goal of providing ART to treat more than 2 million infected persons with effective combination antiretroviral therapy. It is therefore anticipated that over 900 HIV sero-positive members will receive antiretroviral therapy by September 2004 thereby reducing vertical transmission and improving the quality of life among HIV infected persons enrolled in these programs.												
4.1.3 Existing activities, initiated prior to FY04													
Partner	<table border="1"> <tr> <th>FY04 Objective</th> <th>Activities for each objective</th> <th>Agency</th> <th>Budget Amount (\$)</th> <th>Budget Source (Base, PMTCT, S/GAG)</th> <th>Track (1, 1.5, 2)</th> </tr> <tr> <td>Columbia University New partner? No Provides grants to FBOs</td> <td> <ul style="list-style-type: none"> <li>To establish PMTCT+ and other HIV treatment activities in two referral and one regional hospital covering 900 PLWHA with ART.</li> </ul> </td> <td>CDC</td> <td></td> <td>S/GAC</td> <td>1.5</td> </tr> </table>	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAG)	Track (1, 1.5, 2)	Columbia University New partner? No Provides grants to FBOs	<ul style="list-style-type: none"> <li>To establish PMTCT+ and other HIV treatment activities in two referral and one regional hospital covering 900 PLWHA with ART.</li> </ul>	CDC		S/GAC	1.5
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Partner	<table border="1"> <tr> <th>FY04 Objective</th> <th>Activities for each objective</th> <th>Agency</th> <th>Budget</th> </tr> <tr> <td></td> <td> <ul style="list-style-type: none"> <li>Establish three PMTCT+ sites at Muhimbili National Hospital (MNH), Bugando Medical Center (BMC) and Kagera Regional Hospital (KRH)</li> <li>Introduce provision of ART at BMC and KRH</li> </ul> </td> <td></td> <td></td> </tr> </table>	FY04 Objective	Activities for each objective	Agency	Budget		<ul style="list-style-type: none"> <li>Establish three PMTCT+ sites at Muhimbili National Hospital (MNH), Bugando Medical Center (BMC) and Kagera Regional Hospital (KRH)</li> <li>Introduce provision of ART at BMC and KRH</li> </ul>						
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Total partners: 1	<table border="1"> <tr> <th>Agency</th> <th>Budget</th> <th>Subgrants</th> <th>Total budget</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Agency	Budget	Subgrants	Total budget								
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	<table border="1"> <tr> <th>FY04 Objective</th> <th>Activities for each objective</th> <th>FBOs</th> <th>New partners</th> </tr> <tr> <td></td> <td></td> <td>0</td> <td></td> </tr> </table>	FY04 Objective	Activities for each objective	FBOs	New partners			0					
FY04 Objective	Activities for each objective	FBOs	New partners										
		0											

**Strategic Information, Surveillance, Monitoring, Program Evaluation**

In order to monitor and evaluate national HIV/AIDS prevention, treatment and care programs, there is a need to strengthen the information system and surveillance activities at the central level and at the sites where these services are implemented. The USC is improving the systems for collection of quality sentinel surveillance data from ANC, STI clinics and blood donors, as well as supporting logistics management information systems and behavior surveillance.

The MOH has requested the support of USG through PEPFAR to support the strengthening of the information system to enable the Ministry to obtain data on the various levels of HIV/AIDS Interventions and disseminate them in a timely fashion to policy makers, health providers and the public at large.

The USC has been supporting population and facility based surveys in Tanzania since 1991. At the request of the Tanzania Commission for AIDS, the USC supported the 2003 Tanzania HIV/AIDS Indicator Survey (THIS). The THIS is a population based survey which will provide national data on key HIV/AIDS indicators such as HIV/AIDS prevalence, knowledge and sexual behavior practices, and desire for HIV testing, and information on care, support, impact mitigation and stigma. The National Bureau of Statistics of Tanzania, with technical assistance from ORC Macro, is conducting this survey. Most of the questions from the questionnaire come from the AIDS Indicator Survey (AIS) developed at Measure DHS. Fieldwork began in December 2003 and will be completed by the end of March 2004. Many of the questions related to HIV/AIDS from the AIS are new and most of the AIS questions have never been validated. With the advent of the PEPFAR program and funds, the AIS questionnaire will soon be used in PEPFAR countries to create a baseline of knowledge and practice.

HIV/AIDS data collected through sentinel surveillance or Demographic and Health Survey help to identify areas of increased prevalence. Targeted ARV care and prevention programs are then developed according to the specific needs.

The baseline survey (noted above) will be followed by an interim and a final survey to measure changes in key indicators. A validation study to determine how responsibly understood key questions and concepts related to sexual practices and HIV/AIDS used in the AIS (or THIS) currently underway in Tanzania is planned so that we know how to interpret the data collected and suggest revisions as necessary.

DHS is scheduled for 2004/05 and USG will provide funds for a limited AIDS module which will incorporate revised questions from the validation study. These surveys, in addition to on-going sero-surveillance through ante-natal clinics, will provide the USC program in Tanzania with the data required to monitor the status of the epidemic. Additionally, individual projects will collect data to monitor their ongoing activities (e.g. ART service delivery, etc.). This data will be reported to the USC program and collated centrally to be reported to the Governments of Tanzania and the United States.

The USC program will establish effective strategic information and M&E systems in support of the Government of Tanzania (GOT) from central to facility levels, thereby assisting the PEPFAR programs and the GOT to monitor program achievements.

Table 4-12

4.12.1 Current status of program in country

4.12.2 How new activities will contribute to PEPFAR targets, linkages to other activities

4.12.3 Existing activities initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAG)	Track (1, 1.5, 2)
NIMR New Partner? No FBO? No	To improve use of strategic information for surveillance of HIV/AIDS/STI	<ul style="list-style-type: none"> <li>Explore, identify, and design strategies for improving HIV/AIDS knowledge and information sharing among health workers at all levels</li> <li>Link HIV/AIDS surveillance system with the integrated disease surveillance and response strategy.</li> <li>Provide technical assistance to establish reliable laboratory information systems for monitoring and evaluating the HIV/AIDS laboratory network.</li> <li>Establish an HIV/AIDS information center to provide information on care and treatment for health workers, patients, and the general public.</li> <li>Provide technical assistance and leadership in assuring a highly functional and operational quality testing system.</li> </ul>	CDC		S/GAC	1.5

Measure Evaluation New Partner? No FBO? No	To provide M&E TA to USG and partners to improve performance monitoring systems for tracking results	<ul style="list-style-type: none"> <li>Develop a monitoring and evaluation plan for USG</li> <li>Update existing PIMS database system to meet PEPFAR needs</li> <li>Management of information system and reporting for PEPFAR</li> <li>Comprehensive assessment of HIS systems in relation to PEPFAR</li> <li>Strengthen M&amp;E among HIV/AIDS implementing partners</li> </ul>	USAID		Base	2.0
Measure MACRO DHS+ New Partner? No FBO? Yes / No	To provide continued technical assistance for the AIDS Indicator Survey and the 2004 Demographic and Health Survey.	<ul style="list-style-type: none"> <li>Validation study of AIDS questions of Tanzania HIV/AIDS Indicator Survey</li> <li>Limited AIDS module (for collection of behavioral data) in 2004 Demographic and Health Survey (DHS)</li> </ul>	USAID		Base	2.0
<b>4.12.4 Proposed new activities in FY 04</b>						
Partner Partner to be identified (MOH/DPP/NACP/NIMR) New partner? No FBO? No	<b>FY04 Objective</b> To strengthen the information and communication system at the central, regional and health facility level to support the M&E of HIV/AIDS interventions.	<b>Activities for each objective</b> <ul style="list-style-type: none"> <li>Promote use of information and communication technology</li> <li>Conduct a needs assessment for establishing a wide area network (WAN) to link the Ministry of Health headquarters, PMTCT Secretariat, NIMR and NACP with referral hospitals, regions and health facilities where HIV/AIDS services are implemented.</li> <li>Build capacity of the IT specialists, M&amp;E officers at the central and sites level to monitor different initiatives to mitigate the impact of HIV/AIDS epidemic</li> <li>Establish and maintain a WAN, Internet access and a MOH website</li> </ul>	Agency CDC	Budget S/GAC		

<input type="checkbox"/> New partner? No FBO? No	Total partners 5	To establish and effective monitoring and evaluation system for in country PEPFAR programs	New partners 0	<ul style="list-style-type: none"> <li>Placement of a SI &amp; M&amp;E Officer</li> <li>Provide TA to MOH for increased capacity for conduct valid M&amp;E</li> </ul>	FBOs 0	CDC	Total budget <input type="text"/>	<input type="text"/> S/GAC
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### Gross-Cutting Activities

The USG supports a wide range of cross-cutting HIV/AIDS activities in Tanzania, identified in national plans, as part of its national response to HIV/AIDS. They include policy development, legislative review, stigma reduction, and capacity building of public, nongovernmental (including FBO) and private sector organizations involved in the response. These interventions provide necessary linkages between actors, programs and government agencies. Recent cross-cutting achievements have included formulation of the National AIDS Policy, assessment of the impact of the AIDS Policy on laws as a means of safeguarding the rights of PLWHA, and national efforts to build the capacity of Council Multisectoral AIDS Committees which, in an environment of decentralization, will have a central role in building a community and district response to HIV/AIDS.

The USG has long supported cross-cutting processes as a means to improving the environment (policy, institutional) in which our HIV/AIDS activities are developed at national and local levels. Examples for government includes policy development and implementation; capacity building to strengthen strategic leadership and coordination capacity of TACAIDS; technical assistance for Global Fund processes (partnership facilitation; proposal preparation; and start up coordination). For the NGO and FBO sector, this includes strategic leadership and coalition building around critical issues for civil society organizations (FBOs, PLWHA organizations, and parliamentary networks). Specific technical assistance programs include strengthening:

- TACAIDS as a strategic leader and coordinator and building its capacity as a multisectoral coordinating body.
  - The NACP: technical assistance for formulation of the Health Sector AIDS Strategy; technical support for development and use of the GOALS and AIM models (in collaboration with TACAIDS).
  - GFCCM as a multisectoral coordinating body.
  - Policy support.
- Nongovernmental sector: technical assistance and mini-grants for program implementation for coalitions of faith-based organizations; technical assistance to organizations of PLWHA to support formation of a national PLWHA Council; and technical assistance to the Tanzania Parliamentary AIDS Coalition (TAPAC).
- Support the establishment of National HIV Coordination offices in the governing body of the Catholic, Protestant and Muslim communities in Tanzania, i.e. the Tanzania Episcopal Conference (TEC), the Christian Council of Tanzania (CCT) and the National Muslim Council of Tanzania (BAKWATA).
- The Ministry of Health has established a mechanism to manage resources available for in-service training and continuing education for health care workers. Training is an essential intervention for improving HIV/AIDS related services, and it is an integral part of technical assistance offered by various partners.

Table 4.13

4.13 Current status of program in country



<p>4.13.2 How new activities will contribute to PEPFAR targets linkages to other activities</p>	<p>The cross cutting activities proposed in the COP will build capacities and move policies forward to achieve PEPFAR targets for prevention, care and treatment. Organizations targeted in the cross cutting activities are strategic partners (TACAIDS, MOH, FBO networks, NGO networks, PLWHA and implementing partners). These programs are critical to developing in country sustainability.</p> <p>The activities support PEPFAR goals through strengthening targeted capacities of national bodies to influence successful implementation:</p> <ul style="list-style-type: none"> <li>Increasing leadership and coordination capacities in government, among FBOs, among PLWHA and among NGO networks, resulting in stronger prioritizing of prevention, treatment and care and support interventions and in enhanced ability to use resources strategically for achievement of results;</li> <li>Increasing capacities of government and networks to address critical issues that influence acceptance of prevention, treatment and care and support services. Stigma is a major cross cutting issue that the USG proposes to address through a mix of interventions targeting government, FBOs, NGO networks, PLWHA networks and implementing partners;</li> </ul> <p>Increasing access to information (e.g. HIV prevalence and funding models such as GOALS and AIM, and communication products from bullets above) to strengthen abilities to advocate for and increase accountability in targeting resources strategically to national priorities for prevention, treatment and care and support.</p>						
<p>4.13.3 Existing activities, initiated prior to FY04</p>	<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget Amount (\$)</p>	<p>Budget Source (Base, PMTCT, S/GAG)</p>	<p>Track (1, 5, 2)</p>

<p>Policy Project</p> <p>New Partner? No</p> <p>FBO? No</p>	<p>Increased access to information for policy dialogue and planning</p>	<ul style="list-style-type: none"> <li>• Develop GOALS model; AIM model; policy briefs on prevention, treatment and OVCs</li> <li>• Increase capacity of government, NGOs and FBOs for policy analysis, dialogue and advocacy on prevention, treatment and care and support</li> <li>• Improve enabling environment for HIV/AIDS monitoring and evaluation in relation to the National Care and Treatment Plan</li> <li>• Provide technical assistance and mini-grants to FBOs and NGOs for issue-based advocacy (stigma reduction related to increased availability of ART)</li> <li>• Provide technical assistance to government (including provision of quality briefing materials on treatment, OVCs, and prevention)</li> <li>• Strengthen new National PLWHA Council</li> </ul>	<p>USAID</p>	<div style="border: 1px solid black; width: 100px; height: 50px;"></div>	<p>Base</p>	<p>2.0</p>
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<p>Balm in Gilead</p> <p>New Partner? No</p> <p>FBO? Yes</p>	<p>To support TEC, CCT and BAWATA to effectively address HIV/AIDS</p>	<ul style="list-style-type: none"> <li>• Develop organizational capacity and infrastructure of HIV/AIDS offices in the national headquarters of CCT, TEC and BAKWATA</li> <li>• Conduct a national needs assessment within the Islamic community to determine the current level of involvement in HIV/AIDS.</li> <li>• Establish VCT services within national headquarters of CCT, TEC and BAKWATA.</li> <li>• Conduct feasibility study for providing VCT and PMTCT services in 30 diocese, 13 church denominations and 20 mosques reaching 50,000 people</li> <li>• Establish 12 HIV/AIDS resource centers within the National HIV/AIDS office of CCT, TEC and BAKWATA and in 12 regions reaching 400,000 people</li> <li>• Develop and implement a faith based national radio and print media campaign for HIV/AIDS prevention reaching 10,000,000 people of all faiths in conjunction with other media campaigns (4.2 and 4.5).</li> </ul>	<p>CDC</p>	<p>S/CAC</p> <p>S/CAC</p>	<p>1.5</p> <p>2.0</p>
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<p>Management Sciences for Health</p> <p>New Partner? No FBO? No</p>	<p>Strengthened capacities of national multisectoral bodies (TACAIDS and ZAC) to lead and coordinate the response to HIV/AIDS.</p> <p>Strengthen the GFCCM as a multisectoral, resource mobilization body for AIDS in Tanzania.</p>	<ul style="list-style-type: none"> <li>• Build capacity for TACAIDS to achieve PEPFAR and NMSF prevention and OVC targets (finance, administration, district response).</li> <li>• Build capacity in support of the Zanzibar AIDS Commission.</li> <li>• Capacity building for Association of Private Hospitals in Tanzania to strengthen network capacity to support members for ART and other treatment and continuum of care issues.</li> <li>• Build capacities of GFCCM and its secretariat to strengthen Tanzania's participation in global fund processes; technical assistance for supporting implementation of GFCCM programs.</li> </ul>	<p>USAID</p>	<p>[ ]</p>	<p>Base</p>	<p>2.0</p>
<p>NACP</p> <p>New Partner? No FBO? No</p>	<p>To create a high level of understanding of stigma and discrimination among health workers and the public at large in the 7 regions with PMTCT expansion sites.</p>	<ul style="list-style-type: none"> <li>• Increase the number of health workers communicating positively on HIV/AIDS/STI.</li> <li>• Enhance mass media involvement in stigma reduction activities.</li> <li>• Establish a national forum for stigma reduction.</li> <li>• Promote stigma reduction activities among health workers and communities.</li> <li>• Strengthen the management and capacity of IEC unit in NACP.</li> <li>• Monitor and evaluate the planned activities.</li> </ul>	<p>CDC</p>	<p>[ ]</p>	<p>S/GAC</p>	<p>1.5</p>

4.13.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
<input type="checkbox"/> New partner? Yes <input type="checkbox"/> FBO? No	Increase utilization of PEPFAR and GOT HIV/AIDS prevention, care and support and treatment services through stigma reduction. Extending reach of PEPFAR prevention, care and support communication programs to populations reached by non PEPFAR USG partners.	<ul style="list-style-type: none"> <li>Stigma reduction packages available for all PEPFAR implementers and other interested agencies and organizations: technical assistance and grant funds for implementation of stigma tool kit.</li> <li>Technical assistance and grant funds to support extending PEPFAR activities in prevention, care and support and treatment for non-PEPFAR USG development partners in Tanzania (e.g. economic growth, democracy and governance, natural resource management, etc.)</li> </ul>	USAID	<input type="checkbox"/> base
<input type="checkbox"/> MOH/Training Dept <input type="checkbox"/> New Partner? No <input type="checkbox"/> FBO? No	To develop a strategy for effective and integrated HIV training in the health sector	<ul style="list-style-type: none"> <li>Conduct an assessment to identify problems in service delivery and root causes.</li> <li>Determine the right mix of training and health systems intervention that will identify problems.</li> <li>Provide short term gap filling training intervention.</li> <li>Develop a long term training strategy.</li> </ul>	CDC	<input type="checkbox"/> PMTCT
<input type="checkbox"/> Total partners: 6	<input type="checkbox"/> New partners: 1	<input type="checkbox"/> FBOs: 1	<input type="checkbox"/> Total budget:	<input type="checkbox"/>

<p><b>Table 4.14</b></p> <p><b>4.14.1 Current status of program in country</b></p>	<p><b>Laboratory Support</b></p> <p>The Tanzania laboratory system is currently in a state of reconstruction. In 2002, a Ministerial Task Force was commissioned to review the state of national laboratory services and develop appropriate recommendations. Its key findings were:</p> <ul style="list-style-type: none"> <li>• The level of funding for laboratories is low and has continued to decline even though laboratories generate significant revenue for the hospitals in which they are located.</li> <li>• Laboratory equipment is poorly maintained and serviced.</li> <li>• Laboratories are understaffed.</li> <li>• The lack of an effective supervisory system has resulted in a lack of adherence to standards.</li> <li>• As a result of poor services, clinicians have limited confidence in laboratory results.</li> </ul> <p>A lack of appropriate logistic support for laboratory equipment, maintenance and reagents results in poor supply. Some laboratory facilities are being renovated thus providing an opportunity to expand the laboratory capacity to support HIV/AIDS diagnosis and disease staging to monitor individuals on ART. The Mbeya Referral Hospital laboratory building has recently been renovated and the Central Pathology Laboratory at Muhimbili is currently under renovation. Tanzania plans to establish the National Health Laboratory Service (NHLS), an autonomous body that would manage national, zonal and regional laboratories.</p>
<p><b>4.14.2 How new activities will contribute to PEPFAR targets linkages to other activities</b></p>	<p>Well-equipped laboratories staffed by qualified personnel are essential in the fight against HIV/AIDS. Building laboratory infrastructure, skill capacity and laboratory quality systems are required to effectively support HIV/AIDS interventions, including VCT, PMTCT, ART and HIV surveillance.</p> <p>In the first year, efforts will focus on the establishment of a network of zonal, regional and district laboratories and provide capacity to diagnose HIV infection, disease staging of HIV/AIDS and treatment monitoring. Also, with support of the USG, the MOH will establish a national HIV laboratory quality assurance system. A system for bulk procurement of laboratory equipment, reagents, and test kits through long term placement contracts will also be introduced.</p> <p>Four track 1-0 awardees (Columbia University, Harvard University, Elizabeth Glaser Pediatric AIDS Foundation, and Catholic Relief Services) will strengthen HIV/AIDS laboratory capacity in 3 of the zonal referral hospitals (the fourth hospital will be directly supported through Track 2.0 activities).</p> <p>Contribution to PEPFAR goals:</p> <ul style="list-style-type: none"> <li>• 2,300,000 people will be tested to diagnose HIV</li> <li>• 230,000 CD4 tests for staging HIV/AIDS and determine suitability to initiate treatment</li> <li>• 23,000 CD4 tests for treatment monitoring among 11,000 patients on ART</li> <li>• 4 referral and 14 regional HIV laboratories participate in National HIV Laboratory Quality Assurance system</li> </ul>

4.14.3 Existing activities, initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
<p>To be identified MOH/Diagnostic Service</p> <p>New partner? No</p> <p>FBO? Yes / No</p>	<p>To establish and maintain a national health laboratory network to support HIV/AIDS diagnosis, disease staging and monitoring of treatment at all levels.</p>	<ul style="list-style-type: none"> <li>• Provide HIV/AIDS test services for HIV/AIDS, diagnosis, disease staging, patient monitoring and treatment monitoring for existing and proposed new ART sites</li> <li>• Renovate laboratory infrastructure and provide essential equipment, reagents and supplies</li> <li>• Establish planned preventive maintenance for equipment</li> <li>• Establish reliable quality assurance scheme for HIV/AIDS testing</li> <li>• Ensure proper specimen management and testing</li> <li>• Provide training and technical assistance in implementation of rapid HIV/AIDS testing</li> </ul>	CDC		S/GAC	2.0

<p>NIMR in collaboration with MUCHS/NHRL</p> <p>New partner? No</p> <p>FBO? Yes / No</p>	<p>To introduce, develop and implement HIV/AIDS laboratory quality systems in Tanzania</p>	<ul style="list-style-type: none"> <li>• Renovate and equip facilities to support the national HIV/AIDS laboratory quality assurance scheme.</li> <li>• Conduct quality assessment of HIV/AIDS testing at Regional and district laboratories.</li> <li>• Develop HIV laboratory training materials.</li> <li>• Train trainers in HIV/AIDS related testing and testing specific quality assurance.</li> <li>• Establish a central area for receiving and delivering distance-based training (e.g., satellite and internet based training).</li> <li>• Provide assistance in the development of standard operating procedures for quality system components (specimen management, process control, and information management).</li> <li>• Provide technical assistance for external quality assessment (proficiency testing) programs.</li> </ul>	<p>CDC</p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<p>S/GAC</p>	<p>2.0</p>
<p>4.14.4 Proposed new activities in FY04</p>		<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget</p>



<p>MOH/Mbeya Referral Hospital</p> <p>New partner? No FBO? No</p>	<p>Develop a referral lab for HIV patient care and monitoring for the Southern Highlands located at the new HIV Clinic/Center of Excellence (COE) at the Mbeya Referral Hospital (serving a total population of 6.2 million individuals).</p>	<ul style="list-style-type: none"> <li>Assist in the completion of the construction of the COE at the Mbeya Referral Hospital, supporting the development of a referral laboratory for the Southern Highlands.</li> <li>Equip laboratory at a referral level for the monitoring of HIV/AIDS patients under care and on ARVs.</li> <li>Train eight laboratory technicians at this facility in advanced patient monitoring with emphasis on QA/QC.</li> <li>Laboratory development and operation will be undertaken with the CDC and the National Reference Laboratory in Dar es Salaam.</li> </ul>	<p>DoD/ USMHRP</p>	<p>S/GAC</p>
<p>Total partners</p> <p>3</p>	<p>New partners</p> <p>0</p>	<p>FBOs</p> <p>0</p>	<p>Total budget</p> <p>0</p>	<p></p>

**Table 5.1 U.S. Agency Management and Staffing - U.S. Agency for International Development (USAID)**

5.1 U.S. Agency Management, Items and Activities		Budget					
Existing Staff Costs (3 FSNs, 3 Non-DH Expatriate Staff)							
New Staff Costs (3 Technical FSNs)							
ICASS (10% of staff costs)							
[Add rows as needed]							
<b>Total</b>		<b>B5</b>					
5.1.2 U.S. Agency Management and Program Staff, Existing and New, By Category							
	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC/TAACS/Fellows	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	1	0	2	2	3	0	8
Number of Management Staff	1	0	1	1	0	0	3
Total Number of Staff	2	0	3	3	3	0	11

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Table 5.2 U.S. Agency Management and Staffing - Department of Health and Human Services (HHS)

5.2 U.S. Agency Management Items and Activities	Budget
<i>Salaries &amp; Benefits (11.0/12.0):</i>	
Existing Headcount	
- USDH	
- FSNs	
New Hires:	
- USDH	
- Contractor	
- Administration/ Management - USDH	
- Program (FSNs)	
Staff Relocation - (12.0)	
Travel (21.0)	
- Program Planning & Review Meetings	
- International Travel:	
TDYs	
Training	
Meetings & Conferences	
Transportation of Goods (22.0)	
Rent, Communications & Utilities (23.0)	
Printing & Reproduction (24.0)	

Contractual Services (25.0):	
- Office Renovation / Modification (RPSO)	
- ICASS	
- All Others	
Supplies & Materials (26.0)	
Assets / Equipment (31.0):	
- Computers and accessories	
- Others	
<b>Total</b>	<b>Base</b>

52.2 U.S. Agency Management and Program Staff Existing and New By Category							
	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC / ORISE	Number of New Internat. PSC for PEPFAR	Total Number of Staff
Number of Program Staff	1	1	0	8	0	1	11
Number of Mgmt Staff	1	0	9	6	0	0	16
<b>Total Number of Staff</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>1</b>	<b>27</b>

Table 5.3 U.S. Agency Management and Staffing - U.S. Department of Defense (DOD)

5.3 U.S. Agency Management/Items and Activities		Budget					
New management and program staff in country for PEPFAR located in Mbeya							
Admin costs for PEPFAR (supplies, office rent, computers, utilities)							
[Add rows as needed]							
Total							
5.3.2 U.S. Agency Management and Program Staff Existing and New, By Category							
	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff				3			3
Number of Management Staff		1					1
Total Number of Staff		1		3			4*

\* DoD will be providing additional support to PEPFAR programs through 50 staff supported through research dollars as a means of leveraging current on ground capabilities.

Table 5.4 U.S. Agency Management and Staffing - Department of State (DOS)

5.4.1 U.S. Agency Management Items and Activities								Budget
PEPFAR Coordination Assistant (includes all associated travel and support costs)								
[Add rows as needed]								
Total								
5.4.2 U.S. Agency Management and Program Staff, Existing and New, By Category								
Number of Program Staff	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff	
						1	1	
						1	1	

Table 6. Budget for the President's Emergency Plan for AIDS Relief

Program Area	USAID		HHS		DOD		Other		TOTAL
	Base Budget FY04	PMTCT Budget FY04	Base Budget FY04	PMTCT Budget FY04	Base Budget FY04	PMTCT Budget FY04	SGAC Request FY04	SGAC Request FY04	
PMTCT									
Abstinence /Faithfulness									
Blood Safety									
Safe Medical Injections									
Other Prevention									
VCT									
HIV clinical care (non-ART)									
Palliative Care									
OVC									
ART (non-PMTCT Plus)									
PMTCT Plus									
Strategic Information									
Cross Cutting Activities									
Laboratory Support									
Management & Staffing									
TOTAL									