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S18

FY 2005
TANZANIA COP
PRINCIPAL'S REVIEW
VERSION
NOVEMBER / DECEMBER
2004

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Condensed COP Report

Tanzania

2005

Not 12/10 —

but 12/30

Version

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Country Operational Plan (COP)

Country Name: Tanzania

Fiscal Year: 2005

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Table 1: Country Program Strategic Overview**1.1 National Response**

National institutional efforts to respond to HIV/AIDS were initiated in 1985 with support from the WHO Global Programme on AIDS. Through this support, an initial short-term plan (1985-1988) followed by two medium-term plans (1987-1991, 1992-1996) for HIV/AIDS/STD prevention in Tanzania were developed. Since then up to 2001, the NACP has been the main co-ordinator and implementer of major national interventions on prevention, care and impact mitigation. Given the magnitude of the epidemic, the need for additional resources and the challenges to co-ordination caused by the involvement of an increasing number of organisations in HIV/AIDS prevention, a structure with greater co-ordination authority was needed. A restructuring process was initiated to make HIV/AIDS/STD prevention efforts more multisectoral. In March 2001, Tanzania Commission for AIDS (TACAIDS) under the office of the Prime Minister was designated as the lead structure for co-ordinating the HIV/AIDS-related activities in the country.

The National Multisectoral HIV/AIDS Policy and the National Multisectoral Strategic Framework provide the overall policy direction and guidance for the national HIV/AIDS response in Tanzania mainland and Zanzibar. The policy was approved by the parliament and the strategic framework by the cabinet. Sector specific strategies and plans are based on the guidance and direction provided in these documents. The Ministry of Health has developed a Health Sector Strategy on HIV/AIDS and a National Care and Treatment Plan. Other sectors, including education, labor and social welfare, agriculture are in various stages of finalizing sectoral strategies and plans.

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1.1.2

National HIV/AIDS Coordinating Authority

The leadership and coordination for the national response in Tanzania has been transferred from the Ministry of Health's National AIDS Control Program (NACP) to the Prime Minister's Office with the establishment of the Tanzania Commission for AIDS (TACAIDS) in March 2001. In Zanzibar, a similar move occurred with establishment of the Zanzibar AIDS Commission (ZAC) under the Chief Minister's Office. This transition to a high level multisectoral body has provided an opportunity for sectoral ministries to refocus efforts on providing quality technical leadership in the national response to HIV/AIDS. This is particularly important for the health sector, as it implements the complex care and treatment plan. The USG strategy that guides this country operation plan recognizes the need for the USG response to be integrated within the national response and to be in harmony with the "three ones" approach coordinated by TACAIDS and ZAC; three ones meaning that there is commitment to harmonize strategies with the (1) national plans and priorities; (2) leadership of Tanzania's national HIV/AIDS coordinating bodies; and (3) monitoring and evaluation system for the mainland and Zanzibar.

In keeping with Tanzania's commitment to the "three ones," national HIV/AIDS coordinating bodies and strategic plans are in place in Mainland Tanzania and Zanzibar, with monitoring and evaluation (M&E) systems in various stages of development and implementation. A Monitoring and Evaluation Directorate has been established within TACAIDS, which is tasked with the responsibility of monitoring and coordinating the national multisectoral HIV/AIDS response at all levels. A M&E framework is in final draft with linkages between the different initiatives supported by government and other partners and data collection efforts. Major components of this framework include surveillance, surveys, and targeted evaluations, routine information systems, financial management information systems and program management information. A national HIV/AIDS M&E task force is in place, and a comprehensive HIV/AIDS national multi-sectoral database is under development. As part of the multisectoral response, all sectors are required to develop their own HIV/AIDS strategic and M&E plans, which link up to the national M&E framework. To date, the Ministry of Health is one of the sectors that has developed an HIV/AIDS strategy with a draft M&E plan in place. Plans are underway to develop an M&E framework for Zanzibar.

The USG approach supports the continuum of care in Tanzania, and validates the importance of the network model. The network model is an approach that places the prospective patient in search of care and services at the center of an integrated referral network. That network draws from regional, district, and local levels to assure a seamless continuum of care from prevention through treatment. The continuum includes all aspects of patient care from medically provided delivery of services to necessary legal, social, and peer support services. The continuum responds holistically to recognize and incorporate patient needs beyond immediately needed medical services. USG interventions achieve this through a variety of strategic approaches. These approaches include the creation and staffing of the Care and Treatment Unit (CTU) in the MOH; supporting the distribution system for ARVs; training staff in target facilities; strengthening facilities, including building secure pharmacies, securing use of sufficient clinic space, and installing appropriate laboratory equipment; adopting standards for laboratory services and ensuring all target facilities meet them; and establishing linkages with other elements of the healthcare system to ensure flow of treatment candidates, focusing especially this first year on symptomatic patients.

A lack of sufficient human resources in the Tanzanian health sector is the single greatest challenge facing Tanzania and the USG in the implementation of the Emergency Plan. The long awaited national care and treatment plan is unfolding at a time of unprecedented crisis for human resource availability. Human resource issues in Tanzania are thoroughly documented in recent assessments and the problems are well understood. However, unless there is a concerted and large scale commitment by GOT and all partners to take action to increase the pool and capacity of existing human resources, the care and treatment plan is not only at risk, but the entire health sector is at risk. HIV/AIDS cannot be addressed at the cost of Tanzania's general health services that must still treat the 90% of more of the population who are uninfected.

Opportunities lie in combining multiple approaches and implementing them concurrently, including improving the productivity of existing staff, expanding the capacities and output of Tanzanian training institutions; and creating high level policy fora that include GOT, donors, voluntary sector (including faith-based) and private sector leaders on how to use the momentum of existing reform processes to fast-track programs to improve availability and quality of human resources in Tanzania. The measure of USG success will be seen through the increased impact of available services on people and their communities.

New opportunities are emerging, such as the World Bank \$10 million initiative entitled African Regional Capacity Building Network for HIV/AIDS Prevention, Care and Treatment (ARCAN), which will target Tanzania, Kenya, Ethiopia and Uganda. The Emergency Plan in Tanzania needs to commit to the concept of doing no harm – and avoid decimating the health sector as a whole in the recruitment and training of staff to achieve its own targets.

The USG program in Tanzania has assembled a wide range of partners from the Government of Tanzania, through private, local entities and service providers, to faith- and community-based organizations and international and U.S.-based groups. This wide range of partners has been assembled because they are best placed to scale up prevention, treatment, and care programs rapidly to national levels to achieve Tanzanian and U.S. government goals. The USG partnerships focus on building local capacity, regardless of who directly holds the agreement. Utilizing the expertise of the Ministry of Health may be most appropriate in some instances. In other cases, where the Ministry does not have the reach, or where capacity may be thin, voluntary, faith and community organizations may be best placed to implement programs. In either case, the USG partnerships focus on building the local capacity to implement activities in the long run. Partnership, in the Tanzanian context, also includes identifying ways of streamlining processes so that implementation can occur without creating bureaucratic challenges. In this regard, the USG has established partnerships with organizations that can, in turn, provide resources and build the capacity of other, often smaller, organizations. This allows for a true trickle-on effect without overburdening any one entity.

Tanzania's health sector has a long tradition of public-private partnership. The National Multisectoral Framework (NMSF) and the Zanzibar Multisectoral Plan (ZNMSP) both recognize the value in fostering partnerships between the public, private, and voluntary sectors for achieving national targets. Presently, approximately 40 per cent of services are delivered by mission and faith-based hospitals and health facilities. One of the eight strategies of Tanzania's national health sector reform is to increase the public-private mix in health service delivery. While foundations are in place to foster public-private partnership, implementation is lagging and needs to scale up rapidly, particularly in Tanzania's districts and communities. The President's Office, Regional Administration and Local Government recently created Council Multisectoral AIDS Committees that include civil society organizations, private sector, and government representation, which offer opportunities for building effective local partnerships further. The USG has traditionally worked in partnership with both government and the voluntary sectors, and increasingly with the private sector. It will continue to do so under the Emergency Plan. This will require using a range of flexible financing modalities that allow funds to flow rapidly to local government or local community organizations, and that support US government reporting and audit requirements.

Tanzania, like most developing countries, has been persistently resource-constrained. Despite the paucity of resources, health outcomes continued to improve until the mid-1980s. Tanzania has a fairly well distributed health care system where the public sector provides 60% and of the service with private and mission facilities providing the remaining 40%. 80% of the population has access to health services and over 90% of the population lives within 10 km of a facility. There are about 4,800 health facilities of which 2,877 are government owned, 848 are voluntary agencies, 283 are parastatal, and 836 are private. The voluntary sector that includes the faith-based organizations is strong and plays a major role in service delivery. The private sector is still growing in both capacity and experience. Despite these numbers, health services are far from meeting acceptable national quality standards. In many instances, the infrastructures in facilities is worn out and in need of major repair and important equipment are out of date or not available. Commodity shortages and stock outs are a common occurrence. Staffing, in terms of number, skills, and skill mix is also a major problem.

Despite this, the government of Tanzania is making concerted efforts and working with the private sector to improve this situation by embarking on institutional and system strengthening to improve service delivery in both HIV and health arenas. The USG is contributing towards this end by providing resources to improve service delivery infrastructure that includes renovating buildings and installing new equipment. The USG is also working towards strengthening commodity logistics systems, information management systems, the laboratory network and carrying out major training initiative so that a sufficient number of skilled personnel are available to manage the programs.

Addressing gender imbalance at all levels of HIV/AIDS programming has been identified as a challenge. The USG will work closely with all partners implementing HIV/AIDS programs to develop and implement national policies and strategies to address gender-based constraints with the understanding that gender is not solely an issue which impacts females, but also impacts males. Gender imbalance is a concern in the area of prevention, but is also present in terms of the access of care and treatment. The USG will collaborate with TACAIDS, Ministry of Health, and other development partners to ensure the development and implementation of national policies and programs that scale up and provide equal access on care and treatment for women, men, children, the elderly and other disadvantaged groups.

HIV/AIDS stigma and discrimination are pervasive among people in Tanzania. Fear and denial, fed by a lack of information, result in stigmatization of and discrimination against infected with HIV/AIDS as well as their family members. So widespread is this attitude that many who do not know their sero-status live in fear of the potential stigma and discrimination resulting from a positive test. Thus, program interventions across the prevention-to-care-continuum are negatively affected just from the anticipated reaction from others in their families, workplaces, and communities. This negative effect pervades individuals' willingness to test, disclosure of testing and status, use of prevention methods (such as condom use), and care-seeking behavior upon diagnosis. Stigma among medical professionals is also high, thus the quality of care received by HIV-positive patients is of concern. In every way, stigma intensifies the pain and suffering of PLHA, their families, and caregivers. The USG program is committed to supporting interventions to impact community and social norms positively in order to enhance acceptance and tolerance of PLHA in Tanzania. Strategic efforts to mainstream HIV/AIDS in Tanzanian society must be addressed throughout all program activities and interventions in order to have an impact. Integral to the USG approach is the need to make available widespread and factual information regarding all aspects of prevention, care, and treatment. As part of a recent stigma reduction study, Tanzania benefits from access to leaders in the field of stigma reduction, as well as state of the art, tested toolkits. The available data and resources will be used to better inform and design needed community-level interventions to impact on existing community and social norms.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National</u> <u>2-7-10</u>	<u>USG Direct Support</u> <u>Target End FY05</u>	<u>USG Indirect Support</u> <u>Target End FY05</u>	<u>Total USG Support</u> <u>Target End FY05</u>
Prevention	Target 2010: 490,417			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		6,896	0	6,896
Number of pregnant women who received PMTCT services in FY05		113,327	0	113,327
Care	Target 2008: 750,000	430,250	37,500	430,250
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		18,250	12,500	18,250
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		1,500	0	1,500
Number of individuals who received counseling and testing in FY05		379,000	0	379,000
Number of OVCs being served by an OVC program at the end of FY05		31,500	25,000	31,500
Treatment	Target 2008: 150,000	23,163	3,200	26,363
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		500	0	500
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		22,663	3,200	25,863

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID:
 Mech Type:
 Mech Name:
 Agency:
 Funding Source:

Prime Partner: To Be Determined
Mech ID: 1,225
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 537
Prime Partner Type: Own Agency
Local: No
New Partner: Yes

Mech ID: 1,552
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HQ
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 537
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: Academy for Educational Development
Mech ID: 1,175
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: Yes

Prime Partner: African Medical and Research Foundation
Mech ID: 1,182
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 220
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 1,217
Mech Type: Locally procured, country funded (Local)
Mech Name:

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Prime Partner: African Medical and Research Foundation

Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 220
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 1,230
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID(Def)
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAJ)
Prime Partner ID: 220
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Africare

Mech ID: 1,169
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 166
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: American Red Cross

Mech ID: 1,508
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 170
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Balm in Gilead

Mech ID: 1,187
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 4
Prime Partner Type: FBO
Local: Yes
New Partner: No

Sub-Partner Name: Christian Council of Tanzania (CCT)
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

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Prime Partner: Balm in Gilead
Sub-Partner Name: National Muslim Council (BAKWATA)
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Tanzania Episcopal Conference (TEC)
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: BBC World Trust
Mech ID: 1,206
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 417
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: CARE International
Mech ID: 1,178
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 174
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Catholic Relief Services
Mech ID: 1,506
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Track 1/Round 2
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 7
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 1,514
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 7
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Central Contraceptive Procurement
Mech ID: 1,177

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Prime Partner: Central Contraceptive Procurement
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account
Prime Partner ID: 1,851
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: Columbia University
Mech ID: 1,221
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: UTAP
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account
Prime Partner ID: 2,276
Prime Partner Type: University
Local: No
New Partner: No

Sub-Partner Name: Bugando Medical Centre (BMC)
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Kagera Regional Hospital (KRH)
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Muhimbili National Hospital(MNH)
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner:

Sub-Partner Name: Sekou Toure Hospital, Mwanza
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Mech ID: 1,512
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 2,276
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Crown Agents
Mech ID: 1,414
Mech Type: Locally procured, country funded (Local)
Mech Name: Deferred
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHA)
Prime Partner ID: 422
Prime Partner Type: Private Contractor
Local: No
New Partner: Yes

Prime Partner: Deloitte Touche Tohmatsu
Mech ID: 1,197
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 423
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Mech ID: 1,158
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 178
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 1,511
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 178
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Family Health International
Mech ID: 1,219
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 1,321
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: YouthNet

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Prime Partner: Family Health International
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Harvard University School of Public Health
Mech ID: 1,513
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 478
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Healthscope Tanzania
Mech ID: 1,167
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 252
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.
Mech ID: 1,141
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHA) account)
Prime Partner ID: 2,421
Prime Partner Type: NGO
Local: No
New Partner: Yes

Sub-Partner Name: Anglican Diocese of the Southern Highlands
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Caritas International
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: Yes

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Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.

Sub-Partner Name: Iringa Residential and Training Foundation
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Moravian Church - Southwest Province
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: OakTree Foundation
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Serve Tanzania (SETA)
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Service Health & Development for People Living with HIV/AIDS
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Prime Partner: IntraHealth

Mech ID: 1,220
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account
Prime Partner ID: 191
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: JHPIEGO

Mech ID: 1,171
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account
Prime Partner ID: 193
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: John Snow Inc

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Prime Partner: John Snow Inc
Mech ID: 1,183
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Deliver
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 427
Prime Partner Type: NGO
Local: Yes
New Partner: No

Mech ID: 1,184
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Deliver (Def)
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 427
Prime Partner Type: NGO
Local: Yes
New Partner: No

Mech ID: 1,192
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 427
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Kikundi Huduma Majumbani
Mech ID: 1,028
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 2,282
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Lake Tanganyika Catchment Reforestation and Education Project
Mech ID: 1,179
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 2,271
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Macro International
Mech ID: 1,209
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:

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Prime Partner: Macro International
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 429
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: No

Prime Partner: Management Sciences for Health
 Mech ID: 1,215
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: M&L
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 194
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 1,441
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: RPM+
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 194
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Mbeya Referral Hospital
 Mech ID: 700
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: Deferred (GHAI)
 Prime Partner ID: 981
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: No

Mech ID: 1,027
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 981
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: No

Prime Partner: Mbeya Regional Medical Office
 Mech ID: 1,135
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: GAC (GHAI account)

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Prime Partner: Mbeya Regional Medical Office
Prime Partner ID: 1,828
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Medical Stores Department
Mech ID: 1,203
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 1,853
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: Muhimbili National Hospital(MNH)
Mech ID: 1,156
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 1,845
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Sub-Partner Name: Muhimbili Health Information Centre
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: National AIDS Control Program Tanzania
Mech ID: 1,056
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 360
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Sub-Partner Name: Muhimbili Health Information Centre
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: National Blood Transfusion Services(NBTS) Tanzania
Mech ID: 1,159
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount: \$0.00
Agency: HHS
Funding Source: N/A
Prime Partner ID: 1,846

UNCLASSIFIED

Prime Partner: National Blood Transfusion Services(NBTS) Tanzania
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: National Institute for Medical Research (NIMR)
Mech ID: 1,153
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,844
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Sub-Partner Name: Muhimbili University College of Health Sciences
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: National Tuberculosis and Leprosy Control Program (NTLP) Tanzania
Mech ID: 1,253
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,926
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: Pact, Inc.
Mech ID: 1,109
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 200
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Pathfinder International
Mech ID: 1,202
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 202
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 1,415
Mech Type: Locally procured, country funded (Local)
Mech Name:

UNCLASSIFIED

Prime Partner: Pathfinder International

Planned Funding Amount:
 Agency: HHS
 Funding Source: Deferred (GHA)
 Prime Partner ID: 202
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Tanzanian Red Cross National Society
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner: PharmAccess

Mech ID: 1,136
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: GAC (GHA account)
 Prime Partner ID: 1,829
 Prime Partner Type: Private Contractor
 Local: Yes
 New Partner: Yes

Prime Partner: Program for Appropriate Technology in Health

Mech ID: 1,254
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 207
 Prime Partner Type: NGO
 Local: No
 New Partner: Yes

Prime Partner: Regional Procurement Support Office (RPSO), US Consulate Frankfurt

Mech ID: 2,244
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 3,072
 Prime Partner Type: Other USG Agency
 Local: Yes
 New Partner: Yes

Prime Partner: Rukwa Regional Medical Office

Mech ID: 1,138
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: GAC (GHA account)
 Prime Partner ID: 1,830
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: Yes

UNCLASSIFIED

Prime Partner: Rukwa Regional Medical Office

Prime Partner: Ruvuma Regional Medical Office
 Mech ID: 1,139
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: GAC (GHA account)
 Prime Partner ID: 1,831
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: Yes

Prime Partner: SANquin Blood Supply Foundation and Consulting Services
 Mech ID: 1,190
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 2,204
 Prime Partner Type: Private Contractor
 Local: Yes
 New Partner: Yes

Prime Partner: Tanzania Commission for AIDS
 Mech ID: 1,164
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 1,847
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: Yes

Prime Partner: Tanzania Ministry of Health/Diagnostics
 Mech ID: 1,130
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 1,837
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: No

Sub-Partner Name: Bugando Medical Centre (BMC)
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner:

UNCLASSIFIED

Prime Partner: Tanzania Ministry of Health/Diagnostics
Sub-Partner Name: Kilimanjaro Christian Medical Centre (KCMC)
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner:

Sub-Partner Name: Mbeya Referral Hospital
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner:

Sub-Partner Name: Muhimbili National Hospital(MNH)
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Prime Partner: Tanzania Ministry of Health/Directorate of Human Resources
Mech ID: 1,151
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account)
Prime Partner ID: 2,278
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: Tanzania Ministry of Health/Directorate of Policy and Planning/Health Management Information Systems
Mech ID: 1,148
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account)
Prime Partner ID: 2,279
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: The Futures Group International
Mech ID: 1,216
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 435
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: University of North Carolina Carolina Population Center
Mech ID: 1,213

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Prime Partner: University of North Carolina Carolina Population Center
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 495
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: University Research Corporation, LLC
Mech ID: 1,199
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 437
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: US Agency for International Development
Mech ID: 1,228
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Centers for Disease Control and Prevention
Mech ID: 1,140
Mech Type: Locally procured, country funded (Local)
Mech Name: Local
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,470
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Base
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Department of Defense
Mech ID: 1,143
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:

Prime Partner: US Department of Defense
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 529
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Department of State
Mech ID: 1,442
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 531
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,445
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: Department of State
Funding Source: Deferred (GHAI)
Prime Partner ID: 531
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Peace Corps
Mech ID: 1,026
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Peace Corps
Funding Source: GAC (GHAI account)
Prime Partner ID: 536
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,364
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Peace Corps
Funding Source: Deferred (GHAI)
Prime Partner ID: 536
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: Zanzibar Ministry of Health
Mech ID: 1,131
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)

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Prime Partner: Zanzibar Ministry of Health
Prime Partner ID: 1,826
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

Result 1:

Result 2: Increased number of qualified health workers trained

Result 3: PMTCT Monitoring System developed and implemented in Zanzibar

Result 4: Improved logistics systems for rollout of PMTCT in mainland Tanzania and Zanzibar

Result 5: National PMCT guidelines and training curriculum developed and implemented in both mainland Tanzania and Zanzibar

Result 6: Strengthened national program management

Result 7: Quality PMTCT services established and integrated into routine maternal and child health services in mainland Tanzania and Zanzibar

Total Funding for Program Area (\$): **Current Program Context:**

Sentinel surveillance data shows that approximately 9.6% of pregnant women attending antenatal clinics in Tanzania are living with HIV. At an estimated 40% infectivity rate, this translates to about 72,000 infected newborn babies per annum without any intervention. To combat the disease and to reduce vertical transmission, the Ministry of Health (MOH), in collaboration with UNICEF, initiated five pilot PMTCT sites. With technical support from USG, the MOH has completed an evaluation of those pilot programs that highlighted key issues, including low service uptake, staff shortages, and poor male involvement. Shortly after the completion of the evaluation, MOH set a goal of establishing PMTCT programs in all regions in the country by the end of 2006, and developed a national expansion plan. In the national expansion, the MOH strategy is to start the PMTCT service at the regional hospital level and build capacity of all regional hospitals to implement quality PMTCT service. Thereafter, expansion will occur within the regions through technical assistance for provision of quality PMTCT services to all district and health facilities. With support from USG and other partners, the MOH is expanding PMTCT services to cover all 21 regions in the mainland. USG programs support over 150 facilities that provide PMTCT services across the country. This total includes a significant number of faith-based organizations and NGOs working with the government expansion plan to expand PMTCT services rapidly. Significant additional scale up is planned for 2005. Also, with support from USG, the MOH has developed and institutionalized national PMTCT guidelines, curriculum, IEC material, and a monitoring system. USG support has also assisted the MOH in establishing a PMTCT coordination office and training over 500 health workers. However, the MOH has yet to have regular national coordinating meetings, or to operationalize the steering and technical committee to strengthen their PMTCT program. Despite this, systems are now in place that will assist the MOH in rolling out the program that will lead to the achievement of their goal of 80% coverage of all antenatal clinic attendees by the end of 2006, which is in line with Emergency Plan goals. In Zanzibar, HIV/AIDS infection among ANC attendees is currently 1%, with surveys indicating that the epidemic has increased in recent years. Because of these concerns, the Zanzibar Ministry of Health and Social Welfare (MOHSW) has identified PMTCT as a national priority. The need to introduce PMTCT is emphasized in the Zanzibar National Strategic Plan (ZNSP). A formative study conducted by UNICEF in 2002 also indicated that the introduction of PMTCT within the existing reproductive and child health services is feasible with some infrastructure modification. MOHSW has recently established collaboration with USG and other partners including UNICEF, WHO, and Medicos Del Mundo (MDM) and developed a concept paper and action plan to establish PMTCT services in all ANC reproductive/child health services in Zanzibar by 2008. Shortly after this concept paper was developed, USG established a cooperative agreement with MOHSW to initiate and implement PMTCT services in two regional hospitals.

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tanzania Ministry of Health/Diagnostics
 Planned Funds:

Activity Narrative:

FY05 plans include continuing to support the national coordination function and national expansion plan to increase access to quality PMTCT services in public private and FBO service outlets. The funds will strengthen the national steering and technical committees to carry out their coordinating roles and support the PMTCT service upgrading including counseling rooms, training of at least 200 health workers, printing and disseminating PMTCT guidelines and information, education and communication materials. In addition, the Emergency Plan funds will assist the MOH and its key partners to strengthen and improve logistics systems for the rollout of PMTCT services in order to ensure continue supplies and commodities for the programs. FY05 USG support will assist the MOH to develop national PMTCT quality assurance system including the strengthen regional and district health management teams or reproductive health sub teams in managing or supervising PMTCT to implement the PMTCT services at regional and district level in collaboration with other key stakeholders and as part of the Health Sector Technical Review. the USG will also support the MOH to conduct national program review to assess the FY04 activities impact and support the existing activities in 10 regions including continuing supplies and commodities and conducting refresher training for all health workers that have received PMTCT training last year.

This support will significantly increase the number of women accessing PMTCT at national level and will directly contribute the overall reduction of vertical transmission thereby will contribute to the EP prevention goal. This activity will identify HIV sero-positive women that require care and treatment and will enhance the number of individuals on treatment through referral directly into ART programs in particularly PMTCT+.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	13%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	6%

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<input checked="" type="checkbox"/> Human Resources	7%
<input checked="" type="checkbox"/> Information, Education and Communication	9%
<input checked="" type="checkbox"/> Infrastructure	9%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	13%
<input checked="" type="checkbox"/> Local Organization Capacity Development	3%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	13%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	200	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,156	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	44,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	22	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- HIV+ pregnant women
- Infants
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Arusha	ISO Code: TZ-01
State Province: Dar es Salaam	ISO Code: TZ-02
State Province: Dodoma	ISO Code: TZ-03
State Province: Iringa	ISO Code: TZ-04
State Province: Kagera	ISO Code: TZ-05
State Province: Kigoma	ISO Code: TZ-08
State Province: Kilimanjaro	ISO Code: TZ-09
State Province: Lindi	ISO Code: TZ-12
State Province: Manyara	ISO Code: TZ-01
State Province: Mara	ISO Code: TZ-13
State Province: Mbeya	ISO Code: TZ-14
State Province: Mtwara	ISO Code: TZ-17
State Province: Mwanza	ISO Code: TZ-18
State Province: Rukwa	ISO Code: TZ-20
State Province: Ruvuma	ISO Code: TZ-21
State Province: Shinyanga	ISO Code: TZ-22
State Province: Singida	ISO Code: TZ-23
State Province: Tabora	ISO Code: TZ-24
State Province: Tanga	ISO Code: TZ-25

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Zanzibar Ministry of Health

Planned Funds:

Activity Narrative:

USG support will contribute to the Zanzibar national PMTCT initiation and implementation plan. This will include the development, printing and dissemination of national PMTCT guidelines, curriculum and IEC material for sensitization and demand creation for the services; enhancing reproductive child health services and renovating adequate rooms for counseling, upgrading and delivery wards. At least 50 health workers will be trained to provide quality PMTCT services; national coordination office will be established and the Health Management Information System and facility laboratory systems will be upgraded. This support will significantly increase the number of women accessing PMTCT at national level and directly will reduce vertical transmission thereby will contribute to the EP prevention goal. This activity will identify HIV sero-positive women that require care and treatment and will enhance the number of individuals on treatment through referral directly into ART programs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	8%
<input checked="" type="checkbox"/> Community Mobilization/Participation	2%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	9%
<input checked="" type="checkbox"/> Infrastructure	24%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	11%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	1%
<input checked="" type="checkbox"/> Needs Assessment	8%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	1%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	14%
<input checked="" type="checkbox"/> Training	7%

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Targets:

Not Applicable

Number of health workers newly trained or retrained in the provision of PMTCT services

70

Not Applicable

Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting

120

Not Applicable

Number of pregnant women provided with PMTCT services, including counseling and testing

12,000

Not Applicable

Number of service outlets providing the minimum package of PMTCT services

4

Not Applicable

Target Populations:

Women

HIV+ pregnant women

Infants

Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Kusini Pemba (Pemba South)

ISO Code: TZ-10

State Province: Mjini Magharibi (Zanzibar West)

ISO Code: TZ-15

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mbeya Regional Medical Office

Planned Funds:

Activity Narrative:

The Mbeya Regional Medical Office (MRMO) is responsible for support, both financial and programmatic, of the implementation of care and treatment and its associated services, through out the Mbeya Region serving a catchment population of 2,072,048 individuals. This office has been implementing PMTCT programs since 2002 under the support of GTZ. Though very successful in its implementation, GTZ has limited its support of MRMO PMTCT services to four sites which only serve the Mbeya municipality (Meta Hospital and the Ruanda and Igawilo Health Centers) and one nearby rural community in Mbozi (Vwawa District Hospital). Though demand is high, the small number of centers and their centralized location leaves 80% of the population within this region without this critical intervention.

Under EP funding in FY05, the MRMO will begin to expand PMTCT services by introducing this program to an additional 4 health centers serving neglected rural communities. Modifications to clinic infrastructure will be conducted to allow integration of this service into regular antenatal care. Three counselors per site, for a total of 12, will be trained to provide these basic services. Activities will also include conducting situational analysis/needs assessments in the remaining districts as well as needs assessments on equipment, reagents, supplies and training for continued strengthening and future expansion of these services in Mbeya. The existing referral system will be further developed under section 3.3.11 so that HIV+ women identified will be linked to nearby treatment centers. Education and mobilization in communities surrounding the new PMCTC sites will be undertaken as part of introduction and continued provision of this service, encouraging up take and targeting 5,000 pregnant women for counseling and testing with at least 200 of those receiving full PMTCT services in Mbeya by March, 2006.

As ART is introduced at three facilities in the region, two under direct EP funding, expansion of counseling and testing offered through PMTCT will be critical in casting the widest net to identify potential patients. All the activities supported under direct funding of the MRMO in this COP, work to ensure the continuum of care in the region, building upon the network model using health centers and dispensaries for patient identification and the regional and referral hospitals as treatment centers.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	13%
<input checked="" type="checkbox"/> Human Resources	8%
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Training	34%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	12	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	200	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	5,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
- HIV+ pregnant women
- Infants
- Pregnant women
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Mbeya

ISO Code: TZ-14

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Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / PharmAccess

Planned Funds:

Activity Narrative:

As in many countries, the health services in the military in Tanzania function separately from the public sector under the MOH and programs benefiting other public facilities do not necessarily translate to the military. This includes prevention programs in addition to direct care and treatment. Even though the MOH and military are "separate" institutions and programs, 80% of the population accessing services from military facilities is civilian. Strengthening programs at these facilities and through the military therefore targets not only the high-risk, uniformed population but also their dependents and surrounding communities.

The Tanzania Peoples Defense Forces (TPDF) and PharmAccess, a large not-for-profit organization based out of the Netherlands, have developed a strong working relationship over the past three years in the area of health service provision. Funding for TPDF through PharmAccess will provide much needed technical support, management assistance and M&E for all TPDF activities in this COP. PharmAccess is also closely linked to the MOH response in Tanzania, providing M&E for sites identified for rapid ART roll out by the National AIDS Control Programme in 2004-2005. This will ensure close linkage of military implementation to national strategies and programs.

In FY05, the TPDF will improve PMTCT services at one site and introduce services at three new sites serving military dependents and communities. One of the sites included is Lugalo Hospital in Dar es Salaam, which has received technical assistance from Muhimbili Hospital in establishing their program last year. The other three sites are the zonal military hospitals in Mbeya and Mwanza and the district level facility in Morogoro. The improvement and introduction of services will include needed renovation to poor infrastructure, training of additional 24 personnel in PMTCT services, commodity procurement (exclusive of NVP which will be procured through donation from the Boehringer program) and community education efforts to increase access to services targeting 6,000 pregnant women for counseling and testing and of these, 350-400 for full PMTCT uptake by March, 2006.

At the three facilities providing HAART (Lugalo under FY04 EP funding and Mbeya and Morogoro as new facilities under this COP), HIV+ women will be referred for further evaluation and qualification for ART. The zonal military hospital in Mwanza is to be included in FY06 plans for ART expansion but in FY05, HIV+ pregnant women will be referred to the nearby public, zonal hospital Bugando, an EP supported site in FY04 for ART provision. Site selection has been undertaken by the TPDF to provide a direct link from prevention/testing activities to advanced care.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation
- Human Resources
- Infrastructure

% of Funds

- 29%
- 12%
- 7%
- 15%

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Training

37%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	24	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	400	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
- HIV+ pregnant women
- Infants
- Military
- Pregnant women
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

- State Province: Dar es Salaam ISO Code: TZ-02
- State Province: Mbeya ISO Code: TZ-14
- State Province: Morogoro ISO Code: TZ-16
- State Province: Mwanza ISO Code: TZ-18

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Rukwa Regional Medical Office

Planned Funds: []

Activity Narrative:

Over the past year, the MOH has begun expansion of PMTCT programs in an effort to provide this service nationwide. Even with this expansion, the Rukwa Region, in part due to its geographic isolation in the far southwest of the country, still does not have PMTCT services as part of its public care provision. By providing FY05 EP funding directly to the Rukwa Regional Medical Office, which is responsible for support of prevention, care and treatment in this region, MOH initiatives to expand services to an additional nine regions in FY05 will be supported by introducing PMTCT at the Rukwa Regional Hospital and a second smaller health facility in Sumbawanga.

Modifications to clinic infrastructure will be conducted and integration of this service into regular antenatal care will be undertaken. Three counselors per site, for a total of 6, will be trained in basic PMTCT services. Community education and mobilization will be undertaken as part of introduction and continued provision of this service in the region, encouraging up take and targeting 2,000 pregnant women for counseling and testing with approximately 100 women participating in full PMTCT services from these 2 sites by March 2006.

As part of the continuum of care, HIV positive women identified at these centers will be referred for evaluation for full ART at the regional hospital with support for these services and strengthening of the referral system requested under section 3.3.11. Those not qualifying for ART will receive NVP prophylaxis upon onset of labor and their infants PEP within 48 hours of delivery from the PMTCT centers. Direct technical assistance and oversight will be provided by the Mbeya Regional Medical Office, which is very experienced and successful in implementing nationally sanctioned PMTCT programs, and the DoD supported efforts in care and treatment in the Southern Highlands. As national support is expanded, this program will be integrated into this effort. As ART is introduced over the next year, lack of this intervention could affect the regional public health program's ability to identify HIV+ women who qualify for care.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	24%
<input checked="" type="checkbox"/> Community Mobilization/Participation	9%
<input checked="" type="checkbox"/> - Human Resources --	13%
<input checked="" type="checkbox"/> Infrastructure	13%
<input checked="" type="checkbox"/> Training	41%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	6	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	100	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	2,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
- HIV+ pregnant women
- Infants
- Pregnant women
- Women of reproductive age

Key Legislative issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Rukwa

ISO Code: TZ-20

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ruvuma Regional Medical Office

Planned Funds:

Activity Narrative:

As with the Rukwa Region, the Ruvuma Region still does not have PMTCT services as part of its public care services. In support of national expansion desired by the MOH, direct EP funding in FY05 to the Ruvuma Regional Medical Office will support introduction of PMTCT at the Ruvuma Regional Hospital in Songea and a smaller health facilities within the region. This program will be integrated and reflect the current national program and not be a stand alone, isolated effort. This effort is to assist the capacity of the MOH to expand these services to 9 new regions in FY05.

Funding will support renovation, training, community education/mobilization efforts and commodities procurement. Modifications to clinic infrastructure will be conducted to allow integration of this service into regular antenatal care. Three counselors per site, for a total of 6, will be trained in basic PMTCT services following national guidelines. Community education and mobilization will be undertaken as part of introduction and continued implementation of this service in the region, encouraging up take. With similar numbers accessing ANC services at the regional hospital and demand for PMTCT as high as in Rukwa, it is estimated that this program will also be able to target 2,000 pregnant women for counseling and testing with approximately 80 to 100 women participating in full PMTCT services from these 2 sites by March, 2006.

Again, as with Rukwa, since these services will be introduced at the regional hospital, HIV positive women will be evaluated for full ART at the regional hospital with support for these services and strengthening of the referral system requested under 3.3.11. Introduction of PMTCT at a time that ART is introduced at the regional hospital is critical in ensuring a continuum of care and a means of identifying of potential patients. As part of implementation of the network model, with higher level or better equipped facilities providing technical oversight, the Mbeya Regional Medical Office and the DoD supported efforts in care and treatment in the Southern Highlands will provide direct assistance to Ruvuma in implementation of this and other aspects of prevention, care and treatment as they are introduced and expanded in the region.

Activity Category

% of Funds

- Commodity Procurement
- Community Mobilization/Participation
- Human Resources
- Infrastructure
- Training

24%
9%
13%
13%
41%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	6	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	100	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	2,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
- HIV+ pregnant women
- Infants
- Pregnant women
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Ruvuma

ISO Code: TZ-21

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

EGPAF Tanzania will continue its present activities supporting 65 full implementation sites that were selected in its first round of grants making. Over 25,000 women have been reached in FY2004, and these sites will continue to see approximately 30,000 new ANC clients each year (Moravians in Sikonge: 4,000; EngenderHealth in Arumeru district: 3,500; Axios in Hai district: 6,000; and Axios in Kilombero: 18,500). EGPAF has trained over 240 health care workers and 400 traditional birth attendants. Full implementation includes site strengthening, training of health care providers and traditional birth attendants, attracting antenatal care patients, counseling and testing, and procurement and dispensing of providing NVP treatment to HIV-infected women and their infants.

Currently, 50 new sites are being prepared for rapid implementation and 50 additional new sites will be enrolled by end of FY 2005. Funding for 2005 will support the full implementation of these 100 new sites, which will serve over 68,000 new clients. The breakdown is as follows: Newala district: 3,500; Free Pentecostal Church in Nkinga hospital: 3,000; Nzega district: 3,500; EngenderHealth in Arusha region: 15,000; and ACT in Dodoma, Singida and Tanga Region: 9,000 [note: the number includes clients from outreach/satellite health centers and dispensaries served by these primary sites leading to a total of 34,000 women reached]. Additional sites will be enrolled in March when EGPAF will make the second round of sub-grant awards and award up to 5 additional sub-grants (adding up to 50 new sites and have 34,000 additional women served by end of 2005). The third round of sub-grant awards is planned for the end of 2005, and because it will so be late in the year, there are no results associated with this last round.

EGPAF will also collaborate with other USG partners such as AMREF, Columbia University, and others to broaden the client base in PMTCT and hasten the roll-out of VCT services in its sites. They will also make supervisory visits to the sites of each sub grant at least twice a year.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	3%
<input checked="" type="checkbox"/> Community Mobilization/Participation	9%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	6%
<input checked="" type="checkbox"/> Human Resources	4%
<input checked="" type="checkbox"/> Information, Education and Communication	6%
<input checked="" type="checkbox"/> Infrastructure	7%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	12%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Needs Assessment	4%
<input checked="" type="checkbox"/> Policy and Guidelines	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	9%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	750	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,810	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	51,217	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	115	<input type="checkbox"/> Not Applicable

Target Populations:

- Infants
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Arusha	ISO Code: TZ-01
State Province: Dodoma	ISO Code: TZ-03
State Province: Kilimanjaro	ISO Code: TZ-09
State Province: Morogoro	ISO Code: TZ-16
State Province: Mtwara	ISO Code: TZ-17
State Province: Singida	ISO Code: TZ-23
State Province: Tabora	ISO Code: TZ-24
State Province: Tanga	ISO Code: TZ-25

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID / African Medical and Research Foundation

Planned Funds:

Activity Narrative:

AMREF will continue to provide PMTCT services in 6 sites opened in FY04-
-Songea (Peramiho); Iringa (Bulongwa, Ikonda, Ilembuta), Kagera (Nyakahanga)
and Mara (Bunda DDH), using a model that was adapted from the MOH generic
model. In the AMREF model, routine testing of all pregnant women and couple
counseling following a group pre-test session is used. AMREF will be working with
EGPAF to integrate PMTCT be into 10 more VCT sites (reporting of these new
sites will be in EGPAF section). AMREF will continue to support the VCT
component and EGPAF the PMTCT component. Up to 25 post-test clubs (10
existing and 15 new) will be facilitated. AMREF will link with EGPAF sites for
coordination and capacity building.

Activity Category

% of Funds

- Commodity Procurement 20%
- Community Mobilization/Participation 10%
- Human Resources 15%
- Information, Education and Communication 10%
- Policy and Guidelines 5%
- Quality Assurance and Supportive Supervision 10%
- Strategic Information (M&E, IT, Reporting) 10%
- Training 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	132	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,500	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	15,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Infants
- Pregnant women

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Iringa
State Province: Kagera
State Province: Mara
State Province: Ruvuma

ISO Code: TZ-04
ISO Code: TZ-05
ISO Code: TZ-13
ISO Code: TZ-21

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Base / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

is planned for staffing and technical assistance for USG/HHS/CDC supported PMTCT programs. The proposed activities include the provision of technical assistance from USG to the MOH and other partners implementing programs for prevention of mother to child transmission of HIV to ensure the provision of USG quality program. This includes the development of scientifically proven quality assurance systems such as guidelines and protocols, training curriculum and monitoring and evaluation system all programs.

In order to provide this support, and to facilitate the achievement of PEPFAR goals, CDC-Tanzania has hired a senior programs manager and plans to hire additional program staff that include 3 contract staff. The new hires will scale up technical implementation of activities that have been established with local and HQ procured cooperative agreement partners. US recruited staff and third country nationals will receive staff relocation assistance, including travel of employee and dependents (where applicable), temporary and permanent housing, storage and shipping of household goods, etc.

It also includes the procurement of external temporary duty technical assistance from headquarter to support the field staff to develop systems including target evaluations for all USG supported PMTCT programs. The travel budget also has both international travels (TDYs, training, meetings, conferences) and local travels (USG strategic planning meetings, partners meetings, workshops and site visits.

This activity will contribute the overall human and institutional capacity building to combat the epidemic in line with the USG 5 year strategy.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Faith-based organizations
- Health Care Workers
 - Midwives
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- USG in country staff
- USG Headquarters staff
- Health Care Managers
- Health Care Trainers
- ANC attendees

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

Result 1: AB prevention messages in faith-based and community networks strengthened

Result 2: GOT is supported in including AB prevention messages into multisectoral HIV/AIDS communication strategy and youth programs

Result 3: Existing AB youth programs benefit from each other's tools and materials, as well as lessons learned

Result 4: Social and community norms changed in order to reduce high-risk behaviors

Result 5: HIV/AIDS stigma and discrimination reduced

Total Funding for Program Area (\$) **Current Program Context:**

The USG program is well positioned to expand abstinence and faithfulness (AB) prevention activities in Tanzania and promote strong collaboration among other interventions. While pockets of excellence exist for AB programs, these are generally small-scale. There is little focus on documentation of best practices or coordination with other interventions. Consequently, there is a confusion on key messages, and duplication of IEC materials abounds among GOT, NGO, FBO and CBO programs. USAID remains committed to the development of a multi-sectoral HIV/AIDS communications strategy, but this is moving at a slow pace. National coordination of key messages is crucial to facilitating a broader awareness among all implementing partners, and to assure the necessary synergy to reach out to youth, high-risk groups, and the general population at the community level. Current USG interventions in this area include a national HIV/AIDS mass media communications campaign focusing on delay of sexual debut among youth, promoting a faithfulness message, and promoting risk reduction in Tanzania. In FY04, the program expanded to develop stronger regional and community level linkages through NGOs working specifically with youth. An additional complement to the mass media campaign, has been a youth-focused AB program in Iringa and Dar es Salaam regions aimed at reducing HIV/AIDS infections among youth in and out of schools with appropriate messages for younger-aged children explicitly focused on the delay of sexual debut as the primary message. Two grant mechanisms have been developed to support to youth-serving organizations: the first is oriented to youth-serving NGOs, and the second is being implemented through an interfaith FBO network to fund implementation of AB youth activities through faith-based institutions. Additionally, a program intervention focused on promoting the development of the coordinated national level communications strategy has just been initiated and will have tremendous impact on this process over the coming year. Clearly, abstinence and faithfulness messages must be appropriately framed to reach a youth audience; explicitly emphasizing the delay of sexual debut among younger youth, and emphasizing risk reduction through faithfulness and partner reduction messages for older youth. This will contribute greatly to reaching the target audience and enhancing potential impact by decreasing the number of "predicted" new infections. In considering the successful scale-up of AB program interventions for youth, there are complementary community and social norms which also need to be addressed in a stronger manner. Partner reduction must become a key message to the general population, along with increasing individuals' perceptions of "risk." The acceptance of trans-generational sex and the "sugar daddy" syndrome as norms must be tackled head on and strategies to decrease the acceptance of these norms must be emphasized to community leaders. With the introduction of ARVs, there is also a particular need to increase prevention messages that are linked to factual information about treatment, 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. Gender specific information, education, and the life skills necessary to take protective action are integral components of these prevention efforts, and activities included in this section support these types of program 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 AB strategies and decreasing the acceptance of community and social norms will contribute to the Emergency Plan target of 7 million infections averted, and the specific Tanzania target of 490,000 infections averted by 2008.

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kikundi Huduma Majumbani

Planned Funds:

Activity Narrative:

KIHUMBE has worked in close concert with the Mbeya Regional AIDS Control program since 1991, augmenting MOH prevention efforts through out the Mbeya Region. It has been at the forefront of prevention education in Mbeya, focusing primarily on youth. In FY04, KIHUMBE is receiving assistance from International Youth Development Uganda office in developing prevention programs targeting out of school youth.

This local NGO will expand on AB education programs in FY04 to increase the number of drama presentations conducted and begin to increase provision of such programs to the youth in the more isolated rural, communities in the Mbeya Region. Often these communities are forgotten as programs and education outreach focus on urban and peri-urban areas perceived to be at higher risk for infection. Though there is a higher prevalence in the latter, there is still a need to educate rural populations of the risk of HIV. In particular, where populations may be more mobile, providing messages and prevention education to youth and community members after they may have moved in from more isolated regions to the more populated/high risk environment of the city may be too late.

Activities will support the production of 60 education programs/drama presentations targeting 6,000 to 10,000 individuals by 2006 with half of these programs to be conducted in rural communities previously not targeted by such programs. Drama presentations will focus on the AB component but also include messages on VCT and the importance of knowing ones serostatus, linking prevention activities to counseling and testing services at Mbeya public facilities in section 3.3.9. Funding will support transport of drama group members to communities, educational material for distribution to communities, cost associated with advertising, planning and conducting community meetings and development of AB based drama messages more relevant to small community environments.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	75%
<input checked="" type="checkbox"/> Training	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	60	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community leader
- Community members
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- Youth

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Mbeya

ISO Code: TZ-14

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National AIDS Control Program Tanzania

Planned Funds:

Activity Narrative:

The HIV/AIDS help line services are targeting youths aged 10 – 24. The project will be a nationwide intervention whereby the annual target is estimated to be over 100,000 toll free anonymous/ confidential help line calls, reaching over 500,000 calls in five years. The help line will reach a large group of out and in school youth and young adults through TV/radio (National AIDS help line FAQ talk shows) in Tanzania mainland and Zanzibar. The activities contributing to Emergency Plan goals will include: Expansion of HIV/ AIDS help line services to national level coverage; Gather and develop information on HIV/AIDS/STIs related issues for youth; Establish an anonymous youth network with confidential referral systems; Link the help line service to other preventive, care and treatment services (STI/VCT/PMTCT); Establish interactive voice response (IVR) system for the help line; Develop and run a radio programme addressing frequently asked questions by youths; Monitor and evaluate the program

Activity Category

% of Funds

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems | 20% |
| <input checked="" type="checkbox"/> Human Resources | 10% |
| <input checked="" type="checkbox"/> Information, Education and Communication | 60% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 10% |

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Healthscope Tanzania

Planned Funds:

Activity Narrative:

In 2005, Healthscope Tanzania will implement Phase Three of the national ISHI Campaign, a mass media communication campaign, reaching at least 1,000,000 young people, with abstinence and fidelity messages. The first two phases have been successful in raising awareness and discussion in urban areas; Phase Three will continue to refresh these messages to urban youth and will additionally enhance and create stronger linkages to rural youth and communities. Usione Soo, Sema Naye (Don't be Shy; Talk to each other), the second phase of the campaign was a resounding nationwide success and raised important issues which need to be dealt with: resistance in the rural areas to the urban nature of the messages, the need to target adult population gatekeepers with important information to support youth messages such as cross-generational sex norms and community acceptance challenges. Work will continue with AB messages for younger youth with appropriate C messages for sexually active older youth at higher risk, and targeted social norms. The work of the 26 Youth Advisory Groups will continue to expand and incorporate more interaction with community-based NGOs to reach out to rural areas adequately through an ongoing sub-grant mechanism; an additional 500 YAG members will be trained. An additional eight Prevention Information Resource Centers for Youth will be established at the regional level reaching 40,000 young people. Campaign outputs will target different youth population groups within Tanzania and will include: modeling of relevant life skills and positive behavior change. All outputs will be based on extensive research to ensure that the campaign's behavioral change objectives are met.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	75%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Training	20%

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Africare

Planned Funds:

Activity Narrative:

The Zanzibar Integrated Support and Partnership Program (ZISPP) is one of the leading initiatives on the islands of Unguja and Pemba for both prevention and mitigation of HIV/AIDS. Under the current ZISPP funding from USAID, ZANGOC (a consortium of local NGOs, FBOs, and CBOs) opened the first two VCT sites in Zanzibar, 6 members of ZANGOC received sub-grants and technical assistance, enabling them to provide better services to their clients and opened an office for the only PLHA group in Zanzibar. Financial and technical support to ZANGOC and members is provided by Africare/Tanzania.

In 2005, Africare will continue to provide technical and financial support to the voluntary sector in Zanzibar to achieve Emergency Plans goals in prevention by deepening activities and expanding the number of beneficiaries. Specifically, this will involve mass media campaigns and community outreach services involving stigma and abstinence/be faithful messages. Two additional grants to faith-based organizations focusing on abstinence and faithfulness programs will be awarded and two youth centers established. Over 100 people will be reached through these interventions.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	18%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	100,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	200,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	2	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	5,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	200,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	20	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	30	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Commercial sex workers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- High-risk population
- M&E specialist/staff
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
 - University
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Stigma and discrimination

UNCLASSIFIED

Coverage Area:

State Province: Kaskazini Pemba (Pemba North)	ISO Code: TZ-06
State Province: Kaskazini Unguja (Zanzibar North)	ISO Code: TZ-10
State Province: Kusini Pemba (Pemba South)	ISO Code: TZ-10
State Province: Kusini Unguja (Zanzibar South)	ISO Code: TZ-11
State Province: Mjini Magharibi (Zanzibar West)	ISO Code: TZ-15

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Academy for Educational Development

Planned Funds:

Activity Narrative: An important component of a social marketing program recently awarded to AED (named the Tanzania Marketing and Communications or T-MARC, and described below in 3.3.5) will focus on prevention messages that relate to abstinence and being faithful. T-MARC will be responsible for expanding a nationwide distribution system reaching more than 50% (17,000,000) of the Tanzanian population. The emphasis of mass media BCC messages and materials, corresponding community level distribution and IEC interventions will be coordinated at the national level with a variety of stakeholders including GOT and NGO partners. All outputs will be based on extensive market and behavioral research.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	65%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Needs Assessment	10%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	17,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,715,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community-based organizations
- Faith-based organizations
- High-risk population
- Implementing organization project staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Students
 - Primary school
 - Secondary school
 - University
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Lake Tanganyika Catchment Reforestation and Education Project

Planned Funds:

Activity Narrative:

Funds to TACARE will be used to support prevention, abstinence, and be faithful messages and behaviors through communications and training activities to enhance the impact of the work of youth and adult networks, including local media (theater, songs, role plays) and use of mobile (by boat) videos materials. Existing Roots and Shoots youth groups, which were established by Dr. Jane Goodall to focus on humanitarian and environmental initiatives, will reach young people in classrooms and facilities established in community-based clubs. By 1999, Roots and Shoots operated in 22 institutions throughout Kigoma villages and 26 in Kigoma town.

TACARE is an ideal platform on which to launch HIV/AIDS prevention messages, since the project will build on the program's success to date in achieving conservation goals through strengthening community capacities in critical areas identified by the community including health, sanitation and community development. The program will engage communities in the response to HIV/AIDS through existing networks, including community-based distribution agents (CBDAs), micro-credit scheme members, Roots and Shoots leaders and club members, and members of faith-based organization youth groups.

The Jane Goodall Institute (JGI) has been implementing the TACARE (Lake Tanganyika Catch Reforestation and Education) Project since 1994 in the Kigoma region of western Tanzania. The project is currently receiving USAID support for National Resource Management (NRM) activities and has had support from the Packard Foundation for community-based health activities, including family planning and child survival. TACARE received an initial PEPFAR grant of and is currently preparing to implement activities after working with USAID and other key partners (the regional health director and his staff, the ACQUIRE project, the Seventh Day Adventist Health program, the Kigoma Zonal Training Center, etc.) to design start-up activities. The funding requested will enable TACARE to extend activities in 2005-2006 and cover a broader population.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	23	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	23,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Kigoma

ISO Code: TZ-08

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / BBC World Trust

Planned Funds:

Activity Narrative:

In 2005, the BBC-WST will continue to provide a mass media radio communications campaign reaching at least 10,000,000 Tanzanians (one third of the national population), to generate sustainable demand for comprehensive services across the prevention-to-care continuum. Some of the messages for this national campaign will be focused on abstinence and being faithful, and this funding is for that proportion. The flexibility of community-based radio communications allows the weaving of multi-pronged messages into the programming. The BBC-WST program provides a mechanism allowing the USG to plan for, and be responsive to, needs for information within the full 2-7-10 spectrum of prevention, care and treatment issues within the Emergency Plan.

As the program gears up in Phase 2, emphasis will continue on developing a variety of mass media radio interventions for nationwide distribution and addressing a broad variety of topics such as the full range of services available in Tanzania, information on specific service sites on a regional basis, and myths and rumors. It will also address societal norms such as stigma. A target of an additional 60 different radio spots and mini-dramas for segmented audiences will be produced and broadcast frequently on partner radio stations through donated time. Campaign outputs will target different population groups within Tanzania and will include: Radio spots, a radio talk show to target youth audiences, a radio drama which will deepen the impact of the campaign's messages, enabling modeling of relevant life skills and positive behavior change. All outputs will be based on extensive research to ensure that the campaign's behavioral change objectives are met.

Activity Category

- Information, Education and Communication
- Local Organization Capacity Development
- Needs Assessment
- Training

% of Funds

- 65%
- 10%
- 10%
- 15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- High-risk population
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Students
 - Primary school
 - Secondary school
 - University
- Youth
- Youth
 - Girls
 - Boys

UNCLASSIFIED

Key Legislative Issues:

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: YouthNet / Family Health International

Planned Funds: **Activity Narrative:**

The YouthNet/Tanzania (YNT) program is primarily concerned with reaching young people, ages 10-24 years old, with "A" (abstinence) and "B" (be faithful; partner reduction) messages. It aims to work with faith-based organizations (FBOs), community-based organizations (CBOs), and other youth-serving non-governmental organizations (NGOs). From April 1, 2004 to March 31, 2005, YNT planned to reach 80,000 youth in two regions, Dar es Salaam (20,000) and Iringa (60,000). Promotion of abstinence and partner reduction to avoid or reduce the risk of HIV infection was emphasized for both in- and out-of-school youth through family life education, health services, and community outreach programs. In its first year of operations, YNT far exceeded its objectives under the Emergency Plan for AIDS Relief. As of the end of September 2004, YouthNet had reached 512,000 youth and 184,000 community members with behavior change messages on abstinence, faithfulness, stigma reduction, gender equity and youth participation. Key strategies that YNT has used to reach its objectives include supporting behavior change communication efforts for HIV prevention among in and out of school youth; strengthening capacity with faith-based institutions to implement AB for youth activities; increasing youth leadership and participation; improving monitoring and evaluation, and providing coordination and technical leadership for key stakeholders.

In light of its established infrastructure and success to date, YNT is excellently positioned to expand activities in Tanzania in order to reach more youth and avert additional cases of HIV/AIDS. In 2005, YNT proposes to build on its established infrastructure and expand the reach of the project dramatically. YNT proposes to reach 1.5 million youth and 6,000,000 community members through programs expanded within the initial project sites of Dar es Salaam and Iringa regions; as well as in one new region by March 2006. YNT will also train 5,000 young people and adults.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	17%
<input checked="" type="checkbox"/> Human Resources	2%
<input checked="" type="checkbox"/> Information, Education and Communication	33%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	6%
<input checked="" type="checkbox"/> Local Organization Capacity Development	18%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	43	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	65	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	1,198,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2,052,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	2,750	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	4,150	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
 - University
- Teachers
- Volunteers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Dar es Salaam

ISO Code: TZ-02

State Province: Iringa

ISO Code: TZ-04

UNCLASSIFIED

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / American Red Cross

Planned Funds:

Activity Narrative: In FY05, the American National Red Cross (ARC), its partner Red Cross Societies in Tanzania (TRCS), and local partners will scale up HIV and STI prevention activities among youth ages 10 to 24 years through peer education and community and social mobilization (CSM) approaches. The prevention messages will focus on abstinence and behavior change. Abstinence will be the key message for the youngest cohort, ages 10 to 14.

The following activities will be implemented: peer education of in- and out-of-school youth ages 10 to 24 years, community and social mobilization to facilitate a comprehensive approach to behavior change that focuses on A&B messaging, and strengthening local institutions to be able to support better and sustain these activities. ARC will partner with the three TRCS branches in Kigoma region and work with their volunteer networks to disseminate HIV/AIDS prevention messages to youth. A total 41,250 youth will be reached through community outreach activities and 250,000 through mass media campaigns.

Activity Category

% of Funds

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	250,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	41,250	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | <input checked="" type="checkbox"/> Students
<input checked="" type="checkbox"/> Youth |
|---|---|

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Kigoma

ISO Code: TZ-08

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

Result 1:	National Blood Transfusion Service (NBTS) established and operational
Result 2:	Infrastructure for the collection, storage, and distribution of safe blood and blood products strengthened through renovation of facilities
Result 3:	Full supply of related medical equipment and supplies achieved in specific facilities
Result 4:	Standard blood safety precautions in public and private hospitals strengthened

Total Funding for Program Area (\$): **Current Program Context:**

HIV prevalence among blood donors in Tanzania in 1996 was 6.9% for males and 8.7% for females. By 2002, the prevalence had increased to 9.1% for males and 12.3% for females. Hence, transfusion of unscreened blood poses a significant risk for transmission of HIV. In Tanzania, blood transfusion is hospital-based and relies on family replacement donors. The NACP provides test kits and other supplies for screening for HIV all blood collected for transfusion. Interruption in the supply of test kits poses a high risk to patients' lives through the possibility of transfusion of unscreened blood. Improving blood transfusion safety is a priority strategy, both in the National Multisectoral Strategic Framework and in the Health Sector Strategy on HIV/AIDS.

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 repeat blood donors and ensure a safe blood supply in Tanzania. Since 2001, the USG has provided support to MOH for improving blood transfusion safety. Policy guidelines, technical guidelines, protocols, and manuals have been developed/reviewed and are waiting publication. Training manuals for blood donor organizers and recruiters have been developed and distributed to key actors. The four zonal centers have trained blood donor recruiters and counselors. In 2004, the MOH in Tanzania mainland, Ministry of Health and Social Welfare (MOHSW) in Zanzibar and the Tanzania Red Cross Society (TRCS) have collaborated in developing a joint proposal for Rapid Strengthening of Blood Transfusion Safety in Tanzania that has been awarded Emergency Plan funds under a Track 1.0 cooperative agreement. In addition, the USG has awarded a cooperative agreement to Sanguin Blood Consulting to provide technical support and training to four countries including Tanzania.

With support from USG, the MOH is renovating four zonal blood transfusion centers in Dar es Salaam, Mwanza, Kilimanjaro, and Mbeya that will form the hub of the NBTS. The zonal centers are conveniently located in the vicinity of tertiary referral hospitals that use large amounts of blood for transfusion and are easily accessible to regional, district, and faith-based hospitals in regions served by the zonal centers. Renovated and fully equipped buildings of the three zonal centers in of Mbeya, Mwanza, and Moshi centers will be handed over by USG to the Government of Tanzania in November. The three centers will serve 12 regions with a total population of 20.4 million people (approximately 60% of the total population). The building of the Eastern Zonal Center that will also host the National Headquarters of the NBTS in Dar es Salaam is still under renovation. This will serve the Muhimbili National Hospital, Dar es Salaam City Hospitals, and regions covered by three zones: Eastern, Central, and Southern, with a total population of 13.1 million people (approximately 40% of the population). Zanzibar will be served by the Eastern zone until the zonal center in Zanzibar is renovated and operational.

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Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Blood Transfusion Services(NBTS) Tanzania

Planned Funds:

Activity Narrative:

The Ministry of Health is in the process of establishing a National Blood Transfusion Service (NBTS). The Tanzania NBTS is a recipient of a track 1 Emergency Plan funds for Rapid Strengthening of Blood Transfusion Services in Tanzania Mainland and Zanzibar. The NBTS will establish, strengthen and sustain a nationally coordinated blood transfusion system in order to ensure availability of adequate supplies of safe blood from voluntary, non remunerated repeat blood donors from low risk population throughout The United Republic of Tanzania. The NBTS will be backed with necessary policy, legislation, regulations and standards. With Emergency Plan funds, the NBTS will provide and maintain adequate infrastructure (buildings, equipment and transport) necessary for collection, storage and distribution of safe blood to all hospitals (public, faith based and private), recruit adequate staff and provide training to meet specific requirements of their tasks in the NBTS, establish effective management systems and increase institutional capacity to managing efficiently all resources (human, financial and material) availed to establish, maintain and sustain the NBTS, increase capacity for collecting, processing and distributing adequate safe blood and blood products from voluntary non-remunerated repeat donors to meet requirements of patients in need and introduce an effective monitoring and evaluation system to maintain quality, efficiency and effectiveness of the National Blood Transfusion Service. The increased coverage of these services will contribute towards the Emergency Plan goal on the number of new HIV infections averted

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

Target	Value	Applicable
Number of individuals trained in blood safety	300	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	7	<input type="checkbox"/> Not Applicable

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Target Populations:

- Community members
- Health Care Workers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / SAquin Blood Supply Foundation and Consulting Services

Planned Funds:

Activity Narrative: Saquin Blood Consulting Services will support the MOH with technical assistance and training for rapid strengthening of Blood Transfusion Safety. The support from Saquin will focus on infrastructure development, blood collection, quality control and testing and monitoring and evaluation. The increased coverage of these services will contribute towards the Emergency Plan goal on the number of new HIV infections averted

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	30%

Targets:

Target	Value	Applicability
Number of individuals trained in blood safety	300	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

Program Area: Medical Transmission/Blood Safety
Budget Code: (HMBL)
Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Regional Procurement Support Office (RPSO), US Consulate Frankfurt
Planned Funds:

Activity Narrative: The MOH, with USG support, will expand the infrastructure for collection, testing, storage and distribution of safe blood and blood products in the Central Zone and Southern Zone. GOT plans to renovate four new Zonal Blood Transfusion Centres (ZBTC) Dodoma, Mtwara, Tabora and Zanzibar to facilitate easier access to a greater proportion of the population and targeting the hard to reach regions in the country. USG will support with renovation three centres, two in mainland one in Zanzibar and the Norwegian Agency for International Development (NORAD) will renovate the zonal center in Dodoma. These three ZBTCs will provide safe blood services to health facilities in eight regions with an estimated 12.1 million people. The expansion of NBTS services to these regions will greatly enhance adherence to standard blood safety precautions in public, faith-based and private hospitals. The increased coverage of these services will contribute towards the Emergency Plan goal on the number of new HIV infections averted

Activity Category Infrastructure % of Funds 100%

Targets:

Not Applicable

Number of individuals trained in blood safety 300 Not Applicable

Number of service outlets/programs carrying out blood safety activities 7 Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

- Result 1: Monitoring and Evaluation and reporting system of the Injection Safety/Universal Safety Precautions Program strengthened

- Result 2: Initiatives to ensure safe collection, segregation, storage, transfer and disposal of hospital waste supported in referral hospitals \n\n

- Result 3: Full supply of related medical equipment and supply achieved

- Result 4: Universal safety precautions on IPC/IS practices implemented

- Result 5: Strengthened local capacity for quality safe injection commodities management and logistics system \n

- Result 6: Improved policy support and demand for Infection Prevention Control (IPC)/Injection Safety (IS) \n\n

Total Funding for Program Area (\$): **Current Program Context:**

The Ministry of Health (MOH) is firmly committed to ensuring safe, quality health care services to the people of Tanzania and to providing protection from outbreaks of infectious diseases. With USG support, the Ministry of Health has also developed a National Infection Prevention and Control Guideline for health services that provides a broad framework for infection control. Part of the framework is the Universal Safety Precaution Program utilizing elements of the WHO Safe Injection Global Network (SIGN) strategy which Tanzania has adopted. The strategy strives to: (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. The USG has supported interventions to address the problem of injection safety piloted at four zonal referral hospitals and one national hospital. 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 MOH, referral and zonal hospitals, regional hospitals, and international organizations was conducted in January 2004. MOH is working with several partners including WHO, John Snow Inc. (JSI), JIPIEGO, to implement infection prevention and specifically injection safety program. In FY04, the USG assisted the MOH in developing IPC guidelines and implementation of universal safe precautions was initiated in 4 referral hospitals on the mainland (Muhimbili, Mbeya, KCMC and Bugando) and Mnazi Mmoja hospital in Zanzibar. MOH, with USG support, has developed policy guidelines for medical injection safety and training manuals (curriculum and module) for infection prevention and medical injection safety. Approximately 150 members of Regional Health Management Teams (RHMT) from all 21 regions of the mainland and five regions of Zanzibar and Hospital management teams of five referral hospitals were sensitized in universal precautions and oriented on supervising activities of the medical injection safety program. Approximately 150 staff from 5 referral hospitals have been trained as trainers (TOT) and are preparing to train up to 3,000 health workers from the referral hospitals and neighboring health facilities. As HIV patient care and treatment is expanded, clinicians and laboratory technicians will require added protection in the event of accidental exposure. The USG medical injection safety program is also assisting referral hospitals to implement a post-exposure prophylaxis (PEP) program for health care workers. This activity will assist in the overall transmission of HIV by protecting those individuals with a high probability of accidental exposure. Whereas JSI activities focus on procurement of commodities and technical assistance, the MOH focuses on guidelines, training and quality assurance and supportive supervision. The USG will focus on rolling out the program in regional and district level facilities in both the public and faith-based/NGO facilities. In the future, plans are to gradually integrate infection prevention and injection safety program activities into a comprehensive program will be funded by the USG.

UNCLASSIFIED

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tanzania Ministry of Health/Diagnostics

Planned Funds: []

Activity Narrative:

The safe injection activities aim at reducing occurrence of sharp injuries and unsafe injection practices in Tanzania. The draft policy guideline on medical injection safety will be integrated into the existing National Infection Prevention and Control Guideline for health services. The guidelines will be disseminated to all health facilities and staff orientation sessions will be conducted by individual hospitals using staff trained at the national level in FY04. Additional aspect of in-service training of national staff is to build the necessary skills to correctly use and maintain the available health technology is required. In order to ensure availability and affordability of injection devices a further product assessment and procuring sufficient quantities of appropriate injection commodities and supplies. Actual procurement of commodities and supplies will be done by JSI. The feasibility of strengthening in-country capacity to produce basic supplies locally will be assessed. MOH will develop and implement a national quality assurance system for safer injection devices. National standards, guidelines and reference materials for industrial standards on quality and safety of injection devices will be developed. Field evaluations of newer, safer injection devices will be conducted prior to being introduced in the health care system in Tanzania.

Activities to ensure safe and appropriate health care waste and sharps management in all health care facilities will be conducted together with supportive supervision and quality assurance on the management of discarded blood, blood transfusion bags, laboratory samples, sampling equipment, waste generated by diagnostic imaging, and devices such as syringes and needles. This will also include support in renovation of infrastructure like incinerators in the 5 Referral hospitals. MOH will establish a national vigilance system for injection devices/surveillance system for workplace sharp injury and unsafe injection.

The safe injection activities aim at reducing occurrence of sharp injuries and unsafe injection practices in Tanzania. Monitoring and Evaluation as a component of Strategic information is crucial to the program implementation since it will give an evidence based information on the progress of the program and scaling up and also it will ensure accountability in program implementation. A baseline information on number of infection averted will be developed centrally by modeling. Once this is established, target numbers of infections averted by use of safe injection practices will be developed in FY05. These activities will contribute to the Emergency Plan targets of prevention of 450,000 HIV infections in Tanzania and 7 million infections globally by 2008.

Activity Category

% of Funds

- Commodity Procurement
 Human Resources

5%
5%

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- Infrastructure 15%
- Policy and Guidelines 5%
- Quality Assurance and Supportive Supervision 10%
- Strategic Information (M&E, IT, Reporting) 10%
- Training 50%

Targets:

Not Applicable

Number of individuals trained in injection safety

3,000

Not Applicable

Target Populations:

- Community members
- Health Care Workers

Key Legislative Issues:

Coverage Area:

State Province: Dar es Salaam	ISO Code: TZ-02
State Province: Kilimanjaro	ISO Code: TZ-09
State Province: Mbeya	ISO Code: TZ-14
State Province: Mjini Magharibi (Zanzibar West)	ISO Code: TZ-15
State Province: Mwanza	ISO Code: TZ-18

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

/ JHPIEGO

Planned Funds:

Activity Narrative:

Infection prevention is a critical component in the provision of quality health services as well as in prevention of nosocomial and other infections including HIV/AIDS in the workplace. ACCESS is committed to work with partners to improve infection prevention practices in Tanzania. With guidance from MOH, ACCESS will collaborate with the Quality Assurance Unit, JSI and other key stakeholders to achieve this objective. JHPIEGO has supported the Ministry of Health in developing National Guidelines on Infection prevention. The purpose of the guidelines is to provide all healthcare service providers with basic infection prevention guidelines and safety precautions applicable in their day-to-day activities.

ACCESS will already have supported the dissemination of 5,000 copies of the national IPC guidelines (English version) in FY04 to policy makers, health managers and health workers at the regional and district levels. In order to operationalize the IP guidelines and make them more accessible to the frontline health workers, in FY05, ACCESS will simplify and summarize the current national infection prevention guidelines to make them reader-friendly for the frontline health workers. This simplified version will be more visual and pictorial, and use edutainment techniques to convey the messages across and will be invaluable to the front line workers most of who need materials are simple and in local language they can relate to. The simplified version will be translated into Kiswahili, the language used by the frontline health providers in their everyday work. About 5,000 copies will be produced.

The Kiswahili version of the IP guidelines will target 4,500 frontline health workers at health centers and dispensaries, people working in the community level to promote health, Village Health Management Committees individuals, groups, and international organizations engaged in healthcare service provision at community level.

By FY05, the English version of the IP guidelines will have been disseminated to an estimated 400 policy makers, Zonal Health management teams, Regional Health Management Teams, and the Council management Teams throughout Tanzania i.e. 7 zonal teams and 21 regional teams and about 125 council teams. The IP guidelines will be used in national, regional and district hospitals both public and private. ACCESS will work and coordinate with JSI to carry out training in Regional and district level facilities. The Kiswahili version will be disseminated to health workers at health centers and dispensaries in Tanzania, and to people working in the community level to promote health (e.g. Village Health Management Committees, individuals, groups, and international organizations engaged in healthcare service provision at community level). A core team of 20 trainers will be trained to train other health workers on Infection Prevention and Control. This core team of trainers will in turn train at least 100 other health care providers in IPC in their facilities.

The IP poster will be produced and aim to reach about 2,000 facilities and about 10,000 health workers and community members including ANC clients.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	45%

Targets:

Not Applicable

Number of individuals trained in injection safety	4,920	<input type="checkbox"/> Not Applicable
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Target Populations:

- Health Care Workers
- Community health workers
- Policy makers
- Health Care Trainers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / John Snow Inc

Planned Funds:

Activity Narrative:

John Snow Inc will collaborate with the Ministry of Health to implement safe injection activities aimed at reducing occurrence of sharp injuries and unsafe injection practices in Tanzania. The draft policy guideline on medical injection safety will be integrated into the existing National Infection Prevention and Control Guideline for health services. The guidelines will be disseminated to all health facilities and staff orientation sessions will be conducted by individual hospitals using staff trained at the national level in FY04.

John Snow Inc will support MOH with procurement of commodities and supplies required for the program. Also will provide technical assistance and training to MOH staff.

Monitoring and Evaluation as a component of strategic information is crucial to the program implementation since it will give an evidence based information on the progress of the program and scaling up and also it will ensure accountability in program implementation. A baseline information on number of infection averted will be developed centrally by modeling. This will contribute to the Emergency Plan targets of prevention of 450,000 HIV infections in Tanzania and 7 million infections globally by 2008.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

Not Applicable

Number of individuals trained in injection safety

100

Not Applicable

Target Populations:

- Community members
- Health Care Workers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Dar es Salaam

ISO Code: TZ-02

State Province: Kilimanjaro

ISO Code: TZ-09

State Province: Mbeya

ISO Code: TZ-14

State Province: Mjini Magharibi (Zanzibar West)

ISO Code: TZ-15

State Province: Mtwara

ISO Code: TZ-17

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

Result 1: HIV infection risk in vulnerable and hidden populations reduced

Result 2: Quality of STI services in PMTCT sites improved

Result 3: Increased access to HIV/AIDS prevention services for high-risk populations.

Result 4: Awareness and knowledge about HIV/AIDS prevention practices increased

Result 5: Full supply of related drugs, condoms, medical equipment and supplies achieved

Result 6: HIV/AIDS stigma reduction and discrimination reduced

Percent of Total Funding Planned for Condom Procurements

17

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Current Program Context:

In August 2004, Tanzanian President Mkapa addressed the need for a full spectrum of HIV/AIDS prevention interventions in Tanzania. His public endorsement clearly supports Tanzania's National Multisectoral Strategic Framework on HIV/AIDS, embracing comprehensive prevention approaches and strategies to address the pandemic. Prevention is viewed as a fundamental link to care and treatment and vice versa in a full spectrum of support. Given the level of stigma and discrimination in Tanzania, strong emphasis is needed to break negative community and social norms. The USG program is well positioned to expand prevention activities and promote strong collaboration among existing interventions. While specifically targeted groups were a focus of prevention activities in Tanzania in the 1980s, recent prevention activities have focused largely on the general population. Focus on targeted high risk groups is necessary to spearhead effective prevention efforts in the future. High risk groups in Tanzania include those traditionally defined such as prostitutes, miners, and truck drivers and individuals involved in multiple partner behavior and trans-generational relationships. The latter practices widen the high-risk definition to include discordant couples, married, and non-married men. With over 50% of secondary school students sexually active, youth are also a group at risk and in need of appropriate prevention options as well as training in life skills. As in AB programs, there is little focus on documentation of best practices or coordination with other interventions. Consequently, there is confusion in key messages and duplication of IEC materials among GOT, NGO, FBO and CBO programs. TACAIDS remains committed to developing a multisectoral HIV/AIDS communications strategy, but progress is slow. National coordination of key messages is crucial to facilitating broader awareness among all implementing partners and to assure the necessary synergy to reach out to high-risk groups and the general population at the community level. Condom promotion is a key health promotion strategy for vulnerable population groups. National provision of condoms continues to grow steadily through both social marketing and provision of free condoms in the public sector. A new social marketing program places increased emphasis on distribution to high-risk populations, as well as engaging the commercial sector and its growing sales. In addition, the program places increased emphasis on the promotion of healthy behaviors and services. Collaboration with other programs, such as the Global Fund Round 4, will be pivotal in assuring that overall condom utilization among vulnerable populations increases in Tanzania. The NACP manages the National STI Control Program and the RCHS implements the syphilis prevention and control service. A highly successful Focused Antenatal Care (FANC) package for the management of syphilis in pregnancy has been developed, including a full spectrum of materials and training curricula. The program has rolled out to 10 regions and is poised to provide national coverage. The prevention activities in the COP are designed to build capacity and move policies forward to achieve EP and UNGASS targets. Strategic partners for prevention activities include TACAIDS, NACP, FBO networks, NGO networks, and implementing partners. Condom provision, STI prevention and targeting of high risk groups will contribute to Emergency Plan (EP) targets of 7 million infections averted. As education and information are integral components of these prevention efforts, activities included in this section will support related EP activities for ABY and VCT. Additionally, NACP will improve and expand STI services and continue to introduce services in PMTCT expansion sites, thus contributing to EP targets of treating 150,000 patients and preventing 490,000 infections by 2008.

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Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative:

Peace Corps Tanzania will focus on: empowering young people to make healthy decisions about their lives; increasing teachers' ability to assess healthy life choices (Life Skills); increasing teachers' ability to integrate HIV/AIDS into their classrooms and helping communities access prevention information about HIV/AIDS. This will be accomplished through the efforts of all Peace Corps Volunteers in Tanzania, regardless of sector (Education, Health Education, and Environment Volunteers). Special emphasis will be given to Life Skills.

Volunteers will develop the necessary competencies through pre-service training as well as in-service training workshops in which Tanzanian counterparts will also participate. Special workshops will be held on use of community theatre/radio and on using IT approaches in HIV/AIDS work. Peace Corps (with Emergency Plan funding) will also provide technical assistance (through an HIV/AIDS Program Officer), material resources (books, manuals, posters, video-cassettes, etc.), as well as limited financial resources for special activities.

Volunteers and their Tanzanian counterparts will engage in a variety of awareness and prevention activities including Life Skills workshops for students and teachers, Peer Educator training, teaching of HIV/AIDS topics in the national curriculum, workshops for teachers on effectively teaching the national curriculum topics, health bulletin boards at schools, health clubs, health education sessions at health centers, video showings, community theatre, poster contests, awareness activities at local "mnada" (bi-weekly rural markets), training sessions for Village Government and other opinion leaders, one-on-one discussions, and HIV/AIDS Awareness Days in schools and communities.

Activity Category

- Information, Education and Communication
- Training

% of Funds

- 15%
- 85%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	40,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	350	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

- Community leader
- Community members
- Students
 - Primary school
 - Secondary school
- Teachers
- Volunteers
- Youth

Key Legislative Issues:

- Gender
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Dodoma	ISO Code: TZ-03
State Province: Iringa	ISO Code: TZ-04
State Province: Kagera	ISO Code: TZ-05
State Province: Kaskazini Unguja (Zanzibar North)	ISO Code: TZ-10
State Province: Kilimanjaro	ISO Code: TZ-09
State Province: Kusini Unguja (Zanzibar South)	ISO Code: TZ-11
State Province: Lindi	ISO Code: TZ-12
State Province: Manyara	ISO Code: TZ-01
State Province: Mara	ISO Code: TZ-13
State Province: Mjini Magharibi (Zanzibar West)	ISO Code: TZ-15
State Province: Morogoro	ISO Code: TZ-16
State Province: Mtwara	ISO Code: TZ-17
State Province: Mwanza	ISO Code: TZ-18
State Province: Ruvuma	ISO Code: TZ-21
State Province: Singida	ISO Code: TZ-23
State Province: Tanga	ISO Code: TZ-25

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National AIDS Control Program Tanzania

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

In FY05, the NACP will maintain the quality of STI services in existing 28 PMTCT sites in 7 regions and expand to 9 new regions in 22 health facilities. HIV testing and counseling will be provided to clients accessing STI services in these regions. HIV positive clients will be referred to care and treatment units for assessment on eligibility for antiretroviral treatment. It is estimated that 350,000 patients will access STI services in these regions and with a 10% prevalence rate, 35,000 HIV positive patients will be referred for treatment. STI clinics in the target regions will also provide services to clients accessing VCT, PMTCT and youth focused services that are identified to have STI. It is estimated that STI services will be provided to 5,000 HIV positive clients.

Health Care Personnel (HCP) in the nine PMTCT expansion regions will be trained in the syndromic approach of management of STI and in development and dissemination of youth focused adolescent and reproductive health information. Job aids and protocols to assist the HCP in delivery of quality services will be developed and disseminated to the USG supported regions in Tanzania. Information, education and communication (IEC) materials targeting youth will be developed and disseminated to key actors at local level. Materials developed will take into consideration the culture, language and age of the target population so as to produce appropriate materials supporting Emergency plan goals also support the development of a national AIDS help line for youths in collaboration with other partners. STIs materials and supplies use in PMTCT/CT/STI clinics will be procured for the nine PMTCT expansion regions. Computers and other accessories for the central STI unit will be purchased and housed at NACP for program use. STIs services established will be supervised on quarterly basis and a team comprising of MOH/ NACP and USG staff in the nine regions. This will contribute to the maintenance of proper standards in the delivery of services under PEPFAR plan; include using of evidence-based approaches to improve STI services.

Renovation of existing youth friendly clinics to have a user-friendly environment that will attract more youths to the clinics. These clinics will have recreational centers for youths and educative materials that will involve and attract youth to the centers. Policy and guidelines: Collaborate with partners and appropriate sectors to revive and develop, policy, guidelines and innovative programs targeting high-risk groups. Linkages and referrals: The link between the STI s services with other HIV preventive and care services (PMTCT, CT, TB/HIV) will facilitate the increased accessibility of this service hence reaching a larger number of clients attending these services. The linkage will increase efficiency in service delivery, thus contributing directly to the Emergency Plan targets for prevention and care.

Activity Category

% of Funds

UNCLASSIFIED

<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	8,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	12	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	720	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	16	<input type="checkbox"/> Not Applicable

Target Populations:

- High-risk population
- Youth
- ANC attendees

Key Legislative Issues:

Coverage Area:

State Province: Dodoma	ISO Code: TZ-03
State Province: Kigoma	ISO Code: TZ-08
State Province: Lindi	ISO Code: TZ-12
State Province: Mara	ISO Code: TZ-13
State Province: Rukwa	ISO Code: TZ-20
State Province: Ruvuma	ISO Code: TZ-21
State Province: Shinyanga	ISO Code: TZ-22
State Province: Singida	ISO Code: TZ-23
State Province: Tanga	ISO Code: TZ-25

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mbeya Regional Medical Office

Planned Funds:

Activity Narrative:

The Mbeya Regional Medical Office (MRMO), through its Regional AIDS Control Programme (MRACP), will continue to expand its broad base of prevention activities and also refocus efforts on high-risk populations along the trade routes in its region. Situated along the Trans-African Highway, at the junction between Malawi and Zambia, Mbeya municipality and its surrounding communities contribute to a large percentage of the overall HIV infected population in Tanzania. Prevalence in the population along the trade routes averages around 12% but can range as high as 68% among bar workers.

In FY05, the MRMO and MRACP will continue to implement prevention programs for youth populations and community and workplace environments, including its own health facilities. In addition, activities in high transmission areas will be reintroduced through peer-educator programs targeting not only females but also local and transient males. Activities will include training and support of peer outreach workers, provision of educational materials, support of community meetings and production of local radio spots and billboard messages targeting the high risk populations. Condom distribution through nationally supported programs will complement this outreach. Programs for the general population and those for high risk groups will target a total of 400,000 individuals by March, 2006, supporting EP goals in prevention and infections averted.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Information, Education and Communication	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target Description	Value	Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	400,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Clients of sex workers
- Commercial sex workers
- Community leader
- Community members
- High-risk population
- Truckers
- Religious/traditional leaders
- Youth

Key Legislative Issues:

- Addressing male norms and behaviors

Coverage Area:

State Province: Mbeya

ISO Code: TZ-14

Code: (HVOP) Convention Activities
Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:
Planned Funds:

/ PharmAccess

Activity Narrative:

As with many militaries in Africa, HIV prevalence among the uniformed personnel is higher than the general population. Aggressive measures are needed to address this particularly high-risk population. The National Multi-sectoral Strategic Frameworks (NMSF) on HIV/AIDS which is based on the National Policy of HIV/AIDS of November, 2001 guides the National Response including the uniformed services response that target reduction of HIV. Though there is now a National Strategic Framework on HIV/AIDS adopted on 23rd July 2003, which include prevention focusing on young recruits (Goal 1 - 3 a (2) (e) (ii), the proposed budget for activities focusing on young recruits was not approved by the GOT. Training for HIV/AIDS control in conflict, emergency and disaster situations given to the uniformed services has yet to begin.

Activities under this submission will support ongoing efforts by the Tanzania People's Defense Forces (TPDF) with assistance from PharmAccess to provide prevention education and condom distribution services to all military personnel and to communities surrounding military posts. In addition, a program to focus on new recruits will be introduced in which they are equipped with the necessary knowledge and skills and provided ongoing access to information and services to prevent HIV/AIDS among themselves and other youths in the TPDF. Condoms will be obtained through national and EP procurement efforts and their cost is not included in this budget. HIV/AIDS education based on adapted life-skills modules for the military will be integrated into curriculum in the five training centers for the capacity of instructors will be further developed. This will include the training of 15 trainers to implement life skills workshops for new recruits and subsequently training 150 peer educators who will be supported in continued prevention/outreach efforts through out their service. Prevention activities will include the translation of life skills materials into Kiswahili, provision of updated, life skills information and awareness materials to peer educators and support and reinforcement of their efforts. A unique aspect to the military is that all recruits must be HIV negative to enlist. This provides and excellent base line by which to test the effectiveness of prevention programs targeting this group in the out years. All the activities under this entry will target approximately 5,000 recruits in addition to another 200,000 military personnel, dependants and civilians by March 2006. Prevention outreach will be linked to VCT and PMTCT activities under sections 3.3.1 and 3.3.9 in support of the continuum of care.

Activity Category
 Information, Education and Communication
 Strategic Information (M&E, IT, Reporting)
 Training

% of Funds
54%
2%
44%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	145	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- Health Care Workers
- Military
- People living with HIV/AIDS

Key Legislative Issues:

- Addressing male norms and behaviors

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Rukwa Regional Medical Office

Planned Funds:

Activity Narrative:

As ART is introduced and expanded in Tanzania, prevention efforts and community education programs need to be expanded and modified to address new concerns and issues. In FY05, the Rukwa Regional Medical Office and Regional AIDS Control Programme will build upon their current prevention program, based on the ABC model, which includes activities targeting youth, community and religious leaders and groups and workplace environments. Basic prevention efforts will be reinforced and will also introduce messages educating individuals on ART and the danger of complacency and continued risky behavior upon its introduction. Activities will be supported through training of 10 peer-educators, provision of national educational materials, billboard campaigns and holding of at least 20 community education/outreach meetings with modules on ARVs to be included. Condom distribution through nationally supported programs will complement this outreach.

Prevention programs will be fully integrated into the continuum of care in the region and assist in promoting uptake of counseling services. They are also critical components to the care programs submitted for funding in FY05. Programs will target a total of 100,000 individuals in the region by March 2006, supporting EP goals in prevention and infections averted.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Information, Education and Communication	50%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100,000	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

- Adults
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
- People living with HIV/AIDS
- Religious/traditional leaders
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Rukwa

ISO Code: TZ-20

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ruvuma Regional Medical Office

Planned Funds:

Activity Narrative:

In FY05, the Ruvuma Regional Medical Office and Regional AIDS Control Programme looks to expand their prevention program as introduction of ART in the region may lead to a false sense of the availability of a "cure" for HIV in the community. Current activities will be built upon to include basic education on ART. Funding will provide for the training of 20 representatives, four from each district in the region, in ART education and reinforcing ABC messages and the training and support of four local drama groups in these same messages. Drama presentations will be used as a means of supporting efforts by the representatives once they return to their districts, with an anticipated 15 presentations by March 2006. Other activities will be the production of a radio spot targeting youth which will air during a popular local sports show and the production of one bill board per district (a total of 5) and two regional ones focusing on ABC messages. Condom distribution through nationally supported programs will complement this outreach.

As in Rukwa, prevention programs will be fully integrated into the continuum of care in the region and assist in promoting uptake of counseling services. They are also critical components to the care programs submitted for funding in FY05. Programs will target a total of 200,000 individuals in the region by March 2006, supporting EP goals in prevention and infections averted.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Training	55%

Targets:

Target Description	Value	Applicability
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	15	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	15,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

- Adults
- Community leader
- Community members
- Community-based organizations
- High-risk population
- People living with HIV/AIDS
- Religious/traditional leaders
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Ruvuma

ISO Code: TZ-21

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Africare

Planned Funds: **Activity Narrative:**

Africare will continue to provide technical assistance to its partners to increase coverage, deepen the impact of its activities, increase number of beneficiaries and strengthen institutional capacities. In FY05, Africare will target high risk groups through a comprehensive ABC approach to contribute to Emergency Plan targets of 7 million infections averted. Activities to be supported will include VCT services, community outreach, and mass media campaigns that address prevention, stigma and discrimination, as well as ABY efforts as described in section 3.3.2. A total of 6000 people will be reached through these efforts.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	18%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	15	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Youth
- Adults
 - Men
 - Men
 - Women
 - Women
 - Commercial sex workers
 - Commercial sex workers
- Youth
 - Girls
 - Girls
 - Boys
 - Boys
- Community leader
- Community leader
- Community members
- Community members
- Community-based organizations
- Community-based organizations
- Faith-based organizations
- Faith-based organizations
- High-risk population
- High-risk population
- M&E specialist/staff
- Nongovernmental organizations/private voluntary organizations
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Religious/traditional leaders
- Students
- Students
 - Primary school
 - Primary school
 - Secondary school
 - Secondary school
 - University
 - University
- Youth

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Kaskazini Pemba (Pemba North)	ISO Code: TZ-06
State Province: Kaskazini Unguja (Zanzibar North)	ISO Code: TZ-10
State Province: Kusini Pemba (Pemba South)	ISO Code: TZ-10
State Province: Kusini Unguja (Zanzibar South)	ISO Code: TZ-11
State Province: Mjini Magharibi (Zanzibar West)	ISO Code: TZ-15

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / JHPIEGO

Planned Funds:

Activity Narrative:

ACCESS activities in FY05 will expand upon progress made in FY04. The national coordination function in managing and rolling out managing syphilis in pregnancy will be strengthened. Health providers, trainers and supervisors will be trained in the management of syphilis as a component in focused antenatal care (ANC) training. The other components to be strengthened include monitoring and drug and reagent management.

Approximately 100 providers from 25 sites in selected existing PMTCT, MTCTPlus and ART program sites (EGPAF, AMREF, Columbia University, ACQUIRE, FBO and NGO facilities) will be orientated on how to counsel ANC clients in syphilis screening, how to perform the RPR test and also the management of syphilis in pregnancy and notification and treatment of partners of syphilis positive clients. The use of condoms and the insecticide treated nets will be promoted and emphasized during the orientation and follow-up of the service providers. Fifty trainers and supervisors will also be trained in and be equipped with Clinical Training Skills to enable them cascade train critical mass of fellow providers in their health facilities and to ensure that transfer of knowledge and skills has taken place. The supervisors will also be trained in support supervision using the Performance Quality Improvement approach and will be provided with skills to supervise and follow-up providers in the 25 sites in their localities. They will use checklists and will support the providers with supplies and other requirements. Their role will be to ensure implementation of quality ANC services.

ACCESS will work with MOH and provide technical assistance and facilitate discussions with Reproductive and Child Health Section, National AIDS Control Program, JSI/DELIVER, and Medical Supplies Department (MSD) and other key stakeholders to coordinate and roll out an integrated national program to manage Syphilis in pregnancy and ensure STI drugs and syphilis test-kits for implementing the Syphilis screening program are available nationally and in the 25 focus sites. This will be in keeping with NACP broader STI program implemented by NACP.

In liaison with Ministry of Health, ACCESS will also coordinate planning meetings with regional and districts councils to ensure that these proposed activities are included in the national and comprehensive district health plans, and that best practices are employed.

Activity Category

- Commodity Procurement
- Human Resources
- Quality Assurance and Supportive Supervision
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

25%
8%
9%
10%
50%

Targets:

Not Applicable

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful

0

Not Applicable

Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful

0

Not Applicable

Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful

0

Not Applicable

Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful

0

Not Applicable

Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful

0

Not Applicable

Target Populations:

- Infants
- Pregnant women
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Arusha	ISO Code: TZ-01
State Province: Dodoma	ISO Code: TZ-03
State Province: Kilimanjaro	ISO Code: TZ-09
State Province: Morogoro	ISO Code: TZ-16
State Province: Mtwara	ISO Code: TZ-17
State Province: Singida	ISO Code: TZ-23
State Province: Tanga	ISO Code: TZ-25

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: /Academy for Educational Development

Planned Funds:

Activity Narrative:

In 2005, AED will incorporate a locally registered organization, the Tanzania Marketing and Communications (T-MARC) Project. This locally controlled social marketing organization will promote increased access to HIV/AIDS products and prevention, care, and treatment services for high-risk populations as well as messages regarding a comprehensive range of healthy preventive behaviors. The goals of the T-MARC project will address the full range of ABC prevention aspects under the President's Emergency Plan.

T-MARC will be responsible for expanding a 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 not often available in public sector clinical facilities) and condoms, as well as information on prevention, care and treatment services. T-MARC will capitalize on existing commercial sector distribution networks in order to penetrate more deeply into high risk transmission areas in the rural areas of Tanzania in a cost-effective manner. Product promotion and distribution activities will be expanded 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. Coverage in high risk-outlets (bars and guesthouses) will be expanded to 90% and add coverage in 6 new major urban centers.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	45%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Needs Assessment	10%

Targets:

Target Description	Value	Applicability
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	17,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5,575,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	25	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- High-risk population
 - Discordant couples
- People living with HIV/AIDS
- Students
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State/Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Central Contraceptive Procurement

Planned Funds:

Activity Narrative: The condom social marketing program in Tanzania has evolved from one that targeted the general public, to one focusing more specifically on high-risk populations (and thus sales areas). In the public sector, condoms are available free to the public in clinic settings.

Estimates by the Government of Tanzania place overall need for condoms at over 100 million per year. In 2004, the social marketing program sold over 36 million condoms, with additional distribution through the public sector. A significant gap between need and sales/distribution exists. Thus procurement, targeting high-risk users/areas, to help fill these requirements is an imperative.

Field support will be utilized to procure condoms and provide logistical support to increase by 20 million the available condoms in the country.

Activity Category
 Commodity Procurement **% of Funds**
100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

High-risk population

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Lake Tanganyika Catchment Reforestation and Education Project

Planned Funds:

Activity Narrative: TACARE will collaborate with MOH and private sector social marketing groups to introduce preventive approaches to AIDS prevention. In addition to prevention activities focusing on abstinence and be faithful themes.

The technical approach proposed by TACARE is multifaceted, building on the program's success to date in achieving conservation goals through strengthening community capacities in critical areas identified by the community including health, sanitation and community development. The program will engage communities in the response to HIV/AIDS through existing networks including community-based distribution agents (CBDAs), micro-credit scheme members, Roots and Shoots leaders and club members, and members of faith-based organization youth groups. It will support communications activities focusing on youth and adult networks including local media (theater, songs, role plays) and use of mobile (by boat) video material.

The Jane Goodall Institute (JGI) has been implementing the TACARE (Lake Tanganyika Catch Reforestation and Education Project) since 1994 in the Kigoma region of western Tanzania. The project is currently receiving USAID support for National Resource Management (NRM) activities and has had support from the Packard Foundation for community-based health activities including family planning and child survival. TACARE received an initial PEPFAR grant of and is currently preparing to implement activities after working with USAID and other key partners (the regional health director and his staff, the ACQUIRE project, the Seventh Day Adventist Health program, the Kigoma Zonal Training Center, etc.) to design start up activities. The funding requested will enable TACARE to extend activities in 2005-2006 and cover a broader population.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	23	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	23	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	23,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Kigoma

ISO Code: TZ-08

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Balm in Gilead

Planned Funds:

Activity Narrative:

In the efforts to rapidly scale up CT services to support both prevention (for those testing negative) and identification of those positive (potential/future ARVs users), USG supported CT activities will make major contributions to ensuring access to quality CT services for Tanzania's population. The Ministry of Health (MOH) through the NACP and other key partners have responded by scaling up quality CT services in the ART expansion sites to meet the demands in the era of ART. In this strategy the government will establish quality counseling and testing services with an emphasis on Diagnostic Testing and Counseling (DTC) coupled with training programs for counselors and instituting a quality assurance and effective supportive supervision system for quality improvement of CT services. Infrastructure development through renovations of CT sites in 9 regions with PMTCT expansion sites. Policy guidelines for counseling and testing will reviewed to incorporate other models on counseling alongside VCT. The development and finalization of CT policy guidelines, technical guidelines, protocols and manuals will enable individuals, health care providers (HCPs), PLWHA, community lay counselors to enhance their ability to provide quality CT services. To harmonize and standardize CT training USG will support the MOH/NACP in its efforts to institutionalize the CT training in four zonal training centers. Creation of counselor and clients support networks to provide back up support in order to reduce psychological stress to avoid burnout and coping with sero status respectively. In the USG 5-year strategy for the Emergency plan in Tanzania, CT is identified as a key entry point in the continuum of care for HIV/AIDS. It is envisaged that by increasing the coverage of CT services in clinics providing TB, STI and PMTCT services people living with HIV/AIDS (PLWHA) requiring care and treatment will be identified and captured by ART services. Increased availability of services and stigma reduction will create an increased demand for CT services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	24	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	600,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Faith-based organizations
- People living with HIV/AIDS
- Religious/traditional leaders

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Deloitte Touche Tohmatsu

Planned Funds:

Activity Narrative:

Deloitte & Touche will continue to provide technical assistance in grant management, awards, and monitoring, as well as to grantees in implementation and monitoring in the area of prevention. This is accomplished through the Rapid Funding Envelope (RFE) that has been developed to assist civil society organizations (CSOs) reach the prevention goals in responding to the HIV/AIDS epidemic in Tanzania. Provision of the technical assistance to local CSOs to prepare concept letters and full proposals will enable CSOs from the regions to apply successfully to the RFE.

Priority activities include the level of support for prevention projects, including advocacy and IEC activities.

Activity Category

- Local Organization Capacity Development
- Strategic Information (M&E, IT, Reporting)

% of Funds

- 75%
- 25%

Targets:

Not Applicable

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
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Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
--	---	--

Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
---	---	--

Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
--	---	--

Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
--	---	--

Target Populations:

- Community-based organizations
- Faith-based organizations

Key Legislative Issues:

Coverage Area:

State Province: Lindi
State Province: Mtwara

ISO Code: TZ-12
ISO Code: TZ-17

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / BBC World Trust

Planned Funds:

Activity Narrative:

In 2005, the BBC-WST will continue to provide a mass media radio communications campaign reaching at least 10,000,000 Tanzanians (one third of the national population); to generate sustainable demand for comprehensive services across the prevention-to-care continuum. The flexibility of community-based radio communications allows the weaving of multi-pronged messages into the programming. The BBC-WST program provides a mechanism allowing the USG to plan for, and be responsive to, needs for information within the full 2-7-10 spectrum of prevention, care and treatment issues within the Emergency Plan.

As the program gears up in Phase 2, emphasis will continue on developing a variety of mass media radio interventions for nationwide distribution and addressing a broad variety of topics such as the full range of services available in Tanzania, information on specific service sites on a regional basis, and myths and rumors. It will also address societal norms such as stigma. A target of an additional 60 different radio spots and mini-dramas for segmented audiences will be produced and broadcast frequently on partner radio stations through donated time. Campaign outputs will target different population groups within Tanzania and will include: Radio spots, a radio talk show to target youth audiences, a radio drama which will deepen the impact of the campaign's messages, enabling modeling of relevant life skills and positive behavior change. All outputs will be based on extensive research to ensure that the campaign's behavioral change objectives are met.

Activity Category

- Information, Education and Communication
- Local Organization Capacity Development
- Needs Assessment
- Training

% of Funds

- 65%
- 10%
- 10%
- 15%

Targets:

Not Applicable

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful 10,000,000 Not Applicable

Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful 0 Not Applicable

Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful 0 Not Applicable

Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful 100 Not Applicable

Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful 5 Not Applicable

Target Populations:

- Adults
- Adults
- Men
- Women
- Health Care Workers
- Health Care Workers
- People living with HIV/AIDS
- People living with HIV/AIDS
- Youth
- Youth
- Girls
- Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: YouthNet / Family Health International

Planned Funds:

Activity Narrative:

With over 50% of secondary school students sexually active, older adolescents are a group at risk and in need of appropriate prevention messages and training in life skills. YouthNet is well positioned to expand its prevention activities in ABY (please refer to 3.3.2) and emphasize risk reduction through faithfulness and partner reduction messages for older youth. In FY05, YouthNet will continue to provide technical assistance to youth serving organizations and will award grants to local groups to reach 48,000 youth through a more comprehensive 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

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	17%
<input checked="" type="checkbox"/> Human Resources	2%
<input checked="" type="checkbox"/> Information, Education and Communication	35%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	6%
<input checked="" type="checkbox"/> Local Organization Capacity Development	18%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	48,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	750	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
 - University
- Teachers
- Volunteers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Dar es Salaam
 State Province: Iringa

ISO Code: TZ-02
 ISO Code: TZ-04

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative: The deferred funding will be used for previously-approved "other prevention" activities.

A minimum of three workshops will be held to train Tanzanian teachers and students in HIV/AIDS awareness and prevention with a Life Skills focus. These workshops will be organized by Peace Corps Volunteers working in collaboration with Peace Corps Tanzania's HIV/AIDS Program Officer.

IEC materials – videos, manuals, posters - will be developed and/or purchased for use in prevention and awareness activities organized by approximately 130 Volunteers (working in education, health and environment projects) in their respective schools and communities around Tanzania.

Activity Category

- Information, Education and Communication
- Training

% of Funds
50%
50%

Targets:

		<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Students
 - Primary school
 - Secondary school
- Teachers
- Volunteers
- Youth

UNCLASSIFIED

Key Legislative Issues:

- Gender
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Dodoma	ISO Code: TZ-03
State Province: Iringa	ISO Code: TZ-04
State Province: Kagera	ISO Code: TZ-05
State Province: Kaskazini Unguja (Zanzibar North)	ISO Code: TZ-10
State Province: Kilimanjaro	ISO Code: TZ-09
State Province: Lindi	ISO Code: TZ-12
State Province: Manyara	ISO Code: TZ-01
State Province: Mara	ISO Code: TZ-13
State Province: Mjini Magharibi (Zanzibar West)	ISO Code: TZ-15
State Province: Morogoro	ISO Code: TZ-16
State Province: Mtwara	ISO Code: TZ-17
State Province: Mwanza	ISO Code: TZ-18
State Province: Ruvuma	ISO Code: TZ-21
State Province: Singida	ISO Code: TZ-23
State Province: Tanga	ISO Code: TZ-25

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW

-
- Result 1: Increased capacity of national team to coordinate and manage the counseling and testing (CT) program.
-
- Result 2: Finalized national guidelines/policies/protocols disseminated to actors
-
- Result 3: Increased availability of VCT services resulting from expanded counseling and testing training, using nationally approved training, institutionalized in four zonal training centers
-
- Result 4: Enhanced and integrated HIV counseling and testing in TB/HIV and other clinics in focused sites
-
- Result 5: Reliable supply of related diagnostics and medical supplies achieved
-

Total Funding for Program Area (\$): **Current Program Context:**

HIV counseling and testing (CT) is a key strategy in the National Multisectoral Strategic Framework and the Health Sector Strategy. CT services are increasingly available in the form of voluntary counseling and testing (VCT) services in many of the districts in Tanzania, although the quality and scale of the services offered varies significantly. Currently, it is estimated that VCT services are available in over 370 public, private, NGO, and FBO facilities. The coverage of these services in the country is mainly urban, with more limited rural coverage. Estimates indicate that only 10% of Tanzanians who are infected with the HIV virus know their status, though about 60% of Tanzanians interviewed in a study wanted to know their HIV status. A more recent study indicates that 80% of youths would like to be tested, but less than 20% are actually accessing services (BSS, 2003). The USG has played an important role in expansion of CT. This has been accomplished through direct technical assistance to the MOH, the private sector, and FBOs, including direct service provision. The USG has also played a key role in the development of a major CT social marketing and quality service programs; improved quality CT services in 78 health facilities, including over 25 outreach services; institutionalization of CT training to zonal training centers and the private sector, and renovation of sites and ensuring the availability of HIV test kits and other supplies for service provision. Although supply of test kits has improved, availability remains sporadic. This may become a significant limiting factor with rapidly increasing demand and use of CT services. HIV counseling and testing is critical to achieving Emergency Plan (EP) goals. Multiple models of CT are needed to increase availability of services. The VCT model provides the best opportunity for HIV prevention, but may not be a primary venue for accessing ARV eligible persons. Other models of CT such as routine clinical (provider-initiated) HIV counseling and testing (RCTC), couple HIV counseling and testing (CHCT) and community-based counseling and testing (CBCT) are not well established in Tanzania. If the goals of the EP are to be achieved in Tanzania, these and other innovative models of CT have to be implemented alongside the commonly used VCT model. The MOH/NACP Counseling and Social Support Unit has requested technical assistance and support from the USG to introduce RCTC and CHCT in Tanzania. Initially, the focus will be placed in integrating CT as part of routine hospital services and into clinics providing TB, STI, MCH, and PMTCT services, with a view of expanding the entry points for HIV care. The USG will continue to work with the MOH and learning institutions, and through model centers it will help to develop for quality service and training in various existing institutions (such as Muhimbili Health Information Center at Muhimbili Hospital and the AMREF 'ANGAZA' Center).

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mbeya Referral Hospital

Planned Funds:

Activity Narrative:

At the Mbeya Referral Hospital, integration of counseling and testing services into basic health care delivery initiated in FY04 will continue in FY05. Currently, 35% of the health care staff at the referral hospital is trained in counseling and testing but services are not provided on a regular basis outside of the VCT clinic. Activities in FY05 will expand upon progress in FY04 and provide support to these 140 individuals through continuing education, introduction of counselor support group activities and assistance with overtime hours worked as demand for this service has increased over last year. Integration of services to in patient wards will be introduced for rapid identification of patients qualifying for ART. Counseling and testing for 3,000 individuals attending outpatient clinics and admitted to in patient wards will be supported to augment additional needs beyond the VCT clinic. Services will be critical in providing patients access to needed care at this facility and reaching EP goals for treatment and prevention.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	21%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	8%
<input checked="" type="checkbox"/> Human Resources	6%
<input checked="" type="checkbox"/> Training	65%

Targets:

Target	Value	Applicability
Number of individuals trained in counseling and testing	140	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	3,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Health Care Workers
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Mbeya

ISO Code: TZ-14

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National AIDS Control Program Tanzania

Planned Funds:

Activity Narrative:

In the efforts to rapidly scale up CT services to support both prevention (for those testing negative) and identification of those positive (potential/future ARVs users), USG supported CT activities will make major contributions to ensuring access to quality CT services for Tanzania's population. The Ministry of Health (MOH) through the NACP and other key partners have responded by scaling up quality CT services in the ART expansion sites to meet the demands in the era of ART. In this strategy the government will establish quality counseling and testing services with an emphasis on Diagnostic Testing and Counseling (DTC) coupled with training programs for counselors and instituting a quality assurance and effective supportive supervision system for quality improvement of CT services. Infrastructure development through renovations of CT sites in 8 regions with PMTCT expansion sites.

Policy guidelines for counseling and testing will reviewed to incorporate other models on counseling alongside VCT. The development and finalization of CT policy guidelines, technical guidelines, protocols and manuals will enable individuals, health care providers (HCPs), PLWHA, community lay counselors to enhance their ability to provide quality CT services. To harmonize and standardize CT training USG will support the MOH/NACP in its efforts to institutionalize the CT training in four zonal training centers. Creation of counselor and clients support networks to provide back up support in order to reduce psychological stress to avoid burnout and coping with sero status respectively.

In the USG 5-year strategy for the Emergency plan in Tanzania, CT is identified as a key entry point in the continuum of care for HIV/AIDS. It is envisaged that by increasing the coverage of CT services in clinics providing TB, STI and PMTCT services people living with HIV/AIDS (PLWHA) requiring care and treatment will be identified and captured by ART services. Increased availability of services and stigma reduction will create an increased demand for CT services.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E; IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	200	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	150,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Caregivers
- Faith-based organizations
- Health Care Workers
- Community health workers
- Discordant couples
- HIV+ pregnant women
- Nongovernmental organizations/private voluntary organizations
- Youth

Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mbeya Regional Medical Office

Planned Funds:

Activity Narrative:

The Mbeya Regional Medical Office (MRMO) and its Regional AIDS Control Programme (MRACP) have implemented very successful VGT interventions since 1991, testing over 27,000 individuals in 2003 alone. Currently, these services are provided mainly at secondary and tertiary treatment facilities and several stand alone centers servicing the Mbeya municipality and its surrounding peri-urban communities. Even with the success in VCT up take, services have not been available to more remote communities or at centers serving individuals with a higher possibility of being infected such as TB clinics.

In 2005, MRMO will expand these services to smaller, more remote communities and villages through expansion to an additional 10 health centers and dispensaries serving these neglected populations and in accordance with the network model of distribution of services down to the lower level facilities. The MRMO will also begin to integrate counseling and testing activities for HIV at 10 of its regional TB clinics in FY05. Modifications to clinic structures and training of personnel will be completed to provide services to this high prevalence population. In addition, as services are introduced at all of these sites, a regional referral mechanism will be integrated into the existing system under 3.3.11 so that individuals identified as HIV positive can be further evaluated for care and treatment at the nearby regional and referral hospitals.

By March of 2006, 40 new personnel will be trained in counseling and testing to support these 20 new sites and refresher training will be provided to the existing 100 counselors to strengthen the overall program. Services in the region, inclusive of existing sites, will provide testing and counseling to 40,000 individuals by March 2006. As availability of ART is expanded in Tanzania, growth of counseling and testing services will be critical in identification of patients and providing a means of accessing needed care through referral mechanisms with all aspects of this service contributing to EP goals for treatment and prevention.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	46%
<input checked="" type="checkbox"/> Community Mobilization/Participation	7%
<input checked="" type="checkbox"/> Human Resources	3%
<input checked="" type="checkbox"/> Infrastructure	13%
<input checked="" type="checkbox"/> Training	31%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	140	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	40,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- Health Care Workers
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Mbeya

ISO Code: TZ-14

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / PharmAccess

Planned Funds:

Activity Narrative:

Though counseling and testing is available at Lugalo Hospital, the large military medical facility in Dar es Salaam, these services are lacking in other military health centers. For 2005, the Tanzania Peoples Defense Forces (TPDF) plans to have VCT services at a total of 9 military facilities: Mwanza, Mbeya, Morogoro, Arusha, Tabora, Songea and Zanzibar. The Global Fund will provide funding to build VCT capacity at Mwanza, Mbeya and Mwanza. Under FY05 EP funding, PharmAccess and the TPDF will improve upon existing VCT services at Lugalo and introduce VCT services at five new sites: Morogoro, Arusha, Tabora, Songea (in Ruvuma) and Zanzibar, bringing the total under EP support to six.

Three of the 9 TPDF sites (Lugalo, Mbeya and Morogoro) will be providing ART for qualified individuals identified with these services. Patients identified in Zanzibar will be supported under the existing referral mechanism and continue to be referred to Lugalo for evaluation and then monthly treatment if qualified for ART. Renovation of facilities at Morogoro, Arusha, Tabora, Songea and Zanzibar will be undertaken to provide counseling and testing suites and training of 20 personnel in counseling and testing will be conducted to support these services. Through these efforts, the TPDF will test 8,000 individuals at the six EP supported sites by March 2006, linking individuals to prevention efforts in 3.3.5. and providing identification and referral of individuals requiring care and treatment to the same or nearby facilities under 3.3.11.

Activity Category

- Commodity Procurement
- Infrastructure
- Training

% of Funds

- 9%
- 41%
- 50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	8,000	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	20	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
- Military

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Arusha	ISO Code: TZ-01
State Province: Dar es Salaam	ISO Code: TZ-02
State Province: Mjini Magharibi (Zanzibar West)	ISO Code: TZ-15
State Province: Morogoro	ISO Code: TZ-16
State Province: Ruvuma	ISO Code: TZ-21
State Province: Tabora	ISO Code: TZ-24

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Rukwa Regional Medical Office

Planned Funds:

Activity Narrative:

As with PMTCT, counseling and testing services are lacking at public health facilities in Rukwa. Currently, the only VCT centers are supported by AMREF, through its ANGASA program. ANGASA sites has provided this much needed intervention in Rukwa but are few in number and not located at public health facilities. This has serious implications in accessing care from the regional hospital with the limited ability of the public health facilities to identify HIV positive individuals and link them to services.

In 2005, the Rukwa Regional Medical Office and Regional AIDS Control Programme will introduce counseling and testing services at the regional hospital, two health centers and two nearby TB clinics. Development will begin at the regional hospital in accordance with the network model with the other facilities brought on through out the course of the year. Modifications to clinic structures and training of personnel will be completed for these five sites and development of the regional hospital laboratory in supporting confirmatory diagnostics will be undertaken. Community mobilization will be undertaken as part of the hospital outreach program to ensure use of the new services. A referral mechanism built upon the current system will be implemented as part of ART treatment programming under section 3.3.11. By March of 2006, 15 new personnel will be trained in counseling and testing. Services will provided testing and counseling to at least 3,000 individuals.

Activity Category

% of Funds

- Commodity Procurement
- Community Mobilization/Participation
- Human Resources
- Infrastructure
- Training

- 48%
- 7%
- 4%
- 14%
- 27%

Targets:

Not Applicable

Number of individuals trained in counseling and testing	15	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	3,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- Health Care Workers
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Rukwa

ISO Code: TZ-20

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ruvuma Regional Medical Office

Planned Funds:

Activity Narrative:

In Ruvuma, though there are some mission based and free standing VCT clinics, counseling and testing services are lacking at the regional hospital and most public health facilities. National expansion of such activities to the public health sector has not reached this region. As in Rukwa, this not only has implications in supporting the development of personal prevention programs through knowledge of one's serostatus but more importantly, indicates a gap in treatment provision for identifying HIV positive individuals at these facilities.

In 2005, activities in Ruvuma support introduction of counseling and testing services at the regional hospital, the two health centers and five TB clinics, one per district. Through the Ruvuma Regional Medical Office and its Regional AIDS Control Programme, modifications to clinic structures at the regional hospital and two health centers will be undertaken. A total of 20 counselors will be trained to provide services at the 8 facilities. Ten peer counselors will be trained to assist in community mobilization campaigns in surrounding communities using existing community networks at the ward level to ensure up take of services. Community mobilization programs will include the participation of 50 HBC providers, 5 drama group artists, 20 church and mosque leaders, 20 representatives for NGO's dealing with HIV/AIDS, 20 TBA/Herbalists and 30 PLWHA open with their status. In addition, development of the regional hospital laboratory in supporting confirmatory diagnostics will be undertaken. Introduction of services at all of these sites will include a referral mechanism supported under 3.3.11 to complement the existing system will be included so that individuals identified as HIV positive can be further evaluated for care and treatment at the regional hospital. Linkages with free standing VCT centers will also be established. By March of 2006, services will provided testing and counseling to at least 5,000 individuals.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation
- Human Resources
- Infrastructure
- Training

% of Funds

- 58%
- 7%
- 4%
- 9%
- 22%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	20	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	5,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	8	<input type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

- Adults
- Community members
- Health Care Workers

Key Legislative Issues:

Coverage Area:

State Province: Ruvuma

ISO Code: TZ-21

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Muhimbili National Hospital(MNH)

Planned Funds:

Activity Narrative: The Muhimbili Health Information Centre (MHIC) through USG support will provide training in counseling and testing for Health care providers in the country complementing the NACP efforts to reach the HSS goals of having 1800 trained counselors by 2006. The institution will be developed to a centre of excellence in the provision of quality CT services training in Eastern Africa. Once this is achieved and with leverage of USG funding, MHIC will be able to access resources made available under the World Bank funded ARCAN project.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	50%

Targets:

Not Applicable

Number of individuals trained in counseling and testing	200	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Faith-based organizations

Key Legislative Issues:

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID / African Medical and Research Foundation

Planned Funds:

Activity Narrative: AMREF activities in 2005 will continue activities initiated in 2004; with 70% of the funding coming from FY2005 funds, and the balance coming from reprogrammed FY2004 funds. Activities including expansion of the total of 43 static VCT sites in 19 mainland regions (all except Manyara and Mtwara), five (5) mobile VCT teams manned by qualified counselors to provide VCT, and 25 outreach sites owned by institutions and communities. Key interventions to be carried out during 2005 include opening new ANGAZA VCT sites while continuing to support the existing ones, capacity building (including training, advocacy/ behavior change communication campaign), and monitoring and evaluation. Training manuals are all updated and in line with MOH National guidelines.

Support will be provided to the existing sites in areas such as procurement of test kits, reagents, and maintenance of furniture, equipment and utilities. The project will scale up to cover 30 new ANGAZA VCT sites that will be opened by AMREF in collaboration with partners. Integration of VCT services to in patient wards will be introduced in 5 hospitals and the concept of routine counseling and testing in different clinical settings will be introduced to enhance rapid identification and recruitment of patients who may qualify for the ART program. Other activities include: (1) strengthening community mobilization and advocacy components of the mobile teams in secondary school and colleges to create more demand and increase client uptake; (2) scale up of social marketing of VCT, 3) laboratory support and strengthening AMREF's capacity in training, program management and monitoring and evaluation 4) participation in appropriate regional and international conference to learn and share best practices.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

Not Applicable

Number of individuals trained in counseling and testing 364 Not Applicable

Number of individuals who received counseling and testing 105,000 Not Applicable

Number of service outlets providing counseling and testing 28 Not Applicable

Target Populations:

- Adults
- Men
- Women
- Community members
- Faith-based organizations
- Health Care Workers
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Youth

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Balm in Gilead

Planned Funds:

Activity Narrative:

A needs assessment within TEC, CCT, BAKWATA will be conducted to determine the current level of involvement in HIV/AIDS related activities (counseling and testing) and the barriers reducing the participation of Islamic and Christians leaders and members in HIV/AIDS prevention and care interventions. Based on the results of the feasibility study that is presently being conducted among faith communities in Tanzania CT/PMTCT services will be established within faith health facilities. Scaling up CT approaches by FBO will include establishing freestanding VCT and mobile outreach services in the rural areas of Tanzania. Mobilizing Tanzania religious communities will lead to an advocacy campaign that can draw on certain comparative advantages such as; moral authority and tradition of speaking out on HIV/AIDS issues; increased uptake of CT services; strong warrants for caring for the most vulnerable and PLWHA and a strong base of volunteerism.

Developing networks and linkages with other partners implementing CT services will increase leadership and coordination capacities in government, among FBOs, among PLWHA and NGOs networks resulting in a stronger prioritizing of prevention, care and treatment interventions; increased and enhanced; ability to use resources strategically for achievement of results and also increasing capacities of FBOs to address issues of stigma and discrimination through a mix of interventions targeting government, FBOs, NGOs, CBOs, PLWHA and implementing partners.

Activity Category

% of Funds

- Community Mobilization/Participation 15%
- Development of Network/Linkages/Referral Systems 10%
- Human Resources 10%
- Infrastructure 25%
- Logistics 10%
- Needs Assessment 5%
- Training 25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	50	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	20,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	9	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- People living with HIV/AIDS
- Policy makers
- Religious/traditional leaders
- Trainers
- Volunteers

Key Legislative Issues:

Coverage Area:

State Province: Iringa	ISO Code: TZ-04
State Province: Kigoma	ISO Code: TZ-08
State Province: Lindi	ISO Code: TZ-12
State Province: Mtwara	ISO Code: TZ-17
State Province: Ruvuma	ISO Code: TZ-21
State Province: Tanga	ISO Code: TZ-25

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.1.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID(Def) / African Medical and Research Foundation

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

In 2005, AMREF will continue activities initiated in 2004, with 30% of the funding coming from reprogrammed FY2004 funds and the balance from FY2005 funds. The activities in 2005 include expansion of the total of 43 static VCT sites in 19 mainland regions (all except Manyara and Mtwara), five (5) mobile VCT teams manned by qualified counselors to provide VCT, and 25 outreach sites owned by institutions and communities. Key interventions to be carried out during 2005 include opening new ANGAZA VCT sites while continuing to support the existing ones, capacity building (including training, advocacy/ behavior change communication campaign), and monitoring and evaluation. Training manuals are all updated and in line with MOH National guidelines.

Support, 30% of which will come from FY04 deferred funds, will be provided to the existing sites in areas such as procurement of test kits, reagents, and maintenance of furniture, equipment and utilities. The project will scale up to cover 30 new ANGAZA VCT sites that will be opened by AMREF in collaboration with partners. Integration of VCT services to in patient wards will be introduced in 5 hospitals and the concept of routine counseling and testing in different clinical settings will be introduced to enhance rapid identification and recruitment of patients who may qualify for the ART program. Other activities include: (1) strengthening community mobilization and advocacy components of the mobile teams in secondary school and colleges to create more demand and increase client uptake; (2) scale up of social marketing of VCT, 3) laboratory support and strengthening AMREF's capacity in training, program management and monitoring and evaluation 4) participation in appropriate regional and international conference to learn and share best practices.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	156	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	45,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Community members
- Faith-based organizations
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Youth

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

Result 1: Strengthened capacity of health professionals to care for HIV-infected TB patients

Result 2: Strengthened delivery of integrated HIV and TB services in PMTCT expansion sites

Result 3: Policy, guidelines, and protocols developed and disseminated to all actors

Result 4: Surveillance of HIV in TB patients established

Total Funding for Program Area (\$):

Current Program Context:

The Health Sector Strategy on HIV/AIDS recognizes that TB is the leading cause of death among PLWHA. At the end of 2000, about 12 million of the 36 million infected with HIV worldwide were TB-infected with TB. More than 70% of them live in sub-Saharan Africa. In countries with advanced HIV epidemics, particularly those of sub-Saharan Africa, the majority of TB patients are also HIV-infected. The stigma and silence that surrounds HIV may extend to TB, and this may have an adverse effect on the ability to do TB control activities. Despite this obvious close relationship between TB and HIV, TB programs have focused on TB diagnosis and treatment with little attention to HIV/AIDS interventions. Similarly, although TB is the leading cause of HIV-related morbidity and mortality, HIV/AIDS programs have generally paid little attention to TB. Thus, the public health responses to TB and HIV have largely been separate with the National TB/Leprosy Program (NTP) and the National AIDS Control Program (NACP) each operating as a distinct vertical program of the Ministry of Health (MOH). The NTP focused on provision of directly observed treatment, short-course (DOTS) for TB patients without ensuring access to HIV counseling and testing services at DOTS sites. Similarly, persons visiting voluntary counseling and testing (VCT) services are not screened for or informed about TB. HIV/AIDS patients are not screened for TB except when they present with obvious symptoms. Integration of TB and HIV/AIDS is thus an entirely new area of work for all partners. WHO has developed an expanded strategy to decrease the burden of HIV-related TB, requiring close collaboration between TB and HIV programs. The strategy comprises interventions against TB, including intensified case identification, care and preventive treatment, as well as interventions against HIV. The latter includes counseling for decreased risk through sexual behavior, provision of condoms, treatment of STDs, and provision of HAART. Tanzania, initiated collaborative TB/HIV activities through the support of WHO and the Global Fund (GFATM) in 2001. A pilot project is ongoing in Iringa urban, Korogwe, and Muheza districts to test this strategy. The NTP and NACP are currently implementing TB/HIV activities in the three pilot districts. The two programs have trained health care providers in the management of patients and monitoring and evaluation of the program. Plans to expand to 45 districts within the ART expansion sites are underway with USG support. Surveillance systems will be established in 9 regions this coming year with USG funding. The MOH/NTP, through a five-year program supported by the GFATM, WHO, and the USG, will implement and scale up comprehensive TB/HIV services and support integration of HIV/AIDS in TB services in Tanzania mainland and Zanzibar. A continuum of care support will be provided to TB patients and PLWHA with cross referrals between CT services and TB treatment clinics.

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Tuberculosis and Leprosy Control Program (NTP) Tanzania

Planned Funds:

Activity Narrative:

The Health Sector Strategy (HSS) on HIV/AIDS, the National Care and Treatment Plan (NCTP) and the 5-year USG strategy for the Emergency plan identify TB clinic settings as entry points for enrollment of HIV/AIDS patients eligible for ARV treatment. Routine (Clinic based) HIV Counseling and testing (RCTC) provide an opportunity to rapidly scale up antiretroviral treatment. In Tanzania, about 50% of all TB patients (range 40%-70%) reported by the National TB/Leprosy Programme (NTP) are HIV positive. Most of these patients are eligible for ARV according to the criteria adopted by the NCTP. In this way, TB/HIV collaborative activities will support the Emergency Plan to achieve the 2-7-10 goals for Tanzania i.e to provide ARV to 150,000 and care to 750,000.

The NTP/NACP will collaborate with PATH to develop IEC strategies for disseminating information to sensitize the general public on TB/HIV issues and how to prevent the two diseases. The units will work with other stakeholders including mass media to achieve the strategy. Development of policy, guidelines and protocols for TB/HIV: In order for the TB/HIV collaborative initiatives to contribute to the set goals development of policy, guidelines and protocols will facilitate coordination and implementation of TB/HIV activities. Supervision is an essential activity that will involve on-job training of general health workers in their facilities. The national level, NTP/NACP will strive to integrate as much as possible with the integrated supervision conducted by the MOH, using a generic checklist for TB/HIV activities.

NTP will conduct sensitizations and needs assessments on TB/HIV collaborative activities. Also establishment of magnitude of TB/HIV and identify appropriate intervention to mitigate the problem in the communities. Strategic information: The existing electronic TB register (ETR) will be improved to include a component of HIV testing for the patients attending the TB clinics. The ETR will be connected to Ministry of Health (NTP and NACP) through a wide area network using "iWay" satellite links to nine regions in the country. The facilities providing services will be improved through renovations to enable quality TB/HIV service delivery in these facilities. On the other hand, NACP will support VCT sites to introduce active screen for tuberculosis and referral to TB clinics

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%

UNCLASSIFIED

Strategic Information (M&E, IT, Reporting)

25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	242	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Community health workers
- Medical/health service providers
- Nurses
- Pharmacists
- Private health care providers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

Coverage Area:

State Province: Dodoma	ISO Code: TZ-03
State Province: Kigoma	ISO Code: TZ-08
State Province: Lindi	ISO Code: TZ-12
State Province: Mara	ISO Code: TZ-13
State Province: Rukwa	ISO Code: TZ-20
State Province: Ruvuma	ISO Code: TZ-21
State Province: Shinyanga	ISO Code: TZ-22
State Province: Singida	ISO Code: TZ-23
State Province: Tanga	ISO Code: TZ-25

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Program for Appropriate Technology in Health

Planned Funds:

Activity Narrative:

At the central level, the NTLP and NACP are understaffed to support the aggressive approach needed to implement a wide scale TB/HIV programme. A recent joint review of the NTLP highlighted the lack of human resource capacity as a barrier to full implementation of the GFATM award.

In view of the above, one of the primary objectives of PATH is to complement the MOH/NTLP efforts of introducing a collaborative approach to TB/HIV in 45 districts in Tanzania. Under USG funding PATH proposes to support the launch of a coordinated response to TB/HIV through the public and private sectors. This program will be a catalyst capitalizing on existing funding and technical assistance responding to operational gaps that exists.

PATH will assist the NTLP and NACP in the design of a sustainable training program to deliver on the job and concise training to existing providers and institutionalize appropriate pre service training. PATH will introduce the new tools developed under this program and other training materials and will provide on going mentorship and technical support to these institutions to nurture local capacity for training. Priority activities that will contribute to PEPFAR goals. Development of new tools; Specialized training for selected RTLC/DTLCs/RACC/DACCC; Training of RTLCs/DTLCs/RACC/DACC in 45 GFATM districts; Training of staff in District hospitals; Training of facilities health workers in demonstration districts;

Most TB patients currently receiving DOTS are in large and easily accessible public referral, regional and district facilities. Well established TB/HIV programs that have close linkages to CT, PMTCT, STI and have an effective quality assurance and supportive supervision mechanism will provide entry points that can be mobilized easily to identify and enroll PLWHA into ART programs. The MOH (NTLP/NACP), with USG support plans to introduce a collaborative approach to TB /HIV in 11 regions of mainland Tanzania by 2005

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Training	50%

Targets:

Not Applicable

Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	500	<input type="checkbox"/> Not Applicable
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Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	<input type="checkbox"/> Not Applicable
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Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	2	<input type="checkbox"/> Not Applicable
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Target Populations:

- Community members
- Health Care Workers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

Result 1:

Result 2: Strengthened referral mechanisms to facilitate the continuum of care services from the community level to health facilities.\n\n

Result 3: Full supply of related drugs and medical supplies achieved in select districts\n\n

Result 4: Capacity of health care providers in rural-based facilities strengthened to provide HIV/AIDS care \n\n

Result 5: Community-based groups strengthened to provide home-based care services to PLWHAs \nPharmaceutical management strengthened to support expanded access to treatment for opportunistic infections (OIs) \n\n

Result 6: Strengthened organization capacity to promote long-term sustainability of palliative care services \n\n

Result 7: Strengthened referral mechanisms to facilitate the continuum of care services from the community level to health facilities

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Total Funding for Program Area (\$)

Current Program Context:

Care and support is now an important intervention among most development partners who support HIV/AIDS programs in Tanzania. Community/home-based care (HBC) was initiated in Tanzania in 1995 through support provided by the Danish Agency for Development Cooperation (DANIDA). Through initiatives implemented with WHO as the executing agency and funded by UNAIDS (through initiatives of the Belgian and Italian governments and OPEC), community- and home-based care has been expanded. In 2002, USG (through FHI) contributed with a needs assessment of HBC in 4 districts and a workshop to translate findings into a first draft of the national HBC operational plan. More recently, the Tanzanian Ministry of Health (MOH) has developed a health sector strategy for HIV/AIDS and a National Care and Treatment Plan which has just been endorsed. HBC is one of the priorities in both the strategy and the National Plan. NACP is currently implementing HBC in 51 districts providing palliative care for HIV-infected persons and for diagnosis and treatment of opportunistic infection. The NACP has trained 515 HBC workers from 43 districts to train 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, many of them under the support of Emergency Plan funding. USG efforts have led as well to the strengthening of these services through the support of organizations providing coordination, technical assistance, and grant awards to CSO, NGOs, and FBOs, as well as direct funding to several local providers. The CARE/FHI/Tumaini Project implements a quality HBC and OVC support Program in five regions of Tanzania. The project provides funds to NGOs, CBOs, and FBOs, and promotes partnerships and develops strategic alliances to facilitate a continuum of care at the district level. A well established and working referral system linking community-based care to health facilities, particularly those providing ART has been established. Ongoing technical assistance, on-site supervision and intensive training for HBC volunteers and supervisors is being provided. Procurement of HBC kits has been initiated to ensure delivery of quality of care services. In addition, technical assistance to the MOH to revise the national guidelines for HBC services, and training manuals and reference materials for HBC providers were developed. As a consequence of expanding access to quality care and treatment, communities will have functioning mechanisms to support PLHAs and households with OVC, hence reducing stigma and discrimination. With USG support, CARE/FHI/Tumaini, international NGOs such as Pathfinder, and local NGOs such as TACARE and AFRICARE will provide ongoing TA and funding to smaller organizations to continue expansion of HBC and linkages with clinical care. This support will facilitate a continuum of services linking HBC with ART sites for PLWHA and strengthening community participation in the network model of care delivery. USG efforts have been coordinated, to maximize both geographic and programmatic coverage. Capacity strengthening of smaller organizations in skill development and program management, not just logistics and direct commodity procurement, will assist in long-term sustainability of such organizations and the services they provide.

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Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kikundi Huduma Majumbani

Planned Funds:

Activity Narrative:

Under FY04 funding, KIHUMBE expanded their trained HBC volunteer staff to 85 individuals. In FY05, KIHUMBE will provide continued support and education to its current staff promoting quality care and continued involvement in services. Through ongoing services, it will continue to informally train caregivers of the patients covered, ensuring support between provider visits. KIHUMBE will also contribute to strengthening other local NGOs and FBOs in the Mbeya municipality providing such services through participation in coordinated training and monitoring and mapping of services with the Mbeya Regional Medical Office and Regional AIDS Control Programme, targeting 80 HBC providers under section 3.3.11 by March 2006.

Activities in FY05 will cover provision of HBC services including continued training, basic commodities for HBC, volunteer support and supplies to care for 450 households. Minimal expansion of numbers served in FY04 will occur in FY05, rather, KIHUMBE will be expanding the scope of services for these households by increasing their assistance to the Regional and Referral Hospitals in patient follow up for individuals on ART under section 3.3.11. Current full time staff of two nurses at KIHUMBE will be augmented and services enhanced by direct linkage of HBC activities to clinicians trained in ART from the two treatment centers.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	56%
<input checked="" type="checkbox"/> Human Resources	18%
<input checked="" type="checkbox"/> Local Organization Capacity Development	9%
<input checked="" type="checkbox"/> Training	17%

Targets:

Target	Value	Applicability
		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	450	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- HIV/AIDS-affected families
- Implementing organization project staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

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Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area:

State Province: Mbeya

ISO Code: TZ-14

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Henry M. Jackson Foundation Medical Research International, Inc.

Planned Funds:

Activity Narrative:

As the HIV crisis grows, support of community HBC options needs to be increased. In addition, as ART is expanded in FY05, the need for assistance in patient care and follow up outside of health facilities will become a critical aspect of monitoring and adherence. ~~Public health facilities are limited in resources, both human and financial, to undertake these activities. The Mbeya Regional Medical Office (MRMO), under section 3.3.11, will be mobilizing EP funding to improve the~~ capacity of local NGOs and FBOs in providing HBC services through the training of new providers in basic services and training of both new and current providers in the additional skills necessary for ART counseling and adherence. Though this will expand knowledge and skills of targeted organizations in care provision, these groups are still inhibited by lack of resources to support HBC delivery.

HJF Medical Research International (HJFMRI) is an arm of the not-for-profit, Henry M. Jackson Foundation based in Rockville, Maryland. HJFMRI was established in Tanzania to manage and provide TA to DoD HIV care initiatives in the Southern Highlands supported by EP funding. As a locally based organization, HJFMRI has been evaluating smaller NGOs and FBOs in HBC provision in the Mbeya municipality to augment hospital care, assist in patient identification and expand palliative services. It has found that though many of these organizations provide excellent services, they lack resources to procure consumables and are often stretched to the limit in this capacity. In addition, many lack the management and monitoring skills to become primary grantees under EP.

In FY05, HJFMRI will provide technical oversight and management of six organizations in the Mbeya municipality, three of which are FBOs, in HBC services. Funding under this entry will focus on direct HBC provision through support of commodities for care (non-prescription medication, disposables), assistance in supporting providers in training of care givers and development of management capacity for each recipient with the goal that they become primary grantees in the future. Organizations will be provided medical expertise linking trained clinicians from the two ART facilities to the organization as part of ongoing treatment efforts. Combined, these six organizations will care for a total of 900 patients, all of them linked to ART programs at the regional and referral hospitals. Activities under this entry will contribute to the development of the continuum of care in the Mbeya Region and EP targets for both clinical care and ART.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	70%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	900	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Faith-based organizations
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Mbeya

ISO Code: TZ-14

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Africare

Planned Funds:

Activity Narrative:

Africare, as a component of its HIV/AIDS activities, will provide palliative care to 300 PLHAs in Zanzibar. Support will be provided to ZANGOC, to strengthen linkages between home-based care providers and other voluntary sector agencies providing a variety of care and support services. This network of NGOs will facilitate the development of a continuum of care, ensuring that PLHAs are linked to services that they need including health care, nutritional support, psychosocial counseling, spiritual services and IGAs. A total of 6 NGOs/FBOs will be supported and 60 people will be trained to provide general HIV-related palliative care.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	18%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

Not Applicable

Number of individuals provided with general HIV-related palliative care	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	60	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
- Men
- Men
- Women
- Women
- Community leader
- Community leader
- Community members
- Community members
- Community-based organizations
- Community-based organizations
- Faith-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Orphans and other vulnerable children
- People living with HIV/AIDS
- People living with HIV/AIDS
- Religious/traditional leaders
- Religious/traditional leaders
- Students
- Students

- Primary school
- Primary school
- Secondary school
- Secondary school
- University
- University
- Youth
- Youth
- Girls
- Girls
- Boys
- Boys

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Kaskazini Pemba (Pemba North)	ISO Code: TZ-06
State Province: Kaskazini Unguja (Zanzibar North)	ISO Code: TZ-10
State Province: Kusini Pemba (Pemba South)	ISO Code: TZ-10
State Province: Kusini Unguja (Zanzibar South)	ISO Code: TZ-11
State Province: Mjini Magharibi (Zanzibar West)	ISO Code: TZ-15

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / CARE International

Planned Funds:

Activity Narrative:

The objective of the Care/Tumaini Consortium is to manage a grant system that provides funds to sub-grantees, promotes partnerships and develops strategic alliances, and which will provide technical support to existing civil society organizations and communities to implement interventions to address the needs and rights of PLWHA, orphans, and vulnerable children. Through Care/Tumaini, the role of civil society organizations is to empower families and communities to put mechanisms for supporting orphans and reduce stigma and discrimination. Working with the Local Government Authorities, the program facilitates the assessment and strengthening of the referral system for care and support of PLWHA. Through the Tumaini project, 4500 PLWHA will receive quality care and treatment.

In FY04, 17 sub-grantees were selected for funding, as well as 4 rapid response grants and strategic institutional alliance relationships developed between CARE/Tumaini and the following alliance member partners: HealthScope, FHI, Heifer Project, CONSENUTH, and MUHIMBILI to plan and implement technical assistance to sub-grantees to enhance quality delivery of services.

In 2005, Care Tumaini plans to build on lessons learned from year one and increase the impact of its activities by working more extensively in the five existing regions. However, there will be an expansion of the sub-grants portfolio, to improve coverage of sub-grantee networks in districts not catered for in Year One, increasing the number of sub-grantees to 30 targeting 12,500 PLWAs and 25,000 OVCs. These additional 10 - 15 NGOs will be identified to broaden coverage, particularly in the vicinity of sites where access to ART will occur so as to facilitate a continuum of care. Intensive training for volunteers and their supervisors will be carried out, as well as refresher trainings and additional home-based care kits will be procured.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	32%
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Human Resources	3%
<input checked="" type="checkbox"/> Information, Education and Communication	8%
<input checked="" type="checkbox"/> Local Organization Capacity Development	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Training	28%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	12,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,350	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Media
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Arusha	ISO Code: TZ-01
State Province: Dodoma	ISO Code: TZ-03
State Province: Iringa	ISO Code: TZ-04
State Province: Mwanza	ISO Code: TZ-18
State Province: Pwani	ISO Code: TZ-19

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Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Lake Tanganyika Catchment Reforestation and Education Project

Planned Funds: []

Activity Narrative:

The TACARE project will work with the Regional Hospital in Kigoma and the health centers and dispensaries supported by the MOH in its project communities to develop a care and support program focusing on persons living with AIDS in the community.

TACARE is an ideal platform on which to launch HIV/AIDS prevention messages and activities such as care and support since the project will build on the program's success to date in achieving conservation goals through strengthening community capacities in critical areas identified by the community including health, sanitation and community development. The program will engage communities in the response to HIV/AIDS through existing networks including community-based distribution agents (CBDAs), micro-credit scheme members, Roots and Shoots leaders and club members, and members of faith-based organization youth groups.

The Jane Goodall Institute (JGI) has been implementing the TACARE (Lake Tanganyika Catch Reforestation and Education Project) since 1994 in the Kigoma region of western Tanzania. The project is currently receiving USAID support for National Resource Management (NRM) activities and has had support from the Packard Foundation for community-based health activities including family planning and child survival. TACARE received an initial PEPFAR grant of [] and is currently preparing to implement activities after working with USAID and other key partners (the regional health director and his staff, the ACQUIRE project, the Seventh Day Adventist Health program, the Kigoma Zonal Training Center, etc.) to design start up activities. The funding requested will enable TACARE to extend activities in 2005-2006 and cover a broader population.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	23	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	23	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Kigoma

ISO Code: TZ-08

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Balm in Gilead

Planned Funds:

Activity Narrative:

The GOT is facing great challenges in delivering palliative basic health care services to a larger number of PLWHA. With USG support through the faith based organizations volunteerism palliative and home based care (HBC) services could be more comprehensive (holistic) including medical, nursing, counselling and psychological support. The HBC services will be integrated in the faith based health facilities of CCT/TEC/BAKWATA to provide a continuum of care to patients. Developing networks and linkages with other partners will proactively link PLWHA with HBC and improve quality of HBC through expanded training. FBOs, PLWHA and NGOs networks will result in a stronger body prioritizing palliative care and treatment interventions; increased and enhanced; ability to use resources strategically for achievement of results and also increasing capacities of FBOs to address issues of stigma and discrimination through a mix of interventions targeting government, FBOs, NGOs, CBOs, PLWHA and implementing partners. Community mobilization will bring about ownership of these services thus facilitating sustainability and reducing stigma and discrimination in the community.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
Number of individuals provided with general HIV-related palliative care	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	60	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	9	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	9	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Deloitte Touche Tohmatsu

Planned Funds:

Activity Narrative:

Through the establishment of a special regionally focused round of grant making that includes technical assistance, the Rapid Funding Envelope (RFE) will assist civil society organizations (CSOs) in the Southern Regions of Mtwara and Lindi to undertake HIV/AIDS projects for Palliative Care and Basic Health Care and Support. The grants themselves are multi-donor supported, and Deloitte will continue to provide grants management support. They will also provide technical assistance to local CSOs to prepare concept letters and full proposals will enable CSOs from the regions to apply successfully to the RFE.

This technical assistance will build upon the success experienced with the grant making in Zanzibar where the RFE sought to assist up to 10 CSOs for a period of 12 months on projects covering the key national priority areas. Future priority activities include increasing the level of support and funding for VCT site development and publicity; continuing the collaboration with civil society to find sustainable alternatives to institutional care and support for individuals at home and in the community; increasing the level of support and funding for impact mitigation projects, including self sustaining income generating activities; and reaching a greater number of people affected and infected by HIV/AIDS through the RFE mechanism.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	75%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%

Targets:

Target	Value	Applicability
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

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Coverage Area:

State Province: Lindi
State Province: Mtwara

ISO Code: TZ-12
ISO Code: TZ-17

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pathfinder International

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Pathfinder will support Capacity-Building of Local Organizations by providing sub-award grant agreements to 16 Implementing Partners (IP) to conduct CHBC activities in the additional 10 districts. The CHBC project partners will build other local implementing partners (LIPs) institutional capacities as a means of contributing to the project's overarching goals and objectives. The Project Management Team will conduct pre-award analysis to validate the sub-grantees' capacity to manage their awards and identify areas of weakness to be strengthened through the implementation of technical assistance plans. Awardees will receive detailed orientations on program design, preparation, and planning, and development of monitoring and evaluation (M&E) systems, as needed. Given the existing project infrastructure, the proposed CHBC scale-up project will require a relatively short time to begin implementation and expansion of activities. The National HBC training guidelines will be used to train personnel engaged in CHBC work in the target districts. In addition, the proposed CHBC project will supplement existing networks of partner organizations providing CHBC and other HIV/AIDS services (including ARV therapy) by supporting successful CBOs and FBOs at the local level through sub-grants and technical assistance.

Pathfinder will conduct a participatory community mapping exercise in collaboration with IMA, MOH/NACP, and TACAIDS to determine the status and effectiveness of other CHBC programs in the target districts. The mapping exercise will serve assessment on CHBC, provide indicators on the magnitude of problem: numbers of PLWHA, and the extent to which their basic needs and the needs of their caregivers are being met, demonstrate the existing resources for two-way referrals and the capacity of existing service networks, and reveal the presence of functional or potentially functional support groups. The mapping activity will also help identify the local organizations that are best positioned to holistically address the needs of their communities.

IMA has partnerships with Pfizer, Inc., and Johnson & Johnson, and will thus have access to unlimited supplies of Diflucan® and Tibozole™ for treatment and prophylaxis for opportunistic infections. IMA will act as the procurement agency for this project. IMA will work with CSSC to identify, qualify, and assist them in registration for the distribution programs and to monitor the provision of drugs at every level including individual patient compliance. 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. The CHBC project partners will actively participate in national and regional forums in order to facilitate linkages with supplemental service programs throughout the country. The proposed CHBC project will build on Tutunzane's collaborative relationships with nutrition and income-generation institutions/organizations; agencies working with orphans and vulnerable children (OVC); transport services; nutrition support projects (through COUNSENUTH); and community support groups to enhance the network of services available to PLWHA.

These services will contribute the Emergency Plan goal to care for 10 million HIV-infected persons and will be used as an entry point for ART programs thereby contributing to the Emergency Plan goal to treat 150,000 HIV-infected persons with effective combination antiretroviral therapy in Tanzania by 2008.

Activity Category

% of Funds

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<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	9%
<input checked="" type="checkbox"/> Human Resources	18%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	8%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	6%
<input checked="" type="checkbox"/> Training	13%

Targets:

Not Applicable

Number of individuals provided with general HIV-related palliative care 9,000 Not Applicable

Number of individuals trained to provide general HIV-related palliative care 2,185 Not Applicable

Number of service outlets/programs providing general HIV-related palliative care 18 Not Applicable

Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care 16 Not Applicable

Target Populations:

- Community members
- Health Care Workers
- Community health workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Kilimanjaro
State Province: Tanga

ISO Code: TZ-09
ISO Code: TZ-25

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Family Health International

Planned Funds:

Activity Narrative:

FHI will consolidate and expand its ongoing technical assistance to the Tumaini Alliance, whose activities are related to strengthening home care. Presently, there are 17 NGOs in 5 regions that have joined the Tumaini Alliance. For 2005, the focus will be on coordination of technical support among the Alliance members, on-site supervision and monitoring for these existing 17 sub-grantees. Another 10-15 NGOs will be identified in the same 5 Regions to broaden coverage, particularly in the vicinity of sites where access to ART will occur so as to facilitate a continuum of care. FHI will train all technical coordinators within the Alliance, all site coordinators in the 5 Regions, and will provide TOT for trainers who will train the volunteers of the 10-15 additional NGOs. Home Care kits will be provided and possibilities explored to link up with the Duka la Dawa program of MSH. Care International, which spearheads the contract management of the Tumaini Alliance, will issue the contracts with the new NGOs so that funds can start flowing.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Policy and Guidelines	16%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	26%
<input checked="" type="checkbox"/> Training	28%

Targets:

Target	Value	Applicability
Number of individuals provided with general HIV-related palliative care	12,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,350	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Implementing organization project staff | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Media | |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Orphans and other vulnerable children | |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> People living with HIV/AIDS | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | | |

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Key Legislative Issues:

Coverage Area:

State Province: Arusha
State Province: Dodoma
State Province: Iringa
State Province: Mwanza
State Province: Pwani

ISO Code: TZ-01
ISO Code: TZ-03
ISO Code: TZ-04
ISO Code: TZ-18
ISO Code: TZ-19

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pathfinder International

Planned Funds:

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Activity Narrative:

Pathfinder will support Capacity-Building of Local Organizations by providing sub-award grant agreements to 16 Implementing Partners (IP) to conduct CHBC activities in the additional 10 districts. The CHBC project partners will build other local implementing partners (LIPs) institutional capacities as a means of contributing to the project's overarching goals and objectives. The Project Management Team will conduct pre-award analysis to validate the sub-grantees' capacity to manage their awards and identify areas of weakness to be strengthened through the implementation of technical assistance plans. Awardees will receive detailed orientations on program design, preparation, and planning, and development of monitoring and evaluation (M&E) systems, as needed. Given the existing project infrastructure, the proposed CHBC scale-up project will require a relatively short time to begin implementation and expansion of activities. The National HBC training guidelines will be used to train personnel engaged in CHBC work in the target districts. In addition, the proposed CHBC project will supplement existing networks of partner organizations providing CHBC and other HIV/AIDS services (including ARV therapy) by supporting successful CBOs and FBOs at the local level through sub-grants and technical assistance.

Pathfinder will conduct a participatory community mapping exercise in collaboration with IMA, MOH/NACP, and TACAIDS to determine the status and effectiveness of other CHBC programs in the target districts. The mapping exercise will serve assessment on CHBC, provide indicators on the magnitude of problem: numbers of PLWHA, and the extent to which their basic needs and the needs of their caregivers are being met, demonstrate the existing resources for two-way referrals and the capacity of existing service networks, and reveal the presence of functional or potentially functional support groups. The mapping activity will also help identify the local organizations that are best positioned to holistically address the needs of their communities.

IMA has partnerships with Pfizer, Inc., and Johnson & Johnson, and will thus have access to unlimited supplies of Diflucan® and Tibazole™ for treatment and prophylaxis for opportunistic infections. IMA will act as the procurement agency for this project. IMA will work with CSSC to identify, qualify, and assist them in registration for the distribution programs and to monitor the provision of drugs at every level including individual patient compliance. 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. The CHBC project partners will actively participate in national and regional forums in order to facilitate linkages with supplemental service programs throughout the country. The proposed CHBC project will build on Tuzurane's collaborative relationships with nutrition and income-generation institutions/organizations; agencies working with orphans and vulnerable children (OVC); transport services; nutrition support projects (through COUNSENUH); and community support groups to enhance the network of services available to PLWHA.

These services will contribute the Emergency Plan goal to care for 10 million HIV-infected persons and will be used as an entry point for ART programs thereby contributing to the Emergency Plan goal to treat 150,000 HIV-infected persons with effective combination antiretroviral therapy in Tanzania by 2008.

Activity Category

Commodity Procurement

% of Funds

5%

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<input checked="" type="checkbox"/> Community Mobilization/Participation	6%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	9%
<input checked="" type="checkbox"/> Human Resources	18%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	8%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	6%
<input checked="" type="checkbox"/> Training	13%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	90	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	12	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
- Community health workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Kigoma
State Province: Mara

ISO Code: TZ-08
ISO Code: TZ-13

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Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

Result 1: Increased capacity by the Social Welfare Department of the Ministry of Labor, Youth Development and Sports on Mainland; Zanzibar Commission for AIDS and Ministry of Health and Social Welfare on Zanzibar, and other relevant GOT and national-level nonprofit umbrella bodies to lead, coordinate, advocate for, and mobilize resources for OVC activities at national, regional, and district levels

Result 2: Increased delivery of basic services (education including vocational training, economic opportunity, health, shelter, psychosocial support) widely available to orphans and vulnerable children at the district, community, and family levels through community-based multi-sectoral programs

Result 3: Increased delivery of district- and community-based services and resources to combat stigma, discrimination, community exclusion, abuse, and exploitation experienced by most vulnerable children in Tanzania

Result 4: Increased empowerment and capacity of community to advocate for support and protection of its most vulnerable children

Total Funding for Program Area (\$): **Current Program Context:**

UNAIDS 2004 estimates indicate there are 980,000 children orphaned by AIDS in Tanzania. Other estimates are higher: statistics used in the Rapid Analysis and Action Planning (RAAAP) of July 2004 show 1.9 million orphans by the end of 2001 (12% of all children). Tanzania and its partners have responded: though scattered and relatively uncoordinated, the responses are evidence of the significant commitment to improving the lives of orphans and vulnerable children (OVC). These programs place the child at the center of policy, planning, and action; they focus on community mobilization for identifying vulnerable children and formulating appropriate family/community responses. Out of a total of 126 districts, Tanzania has community-based programs for OVCs in 20 districts, and will add 24 districts with GFATM funds. In short, Tanzania has sound policies and guidelines in place and is further revising legislation to address OVCs. A number of studies and reviews since 1998 offer a solid analytical foundation for expanded action. Government institutions have well-defined roles for leading and coordinating the national response to ensure delivery of services to OVCs. Local government authorities and civil society organizations (NGOs, FBOs, CBOs) partner at district, ward, and village level to deliver services. Resources are increasing to support children, through global mechanisms (GFATM, T-MAP) and through community resources. The Commission for Social Welfare in the Ministry of Labour, Youth Development and Sports (MLYD), is responsible for OVCs in mainland Tanzania, while the Ministry of Health and Social Welfare (MOHSW) has this role in Zanzibar. In the national response to HIV/AIDS, MLYD collaborates with TACAIDS and MOHSW with ZAC to ensure that priorities in the National Multisectoral Strategic Framework (NMSF) and the Zanzibar National Multisectoral Strategic Plan for AIDS are addressed. Under their leadership and in collaboration with a number of multilateral/bilateral donors and nongovernmental organizations (including FBOs), Tanzania has a number of recognized islands of excellence for support of OVCs. Until last year, OVCs received less attention than any other population targeted in the NMSF/ZNMSP. As a result, goals and programs to address the needs of OVCs were identified as a central theme in Tanzania's 2004 Joint AIDS Review. The resource environment is changing: a number of donor programs intend to provide significant funds for OVCs in coming years: the T-MAP (with civil society and public sector components); the GFATM and the funds of "budget support" and "basket funding" donors. In a funding environment where many resources are targeting government, the USG comparative advantage lies in integrating technical assistance for institutional strengthening of government, private sector, and civil society partners with service delivery resources through grants to civil society (who do not receive funds through budget/basket support donors). 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 USG studies: building community/family capacity to care for OVCs; strengthening the coping capacities of orphan heads of households; and support for educational costs to enable OVCs to remain in school.

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Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kikundi Huduma Majumbani

Planned Funds:

Activity Narrative:

KIHUMBE is a local NGO which has been serving the needs of PLWHA in the Mbeya municipality and surrounding rural wards since 1991. It has one of the more comprehensive care and support programs, linking its clients directly to care facilities and working to organize smaller NGOs in the region. Under this submission, funding will assist KIHUMBE in the direct support of OVCs in the Mbeya municipality and surrounding rural communities which was supported in FY04. This will include the support of an additional 100 OVC to bring their total by March 2006 to 500. Activities will include provision of basic needs and assistance in primary, secondary and vocational training as well as continued development of caregivers' capacity to assist in long term support. As in FY04, KIHUMBE will assist the Regional and Referral Hospital in identifying OVCs who are HIV positive and assisting in patient care and adherence monitoring for those HIV positive OVCs qualifying for ART under section 3.3.11.

Activity Category

% of Funds

- Commodity Procurement 70%
- Human Resources 10%
- Linkages with Other Sectors and Initiatives 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	500	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	150	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area:

State Province: Mbeya

ISO Code: TZ-14

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, Inc.

Planned Funds:

Activity Narrative:

The USG will use an umbrella grants and technical assistance mechanism to support national OVC plans of the Tanzania Commission for AIDS and the Department of Social Welfare on the Mainland, and the Zanzibar AIDS Commission and the Ministry of Health and Social Welfare on Zanzibar, as well as other relevant mainland and Island line ministries. The program includes four components, all of which intend to strengthen capacities in Tanzania's families, communities and NGO, FBO and government sectors to deliver holistic programs to orphans and vulnerable children. Component one focuses on capacity strengthening and grants to community, faith and non-governmental organizations; component two will build capacities of local government authorities (whose funding for implementation of activities will come through Treasury, donors who contribute directly to the national budget, and the World Bank T-MAP Program). Component three strengthens capacities of national organizations (government, NGO, faith based groups and private sector) to lead and coordinate national OVC programs. Component four provides resources for documentation, M&E, and dissemination - all areas identified in recent studies on vulnerable children in Tanzania as critical.

The activity will address capacity to deliver a range of services across all four components the program, with emphasis on a holistic approach to service delivery that incorporates the full range of services vulnerable children require. It will ensure that, at the community level, there are mechanisms for identifying vulnerable children, their level of vulnerability, and the range of services that are required to keep them safe. The technical areas include building capacities of children, families, and communities to cope with vulnerability; psychosocial support; access to basic services (education, health, social welfare); and protection.

In the first two years of the PACT program, emphasis will be on capacity strengthening (up to 60% of budget, with 40% of budget for grants to community). By year three, funds will shift from capacity building (maximum of 40%) to grants (minimum of 60%) with further shifts from capacity building to grants throughout the remaining year of the program.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%

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- Local Organization Capacity Development 15%
- Needs Assessment 10%
- Policy and Guidelines 10%
- Strategic Information (M&E, IT, Reporting) 15%
- Training 10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	100	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	2,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	350	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community-based organizations
- Faith-based organizations
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Henry M. Jackson Foundation Medical Research International, Inc.

Planned Funds:

Activity Narrative:

As the HIV crisis spreads, the plight of OVCs and the stress being placed on communities and local organizations to support these children is reaching a breaking point. In Mbeya, many local organizations providing support to OVC have dedicated volunteer staff but are hard pressed to acquire commodities to assist OVCs and their care givers. In addition, many of these organizations lack the management and monitoring skills to become primary grantees under the EP.

HJF Medical Research International (HJFMRI) is an arm of the not-for-profit, Henry M. Jackson Foundation based in Rockville, Maryland. HJFMRI was established in Tanzania to manage and provide TA to DoD HIV care initiatives in the Southern Highlands supported by EP funding. HJFMRI has been working with local organizations caring for OVC to identify those best situated to benefit as sub-grantees in FY05. Of the seven organizations identified, four are FBOs. Funding for these organizations is coordinated with programs implemented by other donors in the region including GTZ and Axiom to ensure the maximum number of OVCs receive support and reduce program overlap. Activities under this submission will include provision of basic needs, assistance in primary, secondary and vocational training for OVC, support and informal training for caregivers and development of the management capacity for each recipient organization working towards sustainable programming. Through these seven organizations, local, grass-roots organizations will be strengthened and a total of 1,000 OVCs will receive direct support from EP funding.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	60%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	7	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	1,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area:

State Province: Mbeya

ISO Code: TZ-14

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Africare

Planned Funds:

Activity Narrative:

The Zanzibar Integrated Support and Partnership Program (ZISPP) is one of the leading initiatives on the islands of Unguja and Pemba for both prevention and mitigation of HIV/AIDS. Under the current ZISPP funding from USAID, ZANGOC a consortium of local NGOs, FBOs & CBOs opened the first two VCT sites in Zanzibar, six members of ZANGOC received sub-grants and technical assistance, enabling them to provide better services to their clients, and they opened an office for the only PLHA group in Zanzibar. Financial and technical support to ZANGOC and members is provided by Africare/Tanzania.

The goal of the Africare Program in 2005 is to continue supporting the voluntary sector in Zanzibar to achieve Emergency Plans goals in prevention and palliative care by deepening activities and expanding the number of beneficiaries. Africare will assist ZANGOC to strengthen the continuum of care ensuring that approximately 800 PLHAs and 3,000 orphans are linked to a variety of services (health, nutrition, psychosocial and spiritual support, legal services, IGAs etc). Africare will continue to provide NGOs/FBOs/CBOs with technical assistance to ensure that training and services meet accepted national quality standards. Sub-grants for community outreach, home-based care and support to orphans and vulnerable children for ZANGOC and its member NGOs will be provided. 2 new quality VCT sites will be established.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	18%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	5	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	1,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	500	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
- Men
- Men
- Women
- Women
- Community leader
- Community leader
- Community members
- Community members
- Community-based organizations
- Community-based organizations
- Faith-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Orphans and other vulnerable children
- People living with HIV/AIDS
- People living with HIV/AIDS
- Religious/traditional leaders
- Religious/traditional leaders
- Students
- Students
- Primary school
- Primary school
- Secondary school
- Secondary school
- University
- University
- Youth
- Youth
- Girls
- Girls
- Boys
- Boys

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Kaskazini Pemba (Pemba North)	ISO Code: TZ-06
State Province: Kaskazini Unguja (Zanzibar North)	ISO Code: TZ-10
State Province: Kusini Pemba (Pemba South)	ISO Code: TZ-10
State Province: Kusini Unguja (Zanzibar South)	ISO Code: TZ-11
State Province: Mjini Magharibi (Zanzibar West)	ISO Code: TZ-15

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Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / CARE International

Planned Funds:

Activity Narrative:

In 2005, CARE Tanzania plans to build on lessons learned from year one and to increase the impact of its activities by working more extensively in five existing regions. As detailed in 3.3.6, CARE/Tanzania plans to increase the number of sub-grantees to 30. A total of 25,000 OVCs will have increased access to education and health care. Communities will have functioning mechanisms for supporting orphans and vulnerable children and stigma and discrimination will be reduced.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	32%
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Human Resources	3%
<input checked="" type="checkbox"/> Information, Education and Communication	8%
<input checked="" type="checkbox"/> Local Organization Capacity Development	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Training	28%

Targets:

Target	Value	Not Applicable
Number of OVC programs	30	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	25,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	750	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community members
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Arusha
State Province: Dodoma
State Province: Iringa
State Province: Mwanza
State Province: Pwani

ISO Code: TZ-01
ISO Code: TZ-03
ISO Code: TZ-04
ISO Code: TZ-18
ISO Code: TZ-19

Program Area: Orphans and Vulnerable Children
 Budget Code: (HKID)
 Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Deloitte Touche Tohmatsu

Planned Funds:

Activity Narrative:

Deloitte & Touche will receive additional grant funds in the Rapid Funding Envelope mechanism. Grants provided through the Rapid Funding Envelope (RFE) will assist adolescent Orphans and Vulnerable Children (OVC) to complete vocational training programs certified by the national Vocational Education Training Authority (VETA). This assistance will enable them to gain financial security and independence. For child heads of households, this training will enable them to support their siblings and avoid more risky professions and activities. Funding comes through the multi-donor supported RFE, and Deloitte & Touche provides technical assistance in grant management, award, and monitoring; technical assistance to grantees in implementation and monitoring; and grants management in terms of financial management and activity monitoring. The assistance will build on a current funding round, which is a limited solicitation round targeting well-established faith-based organizations and NGOs working in the area of supporting OVCs.

The technical assistance for small grantees provided by Deloitte & Touche under the RFE will complement the new OVC activity that will initiate in 2005. Present and future priority activities include continued collaboration with civil society to find sustainable alternatives to institutional care and support for orphans and vulnerable children; increase the level of support and funding for impact mitigation projects, including life skills education and vocational training activities; and reaching a greater number of OVCs affected by HIV/AIDS through the RFE mechanism.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	75%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	5,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Orphans and other vulnerable children

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Family Health International

Planned Funds:

Activity Narrative:

FHI Tanzania will provide technical assistance to OVC activities, including the new OVC activity that will begin in 2005. During FY04, a start was made to translate existing national policies and strategies on impact mitigation, in particular support to orphans and vulnerable children. Key activities will continue in 2005 with UNICEF, TACAIDS, and the Ministry of Labor and Social Welfare. Important priorities will be the development and use of a database on orphans and OVC activities, and the translation of the national plans into concrete district-based activities through a bottom up participatory process from the district level.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	18%
<input checked="" type="checkbox"/> Local Organization Capacity Development	9%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	9%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	32%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- International counterpart organization
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1/Round 2 / Catholic Relief Services

Planned Funds:

Activity Narrative:

Catholic Relief Services Tanzania will build on ongoing Orphan and Vulnerable Children (OVC) programs and will target a total of 19,400 OVC over five years. Presently, CRS in partnership with the Dar es Salaam Catholic Diocese (through PASADA) provides support to over 2,220 OVCs. CRS approach focuses on community mobilization, through the formation and strengthening of small Christian communities and other community-based groups. In FY05, CRS will capitalize on the expertise of PASADA to initiate activities in two new rural dioceses of Tanzania. Activities will include establishment of support groups for OVCs and care providers, vocational training, education and nutritional assistance. A total of 4,100 OVCs will be reached.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of OVC programs	3	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	4,100	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area:

State Province: Dar es Salaam

ISO Code: TZ-02

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

- Result 1: Pharmaceutical and commodities management strengthened to support expanded access to ART
- Result 2: Strengthened national management support systems for HIV/AIDS-related pharmaceuticals and commodities
- Result 3: Pharmaceutical management strengthened to support expanded access to ARV treatment at PMTCT+ sites
- Result 4: Full supply of related pharmaceuticals and diagnostics achieved

Estimated Percentage of Total Planned Funds that will Go Toward ARV Drugs for PMTCT+

30%

Total Funding for Program Area (\$): **Current Program Context:**

The government agency responsible for procurement, storage, and distribution of health service commodities is the Medical Stores Department (MSD). Established by an act of Parliament in 1993 as a semi-autonomous department within the Ministry of Health (MOH), MSD has been operating as a "non-profit seeking institution, which is financially self sustaining" run on commercial principles. Since its establishment, MSD has not been profitable enough to retain money for reinvestment that would allow it to further develop its capacity to meet the rapidly increasing demands of the health sector. The GOT has formed the Tanzania Food and Drug Administration (TFDA), tasked with the responsibility of registering all drugs being imported into Tanzania. TFDA also periodically conducts quality assurance and monitors the functioning of both grade 'A' and 'B' pharmacy outlets in the country. The need for coordination and supervision of all these myriad of activities, including MSD functions, fall into the hands of the MOH. The USG has been supporting efforts involved in improving logistics of HIV/AIDS-related pharmaceuticals and medical commodities by further developing the capacity of MSD through a partnership with JSI. In FY05, JSI will continue to work with MSD, further strengthening their capacity in procurement, stock quantification/maintenance, storage and delivery of pharmaceuticals and reagents for the nation and direct funding to MSD will complement this technical assistance. In addition, a program will be initiated to improve capacity of the Mission for Essential Medical Supplies (MEMS), a pharmaceutical procurement and management system for faith-based health providers. These activities will ensure further development of national efforts, as well as a complementary system for private sector providers to support the national HIV/AIDS program. Lastly, support for TFDA will continue and expand the accredited drug dispensing outlets (ADDOs) program to include HIV/AIDS commodities, further developing the capacity of this organization to ensure access to quality-assured prescription and non-prescription pharmaceuticals for HIV/AIDS treatment. In June of 2004, the MOH revised its HIV treatment guidelines, establishing non-branded, fixed-dosed combinations (FDC) as the choice for first-line therapy, taking into account long-term affordability and ease of regimens to ensure patient adherence to treatment. The MOH was able to procure in first-line antiretroviral drugs, which include generic fixed-dose-combinations as well as other needed branded formulations in October to cover approximately 5,200 patients for three months at 32 facilities, including USG recipients. Currently, the MOH is anticipating the purchase of another in first-line ARVs with funding provided by the Canadian Government, with the anticipation of enrolling and supporting a total 19,000 patients by June 2005 for a full year with ART. FY04 USG funds are being used to purchase branded alternative first-line, pediatric and second-line drugs for these same patients and facilities ensuring availability of all needed formulations. In FY05, USG funding for ARVs through JSI/Deliver will continue to complement the national effort and provide for branded regimens, with anticipation that the MOH will continue to purchase first line ARVs. The GOT has recently earmarked an additional from government funds for the next first line procurement cycle to begin in April of 2005.

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deliver / John Snow Inc

Planned Funds:

Activity Narrative:

During 2005, JSI's DELIVER Project will continue developing an Integrated Logistics System (ILS), for commodities for PMTCT, ART and home based care providing TOT and training for 500 health workers in each of the two pilot regions. The pilot will be evaluated at the end of two quarterly order cycles, thus September 2005. Based on the results of this evaluation, the manual and corresponding curriculum and training materials will be revised and reprinted, and scale up will occur with additional TOTs to train 12 facilitators in each of 2 to 4 additional roll-out regions, as well as 500 health workers in each roll-out region between January and March 2006. As in the pilot, the MOH Zonal Training Centers will be used to implement the roll out. The progressive roll out of the ILS will have profound implications on Tanzania Medical Stores Department's (MSD's) data entry requirements, and DELIVER will support MSD through locally-procured IT services, including piloting electronic ordering between districts and MSD zonal stores.

DELIVER will also handle ARV procurement for the treatment programs in Tanzania. DELIVER is obtaining a waiver for the procurement of up to of ARVs, approximately of which will be procured in FY2005. DELIVER staff, both in Washington and Dar es Salaam, will be responsible for all aspects of the brokering of these drugs; e.g., contacts with suppliers, contacts with local regulatory agencies, coordination of receipt and clearance, etc. DELIVER will also be responsible, in coordination with the NACP and other implementing partners, for the quantification of the commodities to be procured. As distribution of ARVs rolls out to additional sites (up to 91 sites by the second quarter of 2005), it is quite likely that MSD will require support to keep up with the human resource strain that this will put upon their system. As these requirements arise, DELIVER will identify and implement ways to alleviate the new constraints.

In addition, DELIVER will continue to provide TA to a wide range of development partners including all PEPFAR partners, Global Fund partners, the Donor Partners Group, as well as the various divisions of the MOH involved in commodity distribution; NACP, RCHS, PSU, etc. In addition to support in the development, training and implementation of logistics systems for the various commodity groups and programs (ART, PMTCT, STI drugs, HIV test kits, essential drugs, etc.), DELIVER will attempt to expand their annual quantification and ongoing monitoring to other product groups as well, particularly ARVs and PMTCT-related commodities including HIV test kits.

UNCLASSIFIED

Activity Category

% of Funds

<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	3%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	15%

Targets:

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Pregnant women
- Youth
 - Girls
 - Boys
- Children needing ARVs

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deliver (Def) / John Snow Inc

Planned Funds:

[Empty box]

Activity Narrative:

This deferred amount, which was approved in the FY04 COP, will complement the amount above to purchase second line ARVs to complement the first-line regimen purchased for Tanzania with funding from the Canadian government.

Activity Category

Commodity Procurement

% of Funds

100%

Targets:

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Pregnant women
- Youth
 - Girls
 - Boys
- Children needing ARVs

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Medical Stores Department

Planned Funds:

Activity Narrative:

Medical Stores Department (MSD) is expected to procure, store and distribute pharmaceuticals, diagnostics, medical equipments, medical commodities and supplies needed to provide care and treatment of persons with HIV/AIDS and related infections. MSD has a long experience in procurement of similar items but requires training and technical assistance so as to cope with the added responsibility of ensuring availability of good quality antiretroviral drugs. Procurement activities include ordering, purchase, freight and delivery to MSD warehouses. The delivery of this full range of HIV/AIDS and related supplies requires enhanced capacity in storage and distribution. MSD through its quality assurance department will ensure that the delivered items are of acceptable quality and standards. People with good skills in warehouse management and distribution are required. HIV/AIDS and related supplies drugs are very expensive and there has to be a robust and uninterrupted, constant reliable flow of the drugs to people living with HIV/AIDS. Therefore, highly secured logistical arrangements should be in place before expanded distribution starts. These include, high-secured mode of transport that include four by four-small vehicle, GPS-Radio communication system for secured distribution and more safety cage, chiller machines and cold rooms as the support expand. MSD intends to install and expand IT infrastructure to support the expanding HIV/AIDS activities and introduce a system and capacity for processing drug orders over the internet. Hospital and health facilities would easily process order in their office, having an opportunity to track their own orders as MSD process them to the date of delivery. Furthermore the existing MSD warehouses, including rented facilities are not enough to accommodate the incoming HIV/AIDS supplies. Thus, additional rented warehouse and equipments are required.

Activity Category

- Human Resources
- Infrastructure
- Training

% of Funds

15%
70%
15%

Targets:

Not Applicable

Target Populations:

- Implementing organization project staff
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RPM+ / Management Sciences for Health

Planned Funds:

Activity Narrative:

MSH will help to ensure a continuous supply of ARVs and HIV/AIDS-related drugs and medical supplies through a pharmaceutical procurement and management system for faith-based health providers (which currently provide over 40% of all health services in Tanzania) to complement the national Medical Stores Department's (MSD) efforts. The demands of HIV/AIDS-related commodities will double the size of the pharmaceutical market in Tanzania. A system to complement and back up the MSD will enable Tanzania to ensure an uninterrupted supply of these critical goods. MSH will build on the initial work of the MSH/Gates-funded SEAM project with the ELCT (Lutheran organization) and the Mission for Essential Medical Supplies (MEMS) to develop a complementary supply system for private sector providers to support national HIV/AIDS program objectives.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	13%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	4%
<input checked="" type="checkbox"/> Local Organization Capacity Development	19%
<input checked="" type="checkbox"/> Logistics	18%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	26%
<input checked="" type="checkbox"/> Training	20%

Targets:

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
 - Pharmacists
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Regional Procurement Support Office (RPSO), US Consulate Frankfurt

Planned Funds: []

Activity Narrative: In FY04, the USG agencies in Tanzania decided to work toward establishing a single mechanism for procurement of ARV and other commodities for its HIV/AIDS interventions. This was challenging for Track 1.0 partners who have a contractual obligation to treat a specific number of patients, agreed upon with S/GAC and the contracting agencies (HHS/CDC and HHS/HRSA). In FY05, CDC Tanzania will procure ARVs to meet the requirements of Track 1.0 partners. This will also offset the budget deficit that Track 1.0 partners will face due to flattening of funding expected from S/GAC in FY05.

The Regional Procurement and Support office (RPSO) of the US Consulate in Frankfurt will provide procurement services for HHS/CDC and deliver the commodities to MSD. Also, HHS/CDC will provide support in providing technical monitoring availability and utilization of ARVs at MSD and points of services.

Activity Category % of Funds
[] Commodity Procurement 100%

Targets: [] Not Applicable

- Target Populations:
[] HIV/AIDS-affected families
[] HIV+ pregnant women
[] People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

- Result 1: Improved compliance among those on ARV drugs
- Result 2: PMTCT+ services to underserved populations expanded
- Result 3: Human resource capacity to deliver ARV clinical care services strengthened
- Result 4: Strengthened institutional capacity to deliver ARV services
- Result 5: Strengthened human resource capacity to deliver ARV clinical care services
- Result 6: Strengthened infrastructure of ARV delivery system
- Result 7: Increased demand for and acceptance of ARV treatment

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+

44

Total Funding for Program Area (\$):

Current Program Context:

In June of 2004, the Ministry of Health (MOH) finalized preparations for national rollout of ART with the release of updated guidelines establishing non-branded, fixed-dose combinations (FDC) as the basis for first-line regimen. MOH set a target to put 44,000 PLWHA on ART by June 2005. USG-supported programs planned to contribute to the national target by enrolling 11,000 patients. A significant proportion of USG-funded ART programs are provided through Track 1.0 partners with 8,200 (75%) of the 11,000 patients. However, Emergency Plan (EP) funding regulations preclude use of these funds for purchase of the non-branded, FDC first-line regimen. To make the maximum use of funds available, USG and GOT agreed to use EP funds to provide branded alternative first-line, second-line and pediatric formulations for the national ART rollout, with the MOH purchasing the needed FDC for first-line therapy. This required USG-funded partners to rely on nationally procured ARVs to initiate treatment programs. The first consignment of ARV drugs, mostly first-line regimens, was distributed on October 1, 2004, to 32 MOH target sites, 14 supported directly by EP funding. Other international donors support MOH treatment efforts through donations to the MOH Basket Fund with a few, such as MSF, providing direct support to a limited number of facilities. By September 30, 2004, only the USG-supported pilot program at Muhimbili National Hospital had enrolled 733 on ART, as it was able to source generic ARVs from other funds. All USG partners are expected to roll out very rapidly and achieve the projected or close to projected numbers by June 2005. In FY05, both in-country EP recipients and Track 1.0 awardees look to expand programs, both in scale and geographic coverage. This will include provision of direct ART at 28 new sites, bringing the total to 40 under direct USG support; and the number of patients reached to 31,590. Financial resource availability and logistics for future MOH purchases may control the ability of all health facilities, including those supported by EP funding, to reach projected target numbers. In FY05, the GOT has allocated for ARVs and will receive from the Canadian government, with an additional from NORAD promised next year. The USG will collaborate with MOH and partners to establish a reliable flow of anti-retroviral first- and second-line drugs in Tanzania. USG-funded activities to support general access, patient follow up and the targeting of specific populations for ART initiated in FY04 will be continued into FY05. These include ART mass media education programs and services for HIV+ pregnant women and their family members and the specific improvement of pediatric care. Radio campaigns will be used to provide clear messages on ART and other HIV-related topics, dispelling myths, and educating the public on specific service sites offering H

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mbeya Referral Hospital

Planned Funds:

Activity Narrative:

Funding for training of medical personnel in the Southern Highlands in comprehensive HIV care and direct support of ART was approved under the FY04 COP in this category with this partner. Deferred funds will be used to continue this activity, supporting the training of 30 additional medical personnel in the Southern Highlands, bringing the total trained to 55.

As MOH plans for ART roll out has developed over the past eight months, regional and district level facilities in Mbeya, Rukwa and Ruvuma will now also begin providing ART in November of this year. Though the Referral Hospital has not been able to be initiated treatment of patients until October, as programs awaited MOH purchased generic first lines, quick enrollment is expected. In addition, the need to now support monitoring and care and provide TA for four additional facilities in the Southern Highlands has fallen on the shoulders of the Mbeya Referral Hospital. Deferred funding will provide for the direct support of monitoring and care of 800 individuals on ART (exclusive of ARVs) in the Southern Highlands, with approximately 700 of those patients accessing direct care at the Mbeya Referral Hospital by March 2005.

Activity Category

- Commodity Procurement
- Human Resources
- Quality Assurance and Supportive Supervision
- Training

% of Funds

79%
4%
2%
15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	5	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	55	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	800	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	800	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- Health Care Workers
- Implementing organization project staff
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Mbeya	ISO Code: TZ-14
State Province: Rukwa	ISO Code: TZ-20
State Province: Ruvuma	ISO Code: TZ-21

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mbeya Referral Hospital

Planned Funds:

Activity Narrative:

The Mbeya Referral Hospital (MRH) is one of four zonal hospitals in Tanzania. Its function in the Southern Highlands is to provide training, coordinate and oversee the quality of treatment and establish health service referrals systems among the four regions in a catchment area serving 6 million people. In FY04, under EP funding and multiple donor support, an extensive HIV clinic/training facility and a referral level laboratory at this hospital is being developed in support of this role and the introduction of ART in the region. Following the network model, capacity of the facility was developed first to provide support to further expansion of ART in the Southern Highlands which includes the Mbeya, Rukwa and Ruvuma Regional Hospitals being brought on in FY05.

In FY05, the Mbeya Referral Hospital will have established a regional and national, certificate level training program at this facility based on the national training curriculum in close concert with the NACP's Care and Treatment Unit, supporting the training of and additional 150 medical personnel representing the Southern Highlands and other nearby regions of Tanzania in comprehensive HIV care by March 2006. This will include laboratory technicians and pharmacists and personnel from public, mission and private institutions. This training will be directly linked and integral to service provision at this hospital which began in FY04 and will continue to expand under FY05 funding. In partnership with the central laboratory in Dar es Salaam, it will execute a quality assurance program and supervision of regional health facilities and build upon the current patient referral system to strengthen coordination of treatment in the southwest corner of Tanzania.

The Mbeya Referral Hospital (MRH) serves not only as a referral center but also as a primary care facility. As one of the best equipped and staffed public health facilities in the Southern Highlands and the only one providing specialized HIV clinic services, it is developing the capacity to treat several thousand patients. With assistance from MOH support and direct EP FY04 funding, the MRH has been able to initiate a large scale ART program. It will continue to expand direct ARV treatment to reach an additional 1,500 individuals in the second year, bringing the total under ART at this facility to 2,200 by March of 2006 while still providing referral services for difficult cases from regional and district level facilities supported by EP and MOH funding initiatives. This facility will serve as the treatment center for partners and children identified as HIV positive through related PMTCT+ programs supported by GTZ at Meta Hospital, the zonal referral maternal child health facility, and smaller health centers in the Mbeya municipality. It will also provide continued monitoring and OI treatment to an additional 5,000 HIV+ individuals not yet qualified for ART by the end of March, 2006. Funding will provide for needed reagents for monitoring and medications for care (exclusive of ARVs to be purchased and supplied by MOH and USAID). Through these efforts in capacity building and direct care services, this program will contribute to the provision of direct US supported ART and basic care and treatment to more than 30,000 HIV positive individuals in the Southern Highlands by the end of 2008.

Activity Category

Commodity Procurement

% of Funds

74%

UNCLASSIFIED

- Human Resources 4%
- Quality Assurance and Supportive Supervision 2%
- Training 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	150	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- Health Care Workers
- Implementing organization project staff
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Mbeya	ISO Code: TZ-14
State Province: Rukwa	ISO Code: TZ-20
State Province: Ruvuma	ISO Code: TZ-21

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National AIDS Control Program Tanzania

Planned Funds:

Activity Narrative:

The Ministry of health plans to expand antiretroviral treatment services to 91 sites by June 2005. Site assessment using minimum criteria for accreditation is ongoing. From the assessment results, facility strengthening plans for ARV readiness will be developed. With USG support, MOH will support implementation of site strengthening plans in regions with trained care and treatment teams (Coast, Tanga, Kagera, Manyara, Rukwa, Tabora, Lindi and Zanzibar). In these regions at least two sites will be strengthened to provide treatment to about 7,200 people living with HIV/AIDS. A major challenge facing providers implementing ART services in Dar es Salaam is lack of coordination and linkages between health service delivery institutions. NACP will support the Dar es Salaam City Council, Municipalities of Ilala, Temeke and Kinondoni; and other implementing partners to develop and implement effective linkages and coordination in order to provide a seamless service between health centres, municipal hospitals, private hospitals and the Muhimbili National Hospital. In order to ensure effective implementation of these activities, MOH will continue to build the human and institutional capacity of NACP to oversee and coordinate the National care and Treatment Plan. This includes supportive supervision to public and private health providers, technical support and ensuring adherence to national norms and standards. NACP will also support health facilities to develop and implement workplace programs including post-exposure prophylaxis

B5

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	30	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	288	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	7,200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	7,200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Dar es Salaam	ISO Code: TZ-02
State Province: Kagera	ISO Code: TZ-05
State Province: Lindi	ISO Code: TZ-12
State Province: Manyara	ISO Code: TZ-01
State Province: Mjini Magharibi (Zanzibar West)	ISO Code: TZ-15
State Province: Pwani	ISO Code: TZ-19
State Province: Rukwa	ISO Code: TZ-20
State Province: Tabora	ISO Code: TZ-24
State Province: Tanga	ISO Code: TZ-25

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mbeya Regional Medical Office

Planned Funds:

Activity Narrative:

The Mbeya Regional Hospital is primed to support patient care and monitoring thanks to development of its laboratory capabilities in 2000 supported by the Axios Foundation and Abbott Laboratories. Though minimal renovation or physical development of this facility is required, human capacity and experience in ART and comprehensive care is lacking and support for this service is limited.

EP funding in FY05 will provide for increasing the number of individuals trained through NACP efforts by the training of and additional 20 personnel at this facility under the Mbeya Referral Hospital submission. Direct funding to the Mbeya Regional Medical Office, which supports the care provided at the regional hospital, will provide for consumables for monitoring and medications (exclusive of ARVs to be purchased and supplied by MOH and USAID) for care of the national target of 500 patients on ART. A referral mechanism, using existing structures, will be implemented to link services to centers providing counseling and testing at lower level facilities. In addition, under this line item, the MRMO will continue to develop capacity of local NGOs and FBOs in provision of HBC, focusing on the introduction of ARV education into HBC training and treatment adherence as part of service delivery. This will include the training of 80 HBC providers, linkage of hospital patients to these organizations for support and follow up and evaluation and monitoring of HBC programs in the region supporting a continuum of care approach. Lastly, community mobilization based on ART education begun in FY04 under EP funding will be expanded to reach 300,000 individuals in the region.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	59%
<input checked="" type="checkbox"/> Community Mobilization/Participation	7%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Training	22%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	460	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Mbeya

ISO Code: TZ-14

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / PharmAccess
 Planned Funds:

Activity Narrative:

The Tanzanian military/Tanzania Peoples Defense Forces (TPDF) initiated one of the first ART programs in Tanzania in March, 2003 at Lugalo Hospital in Dar es Salaam. As part of FY04's EP funding from USAID through FHI, they were able to expand treatment at this facility to reach a total of 350. The TPDF has taken part in the implementation of the national training curriculum by the NACP and adheres to national standards in treatment upon which this curriculum is based. Though Lugalo will continue to get support from EP funding through FHI, expansion of treatment to other military facilities is not planned via this avenue, leaving a large percentage of the military, its dependents and surrounding communities without services.

Under this submission, PharmAccess will work with the military to begin expansion of ART coverage to be initiated at two additional facilities, the larger military, zonal hospital in Mbeya and a district level facility in Morogoro. Both are ideally situated in year two to benefit from EP programs supported in FY04 at Lugalo in Dar es Salaam and the Mbeya Referral Hospital, exemplifying expansion using the network model. Funding will support training of 40 medical personnel in HIV care and ART using both national and regionally available programs; community education/mobilization on ART, much needed infrastructure improvement to the labs and clinics, equipping of the laboratories for basic patient monitoring and provide for consumables for monitoring and treatment (exclusive of ARVs to be supplied by USAID and the MOH) for care of 500 patients on ART and another 1,500 not yet qualified from these two hospitals. Funding will also support the development of follow up services for military personnel and adherence clubs for all ART patients. Capacity for CD4 monitoring will not be developed at these facilities as it will be supported through nearby larger facilities such as Lugalo and the Mbeya Referral Hospital. As 80% of the population accessing services at military facilities is civilian, activities under this submission will support achievement of EP goals towards care and treatment for the general public as well as among the high-risk, military population. In FY06, TPDF looks to expand further the number of military hospitals providing ART to include Mwanza, Tabora and Songea health facilities, building upon the CT and PMTCT services initiated in FY05 under EP funding.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	66%
<input checked="" type="checkbox"/> Community Mobilization/Participation	8%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	4%
<input checked="" type="checkbox"/> Human Resources	8%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Training	8%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	40	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
- Military
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Mbeya
 State Province: Morogoro

ISO Code: TZ-14
 ISO Code: TZ-16

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Rukwa Regional Medical Office

Planned Funds:

Activity Narrative:

Though identified as one of the sites at which to initiate ART by the MOH in FY04, the Rukwa Regional Hospital is poorly equipped, its infrastructure inadequate, few staff trained, and critical commodities limited to support such efforts. Emergency Plan (EP) funding in FY05 will complement MOH directives and activities to work in conjunction with the Tanzanian roll out of ART. Funding will provide for the training of an additional 20 personnel at this facility under the Mbeya Referral Hospital (an EP FY04 site) submission and ongoing technical assistance will be provided through the referral hospital to guide all aspects of care and treatment. A referral mechanism, using existing structures, will be implemented to link services to centers providing counseling and testing and lower level facilities. Direct funding to the Rukwa Regional Medical Office, which supports the care provided at the regional hospital, will assist in much needed infrastructure improvement to the lab and provide for consumables for monitoring and treatment (exclusive of ARVs to be purchased and supplied by MOH and USAID). Equipment for the laboratory for patient monitoring will be provided by the MOH under the CDC EP submission in 3.3.12. This submission will assist the Rukwa Regional Hospital in providing direct care to 500 patients on ART by March of 2006.

The Rukwa Regional Medical Office will develop the capacity of local organizations and dispensaries in supporting HIV care. This will include the training of local NGOs, FBOs and several of its own dispensaries in provision of home-based care (HBC) to assist in patient follow up, introducing ARV education and counseling into HBC training and treatment adherence as part of service delivery. In FY05, the Rukwa Regional Medical Office will train 40 HBC providers/dispensary personnel. Linkage of hospital patients to these dispensaries and organizations for support and follow up will be undertaken and evaluation and monitoring of HBC programs in the region conducted ensuring quality care. Community mobilization on ART will be supported under EP funding as a means of educating and mobilizing communities. All activities will support achieving EP targets for care and treatment.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	73%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Human Resources	6%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Training	11%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	480	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Rukwa

ISO Code: TZ-20

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ruvuma Regional Medical Office

Planned Funds:

Activity Narrative:

Situations surrounding care and treatment in Ruvuma are very similar to Rukwa and development of treatment capabilities will mirror that of Rukwa. Both are geographically isolated areas of the Southern Highlands and lacking support for basic, let alone more complex, services. Though identified as one of the sites at which to initiate ART by the MOH in FY04, the Ruvuma Regional Hospital is poorly equipped, infrastructure lacking or in poor condition, few staff trained and critical commodity support limited. Emergency Plan (EP) funding in FY05 will provide for the training of an additional 20 personnel at this facility under the Mbeya Referral Hospital submission and ongoing technical assistance will be provided through the referral hospital to guide all aspects of care and treatment. Direct funding to the Ruvuma Regional Medical Office, which supports the care provided at the regional hospital, will assist in much needed infrastructure improvement to the lab and provide for consumables for monitoring and treatment (exclusive of ARVs to be purchased and supplied by MOH and USAID). Equipment for the laboratory for patient monitoring will be provided by the MOH under the CDC EP submission in 3.3.12. Under this support, the Ruvuma Regional hospital will support 500 patients on ART. A referral mechanism, using existing structures, will be implemented to link services to centers providing counseling and testing and lower level facilities.

A recent strategic planning meeting with the Director General of the Mbeya Referral Hospital and the Regional Medical Officers of Rukwa, Ruvuma and Mbeya resulted in the development of similar program plans to be implemented in the Southern Highlands in support of HIV prevention and care. As in Rukwa, the Ruvuma Regional Medical Office has expressed a desire to develop the capacity of communities to take part and support care and treatment as it is introduced into the region. This will include the training of local NGOs, FBOs, and several of its own dispensaries in provision of home-based care (HBC) to assist in patient follow up, introducing ARV education and counseling into HBC training and treatment adherence as part of service delivery. At least 40 HBC providers/dispensary personnel will be trained and linkage of hospital patients to these dispensaries and organizations for support and follow up will be undertaken. The Ruvuma Regional Medical Office will also continue to evaluate and monitor HBC programs in the region ensuring quality care. Community mobilization on ART will be supported under EP funding and complement education supported in section 3.3.5. All activities will support achieving EP targets for care and treatment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	73%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Human Resources	6%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Training	11%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	480	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Ruvuma

ISO Code: TZ-21

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Muhimbili National Hospital(MNH)

Planned Funds:

Activity Narrative:

In FY04, Muhimbili National Hospital (MNH) initiated a pilot ART program in temporary facilities. By September 2004, a total of 733 PLWHA were treated with ARVs at MNH. In FY05, renovation of new outpatient department to house the ART clinic will be completed. MNH will require support to equip the clinic and provide adequate waiting space for patients. MNH will establish a training centre for ART to support national training plans. In FY05, MNH is expected to treat and follow up 3,000 PLWHA.

MNH will collaborate with Dar es Salaam City Council; Municipalities of Ilala, Temeke and Kinondoni; and other implementing partner to develop and implement effective linkages and coordination in order to provide a seamless service with health centres, municipal hospitals, and private hospitals within Dar es Salaam.

MNH will continue to build the human and institutional capacity to manage and coordinate ART services within the national hospital. This includes provision of technical support and training for public and private health providers. MNH will collaborate with NACP to develop and implement workplace programs including post-exposure prophylaxis.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	35%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	50	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area:

State Province: Dar es Salaam

ISO Code: TZ-02

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Deloitte Touche Tohmatsu

Planned Funds:

Activity Narrative:

Deloitte & Touche will provide capacity building for the Tanzania national treatment program and to strengthen the continuum of HIV care with ARV treatment. With technical support from FHI Tanzania, Deloitte will work toward the expansion of ART sites from 4 to 10 sites. Deloitte will also continue to work with the four ART sites that were established in FY04 (Iringa Regional Hospital, Lugalo Military Hospital, and Mto wa Mbu Health Center and (PASADA).

In providing the Grant Management services, Deloitte will be actively involved in carrying out the budget reviews of the six sites, will carry out all pre-award assessments, and will help ensure that all the necessary financial controls and systems are put in place before the grants are awarded. In addition, Deloitte shall enter into contracts will all the six sites.

Through these grants, FHI and Deloitte will be able to provide TA training and supervision to the sites, facilitate the sites training at Mildmay International Training Center for Sub-Saharan Africa in Uganda, mentoring/precepting at sites with national and international clinical preceptors, assisting with data management and reporting using a standardized patient and program clinical monitoring software program, piloting modes of community preparation, ensuring functional referrals with community-care programs across a continuum of care and low literacy patient educational materials.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Health Care Financing	30%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	10	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	2,200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Private health care providers
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area:

State Province: Arusha
 State Province: Dar es Salaam
 State Province: Iringa

ISO Code: TZ-01
 ISO Code: TZ-02
 ISO Code: TZ-04

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University Research Corporation, LLC

Planned Funds:

Activity Narrative:

Through PEPFAR funding, URC's Quality Assurance Program (QAP) is currently implementing a collaborative to improve quality of care for children with severe illness and HIV/AIDS in three districts hospitals; i.e., Mwananyamala in Kinondoni, Amana in Ilala, and Temeke in Temeke in Tanzania. The current effort includes strengthening the pediatric components of the National HIV/AIDS Care and Treatment Guidelines, and facilitating training of physicians, nurses, and other care givers to provide improved quality of pediatric services in the context of the collaborative approach to Quality Improvement.

The process will utilize the collaborative methodology involving shared learning and action periods in which improvement cycles will be conducted. The collaborative has been demonstrated to facilitate rapid uptake of improvements and scale up.

In 2005, QAP proposes to build on the lessons learned during the current phase (FY2004) of activities to strengthen quality of services to children with severe illness focusing on HIV/AIDS. During the proposed next phase, QAP will consolidate its achievements in the current program in the Dar es Salaam region; increase coverage and content of the Collaborative in Pediatric Health Initiative in other facilities in other regions of Tanzania; improve quality of services in the participating facilities; reduce morbidity and deaths from severe infection, malnutrition and HIV/AIDS among children receiving care in these facilities; strengthen linkages between primary and first-level referral facilities in order to identify and treat children with HIV/AIDS thereby strengthening the continuum of care; and integrate infant feeding with HIV/AIDS care and treatment to ensure child survival.

In order to achieve these objectives, QAP will strengthen linkages and partnerships with other CAs and local institutions working in similar activities. Among the local groups is the Tanzania Pediatric Association, which plans to receive assistance from QAP to train more pediatricians and other clinicians caring for children with HIV/AIDS. Activities will be hosted by the regional and district municipal health departments, with support from the MOH.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	10	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	200	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Ministry of Health staff
- Children needing ARVs

Key Legislative Issues:

Coverage Area:

State Province: Dar es Salaam	ISO Code: TZ-02
State Province: Morogoro	ISO Code: TZ-16
State Province: Pwani	ISO Code: TZ-19

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / BBC World Trust

Planned Funds:

Activity Narrative:

In 2005, the BBC-WST will continue to provide a mass media radio communications campaign reaching at least 10,000,000 Tanzanians (one third of the national population), to generate sustainable demand for comprehensive services across the prevention-to-care continuum. The flexibility of community-based radio communications allows the weaving of multi-pronged messages into the programming. The BBC-WST program provides a mechanism allowing the USG to plan for, and be responsive to, needs for information within the full 2-7-10 spectrum of prevention, care and treatment issues within the Emergency Plan. This component is designed to motivate individuals to seek counseling, testing, and treatment, when needed. It will complement other activities being undertaken by BBC-WST under 3.3.2.

As the program gears up in Phase 2, emphasis will continue on developing a variety of mass media radio interventions for nationwide distribution and addressing a broad variety of topics such as the full range of services available in Tanzania, information on specific service sites on a regional basis, myths and rumors, and address societal norms such as stigma. A target of an additional 60 different radio spots and mini-dramas for segmented audiences will be produced and broadcast frequently on partner radio stations through donated time. Campaign outputs will target different population groups within Tanzania and will include: Radio spots, a radio talk show to target youth audiences, a radio drama which will deepen the impact of the campaign's messages, enabling modeling of relevant life skills and positive behavior change. All outputs will be based on extensive research to ensure that the campaign's behavioral change objectives are met.

Activity Category

- Information, Education and Communication
- Local Organization Capacity Development
- Needs Assessment
- Training

% of Funds

65%
10%
10%
15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	30,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Health Care Workers
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Family Health International

Planned Funds:

Activity Narrative:

FHI Tanzania will consolidate and expand technical support to health facilities strengthening HIV care with ART. They will continue to work with the three ART sites that were established in FY04 (Iringa Regional Hospital, Lugalo Military Hospital, and Mto wa Mbu Health Center). FHI Tanzania provides the TA and Deloitte the grant management to these sites. The Care and Treatment activities will be expanded to 6 more sites. FHI Tanzania will then continue to provide TA (training and supervision at sites with three national Care and Treatment facilitators, training at Mildmay International Training Centre for Sub-Saharan Africa in Uganda, mentoring/precepting at sites with national and international clinical preceptors, assisting with data management and reporting using a standardized patient and program clinical monitoring software program, piloting modes of community preparation, ensuring functional referrals with community care programs across a continuum of care and low literacy patient educational materials). The expansion will be at sites closely linked with the home care programs in the 5 Regions mentioned under Palliative Care above, and possibly to one new region (Kigoma).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Policy and Guidelines	16%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	26%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	28%

UNCLASSIFIED

Targets:

Not Applicable

Number of ART service outlets providing treatment	10	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,920	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,920	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Implementing organization project staff
- Media
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Arusha	ISO Code: TZ-01
State Province: Dar es Salaam	ISO Code: TZ-02
State Province: Dodoma	ISO Code: TZ-03
State Province: Iringa	ISO Code: TZ-04
State Province: Mwanza	ISO Code: TZ-18
State Province: Pwani	ISO Code: TZ-19

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / Columbia University

Planned Funds:

Activity Narrative:

As a major entry point for ART programs, three PMTCT programs (at Sekou Toure, Chake Chake and Mnazi Mmoja Hospitals) will be scaled up to include ARV treatment for HIV sero-positive mothers and family member in Tanzania and Zanzibar in FY05. The facilities will be strengthening to accommodate ART program; laboratory, counseling rooms and clinics will be renovated to ensure quality service provision. At least 50 health workers will be trained; patient monitoring and tracking systems will be developed; postnatal follow up for HIV+ infant will be established, treatment and monitoring system for HIV+ patients that are yet to qualified for ARV will be also established.

The new activity will significantly increase the number of women, children and other family members and will contribute the EP goal to treat 150,000 patients in Tanzania. This services will directly contribute the reduction of infant mortality rate and which has recently increased in Tanzania and will improve the quality life of the mother thereafter reduce the number of orphans which is a national crises in Tanzania

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	22%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Human Resources	4%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	9%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	50	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	1,500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	300	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- HIV+ pregnant women
- Infants

Key Legislative Issues:

Coverage Area:

State Province: Kusini Pemba (Pemba South)	ISO Code: TZ-10
State Province: Mjini Magharibi (Zanzibar West)	ISO Code: TZ-15
State Province: Mwanza	ISO Code: TZ-18

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RPM+ / Management Sciences for Health

Planned Funds:

Activity Narrative:

In order to improve access to critical medications for opportunistic infections in rural and peri-urban areas, MSH will assist the MOH and Tanzanian drug authority (TFDA) to expand a pilot network of accredited drug dispensing outlets (ADDOs) for providing selected essential medicines and other health supplies. Although the duka fa dawa baridis (DLDBs) outlets provide an essential service, evidence has mounted that DLDBs are not operating as had been intended; prescription drugs that are prohibited for sale by the TFDA are invariably for sale, quality cannot be assured, and the majority of dispensing staff lack basic qualifications, training, and skills. Regulation and supervision are also poor. The intent of the work MSH will do is to ensure that Tanzanians living in rural communities have the opportunity to purchase quality-assured non-prescription and a limited number of prescription drugs from regulated and properly operated drug outlets staffed by trained drug dispensers. In addition to site-specific improvements, the activity will address the larger system in which DLDBs are embedded, such as those for licensing, supply, training, and inspection involving ward, district, regional, and national authorities, which also need to be transformed and strengthened.

Major program elements include: accreditation based upon MOH/TFDA-instituted standards and regulations governing ADDOs; business development, pharmaceutical training, education, and supervision; commercial assistance (e.g., access to loans, authorization to sell a limited number of essential prescription drugs); marketing and public education; and regulation and inspection

Based upon the experience in the pilot district of Ruvuma, the Ministry of Health (MOH) and the TFDA, with support from MSH, will expand the ADDO model into one other region over a 30-month period beginning in July 2005. In addition to replicating the basic ADDO system, it is further proposed to develop ADDOs to support HIV/AIDS prevention, care, and treatment programs. ADDOs could become centers for providing basic HIV/AIDS information to the general public, and about voluntary counseling and testing, STI and ARV treatment facilities, and information on prevention. The ADDOs can also possibly be a local source for home-based care kit drugs for volunteers caring for patients living with HIV/AIDS. In addition, ADDOs could conceivably have the capability of providing an antiretroviral (ARV) prescription drop-off or refill service.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	13%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	4%
<input checked="" type="checkbox"/> Local Organization Capacity Development	19%
<input checked="" type="checkbox"/> Logistics	18%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	26%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Caregivers
- Pharmacists
- Pharmacists
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Ruvuma

ISO Code: TZ-21

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

In FY04, a significant proportion of USG funded ART programs were to be provided through track 1.0 partners. Track 1 partners were expected to treat 8,200 out of the 11,000 patients to be supported with Emergency Plan funds in Tanzania. Elizabeth Glaser Pediatric was expected to treat 1,450 patients (17.6%) at Muhimbili National Hospital (in collaboration with Columbia University) KCMC, Mawenzi, and Morogoro Hospital. Due to the delay in procurement of generic fixed-dose-combination ARVs, the national ART program started rolling out in October 2004. EGPAF participated with other track 1 awardees in the pilot program supported by MOH/NACP at MNH where 733 patients were enrolled by September 30, 2004.

In FY05, EGPAF is expected to rollout very rapidly and achieve the projected numbers by June 2005. In addition, EGPAF plans to expand to Tumbi (Coast), Kitete (Tabora) and Shinyanga Hospitals. However, since funding from S/GAC may not increase beyond the levels of FY04, EGPAF will need supplementary funds from the in-country budget to expand ART services and thus make gradual progress towards achieving the 2-7-10 goals in Tanzania of treating 150,000 people with HIV/AIDS by 2008.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems.	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	7	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	3,661	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	2,475	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Dar es Salaam	ISO Code: TZ-02
State Province: Kilimanjaro	ISO Code: TZ-09
State Province: Morogoro	ISO Code: TZ-16
State Province: Pwani	ISO Code: TZ-19
State Province: Shinyanga	ISO Code: TZ-22
State Province: Tabora	ISO Code: TZ-24

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Columbia University

Planned Funds:

[Empty box]

Activity Narrative:

In FY04, a significant proportion of USG funded ART programs were to be provided through track 1.0 partners. Track 1 partners were expected to treat 8,200 out of the 11,000 patients to be supported with Emergency Plan funds in Tanzania. Columbia University was expected to treat 1,950 patients (23.7%) at Muhimbili National Hospital in collaboration with Elizabeth Glaser Pediatric AIDS Foundation. Due to the delay in procurement of generic fixed-dose-combination ARVs, the national ART program started rolling out in October 2004. However, through a pilot program supported by MOH/NACP, MNH and all track 1 awardees in Tanzania, 733 patients were enrolled at Muhimbili National Hospital.

In FY05, with Columbia University is expected to rollout very rapidly and achieve the projected numbers by June 2005. Although, funding from S/GAC may not increase beyond the levels of FY04, the impact on Columbia plans and targets will not be significant because their proposed second year budget was similar to the first year.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	4,058	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	3,358	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Dar es Salaam

ISO Code: TZ-02

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

In FY04, a significant proportion of USG funded ART programs were to be provided through track 1.0 partners. Track 1 partners were expected to treat 8,200 out of the 11,000 patients to be supported with Emergency Plan funds in Tanzania. Harvard University was expected to treat 1,800 patients (21.9%) at Amana, Temeke and Mwananyamala hospitals in the three municipalities of Dar es Salaam City Council. Due to the delay in procurement of generic fixed-dose-combination ARVs, the national ART program started rolling out in October 2004. Harvard University participated with other track 1 awardees in the pilot program supported by MOH/NACP at MNH where 733 patients were enrolled by September 30, 2004.

In FY05, Harvard University is expected to rollout very rapidly and achieve the projected numbers by June 2005. In addition, Harvard University plans to expand to three health facilities within the city. However, since funding from S/GAC may not increase beyond the levels of FY04, Harvard University will need supplementary funds from the in-country budget to expand ART services and thus make gradual progress towards achieving the 2-7-10 goals in Tanzania of treating 150,000 people with HIV/AIDS by 2008.

Also, Harvard University will collaborate NACP, MNH, Dar es Salaam City Council and other track 1 awardees to establish a seamless integrated service in the city with linkages and referral systems between city health facilities and Muhimbili National Hospital

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	4	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	4,950	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	3,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Dar es Salaam

ISO Code: TZ-02

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Catholic Relief Services

Planned Funds:

Activity Narrative:

In FY04, a significant proportion of USG funded ART programs were to be provided through track 1.0 partners. Track 1 partners were expected to treat 8,200 out of the 11,000 patients to be supported with Emergency Plan funds in Tanzania. AIDSRelief was expected to treat 3,000 patients (36.5%) at Bugando Medical Centre (in collaboration with Columbia University), PASADA, Selian, Muheza, Haydom, Mvumi and St Elizabeth hospitals. Due to the delay in procurement of generic fixed-dose-combination ARVs, the national ART program started rolling out in October 2004. AIDSRelief participated with other track 1 awardees in the pilot program supported by MOH/NACP at MNH where 733 patients were enrolled by September 30, 2004.

In FY05, AIDSRelief is expected to rollout very rapidly and achieve the projected numbers by June 2005. In addition, AIDSRelief plans to expand to Peramiho and Shirati Hospitals. However, since funding from S/GAC may not increase beyond the levels of FY04, AIDSRelief will need supplementary funds from the in-country budget to expand ART services and thus make gradual progress towards achieving the 2-7-10 goals in Tanzania of treating 150,000 people with HIV/AIDS by 2008.

Also, AIDSRelief will collaborate NACP, MNH, Dar es Salaam City Council and other track 1 awardees to establish a seamless integrated service in the city with linkages and referral systems between city health facilities and Muhimbili National Hospital

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	9	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	400	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	4,481	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	3,600	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Arusha	ISO Code: TZ-01
State Province: Dar es Salaam	ISO Code: TZ-02
State Province: Dodoma	ISO Code: TZ-03
State Province: Manyara	ISO Code: TZ-01
State Province: Mara	ISO Code: TZ-13
State Province: Ruvuma	ISO Code: TZ-21
State Province: Tanga	ISO Code: TZ-25

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HQ / To Be Determined

Planned Funds:

Activity Narrative: In FY04, a significant proportion of USG funded ART programs were provided through track 1.0 partners. Out of the 11,000 patients to be supported with ART, track 1.0 partners were expected to treat 8,200 (75%). Due to the delay in procurement of generic fixed-dose-combination ARVs, the national ART program started rolling out in October 2004. The track 1.0 partners are expected to rollout very rapidly and achieve the projected numbers by June 2005. However, funding from S/GAC may not increase beyond the levels of FY04. This brings a need for in-country budget to supplement track 1 partners to maintain and expand ART services and thus make gradual progress towards achieving the 2-7-10 goals in Tanzania of treating 150,000 people with HIV/AIDS by 2008.

USG will supplement track 1 partners with in country funds to expand to additional sites and enroll more patients. The track 1 partners will prepare comprehensive plans that will include budgets for track 1 and in-country supplements. These will have be approved by the interagency HIV/AIDS coordinating committee before submission to OGAC funding under Track 1. The IHCC will also approve the supplementary funding from in country funds to support the implementation of these plans.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	21	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	700	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	17,250	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	12,333	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Arusha	ISO Code: TZ-01
State Province: Dar es Salaam	ISO Code: TZ-02
State Province: Dodoma	ISO Code: TZ-03
State Province: Kilimanjaro	ISO Code: TZ-09
State Province: Manyara	ISO Code: TZ-01
State Province: Mara	ISO Code: TZ-13
State Province: Morogoro	ISO Code: TZ-16
State Province: Mwanza	ISO Code: TZ-18
State Province: Pwani	ISO Code: TZ-19
State Province: Ruvuma	ISO Code: TZ-21
State Province: Shinyanga	ISO Code: TZ-22
State Province: Tabora	ISO Code: TZ-24
State Province: Tanga	ISO Code: TZ-25

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

- Result 1: Improved quality of surveillance of HIV/AIDS/STIs
- Result 2: Improved quality of surveillance of HIV/AIDS/STIs
- Result 3: Increased human capacity for monitoring and evaluation
- Result 4: Expanded collection and use of quality program survey data for policy development and program management
- Result 5: Improved national coordination and implementation of HIV/AIDS monitoring and evaluation activities
- Result 6: Improved quality and operationalization of monitoring and evaluation plans
- Result 7: Local health management information systems strengthened

Total Funding for Program Area (\$): **Current Program Context:**

A Monitoring and Evaluation (M&E) Directorate has been established within TACAIDS, with the responsibility of coordinating M&E activities of the National multisectoral HIV/AIDS response at all levels. A National HIV/AIDS M&E task force is in place, and a comprehensive HIV/AIDS National multi-sectoral database, which will complement the existing CRIS database, is under development. Key donors support M&E activities, including the World Bank, Global Fund, UNAIDS, and UNDP. USG support has included technical assistance in collection of core outcome and impact-level indicators, and capacity building for M&E staff. The MoH/NACP M&E unit implements surveillance activities. The USG supports the Government of Tanzania (GOT) to improve systems for collection of quality sentinel surveillance data from ANC, STI clinics, and blood donors. This unit also coordinates HIV/AIDS program M&E and reporting and coordinates the development of facility-based monitoring systems. The Health Management Information System (HMIS) and Demographic Sentinel Sites (DSS) are two units under the Directorate of Health Policy & Planning of the MOH. The HMIS was involved in piloting a PMCT facility-based monitoring system in five regions. The DSS was involved with implementing the Adult Mortality and Morbidity Project (AMMP) and Tanzania Essential Health Intervention Program (TEHIP) through support from DFID and CIDA. Until recently DANIDA was the key donor supporting the HMIS. With technical assistance from the USG and WHO AFRO, an Integrated Disease Surveillance Information Monitoring System has been developed and is currently being piloted in several countries including Tanzania. The system, which currently captures 13 priority diseases and is operational in 12 districts, is being implemented by the National Institute for Medical Research. The IDS system has several common elements with the facility-based monitoring systems being developed for HIV/AIDS in several Emergency Plan (EP) countries, including reporting period, geographic area selection and staff at facility, district, regional, and national level. The USG, in collaboration with other donors (JICA, SDC, Embassy of Ireland, the UN), has been providing technical and financial support to the comprehensive poverty monitoring system. The AIDS Indicator Survey, Demographic and Health Surveys, and Facility Based Surveys are key data sources for the poverty monitoring system. The challenges of capturing the impact of interventions to address HIV/AIDS, including the EP reporting, makes clear that the USG must continue supporting GOT to strengthen SI capacity at several levels; to TACAIDS M&E Directorate, to strengthen its coordination roles and linkages to other sectors; for NACP M&E unit, to improve the quality of sentinel surveillance activities, and support the development of facility-based information monitoring systems for prevention, care, and treatment programs similar to the PMTCT Monitoring System. The USG will also provide support to NACP M&E Unit to strengthen the linkages with the MOH/HMIS and TACAIDS M&E Directorate and enhance its ability to obtain and disseminate accurate and timely data at all levels. USG support will strengthen MoH/HMIS to ensure more effective facility-based monitoring systems for all HIV/AIDS intervention programs and coordinate data collection from facility to regional and onward to national level. The IT infrastructure within the MoH will be strengthened for timely data and report flow. Other upcoming efforts include USG collaboration with WHO to conduct a service availability mapping survey and initiate discussions and activities for SAVVY. Support will be provided to TACAIDS, the MOH, NBS, and other institutions to disseminate findings from the AIDS Indicator Survey and to conduct the Facility Based Survey. Targeted program evaluations will be supported and technical assistance provided to NGOs/CBOs and FBOs.

Program Area: Strategic Information
 Budget Code: (HVS1)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National AIDS Control Program Tanzania
 Planned Funds:

Activity Narrative: HIV/AIDS Monitoring & Evaluation (M&E) activities and reporting within the Ministry of Health are coordinated by the NACP with the assistance of the USG SI team. The NACP M&E Unit will, with USG SI team and other donor support, develop seven different facility-based monitoring systems and maintain these data in an integrated database: the HIV/AIDS Information Monitoring System (HAIMS). The HAIMS database will be placed at the NACP M&E Unit, from which country reports on health sector HIV/AIDS intervention activities will be generated and disseminated in a timely fashion to policy makers, health providers and other national and international stakeholders including the Emergency Plan reporting requirements. This HAIMS database will be electronically linked to the TACAIDS-based country response database (CRIS or equivalent) so that TACAIDS can receive regular updates of health sector activities on HIV/AIDS. Since the HMIS Department will be responsible for facility-based data collection, the NACP will form close links with the HMIS Unit headquarters in order to get regular updates on HAIMS.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	22%
<input checked="" type="checkbox"/> Infrastructure	11%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	4%
<input checked="" type="checkbox"/> Local Organization Capacity Development	11%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	11%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	22%
<input checked="" type="checkbox"/> Training	9%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	<input type="checkbox"/> Not Applicable
		<input type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National AIDS Control Program Tanzania

Planned Funds:

Activity Narrative: The NACP M&E Unit is also responsible for surveillance activities. In the past four years, it has received support from USG. This support continues in FY05 to enable the unit to carryout quality ANC surveillance. In FY04, support was provided to conduct ANC Sentinel Surveillance in 90 sites: i.e., 15 regions with 6 sites each. In FY05, all regions in mainland Tanzania (21) will be covered, with additional 36 sites from 6 regions, to a total of 126 sites.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	250	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
- Host country national counterparts
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: --- National ---

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Zanzibar Ministry of Health

Planned Funds:

Activity Narrative:

In 2004, the Zanzibar Ministry of Health and Social Welfare (MoHSW) requested support from USG and other donors in the enhancement of HIV/AIDS strategic information system whose objective was to institutionalize an effective and efficient information system for surveillance that will respond, monitor, and evaluate HIV/AIDS/STD interventions within the health sector in Zanzibar. This support includes building capacity to carryout HIV/AIDS intervention activities including SI activities in the areas of surveillance and monitoring and evaluation (M&E). Budgeted above area funds to support establishment of an M&E Unit within ZACP to carryout antenatal care sentinel surveillance activities in the 2 main islands and to establish data management capabilities. Funds to support the development of facility-based PMTCT, PMTCT+ and ART monitoring in Zanzibar are placed under these respective program areas.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	7%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	23%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	290	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area:

State Province: Kusini Pemba (Pemba South) ISO Code: TZ-10
 State Province: Mjini Magharibi (Zanzibar West) ISO Code: TZ-15

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tanzania Ministry of Health/Directorate of Policy and Planning/Health Management Informat

Planned Funds:

Activity Narrative:

The MoH Health Management Information System (HMIS) is responsible for managing information for all diseases in Tanzania. The infrastructure within HMIS includes a central unit at MoH headquarters, regional, and district offices. There are computers at these units, but these need modernizing including connectivity. Currently, the HMIS Unit is responsible facility-based PMTCT monitoring in 7 pilot sites. In addition, the HMIS is carrying out Integrated Disease Surveillance through WHO. The capacity of HMIS as the main implementer of facility-based monitoring for HIV/AIDS intervention activities needs to be assessed through review of reports from previous assessment and if need be, a fresh assessment through Measure Evaluation be performed.

It is proposed that the HMIS unit implement an expanded HIV/AIDS intervention monitoring which will be modeled on the PMTCT Monitoring Systems currently being piloted. The PMTCT Monitoring System consists of a fully paper-based system (registers) located at each ANC site. Each month, the registers are summarized into a single report for each site. The summary is then forwarded to a computerization point (regional HQs). Data entry and report generation occurs at the regional level with data transfer to central level for national aggregation of data and country report generation. Facility feedback reports originating from regional computerization points can then be sent to each facility within the region. Once this system is implemented, an HIV/AIDS Information Database will be established and maintained at central and regional levels, as well at NACP, which is the main custodian of HIV/AIDS data. The PEPFAR reporting requirements can then be easily met from this database.

In order to carry out facility-based monitoring, the infrastructure needs to be strengthened and/or established as follows: (a) Human resource capacity needs to be strengthened through training of existing staff and recruitment of additional staff. Training of staff will include basic information management as well as training in use of monitoring systems developed with technical assistance from USG; (b) Modernizing IT infrastructure including connectivity to facilitate data transfer from the regions to central level and NACP; (c) Improvement of logistics systems (materials distribution and information collection) between the facilities and computerization points (regional headquarters); (d) Strengthening and/or establishing a coordination and support supervision system for quality assurance of the data collected by HMIS; (e) Developing linkages with Integrated Disease Surveillance system including "loose" integration of the Integrated Disease Surveillance Database with the HIV/AIDS Information Database.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Training	30%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

270

Not Applicable

Target Populations:

- Host country national counterparts*
- Ministry of Health staff*

Key Legislative issues:

Coverage Area: National

State Province: _____

ISO Code: _____

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Institute for Medical Research (NIMR)

Planned Funds:

Activity Narrative: To strengthen the information and communication system at the central, regional and health facility level to support the M&E of HIV/AIDS interventions. 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. Establish and maintain a WAN, internet access and a MOH website. Promote use of information and communication technology. Build capacity of the IT specialists, M&E officers at the central and sites level to monitor different initiatives to mitigate the impact of HIV/AIDS epidemic

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Infrastructure	70%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Institute for Medical Research (NIMR)

Planned Funds:

Activity Narrative: Work with Ministry of Health, NACP, NTLP to develop platforms within program infrastructure for carrying out targeted evaluations.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

Target	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tanzania Commission for AIDS

Planned Funds:

Activity Narrative:

TACAIDS M&E unit needs to be strengthened to coordinate SIM&E activities countrywide. An M&E draft plan exists but needs to be finalized and implemented. A Country SI Working Group needs to be formed to coordinate this activity and other SI activities. A country response database CRIS is in development with the support of UNAIDS. The USG team will work very closely with the CRIS development team to ensure that the MoH HIV/AIDS database being developed with technical assistance from USG can easily exchange information with the CRIS.

The USG team support to TACAIDS will be mainly to strengthen the capacity of the M&E unit to carry out strategic information activities including: a) support for expanding the M&E task force into a country SI Working Group with all stakeholders represented. b) Development of links between MoH HIV/AIDS database and CRIS. c) Facilitating the development of close linkages between TACAIDS M&E unit and the NACP M&E unit so that data from NACP can feed into the data on overall country response to the HIV/AIDS epidemic. d) Logistics for data collation, compilation and reporting Nationally and Internationally

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Logistics	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	40%

Targets:

Target Description	Value	Notes
		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Country coordinating mechanisms
- Government workers
- Host country national counterparts
- M&E specialist/staff

Key Legislative Issues:

Coverage Area:

State Province: Lindi	ISO Code: TZ-12
State Province: Manyara	ISO Code: TZ-01
State Province: Mara	ISO Code: TZ-13
State Province: Rukwa	ISO Code: TZ-20
State Province: Singida	ISO Code: TZ-23

Program Area: Strategic Information
 Budget Code: (HVS1)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Macro International
 Planned Funds:

Activity Narrative:

MEASURE DHS has three activities planned in Tanzania for 2005. The first is the dissemination of the Tanzania HIV/AIDS Indicator Survey (THIS). Preliminary reports from the 2004 Tanzania HIV/AIDS Indicator Survey is available. Data from the THIS will provide a solid framework for setting HIV/AIDS program goals and objectives as well as serving as a baseline for monitoring and evaluation. To make best possible use of the data, Tanzanian stakeholders need to understand the major findings, trends over time, and the implications of survey results for program planning, training, and policy change. In FY05, Measure DHS will collaborate with TACAIDS, the MOH and other local institutions to disseminate the study findings and to help Tanzanian stakeholders integrate the data into their current and future projects. A carefully planned strategy is needed to prevent confusion and misinterpretation of the data. The overall goals of the dissemination and capacity-building strategy will be focused on: (1) making THIS findings more widely available to selected audiences in Tanzania; (2) increasing understanding and use of the THIS data to improve HIV prevention and care services nationwide; and (3) helping USG achieve its strategic objectives in Tanzania.

Secondly, the government of Tanzania is planning to conduct the next facility based survey (SPA) in FY05. Costs for the field work will be covered by the government of Tanzania and other donors through the basket funds. Measure DHS will provide technical assistance to carry out the SPA. Limited funds will be provided to the National Bureau of Statistics to cover minimal local costs.

Lastly, limited funds from PEPFAR will be used to fund the AIDS module in the Demography and Health Survey which will be implemented in FY05.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	90%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Implementing organization project staff
- Program managers
- USG in country staff
- Researchers
- Journalists

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of North Carolina Carolina Population Center

Planned Funds:

Activity Narrative: In 2005, Measure Evaluation will continue providing technical assistance to the USG and its implementing partners, including the Government of Tanzania, to carry out the following activities: (1) data collection and collation efforts by the various partners to ensure Performance Management Plan (PMP) and Office of the Global AIDS Coordinator (O/GAC) data is updated and responds to USG and USAID/Washington (USAID/W) reporting requirements; (2) TA to the Ministry of Health (MOH), National AIDS Control Programme (NACP) and Tanzania AIDS Commission on AIDS (TACAIDS) map out the existing HIV/AIDS service sites (SAM) for purposes of generating information necessary for planning and resource targeting; and strengthening the capacity in the MOH to monitor and evaluate its HIV/AIDS programs within the existing structures of the health information system. Most of these activities will be facilitated by the recruitment of the SI Liaison Officer by Measure Evaluation.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	90%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- Implementing organization project staff
- Program managers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Family Health International

Planned Funds:

Activity Narrative:

For the past four years, the International Center for Research on Women (ICRW) and Muhimbili University College of the Health Sciences (MUCHS) have been working together to collect data to inform the design of stigma-reduction program and tools, as well as to develop stigma indicators for measuring program success. In addition, ICRW and MUCHS have worked closely with Kimara Peer Educators and Training Trust (Kimara Peers) during the data collection phase, in developing practical intervention tools and also in developing a community stigma reduction program, which they are now implementing through a grant from the REACH project. The need to address stigma has now been clearly recognized in Tanzania. As a result, many new programs have been started. It is critical that these programs are evaluated systematically to ensure that they are having the intended impact and capturing lessons learned to allow for feasible replication and scale-up of stigma-reduction.

Family Health International will work with ICRW, MUCHS, and Kimara Peers to carry out a targeted program evaluation of the ongoing Kimara Peers community stigma reduction program. Initial anecdotal evidence from the program indicates it is having significant impact. Kimara Peers have seen a large increase in people coming forward for VCT since the stigma-reduction activities began, as well as an increase in people living with HIV and AIDS (PLHA) joining group counseling sessions. However, without targeted program evaluation, it will be difficult to distinguish whether these increases are all or partly due to the stigma activities, rather than to other possible confounding factors, like the expectation of ARV availability. Kimara's program is the first of its kind in Tanzania, and is already being looked to as a model stigma reduction program. This is a unique and important opportunity to evaluate what impact this program is having thoroughly, and learn vital lessons for successful scaling up stigma-reduction.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

5

Not Applicable

Target Populations:

- Community-based organizations
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Program managers

Key Legislative Issues:

Coverage Area:

State Province: Dar es Salaam

ISO Code: TZ-02

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Base / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

is planned for staffing and technical assistance for USG/HHS/CDC supported strategic information activities. The proposed activities include the provision of technical assistance from USG to the MOH and other partners for establishing health information systems, monitoring and evaluation and HIV surveillance. This includes the development of a national and USG database for HIV/AIDS and specifically for ART programs, protocols, training curriculum and monitoring and evaluation system for all program areas.

In order to provide this support, and to facilitate the achievement of PEPFAR goals, CDC-Tanzania has hired a senior manager for SI and plans to hire additional program staff that include 3 contract staff. The new hires will provide technical support to cooperative agreement partners and HHS/CDC program managers.

It also includes the procurement of external temporary duty technical assistance from headquarter to support the field staff to develop systems including target evaluations for all USG supported programs. The travel budget also has both international travels (TDYs, training, meetings, conferences) and local travels (USG strategic planning meetings, partners meetings, workshops and site visits.

This activity will contribute the overall human and institutional capacity building to combat the epidemic in line with the USG 5 year strategy.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target Description	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- USG in country staff
- USG Headquarters staff
- Health Care Managers

Key Legislative Issues:

- Twinning

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.14: PROGRAM PLANNING OVERVIEW

- Result 1: Strengthened capacities of national multisectoral bodies to lead and coordinate the response to HIV/AIDS
- Result 2: Strengthened national capacity to plan, allocate resources, and manage finances for HIV/AIDS
- Result 3: Effective policy environment for quality and compassionate care and treatment sustained among policy makers and community leaders (including faith-based organizations)
- Result 4: Plan developed and implemented to address human resource challenges and deployment shortfall to staff HIV/AIDS programs without devastating health infrastructure
- Result 5: Systems and policies to address stigma and discrimination improved
- Result 6: HIV/AIDS issues mainstreamed through government agencies to strengthen response to HIV/AIDS

Total Funding for Program Area (\$): **Current Program Context:**

The USG supports a wide range of effort in Tanzania to ensure a sound foundation for all HIV/AIDS activities. These are part of Tanzania's national response to HIV/AIDS, and include policy development, legislative review, stigma reduction, and capacity building of public, non-governmental, and private sector organizations involved in the response. These interventions provide necessary linkages between actors, programs, and government agencies. Recent 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 improve the policy/institutional environment in which USG HIV/AIDS activities are developed at national and local levels. Examples for government include policy development and implementation; capacity building to strengthen strategic leadership and coordination capacity of TACAIDS and ZAC; 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). USG is also actively involved with the GOT on human resource issues. The shortage of trained professionals to provide HIV/AIDS care and the related health programs in Tanzania has been described as "a crisis." A task force headed by WHO has been identified to work with the GOT, but no national plan has been formulated as yet. This will be an upcoming focal area for the USG and other donors. Training is an essential intervention for improving HIV/AIDS related services, and it is an integral part of technical assistance offered by various partners. Following a request from NACP, the USG provided technical and financial support to the Ministry of Health/Department of Human Resource for Health Development to develop a strategy for effective training that will involve careful assessment of HIV/AIDS service delivery problems and root causes. The strategy, to be completed by December 2004, will contribute the Emergency Plan targets. The training plan will consist of short-term investments in service training, with long-term investments in training systems. In the meantime, the Ministry of Health has established a mechanism to manage resources available for pre-service, in-service, and continuing education for health care workers. There are 46 pre-service training schools running pre-university courses in medical, dental, nursing, and allied health (environmental health, laboratory technology) fields. Local in-service training is provided by six Zonal Training Centers in Arusha, Iringa, Mwanza, Morogoro, Mtwara, and Kigoma, all staffed by staff who are part of the MOH/Department of Human Resource for Health Development and involved in implementing national programs. An effective coordination mechanism will be established to monitor and evaluate the implementation of the planned training activities at the zonal training centers. In the non-governmental sector, the USG provides technical assistance and mini-grants are for program implementation for coalitions of faith-based organizations, to organizations of PLWHA to support formation of a national PLWHA Council, and to the Tanzania Parliamentary AIDS Coalition (TAPAC). In addition, the USG supports 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).

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, Inc.
 Planned Funds:

Activity Narrative:

Community REACH has a grant to disseminate the Stigma Reduction Tool developed in Tanzania by MUCHS/CRW among USG partners. In year one, Pact is working with four national faith-based organization (FBO) networks with outreach into hundreds of communities through churches, mosques, and temples. The program includes dissemination of the tools (both Trainers Guides and Participant Manuals, translated into Kiswahili), Training-of-Trainers workshops and seed funds to help the different leadership coalitions translate this into action. Community REACH is providing mentoring to assist the FBOS in practicing sound financial management.

In 2005, Community REACH will continue to focus on FBOs, but expand to other USG voluntary agency partners; the idea being that all USG partners need the stigma reduction skills as a foundation in their prevention, care, and treatment care work.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Health Care Financing	5%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	14	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1,900	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader*
- Community-based organizations*
- Faith-based organizations*
- Host country national counterparts*
- Implementing organization project staff*
- International counterpart organization*
- Nongovernmental organizations/private voluntary organizations*
- Religious/traditional leaders*

Key Legislative Issues:

- Gender*
- Stigma and discrimination*

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tanzania Ministry of Health/Diagnostics

Planned Funds:

Activity Narrative:

The projected testing targets can only be achieved if equipment are maintained in optimum functioning state. In order to ensure that all equipment are maintained and repaired appropriately the maintenance workshops will need to have the appropriate skills and staffing to handle in the increased number of instruments. However, this should focus on minor and general laboratory equipment. Many of the new instruments will be highly specialized analyzers (e.g. CD4 counters) and should be repaired only by specialized engineers from the instrument supplier. Service contracts will need to be drawn for purchased equipment. Rented or placed equipment will not need service contracts, though a provision should be made for costs of repair of any extraordinary damage which the suppliers will not cover.

Shortage in human resources identified during phase 1 assessment is anticipated to eventually become the main limiting factor for programme roll-out. The availability of trained personnel will be dependent on the output of the various training programmes and staff retention at different levels of service. Efforts is need to be expanded in both of these areas from an early stage to ensure human resource availability keeps pace with the roll-out of the programme. Numbers of staff required at each level of laboratory and staffing deficits found at currently assessed sites are outlined in the National Laboratory Operational Plan for HIV/AIDS

Quality management is central to the operations of the laboratory system. A quality plan will be drawn up describing several levels of management within the system to ensure testing reliability. Testing processes within each laboratory (zonal, regional and district) will be governed by national standard operating procedures. Testing proficiency within each laboratory will be assessed by internal quality control checks established for each test. Regular external quality assessments will be conducted to ensure high-level testing reliability at all laboratories. Quality programs for CD4 counts, HIV diagnosis, clinical chemistry and haematology will be established. CD4 count QA will be through one of the following organizations: NEQAS UK, QASI Health Canada, or the NHLS/WHO CD4 QA programme. The possibility of establishing an internal CD4 quality programme will be investigated. A quality assurance programme is currently operational for HIV rapid testing in some laboratories and will be expanded nationally. This will involve the retesting by ELISA of a fraction of all rapid tests conducted at each testing center. Whole blood or dried blood spots will be used for this QA programme. Existing external quality assurance for both HIV serology, clinical chemistry and haematology will be strengthened and expanded especially to involve all zonal hospital laboratories.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	100	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	25	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / PharmAccess

Planned Funds:

Activity Narrative: As ART is introduced as part of the basic care available to military personnel, the Tanzania Peoples Defense Forces (TPDF) will begin to develop policy speaking to HIV status in the military and medical access in relation to this status. The need to keep highly skilled and trained staff is paramount to maintaining a strong military. Introduction of ART means that in order to access this care, uniformed personnel will need to disclose their serostatus to not only medical personnel but also to their command. Once an individual is on ART, their deployment and assignment capability will be limited as they will need to be kept close to medical facilities which can manage and monitor their care. Policies and regulations that protect against discrimination of soldiers living with HIV/AIDS are yet to be formulated.

Military personnel will need to be informed by an official policy that protects the confidentiality of their serostatus and articulates that their standing in the military will not be affected by this status or their need to access care. Under this submission, PharmAccess will support TPDF activities which will include the review of current medical access policy, development of a new policy specific to HIV status and access to care in the military, ratify this policy through the Ministry of Defense, provide printed versions of the final guidelines to all military personnel and educate all personnel as policy implementation is put into place. These activities will assist in addressing stigma and breaking down barriers in accessing care among military personnel, supporting EP goals of increasing the number of individuals on ART and under care.

Activity Category Policy and Guidelines **% of Funds** 100%

Targets:

Target Description	Count	Applicability
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Military
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Local / US Centers for Disease Control and Prevention
 Planned Funds:

Activity Narrative: The proposed activities include the provision of technical assistance from USG to the MOH and other implementing agents to ensure the provision of USG quality program. This includes the development of scientifically proven quality assurance systems such as guidelines and protocols, training curriculum and monitoring and evaluation system all programs.

In order to provide this support, and to facilitate the achievement of PEPFAR goals, CDC-Tanzania has hired and plans to hire additional program staff that include 2 US direct hires, 15 contract staff and 4 FSNs. The new hires will scale up technical implementation of activities that have been established with locally and HQ procured cooperative agreement partners. US recruited staff and third country nationals will receive staff relocation assistance, including travel of employee and dependents (where applicable), temporary and permanent housing, storage and shipping of household goods, etc.

It also includes the procurement of external temporary duty technical assistance from headquarter to support the field staff to develop systems including target evaluations for all programs (PMTCT, VCT, STI, ART, SI another). The travel budget also has both international travels (TDYs, training, meetings, conferences) and local travels (USG strategic planning meetings, partners meetings, workshops and site visits.

This activity will contribute the overall human and institutional capacity building to combat the epidemic in line with the USG 5 year strategy.

A total of is required for these activities, of which is from GHAI funds

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
- Medical/health service providers
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Program managers
- Trainers
- USG in country staff
- Health Care Trainers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tanzania Ministry of Health/Directorate of Human Resources

Planned Funds:

Activity Narrative:

As part of CDC Tanzania capacity building expansion plans, CDC is partnering with the Human Resources Capacity Department (HRDD) of the MOH to develop a training strategy for HIV/AIDS programs. The strategy will seek to enhance Zonal Training Centres structure and systems and the pre-service training systems for accelerating the pace of decentralized HIV/AIDS related training. The immediate challenges ahead are i) to build on the foundations already laid at two zonal centres for RCH, to include HIV/AIDS; ii) to enable the other four zonal centres so that they meet district HIV/AIDS capacity building needs within the resources available at the centres and within the zones; iii) to expand on the existing linkage between IST and PST for RCH to include linkage to support HIV/AIDS programs; iv) to support the wider systems, to make sure factors required to support worker performance are addressed; v) to keep track of program HIV/AIDS outputs and the quality and quantity of service delivery outcomes linked with client satisfaction.

An RMO secondment program has been developed and is being finalized at CDC/GAP headquarters. Under this program, two Regional Medical Officers (or senior medical officers prior to appointment as RMOs) will be seconded to CDC Tanzania for 12 months to work on USG supported HIV/AIDS programs. Also, the seconded officers will be provided management and public health training at CDC Headquarters similar to that provided for the Epidemic Intelligence Surveillance (EIS) officers program.

MOH will be assisted to access support from the International Training and Education Center on HIV/AIDS (I-TECH) for the on-going development of health care worker training systems. This will ensure that such systems are that are locally-determined, optimally resourced, highly responsive and self-sustaining in countries and regions hardest hit by the AIDS epidemic. I-TECH would provide country support in the form of long-term staffing and clinician postings for in-country mentoring, media production related to clinical training, HCD monitoring and evaluation, and instructional design/development and implementation. Also, through the Twinning Center, partnerships will be developed between US-based and host-country organizations and between in-country and regional organizations to strengthen human and organizational capacity in the implementation of the Emergency Plan.)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	30%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	120	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
- Host country national counterparts

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Institute for Medical Research (NIMR)

Planned Funds:

Activity Narrative:

While preparations for renovation of the National HIV Laboratory training and Quality Assurance Centre are ongoing, NIMR will collaborate with Muhimbili University College of Health Sciences (MUCHS) Department of Microbiology and Immunology to support MOH efforts to introduce, develop and implement HIV/AIDS laboratory quality systems in Tanzania. This includes conducting quality assessment of HIV/AIDS testing at Regional and district laboratories, developing HIV laboratory training materials, training of trainers in HIV/AIDS related testing and testing specific quality assurance. Also, NMR/MUCHS would provide assistance in the development of standard operating procedures for quality system components (specimen management, process control, and information management) and provide technical assistance to maintain existing external quality assessment (proficiency testing) programs. Strict procedures for data management during the pre-analytical, analytical and post-analytical phases of testing will be established to ensure the reliable production and delivery of accurate test results.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	15%

Targets:

Target	Value	Applicability
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	25	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Balm in Gilead

Planned Funds:

Activity Narrative:

USG will provide technical and financial support to the Balm In Gilead (BIG) to develop a strategy for effective capacity building program for faith leaders which will involve careful assessment of HIV/AIDS service delivery problems and root causes. This will followed by careful planning to ensure that the capacity building is targeted where it is needed most in the faith denominations. The Training plan will consist of short-term investments in service training with long - term investments in training systems. An effective co-ordination mechanism will be established in order to monitor and evaluate the implementation of the planned training activities at the CCT/TEC/BAKWATA Coordinating offices.

The BIG will continue its work in strengthening the leadership capacity of FBOs through relevant training schemes so that they can play an increasingly active role in mobilizing the faith community's response to HIV/AIDS. Capacity development for inter religious cooperation including creating and facilitating sustainability and long term planning for CCT, TEC and BAKWATA. The training is designed to provide technical support in areas that would build the capacity of each national HIV/AIDS faith office to effectively design and support the delivery of HIV interventions at the local level. Program Evaluation: The approach to evaluation for PEPFAR will be the same as for the overall initiative, which is to evaluate the overall effectiveness of the BIG's Tanzania HIV/AIDS initiatives. A replication case study will be used to document the process of program development and implementation.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Logistics	15%
<input checked="" type="checkbox"/> Needs Assessment	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target	Value	Notes
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	110	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	120	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Religious/traditional leaders

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Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: M&L / Management Sciences for Health

Planned Funds:

Activity Narrative:

Management Sciences for Health is a lead partner (as well as the only USG agency) providing support to the country's two national coordination bodies, the Tanzania Commission for AIDS (TACAIDS) and the Zanzibar AIDS Commission (ZAC). In the coming year, MSH will continue to provide critical technical assistance to national level leadership, coordination, and resource mobilization in the Tanzanian response to the HIV/AIDS epidemic. The first important component is to engender strategic leadership by these coordinating bodies for the multi-sectoral response to HIV/AIDS on the Tanzania mainland (TACAIDS) and Zanzibar (ZAC). Because skills and systems are in an early stage of development, continued support is necessary to consolidate the rapid institutionalization of skills and processes for effective coordination. With TACAIDS, MSH will provide technical assistance to commissioners, directors and technical staff in several of the TACAIDS divisions. This year, similar work will be expanded to ZAC to keep the comparatively low rate of HIV/AIDS low. Both ZAC and TACAIDS have expressed a wish to have MSH focus on internal processes and in particular, on building capacities for strategic allocation of resources.

MSH will support TACAIDS efforts at mainstreaming HIV/AIDS in line ministries, including working with senior civil servants on policies/procedures to look at the impact of HIV/AIDS on their Ministry and of their sector on AIDS.

MSH has been the lead provider of technical assistance to Tanzania Mainland's Global Fund Country Coordinating Mechanism. In the coming year, MSH will continue to provide this support and extend its services to the Zanzibar country coordinating mechanism. The long-term objective is to enable long-term capacity to mobilize Global Fund and other resources. MSH support for mainland and Zanzibar will include capacity building for preparation of technical and financial proposals; technical assistance in preparing documents needed for Tanzania mainland and Zanzibar to enter into GFATM agreements (in particular, extremely detailed implementation plans and budgets that are currently required by GFATM); and identification of possible TA needs for agencies tasked with implementation of GFATM programs. MSH has been instrumental in ensuring that Tanzania's GFATM proposals are submitted by robust partnerships representing the public, nonprofits and private sectors. The challenge ahead is to strengthen capacities among partners in these three sectors to deliver results.

MSH will also provide support to the Care and Treatment Unit of the National AIDS Control Program to identify and solve management and leadership issues related to effective coordination and integration issues.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	2%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	8%
<input checked="" type="checkbox"/> Health Care Financing	23%
<input checked="" type="checkbox"/> Human Resources	4%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	12%
<input checked="" type="checkbox"/> Local Organization Capacity Development	27%
<input checked="" type="checkbox"/> Policy and Guidelines	13%
<input checked="" type="checkbox"/> Training	8%
<input checked="" type="checkbox"/> Workplace Programs	3%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	118	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	435	<input type="checkbox"/> Not Applicable

Target Populations:

- Country coordinating mechanisms
- Host country national counterparts
- National AIDS control program staff
- Policy makers
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14; PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / The Futures Group International

Planned Funds:

Activity Narrative:

For 2005, the POLICY Project will strengthen its partners' leadership for HIV/AIDS prevention, care and treatment, reduction of stigma, and planning for resource allocation. This activity fits into the context of the specific POLICY Project goal of improving the policy environment for HIV/AIDS prevention, care, and treatment in Tanzania. POLICY's objective is to build and strengthen capacity of the government, civil society organizations, and institutions across all sectors to advocate for policy change within and outside their organizations and to improve the design, implementation, and evaluation of HIV/AIDS prevention, care and support programs and policies. Project assistance focuses on improving multi-sectoral capacity and involvement in the country's national HIV/AIDS program. Activities including assisting different stakeholders in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and non-governmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

Thus, POLICY continues its work in strengthening the leadership capacity of FBOs so they can play an increasingly active role in mobilizing the faith community's response to HIV/AIDS. POLICY will therefore work with the Christian Council of Tanzania, Tanzania Episcopal Council, National Muslim Council, and the World Conference for Religious Peace. Through the Tanzania Parliamentarians AIDS Coalition (TAPAC), POLICY will assist with sponsoring budget training for parliamentary committees. Further, POLICY will provide technical assistance to Ministry of Justice and Constitutional Affairs for drafting of the AIDS bill to support the national response, addressing issues of access to treatment, OVC, human rights and gender. Equally important, POLICY will play an important role in assisting TACAIDS, PLHA Council Task Force, NACP and TAPAC with advocacy and dissemination of informational materials on ARV, care and treatment, the mitigation of barriers to care and treatment, and planning for resource-allocation. POLICY will also continue to provide technical information and data to the USG to assist in addressing policy-related issues.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	35%
<input checked="" type="checkbox"/> Health Care Financing	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Policy and Guidelines	10%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	9	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	20,270	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers

Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area: National.

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / African Medical and Research Foundation
 Planned Funds:

Activity Narrative:

Several stages of laboratory specific training will be conducted. Stage 1 involves facility-based training on operational aspects of HIV laboratory diagnostics. This training is targeted at all healthcare personnel at each site involved in the collection, shipping, testing and data management of test samples and results. This training program covers the different tests needed for ARV patient management, the theory behind each test, sample collection, handling, storage and transportation, biosafety, test requisition quality assurance, clinic laboratory communication and expectations, and good clinical and laboratory practices. This training consists of one-week full-time training, 2-3 days with all cadres together and 2-3 days focusing on aspects specific to each cadre. These training are currently being conducted in Zonal hospitals in advance of countrywide Phase 1 ARV roll-out and should be done to all sites starting ART. Stage 2 training will include Laboratory-specific training on instrument operation and maintenance. This is will be needed for the new CD4, chemistry and haematology machines that will be placed at various sites around the country. This training will be provided by the instrument vendors at the time of installation.

Stage 3 Laboratory-specific training on the sustainable management of laboratory conducting specific tests such as CD4 cell count, ELISA HIV diagnosis, chemistry and haematology. This will involve training on daily, weekly and monthly schedules, quality assurance, data management, workflow analysis, trouble-shooting and corrective actions. This training will be conducted by an MOH/AMREF laboratory training team, consisting of instrument experts, test specialists and quality managers. AMREF will collaborate with MOH and other partners to develop the training curriculum, participate in stage 2 training to gain adequate knowledge and experience to support peripheral labs after departure of trainers provided by instrument vendors.

AMREF will organize refresher training in line with finding of Quality assurance and supportive supervision visits.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	50%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	120	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	60	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Family Health International

Planned Funds:

Activity Narrative:

For 2005-06, FHI Tanzania will mainly focus on consolidation and expansion of activities initiated in 2004; providing technical assistance to the National AIDS Control Program (NACP) Manager and NACP Care and Treatment Unit for support, coordination, and facilitation of the National Care and Treatment Response. This includes: 1) supporting technical working groups (clinical care and treatment, training, monitoring and evaluation, human resources planning and deployment, commodities, certification and standards; 2) intensive technical assistance for further development and revisions of national guidelines for care and treatment, a national curriculum and relevant training materials, and support to actual training rounds, enabling preceptor practical training at sites through external and national level experts; 3) technical assistance for a continuous education program and supervisory system for clinical management, especially refresher courses in the 91 MOH sites with adequately trained; and 4) developing materials and low literacy visuals for patient information.

FHI's role in technical support will remain flexible in order to address new issues as they arise while implementing and rolling out the care and treatment plan. Particular emphases will be in areas such as training, health system and human resource strengthening, health planning of the linkages between facility and community-based care and treatment (the continuum of care), and ensuring the complementarity between reproductive health, prevention, care, and treatment.

In the coming year, there will be special emphasis on integration between the NACP activities and related departments in the MOH, especially as the integration relates to human resource planning to address the crisis level manpower shortage for HIV/AIDS care and treatment. FHI Tanzania will work with the MOH and MSH in planning and piloting a human resource salvage plan. A start will be made with decentralizing treatment to the dispensary levels, and involving lower cadres who will use materials developed with evidence-based WHO guidance. FHI will also focus on community preparation and sensitization for scale up of treatment, stigma reduction, nutritional needs, linkages of related programs, and strengthening referral systems to facilitate a functional continuum of care.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	12%
<input checked="" type="checkbox"/> Human Resources	6%
<input checked="" type="checkbox"/> Information, Education and Communication	7%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Policy and Guidelines	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	23%
<input checked="" type="checkbox"/> Training	25%

Targets:

Not Applicable

Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

136

Not Applicable

Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

768

Not Applicable

Target Populations:

Host country national counterparts

National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / IntraHealth
 Planned Funds:

Activity Narrative:

IntraHealth shall work closely with CDC Tanzania and the Tanzanian Ministry of Health; and other in-country partners and agencies to: enhance the MOH's Zonal Training Centers' (ZTC) capacity to manage and coordinate in-service training for HIV/AIDS prevention, care and treatment services; increase the capacity of Regional and Council Health Management Teams (RHMT/CHMT) for support supervision to monitor the quality of HIV/AIDS prevention, care and treatment in the public health care infrastructure; and strengthen the pre-service training (PST) systems and the link between in-service and pre-service systems for rapidly increasing the number of HIV/AIDS service providers.

IntraHealth will assist MOH to set up a performance improvement (PI) framework to enable ZTCs to meet expectations as coordinating institutions for human capacity development for HIV/AIDS program expansion. The PI framework will: clarify ZTC performance expectations; establish the scope of a performance needs assessment (PNA), and subsequent workplan; and provide a structure for continuous monitoring and evaluation of human capacity development. A rapid provider needs assessment will be conducted to guide strategies for upgrading ZTC capacity to manage and coordinate in-service training for HIV/AIDS prevention and treatment program with emphasis on treatment. The proposed assessment will seek to build on the information found by the MOH 2001 PNA which examined center's capacity for supporting the expansion of reproductive/child health services. Specifically, this proposed assessment will study ZTC strengths and gaps around pre-established performance expectations.

IntraHealth will assist MOH to oversee capacity building for RHMT and CHMT with HIV/AIDS supervision responsibilities on critical supervisory concepts for HIV/AIDS prevention, care and treatment, and in the use of supervision protocols and tools. Will also assist ZTC, RHMT and CHMTs plan for supportive follow up and interpret supportive supervision/follow-up data accurately, for decision making regarding actions for improving HIV/AIDS training and service quality.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Needs Assessment	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	3	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	120	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / To Be Determined

Planned Funds:

Activity Narrative:

The Government of Tanzania has declared the state of human resources for health "a crisis." Without a major increase in effective human resources in health capacity to take effect in the next few years, Tanzania will fail badly to meet targets for the care and treatment of HIV/AIDS. A recent assessment of Human Resources for Health in Tanzania by Kurowski et al (World Bank) estimates that, at current levels of recruitment, training, productivity, and retention, Tanzania will experience a gradual shrinkage in the size of the total health workforce—from 54,200 in 2002 to 52,600 by 2007, and only 48,800 by 2015. For Tanzania to meet the needs of its HIV/AIDS care and treatment programs, particularly in the next five years, a dramatic reversal in this trend must occur.

Efforts to focus on the issue of human capacity building have been initiated by the Government of Tanzania, supported and abetted by international donors. Unfortunately, efforts to address specific aspects of the human resource challenge by the government and donors have not been successful, nor has a national plan for meeting the projected needs of service providers been developed, as yet. It is imperative that attention be placed on providing technical assistance to the critical planning process and addressing the daunting barriers, and those resources be directed as soon as possible to preparing professionals to dispense and oversee antiretroviral therapy and antibiotics, and to mobilize communities to care for those affected by AIDS.

Field support will be used first to review assessments that have recently been completed by Kurowski et al and McKinsey & Company, as well as to meet with the Working Group on Human Resources, to develop a plan for the most effective use of resources available through USG efforts. It will be important to help implement innovative ways to recruit and train competent health providers, reverse the attrition rate, ensure quality of services provided and the sharing of best practices, and creating effective managerial capacity so that gains are maintained.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	70%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	4	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	250	<input type="checkbox"/> Not Applicable

Target Populations:

- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Traditional birth attendants
- Traditional healers
- Private health care providers
- Ministry of Health staff
- Health Care Managers

Key Legislative Issues:

- Twinning

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / Crown Agents

Planned Funds:

Activity Narrative:

In order to support the National Care and Treatment plan for treating up to 44,000 patients by June 2005, additional equipment and reagents worth are required. This amount is from the deferred funds of FY04. Quantities and specification are detailed in the National Laboratory Operational Plan for HIV/AIDS. In this plan, a number of equipment and reagent procurement principles are recommended including renting and bulk purchase. It is recommended that certain testing equipment, e.g. large and small volume CD4 count instruments and large chemistry and haematology analyzers be rented instead of purchased. This will provide the flexibility to upgrade equipment when volumes increase and to replace non-performing equipments. For CD4 count equipment in particular, it is significantly more cost-effective to rent than purchase both large and small instruments. Conversely, it may be more cost-effective to purchase than rent small haematology and chemistry instruments. It is recommended that a limited number of manufacturers and models of equipment (2-4) be purchased to avoid a proliferation of multiple different pieces of equipment, which will result in fragmented reagent purchasing in the future. Single platforms on a national scale should be avoided in order to prevent national-level reagent shortages due to supplier limitations. Consolidated purchasing should be used in order to access bulk purchase discounts. Reduced pricing structures should also be accessed wherever feasible, e.g. under the Clinton Foundation reagent agreements and WHO bulk purchasing mechanisms. Crown Agents will handle this procurement until the supply chain management contract for Emergency Plan is finalized.

Activity Category

- Commodity Procurement
- Logistics

% of Funds

- 90%
- 10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	60	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
- Medical/health service providers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Base / US Centers for Disease Control and Prevention
 Planned Funds:

Activity Narrative:

is planned for staffing and technical assistance for USG/HHS/CDC supported activities to strengthen the capacity of laboratory services to support HIV/AIDS interventions. The proposed activities include the provision of technical assistance from USG to the MOH and other partners for implementing HIV prevention, care and treatment. This includes supporting the development of the National Laboratory Quality Assurance and Training Centre, protocols, training curriculum and monitoring and evaluation system for all program areas.

In order to provide this support, and to facilitate the achievement of PEPFAR goals, CDC-Tanzania has hired a senior laboratory technologist and plans to hire additional program staff that include 1 Laboratory manager, an additional Senior technologist and administrative personnel to staff the Laboratory Quality Assurance and Training Centre. The new hires will also provide technical support to cooperative agreement partners on lab related issues.

It also includes the procurement of external temporary duty technical assistance from headquarter to support the field staff to develop systems including introduction of the Laboratory Quality System in Tanzania. The travel budget also has both international travels (TDYs, training, meetings, conferences) and local travels (USG strategic planning meetings, partners meetings, workshops and site visits.

This activity will contribute the overall human and institutional capacity building to combat the epidemic in line with the USG 5 year strategy.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target	Value	Applicable
Number of individuals trained in the provision of lab-related activities	120	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	24	<input type="checkbox"/> Not Applicable

Target Populations:

- HIV/AIDS-affected families*
- HIV+ pregnant women*
- Host country national counterparts*
- Implementing organization project staff*
- International counterpart organization*
- Ministry of Health staff*
- National AIDS control program staff*
- Nongovernmental organizations/private voluntary organizations*
- People living with HIV/AIDS*
- Program managers*
- USG in country staff*
- USG Headquarters staff*
- Children needing ARVs*
- Health Care Managers*
- Health Care Trainers*

Key Legislative Issues:

- Twinning*

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Regional Procurement Support Office (RPSO), US Consulate Frankfurt

Planned Funds:

Activity Narrative:

Quantities and specifications of equipment and reagents required to support the National Care and Treatment plan for treating up to 44,000 patients by June 2005 are detailed in the National Laboratory Operational Plan for HIV/AIDS. In this plan, a number of equipment and reagent procurement principles are recommended including renting and bulk purchase. In the plan it is recommended that the Ministry of Health enters into equipment placement or rental agreements with manufactures/suppliers of certain testing equipment, e.g. large and small volume CD4 count instruments and large chemistry and haematology analyzers instead of purchasing such equipment. This will provide the flexibility to upgrade equipment when volumes increase and to replace non-performing equipments. For CD4 count equipment in particular, it is significantly more cost-effective to rent than purchase both large and small instruments. Conversely, it may be more cost-effective to purchase than rent small haematology and chemistry instruments. It is recommended that a limited number of manufacturers and models of equipment (2-4) be purchased to avoid a proliferation of multiple different pieces of equipment which will result in fragmented reagent purchasing in the future. Single platforms on a national scale should be avoided in order to prevent national-level reagent shortages due to supplier limitations. Consolidated purchasing should be used in order to access bulk purchase discounts. Reduced pricing structures should also be accessed wherever feasible, e.g. under the Clinton Foundation reagent agreements and WHO bulk purchasing mechanisms. is planned in FY05 for RPSO. negotiate and enter into placement contracts/equipmental rental agreements with suppliers on behalf of USG and MOH.

Preparations for renovation of the National HIV Laboratory training and Quality Assurance Centre was initiated in FY04. A contractor has been identified through RPSO. required in FY05. When completed, equipped and staffed, the laboratory will support MOH to introduce, develop and implement HIV/AIDS laboratory quality systems in Tanzania. Also the laboratory would conduct quality assessment of HIV/AIDS testing at Regional and district laboratories, develop HIV laboratory training materials, train trainers in HIV/AIDS related testing and testing specific quality assurance, establish a central area for receiving and delivering distance-based training (e.g., satellite and internet based training), provide assistance in the development of standard operating procedures for quality system components (specimen management, process control, and information management) and provide technical assistance for external quality assessment (proficiency testing) programs

Activity Category

- Commodity Procurement
- Infrastructure
- Logistics

% of Funds

- 45%
- 50%
- 5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	2	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

- Result 1: Ability of USG in-country team to manage and administer HIV/AIDS programs strengthened
- Result 2: Provide adequate staffing to manage the array of programs funded under the Emergency Plan
- Result 3: Ensure a structure to take advantage of the strengths and comparative advantages of the USG departments and agencies to achieve the Emergency Plan goals

Total Funding for Program Area **Current Program Context:**

Management and coordination of the PEPFAR activities in Tanzania is under the direction of the Chargé d'Affaires of the U.S. Embassy, Dar es Salaam. The Chargé chairs an Interagency HIV/AIDS Coordinating Committee (IHCC) to provide strategic leadership and coordination for Tanzania's response to the Emergency Plan (EP). The IHCC meets on a weekly basis and includes representatives of CDC, DOD, USAID, and Peace Corps, as well as the U.S. Embassy Political and Economic Officers. Under the IHCC is an HIV/AIDS Working Group (HAWG), which coordinates all technical input related to achieving the EP goals. The activities related to EP require additional management and coordination between the USG and other critical local and international partners. Linkages with GOT (the NACP, TACAIDS, the MOH, the President's Office Regional Administration and Local Government, etc.) are critical to ensure effective coordination of effort and resources. Also, Tanzania has a strong, established Development Partner Group (DPG) 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, and the USG is an active participant on the DPG for HIV/AIDS. The USG also works closely with the Global Fund and is represented on the Global Fund Country Coordinating Mechanism. Important priorities for the coming year are to recruit and hire additional staff to meet current and future demands. In the coming months, an Emergency Plan Coordinator, reporting directly to the Chief of Mission, will also be hired to serve as the primary coordinator for the USG.

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative: Management and staff support for the Emergency Plan.

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of Defense

Planned Funds:

Activity Narrative: Management and staff needs for supporting the Emergency Plan. Support includes salaries, travel and administrative needs for implementation as well as required accounting, contracting, monitoring and reporting services for overall DoD coordination within the agency, among other USG agencies and with OGAC.

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Institute for Medical Research (NIMR)

Planned Funds: [Redacted]

Activity Narrative: To facilitate the achievement of PEPFAR goals, CDC-Tanzania plans to hire additional staff that includes 15 contract staff and 4 FSNs. The new hires will scale up technical implementation of activities that have been established with the Ministry of Health, Muhimbili National Hospital and the National Institute for Medical Research (NIMR). Local contract staff will be hired through a Cooperative agreement with NIMR. Travel, supplies and material and assets and equipment such as computers and vehicles will be procured to facilitate their work.

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Agency for International Development

Planned Funds: []

Activity Narrative: In order to meet the challenges of procuring, managing, and reporting on the large portfolio of activities under the Emergency Plan, technical advisors have been or soon will be recruited. FY05 funding will support 2.5 FTE expatriate technical advisors, and 5 FSN advisors, including all local and ICASS costs.

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

- Country coordinating mechanisms
- Faith-based organizations
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Program managers
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of State

Planned Funds: [Redacted]

Activity Narrative: To provide critical in-country support and coordination to the five U.S. departments or agencies that are implementing Emergency Plan (EP) activities in Tanzania, a position of PEPFAR Coordinator will be established. The PEPFAR Coordinator will report to the Chief of Mission. The primary task of this individual is to help manage critical communications and allocate tasks as appropriate to relevant departments/agencies regarding Emergency Plan planning and implementation.

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of State

Planned Funds:

Activity Narrative: Funding for continuation of approved activity under FY04 submission to support coordination efforts among the USG agencies for EP planning and implementation.

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Base / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

To facilitate the achievement of PEPFAR goals, CDC-Tanzania has hired and plans to hire additional staff that include 2 US direct hires, 15 contract staff and 4 FSNs. The new hires will scale up technical implementation of activities that have been established with the Ministry of Health, Muhimbili National Hospital and the National Institute for Medical Research (NIMR). Two new approved FTEs will receive staff relocation assistance, including travel of employee and dependents, temporary and permanent housing, storage and shipping of household goods, etc. The travel budget also has both international travels (TDYs, training, meetings, conferences) and local travels (USG strategic planning meetings, partners meetings, workshops, site visits and a staff retreat).

Transportation of Goods includes miscellaneous shipments from Atlanta, regional and local shipments such as computers, office equipment and other supplies, whereas Rent, Communications and Utilities covers recurring payments such as water, electricity including generator running, telephone including cellphones and others. The Printing/Reproduction budget has dissemination of FY05 Country PEPFAR report, several routine, annual and compiled and bound reports, presentations, training and other materials, bulletins and manuals. Contractual Services include Technical Assistance, Local Consultancy, RPSO Frankfurt (WCF for handling of CDC procurement and renovation contracts), ICASS, MACCS Purchases, Internet/ IT Services, security and emergency services, vehicle fleet fuel and service, office cleaning, gardening, landscape services, service and maintenance office and equipment and vehicles, warehousing etc. A resource library has already been established and will require additional and continuous subscriptions.

New assets and equipment will be required; namely servers, software licenses, IS and terminals outfitting for new hires, resource library, WAN, M&E, new vehicles to replace crashed cars and support expanded staff for execution of CoAg activities, furniture for two new USDH and the National Blood labs and connectivity to Embassy network. Also in order to increase laboratory capacity and the rapid testing and referral of HIV/AIDS infected persons at clinic sites, the MoH/NACP/PMTCT/NIMR Internet networking will be upgraded and strategic information technology support will be increased. Advance information technology systems will be a primary mode for obtaining laboratory and clinical HIV/AIDS surveillance data. WAN and LAN services will be expanded, and this requires additional hardware and software. The CDC will also install Evison satellite technology which will provide staff direct access to CDC-Atlanta's electronically disseminated training, research and program information. Internet and Intranet access by all employees is critical since it is the primary method of staff communication in the office and to and from the field. An expanded staff will require additional computers and software, software licenses, servers, office furnishings, etc.

The Printing/Reproduction budget has dissemination of FY05 Country PEPFAR report, several routine, annual and compiled and bound reports, presentations, training and other materials, bulletins and manuals. Contractual Services include Technical Assistance, Local Consultancy, RPSO Frankfurt (WCF for handling of CDC procurement and renovation contracts), ICASS, MACCS Purchases, Internet/ IT Services, security and emergency services, vehicle fleet fuel and service, office cleaning, gardening, landscape services, service and maintenance office and equipment and vehicles, warehousing etc. A resource library has already been established and will require additional and continuous subscriptions.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1.	Is an AIDS Indicator Survey (AIS) planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If yes, will HIV testing be included?	Yes No	
	When will preliminary data be available?		
2.	Is a Demographic and Health Survey (DHS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, will HIV testing be included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	When will preliminary data be available?	June 30, 2005	
3.	Is a Health Facility Survey planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	When will preliminary data be available?	March 30, 2006	
4.	Is an ANC Surveillance Study planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, approximately how many service delivery sites will it cover?	126.00	
	When will preliminary data be available?	December 31, 2006	
5.	Other significant data collection activity:		

Name: Service Availability Mapping (SAM)
Brief description of the data collection activity:
 Measure Evaluation will collaborate with TACAIDS, MOH & WHO to carry out a Service Availability Mapping (SAM) rapid assessment. SAM will be administered by regional & district health management teams. The aim is to provide a visual representation of where are the health service's gaps. The SAM will generate and map information on the availability of specific health services in each district. Data will also be collected on the presence of key health personnel and on estimated coverage of selected interventions. The information collected will be linked to a GPS database to produce maps showing the distribution of key health services across the district and country. The information generated will help to identify where health system's gaps need to be most addressed in order to reach HIV/AIDS patients in need of ARV therapy on the most equitable way possible.
 Preliminary data available: March 31, 2005

Name: SAVVY PLANNING
Brief description of the data collection activity:
 A Sample Vital Registration with Verbal Autopsy (SAVVY) is planned for Tanzania. This system will collect mortality data from a number of sites in a phased approach. Once fully implemented, SAVVY will provide nationally representative statistics on the number and causes of death. SAVVY will use a validated verbal autopsy tool to ascertain major causes of death including HIV/AIDS.
 Preliminary data available: December 31, 2006

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005?

Yes No

[Empty response box]