

United Republic of Tanzania Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

Wide-stakeholders participation though validation meeting

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Very little disagreements that sought for further internal clarification

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
-	-	No	No	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2008 - 2012

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

Interventions were more comprehensive and inclusive of all populations groups including key populations

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health and Social Welfare, Prime Minister's Office Regional Administration and Local Government, Ministry of Education and Vocational Training, other ministries

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes

Yes Yes

Yes Yes

Yes Yes

Yes Yes

Yes Yes

Yes Yes

Other [write in]:

-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Sex Workers, MSM, IDUs, Orphans and Vulnerable Children, People with disabilities, young people, Migrant populations,

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

Through internal consultations where a steering committee which is made up of all HIV key stakeholders including civil society organizations and development partners is constituted. This committee is entrusted with ensuring development of the write up team which is inclusive and participatory.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is “Low” and 5 is “High”), to what extent has the evaluation informed resource allocation decisions?:

4

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

Adults, youths and children, pregnant women, people with specific medical conditions e.g STIs, TB and drug resistance

Briefly explain how this information is used:

Used for HIV and AIDS programming, policy decisions for improving services, quantification of drugs and other medical supplies, identification of areas needing operational research and local and global reporting

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

Regional, district and community levels

Briefly explain how this information is used:

To support HIV and AIDS planning and management at community facility, district, regional and national

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

Review and strengthening of Health Systems through capacity building of human resources, construction and renovation of existing infrastructure and strengthening of HMIS to provide strategic information needed for accurate estimation of medications and other supplies.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Increased partnerships and transparency among HIV and AIDS stakeholders, improved health infrastructure through HIV and AIDS interventions, improved access to HIV and AIDS services and strengthened political and leadership commitment.

What challenges remain in this area:

Inadequate skilled human resources, stigma and discrimination, unreliable supply chain of HIV commodities e.g HIV test kits, poor access to CD4 count and EID

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

-

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

-

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

-

Have active government leadership and participation?:

-

Have an official chair person?:

-

Have a defined membership?:

-

Include civil society representatives?:

-

Include people living with HIV?:

-

Include the private sector?:

-

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

-

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

-

What challenges remain in this area:

-

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

-

5.

Capacity-building:

-

Coordination with other implementing partners:

-

Information on priority needs:

-

Procurement and distribution of medications or other supplies:

-

Technical guidance:

-

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

-

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

It is clearly stipulated in the Tanzania Government Constitution that all people are equal and nobody should be discriminated.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

The Legal framework has provisions to ensure equal treatment. However, enforcement of such provisions has not always being successful due to cultural and religious beliefs among members of the societies

Briefly comment on the degree to which they are currently implemented:

Enforcement of such provisions has not always being successful due to cultural and religious beliefs among members of the societies

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

The laws or regulations disregard the existense of such groups in the country and as such user-friendly services are not available freely to some of these groups

Briefly comment on how they pose barriers:

The groups would always feel stigmatised and not come forward for the services they need. Secondly for groups like MSM would not be able to access some of the services eg lubricants as they are not freely imported nor available at country level (only through very few and hidden outlets/phamaceutical outlets).

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

The HIV and AIDS policy does include all but still it has a section which discriminates against some of the Key Population groups and notably MSM

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	No	Yes	Yes	No	-
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	No	-
Yes	Yes	Yes	Yes	No	-
No	No	Yes	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

Very high as we see more partnership and collaboration in the efforts towards reduction of HIV and AIDS through prevention interventions

What challenges remain in this area:

reduction of stigma and discrimination, limited resources (finance and human resource for health), some of the key populations not been able to access user friendly services and long distances to health service provider centers.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Through wider stakeholders discussions process leading to the development of the National Multisectoral Strategy on HIV and AIDS as well as regular reviews and assessments.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Disagree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Strongly Disagree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

a) Expanding care & treatment (b) Strengthening the health care infrastructure (c) Expanding Information, Education and Communications (including reducing stigma) (d) Strengthening Social Support

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Focus has been on:- a) Increasing the number of VCT centres as well as referral hospitals b) Increasing effectiveness and expansion of PMTCT programme country-wide c) Promoting private/public partnership in provision of care and treatment services d) Training of healthcare workforce in prescribing ARVs, evaluation of patients receiving ART, care and monitoring of HIV+ individuals, counselling and adherence techniques and other aspects of HIV/AIDS care and treatment e) Establishing M&E system that ensures continuous best practices and positive changes f) Creating a strong public awareness and understanding of the care and treatment plan g) Promoting strong partnership and participation at all levels of implementation

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Disagree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Small-scale financial support to enable HIV+ve individual participation in food crop production (nutritional support)

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

Yes

IF YES, for which commodities?:

ARVs

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

a) Increased access to ART - About 59% coverage of maternal ARVs and 52% of all persons with HIV in the general population receive ARVs b) About 5002 healthcare workers have been trained countrywide to provide VCT services in 2137 established HIV counseling and testing sites countrywide c) We are now experiencing more of a reduced stigma and discrimination as more people come forward and disclose their HIV status d) Increased public/private partnership through NGOs, FBOs and the public sector through stand alone sites, mobile and outreach services

What challenges remain in this area:

•A better system for the recording of patients who transfer from one clinic to another need be developed to enable more accurate analysis, and also better ways of monitoring the transfers, and outcome of patients. •A system for tracing and tracking patients who miss appointments in order to find out what happens to these patients, and to develop an effective way of improving retention in care and on ART.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

a) More people are coming forward for HIV testing ie 55% of women and 40% of men aged 15-49 (other achievements please see above)

What challenges remain in this area:

a) Irregular supply of HIV test kits b) Limited understanding of the benefits of Home based care among the general population c) Lack of skills to provide services to special groups such as the deaf, blind and disabled children d) Stigma e) Ineffective recording and reporting system f) Limited capacities at district and regional levels to analyse and use data to improve care and treatment services.

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

Limited resources available to support M&E activities as well as limited capacities at lower levels to support implementation

1.1 IF YES, years covered:

Up to 2012 and would be reviewed as we are in the process to review the current NMSF

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, all partners

Briefly describe what the issues are:

All partners here we mean the public sectors (ministries, department and independent agencies) as well as CSO as they were all involved.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

5%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

Limited funds set aside for implementation

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

No

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
M&E Director	Yes	-	2009
Epidemiologist	Yes	-	2010
M&E Officer	Yes	-	2006
Statistician	Yes	-	2006
Data management & IT Officer	Yes	-	June 2006

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

Through the Local Government Monitoring database (LGMD) which collect data from the district level to the national level (TACAIDS). The system linkage to all key MDAs is currently on-going for finalization

What are the major challenges in this area:

Limited resouces

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV- related data?:

Yes

IF YES, briefly describe the national database and who manages it.:

Managed by TACAIDS (ie Information and Data Officer)

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

At District level and Ministerial levels where data is collected at the health facility level

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

Currently, data is being used to support programming for HIV and AIDS with partners as well as Development partners including informing on policies than ever before. This years review of the NMSF would largely use M&E data.

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

45 M&E implementors were trained

At subnational level?:

Yes

IF YES, what was the number trained:

500

At service delivery level including civil society?:

Yes

IF YES, how many?:

45

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

Review of the national multisectoral HIV M&E plan as well as the development of the Evaluation and Research Agenda for Tanzania

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7

Since 2009, what have been key achievements in this area:

Operationalization of the HIV M&E system in Mainland as well as capacity building for various implementors of HIV M&E at the district level, ministries and CSOs.

What challenges remain in this area:

Limited resources available for M&E activities Limited capacities for data analysis and use and the district level

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

There is more wide scale participation and influence on the political commitment of top leaders as a result of the private/public partnership that is being promoted by the government.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

5

Comments and examples:

CSOs participation is very high and contributions are valued highly. Such participation has been in the various HIV and AIDS reviews (mid/annual reviews, the on going National Multisectoral Strategic Framework on HIV and AIDS (NMSF) as well as in the UNDAP planning process.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

3

c. The national HIV reports?:

3

Comments and examples:

Most of the treatment and care services provided by CSOs through health care facilities are captured. However, on prevention few of the services such as those directly provided for Sex workers, MSM and other Key populations may not be captured

4.

a. Developing the national M&E plan?:

5

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

:

5

c. Participate in using data for decision-making?:

4

Comments and examples:

CSOs are fully involved in all aspects of M&E by the NAC. The only challenges that they are facing is their limited capacities for data analysis and use for their regular decision-making. However, efforts to strengthen their capacities are being made by the NAC with support from UNAIDS and other development partners.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

Sex workers representation is still limited if those efforts are purely by the government because of the slow pace in the recognition of their existence and a restrictive legal framework.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

4

Comments and examples:

Majority of CSOs are lacking the necessary human resource capacities to implement and influence fully financial support by partners.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

<25%

Men who have sex with men:

<25%

People who inject drugs:

25-50%

Sex workers:

25-50%

Transgendered people:

-

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

25-50%

Home-based care:

25-50%

Programmes for OVC:**

<25%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to

increase civil society participation in 2011?:

6

Since 2009, what have been key achievements in this area:

More participation in the planning and implementation of various HIV and AIDS interventions. CSOs are always required to be involved in all the various technical working groups dealing with HIV and AIDS as partners.

What challenges remain in this area:

Major challenge include their limited human resource capacities to support high level HIV and AIDS dialogue as well as limited resource base to manage daily operations.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

During the last (2008-2012) and recent planned (2012-2017) development of the National Multisectoral HIV and AIDS strategy, PLHIV and Key Population groups have been fully involved

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

-

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

The countrys constitution has a general provision to that effect which is also translated into various sectoral policies and laws

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Various bodies and CSOs have been established to oversee the implementation as well as enforcement of such laws and policies.

Briefly comment on the degree to which they are currently implemented:

Level of implementation is high but is also affected negatively by various cultural beliefs and norms as well as religious beliefs among members of the community.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

No
Orphans and other vulnerable children:
 No
People with disabilities:
 No
People who inject drugs:
 No
Prison inmates:
 No
Sex workers:
 Yes
Transgendered people:
 Yes
Women and girls:
 No
Young women/young men:
 Yes
Other specific vulnerable subpopulations [write in]:
 -

Briefly describe the content of these laws, regulations or policies:

They are very general and they don't mention specifically some of the key population groups eg MSM, sex workers or IDUs. This attitude leads into some of the key population groups not accessing user-friendly HIV health services as one would expect

Briefly comment on how they pose barriers:

Some of the laws eg HIV and AIDS has a provision which decriminalise PLHIV who are supposed to be jailed if found to have infected somebody else intentionally without clearly defining the how and the criteria for the assessment.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

-

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The document stress on equity in service access and utilization by all members of the society. The National HIV policy as well as the National Multisectoral HIV and AIDS strategy explores further and puts more stress on the same

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	Yes	No
No	Yes	-
No	Yes	-

If applicable, which populations have been identified as priority, and for which services?:

Free services are provided to Pregnant women and children and the older members of the society. The challenges for older members of the society is when shortages are in existence and they have to go to privately owned facilities for service which they have to pay for service provided.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

The policy is generalised to provide room for accessing services by everybody regardless of his/her status eg belonging to the key population category. However the only concern is are they accessing user-friendly services and here is the challenge.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

No

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

Yes

IF YES, briefly describe the content of the policy or law:

The policy states clearly that, no employment shall be based on individuals HIV status whatsoever. However, there might be very few (negligible) privately owned small scale companies which would not hire somebody who is HIV +ve even when they know this is illegal.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

Yes

IF YES on any of the above questions, describe some examples:

The national multisectoral HIV M&E framework encompasses indicators to assess performances on HIV and AIDS human rights, gender and key populations concerns

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

7

Since 2009, what have been key achievements in this area:

(Please see below - last part of this pg)

What challenges remain in this area:

The religious, cultural belief, norms and values among local people towards some of the basic human rights principles eg on Key Populations

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

-

Since 2009, what have been key achievements in this area:

a) An increased understanding of the basic HIV human rights and gender issues b) The establishment of human rights

watchdogs at country level which have instigated positive changes and attitudes among civil servants and members of the public at large. One of the major positive change is the inclusion of Key Population concerns into the NMSF for action

What challenges remain in this area:

- a) Limited understanding of the basic HIV human rights especially among people in the rural set-ups
- b) Limited understanding of the Key Populations human rights concerns beyond health care needs which are judged negatively and as something brought from the west and not good for our people
- c) Changing religious, cultural belief, norms and values among local people towards some of the basic human rights principles eg on Key Populations

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Through a consultative process involving wide-stakeholders participation which lead to the development of a comprehensive HIV Prevention Strategy for Tanzania

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Disagree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Strongly Disagree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

- a) High launch of the HIV Prevention Strategy & Gender Operational Plan and wider dissemination among Ministries, Departments and Agencies (MDAs), CSOs and the private sector.
- b) The disseminated strategy has managed to attract and targets wider policy forum discussions at various levels of implementation and catalysed the establishment of NTT on eMTCT, support bottlenecks analysis and the development of an eMTCT plan that is planned to be launched in 2012
- c) Capacity building of CSOs and creation of awareness and recognition of the need to address key populations through advocacy meetings, training of MDAs and district offices
- d) In collaboration with development partners, UNDAP was developed based on the HIV Prevention Strategic focus and gender including human rights and key populations concerns
- d) More developed partnership and collaboration among key stakeholders in the response to HIV and AIDS than ever before

What challenges remain in this area:

- a) Limited capacities in terms of human resources and funds to support fully implementation of planned interventions at both national and sunational levels
- b) Delayed transfer of funds which in tern affect implementation

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

-

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

30%

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?”:

3

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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