

## Survey Response Details

### Response Information

**Started:** 3/16/2010 7:52:53 AM

**Completed:** 3/26/2010 6:51:38 AM

**Last Edited:** 4/9/2010 1:25:29 AM

**Total Time:** 9.22:58:45.1840000

### User Information

**Username:** ce\_TZ

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### Response Details

#### Page 1

**1) Country**

United Republic of Tanzania (0)

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

Dr Jerome Kamwela

**3) Postal address:**

TANZANIA AIDS COMISSION PO box 76987 Dar es Salaam TANZANIA

**4) Telephone:**

Please include country code

+255 22 2122651 or +255 755 555 577

**5) Fax:**

Please include country code

+255 22 2122427

**6) E-mail:**

jkamwela@tac aids.go.tz

**7) Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

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**8) Describe the process used for NCPI data gathering and validation:**

Data was collected from 6 Ministries i.e. Ministry of Labor, Ministry of Home Affairs, Ministry of Education, Ministry of Energy and Minerals, Ministry of Finance, Ministry of East African Cooperation, Ministry of Industry and Trade. Data we also collected from CSO that included the National Commission for People Living with HIV and AIDS (NACOPHA), African medical and

Research Foundation (AMREF). Management Science for Health (MSH), AIDS Business Coalition Tanzania (ABCT) and Human Development Trust (HDT)

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

Two National Workshops were organized to provide a platform for stakeholder consultation and engagement with the technical people in validating the indicators. The first workshop was aimed at confirming the data and indicators provided in the draft report as well as to examine and analyze the validity of the narrative content. The second workshop provided an opportunity for stakeholders to review the second draft report in the perspective of the deliberation of the first workshop and to finalize and validate the NCPI and other indicators, qualitative data and consistency of reporting

10)

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

No concerns of significant importance were observed

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Livestock Development and Fisheries	Permanent Secretary	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Labor, Sports and Youth Development	Permanent Secretary	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Home Affairs	Permanent Secretary	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministry of Finance	Permanent Secretary	
Respondent 5	Ministry of East African Cooperation	Permanent Secretary	
Respondent 6	Ministry of Education and Vocational Education	Permanent Secretary	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministry of Industry, Trade and Marketing	Permanent Secretary	
Respondent 8	Ministry of Water ---		A.I, A.II, A.III, A.IV, A.V
Respondent 9			
Respondent 10			
Respondent			

- 11 Respondent
- 12 Respondent
- 13 Respondent
- 14 Respondent
- 15 Respondent
- 16 Respondent
- 17 Respondent
- 18 Respondent
- 19 Respondent
- 20 Respondent
- 21 Respondent
- 22 Respondent
- 23 Respondent
- 24 Respondent
- 25 Respondent

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	African Medical and Research Foundation (AMREF)	HIV and AIDS Focal Person	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Human Development Trust (HDT)	Executive Disrector	B.I, B.II, B.III, B.IV
Respondent 3	AIDS Business Coalition Tanzania (ABCT)	HIV and AIDS Focal Person	B. I, B. II, B. III, B. IV
Respondent 4	Management Science for Health	Program Officer (HIV and AIDS Grants)	B.I, B.II, B.III, B.IV
Respondent 5			
Respondent			

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Respondent  
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15)

**Part A, Section 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 (0)**

**Page 7**

16)

**1.1 How long has the country had a multisectoral strategy?****Number of Years**

5

17)

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

	Included in strategy	Earmarked budget
Health	Yes	
Education	Yes	
Labour	Yes	
Transportation	Yes	
Military/Police	Yes	
Women	Yes	
Young people	Yes	
Other*	Yes	

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18)

**Part A, Section I: STRATEGIC PLAN****1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

<b>Target populations</b>	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
<b>Settings</b>	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
<b>Cross-cutting issues</b>	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

19)

**1.4 Were target populations identified through a needs assessment?**

No (0)

**Page 10**

20)

**IF NO, explain how were target populations identified?**

Through stakeholder consultative process and through a documentary review of various National Development Strategy Documents, which includes among others, the National Strategy for Growth and Reduction of Poverty (NSGRP), Tanzania's Vision 2025 and the Millennium Development Goals (MDGs. Documents reviewed also includes studies and various research reports and program reports from the government ministries and other stockholders that includes the CSOs, (Both local and international), the UN family, and the Bilateral Development Partners

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21)

**Part A, Section I: STRATEGIC PLAN****1.5 What are the identified target populations for HIV programmes in the country?**

Women and Children The Youth both in school and out of school The most vulnerable populations

22)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

23)

**1.7 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?	Yes
e. A monitoring and evaluation framework?	Yes

24)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Active involvement (0)

**Page 12**

25)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.8 (continued)**

**IF active involvement, briefly explain how this was organised:**

Through a stockholder consultation process and through Workshops

26)

**1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?**

Yes (0)

27)

**1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, all partners (0)

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28)

**Part A, Section I: STRATEGIC PLAN**

**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 (0)

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29)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Tanzania's Vision 2025	Yes

30)

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

<b>HIV-related area included in development plan(s)</b>

HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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31)

**Part A, Section I: STRATEGIC PLAN**

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

Yes (0)

**Page 17**

32)

**Part A, Section I: STRATEGIC PLAN**

**3.1 IF YES, to what extent has it informed resource allocation decisions?**

3 (3)

33)

**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 (0)

**Page 18**

34)

**Part A, Section I: STRATEGIC PLAN**

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes

Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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35)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

**If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

Through voluntary counseling and testing (VCT)

36)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 21**

37)

**Part A, Section I: STRATEGIC PLAN**

**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 23**

38)

**Part A, Section I: STRATEGIC PLAN**

**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

**Page 24**

39)

**Part A, Section I: STRATEGIC PLAN**

**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

40)

**7.2 Have the estimates of the size of the main target populations been updated?**

Yes (0)

**Page 25**

41)

**Part A, Section I: STRATEGIC PLAN**

**7.3 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 (0)

42)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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43)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (continued)**

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

Yes (0)

44)

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

No (0)

**Page 28**

45) **Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (continued)**

**(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

46)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?****Rural/Urban**

47)

**Briefly explain how this information is used:**

The information is used for targeting of prevention and care and treatment services as well as impact mitigation interventions. In general the information is used for resource mobilization, allocation and programatic interventions

48)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes (0)

**Page 30**

49)

**Part A, Section I: STRATEGIC PLAN****Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

7 (7)

50)

**Since 2007, what have been key achievements in this area:**

Key achievements have been the development of HIV and AIDS strategic plans for the sectors and HIV and AIDS budget allocation to each of the Ministries, Departments and Public Agencies through the central government budget

51)

**What are remaining challenges in this area:**

Availability of adequate financial resource to meet the demand

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52)

**Part A, Section II: POLITICAL SUPPORT****1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

53)

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

Yes (0)

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54)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

2001

55)

**2.2 IF YES, who is the Chair?**

Name	Dr. Fatma H. Mrisho
Position/title	Executive Chairman

56)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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57)

**Part A, Section II: POLITICAL SUPPORT**

**Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

14

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58)

**Part A, Section II: POLITICAL SUPPORT**

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

Yes (0)

**Page 35**

59)

**Part A, Section II: POLITICAL SUPPORT**

**Question 3 (continued)**

**IF YES, briefly describe the main achievements:**

Increased number of national networks related to HIV/AIDS and National CSO Forum is established  
The CSOs are also linked to the Multisectoral AIDS Committees

60)

**Briefly describe the main challenges:**

1. CSO are linked to MAC but low capacity to participate and influence 2. Challenging to exercise domestic control when sources and flows of funds are complex and divided 3. Under-reporting of expenditures and activities by the CSOs

61)

**5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

62)

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

No (0)

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63)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

**Overall, how would you rate the political support for the HIV programmes in 2009?**

7 (7)

64)

**Since 2007, what have been key achievements in this area:**

Involvement of stakeholders in the policymaking process

65)

**What are remaining challenges in this area:**

Development of the HIV and AIDS Policy

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66)

**Part A, Section III: PREVENTION**

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

Yes (0)

**Page 40**

67)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)

- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

68)

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

No (0)

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69)

**Part A, Section III: PREVENTION**

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

70)

**2.1 Is HIV education part of the curriculum in:**

primary schools? Yes  
 secondary schools? Yes  
 teacher training? Yes

71)

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes (0)

72)

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

Yes (0)

73)

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

No (0)

**Page 44**

74)

**Part A, III. PREVENTION****Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

6 (6)

75)

**Since 2007, what have been key achievements in this area:**

Implementation of VCT Program throughout the country

**Page 45**

76)

**Part A, III. PREVENTION****4. Has the country identified specific needs for HIV prevention programmes?**

No (0)

**Page 46**

77)

**IF NO, how are HIV prevention programmes being scaled-up?**

Through the National VCT Campaign/Program

78)

**4.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Don't agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	N/A
Risk reduction for sex workers	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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79)

**Part A, III. PREVENTION**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

6 (6)

**Page 48**

80)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

**Page 49**

81)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

82)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

Yes (0)

83)

**2. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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84)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 2 (continued)****IF YES, how were these determined?**

National Multisectoral Strategic Plan

85)

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

The majority of people in need  
have access

**HIV treatment, care and support service**

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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86)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes (0)

87)

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

Yes (0)

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88)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 4 (continued)**

**IF YES, for which commodities?:**

ARTs

**Page 53**

89)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

6 (6)

90)

**Since 2007, what have been key achievements in this area:**

Availability of Care and Treatment services in all the districts throughout the country, increase in the number of Children and Adults who access free ART in the country

91)

**What are remaining challenges in this area:**

Availability of financial and human resources to provide care and treatment in the remote rural areas and availability of essential medicines for the treatment of opportunistic infections (OI) among the people living with HIV and AIDS

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92)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

No (0)

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93)

**Part A, Section V: MONITORING AND EVALUATION**

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

Yes (0)

**Page 58**

94)

**1.1 IF YES, years covered:**

Please enter the start year in yyyy format below

2006

95)

**1.1 IF YES, years covered:**

Please enter the end year in yyyy format below

2012

96)

**1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

97)

**1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

98)

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

Yes, all partners (0)

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99)

**Part A, Section V: MONITORING AND EVALUATION**

**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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100)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 2 (continued)**

**If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:**

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

101)

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

Yes (0)

**Page 62**

102)

**3.3 IF YES, are M&E expenditures being monitored?**

Yes (0)

**Page 64**

103)

**4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

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104)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 4 (continued)**

**IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

National M&E Assessment is conducted annually, though stockholders also submit implementation reports to TCAIDS on a quarterly basis

105)

**5. Is there a functional national M&E Unit?**

Yes (0)

**Page 66**

106)

**5.1 IF YES, is the national M&E Unit based**

in the National AIDS Commission (or equivalent)? Yes  
 in the Ministry of Health?  
 Elsewhere? (please specify)

107)

**Number of permanent staff:**

Please enter an integer greater than or equal to 0

4

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108)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 5.2 (continued)**

**Please describe the details of all the permanent staff:**

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Director	Full time	
Permanent staff 2	M&E Officer	Full time	
Permanent staff 3	M&E Officer	Full time	
Permanent staff 4	M&E Officer	Full time	
Permanent staff 5	M&E Officer	Full time	
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			

Permanent staff 12  
Permanent staff 13  
Permanent staff 14  
Permanent staff 15

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109)

**Part A, Section V: MONITORING AND EVALUATION**

**5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?**

Yes (0)

**Page 69**110) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)**

**IF YES, briefly describe the data-sharing mechanisms:**

Electronically through e-mails; Reports and TACAIDS Website

111)

**What are the major challenges?**

Getting accurate data and on time from the CSOs

**Page 70**

112)

**Part A, Section V: MONITORING AND EVALUATION**

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

Yes, but meets irregularly (0)

113)

**6.1 Does it include representation from civil society?**

Yes (0)

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114)

**7. Is there a central national database with HIV- related data?**

Yes (0)

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115)

**Part A, Section V: MONITORING AND EVALUATION****7.1 IF YES , briefly describe the national database and who manages it:**

HIV Data are collected by the National AIDS Control Program (NACP)

116)

**7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

Yes, all of the above (0)

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117)

**7.3 Is there a functional\* Health Information System?**

At national level	Yes
At subnational level	Yes

**Page 74****118) Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

**For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?**

District level

119)

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

Yes (0)

120)

**9. To what extent are M&E data used****9.1 in developing / revising the national AIDS strategy?:**

4 (4)

**Page 75****121) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

3 (3)

122)

**Provide a specific example:**

The HIV and AIDS Public Expenditure Review (PER) provides information used for Monitoring allocation and utilization of resources for HIV and AIDS in the country

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123)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

3 (3)

**Page 77****124) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

**Page 78**

125)

**10.1 In the last year, was training in M&E conducted**

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

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126)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

**Page 81****127) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Seminars and Workshops

**Page 82****128) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

6 (6)

**129)****Since 2007, what have been key achievements in this area:**

Notable achievements are: 1. Routine data is regularly analyzed to produce reports for the needed indicators 2. Two rounds of AIDS indicator surveys (2004/05 and 2008/09) were successfully conducted 3. Harmonization of indicators for reporting, data collection tools, and information flow among partners 4. Systems for data collection and analysis have been revised to facilitate data use at a point of collection in order to encourage evidence-based planning. 5. Availability at all levels of guidelines and protocols for data collection, analysis and quality improvement including training materials and supportive supervision and mentoring manuals

**130)****What are remaining challenges in this area:**

1. Data use especially at sub national level is inadequate 2. Mismatch between recording and reporting requirements and the available human resources 3. Lack of needed skills mix for M&E as well as capacity building strategies for M&E especially at sub-national levels 4. Inadequate investment in M&E infrastructure especially electronic data management equipments and information and communication technology (ICT) at all levels 5. Lack of sustainable strategies for data quality improvement applicable and acceptable to local setting 6. Lack of data for specific population groups and interventions including MARPs and workplace interventions

**Page 83****131)****Part B, Section I: HUMAN RIGHTS**

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

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132)

### Part B, Section I. HUMAN RIGHTS

**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

General non-discrimination Provision

133)

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

## Page 85

134)

### Part B, Section I. HUMAN RIGHTS

**2.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	
d. Men who have sex with men	
e. SexWorkers	
f. prison inmates	
g. Migrants/mobile populations	
Other: Please specify	

135)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

Dissemination of the legislations and Raising awareness among the citizens

136)

**Briefly describe the content of these laws:**

Protection of Women and children against sexual abuse including forced sex among married women by their spouses. Protection of children against abuse including sexual abuse, violence,

neglect and exploitation, which are factors that directly or indirectly expose children to HIV

137)

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

The UNICEf is supporting the government to implement a pilot program for Child Protection in three districts. District Child Protection plans have been developed and a District Child Protection Team has been established in each of these three districts

**Page 86**

138)

**Part B, Section I. HUMAN RIGHTS**

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 87**

139)

**Part B, Section I. HUMAN RIGHTS**

**3.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	
c. Injecting drug users	
d. Men who have sex with men	
e. SexWorkers	
f. prison inmates	
g. Migrants/mobile populations	
Other: Please specify	

140)

**Briefly comment on how they pose barriers:**

According to the law, someone who is below 18 years can be married. This is a loop hole in the legislation. It provides an opportunity for Child Abuse and forced marriages

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**141) Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

**Page 89**

142)

**Part B, Section I. HUMAN RIGHTS****Question 4 (continued)****IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

To ensure that Human Rights issues on HIV/AIDS are adhered to, these include: 1. The rights to, non-discrimination, equal protection and equality before the law 2. The right to seek and enjoy asylum; 3. The right to liberty and security of person 3. The right to highest attainable standard of physical and mental health ee. The right to privacy; 4. The right to freedom of association; 5. The right to freedom of opinion and expression and the right to freely receive and impart information 6. Right to marry and to found a family; 7. Right to work, 8. Right to equal access to education; 9. Right to and adequate standard of living; 10. Right to social security, assistance and welfare 11. Right to share in scientific advancement and its benefits; and 12. Right to be free from torture and cruel, inhuman or degrading treatment or punishment.

143)

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?**

No (0)

**Page 90**

144)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

**Page 91**

145)

**Part B, Section I. HUMAN RIGHTS****Question 6 (continued)****IF YES, describe some examples:**

The people living with HIV and AIDS are among the stakeholders consulted through their forums The government also provides support for economic capacity building for economic groups in the communities through the Tanzania Social Action Fund (TASAF)

146)

**7. Does the country have a policy of free services for the following:**

- |   |     |
|---|-----|
| a. HIV prevention services                    | Yes |
| b. Antiretroviral treatment                   | Yes |
| c. HIV-related care and support interventions | Yes |

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147)

**Part B, Section I. HUMAN RIGHTS****Question 7 (continued)**

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

Commissioned evaluation studies to examine and analyze the Gaps and propose way forward

148)

**8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?**

Yes (0)

**Page 93**

149)

**Part B, Section I. HUMAN RIGHTS**

**8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

150)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**

Yes (0)

**Page 94**

151)

**Part B, Section I. HUMAN RIGHTS****Question 9 (continued)**

**IF YES, briefly describe the content of this policy:**

The HIV Policy in Tanzania has the following equality provisions: a) People living with HIV/AIDS are entitled to all basic needs and all civil, legal, and human rights without any discrimination based on gender differences or sero-status. b) Persons seeking HIV/AIDS information or counselling, treatment and care are entitled to the same rights as any other person seeking other health/social services. c) HIV infection shall not be grounds for discrimination in relation to education, employment, health and any other social services. Pre- employment HIV screening shall not be required. For persons already employed, HIV/AIDS screening, whether direct or indirect, shall not be required. HIV infection alone does not limit fitness to work or provide grounds for termination. HIV/AIDS patients shall be entitled to the social welfare benefits like other patients among the employees. d) HIV/AIDS information and education targeting the behavior and attitudes of employees and employers alike shall be part of HIV/AIDS intervention in the workplace. e) Measures to protect the public from transmission of HIV/AIDS at work place shall be instituted by the respective organizations. f) Adolescents have the same rights to confidentiality and privacy as well as informed consent, so they shall be involved in counselling g) The public has the right of accountability on the part of PLHAs with regard to prevention of HIV/AIDS. h) Prison inmates have the right to basic HIV/AIDS information, voluntary counselling and testing, and care, including treatment of STIs

152)

**9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?**

Yes (0)

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153)

### **Part B, Section I. HUMAN RIGHTS**

#### **Question 9.1 (continued)**

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

Awareness raising through media such as Radio and TV Programs; outreach through community Health workers; outreach programs; and through Public Private Partnerships

154)

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

No (0)

155)

**11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes (0)

Page 97

156)

– **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 (0)

157)

– **Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

Yes (0)

158)

– **Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

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159)

**Part B, Section I. HUMAN RIGHTS****Question 12 (continued)**

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

Cases of discrimination can be referred to the Human Rights Commission which handles such cases in the country

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160)

**Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

Yes (0)

161)

– **Legal aid systems for HIV casework**

Yes (0)

162)

– **Private sector law firms or university-based centres to provide free or reduced-cost**

**legal services to people living with HIV**

Yes (0)

163)

**– Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

164)

**15. Are there programmes in place to reduce HIV-related stigma and discrimination?**

Yes (0)

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165)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Information Education Communication materials	Yes

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166)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

7 (7)

**Page 105**

167)

**a. the national AIDS strategy?**

4 (4)

**Page 109**

**168) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	51-75%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	25-50%
- Men who have sex with men	<25%
- Sex workers	51-75%
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**	25-50%

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169)

#### Part B, Section III: PREVENTION

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

Yes (0)

### Page 112

170)

#### 1.1 To what extent has HIV prevention been implemented?

The majority of people in need  
have access

##### HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree

HIV prevention in the workplace  
 Other: please specify

Agree  
 Agree

**Page 114**

171)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

**Page 115**

172)

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

	The majority of people in need have access
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	Don't agree

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173)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**2. Does the country have a policy or strategy to address the additional HIV-related**

**needs of orphans and other vulnerable children?**

Yes (0)

**Page 118**

174)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

175)

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

Yes (0)

176)

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

Yes (0)