

**Tanzania Commission for AIDS (TACAIDS)**  
**Joint United Nations Program on AIDS (UNAIDS)**

**TANZANIA**  
**NATIONAL AIDS SPENDING ASSESSMENT**  
**2013/14**

FINAL DRAFT

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## Abbreviations

ART	Antiretroviral Therapy
CDC	Centres for Disease Control and Prevention
DoD	Department of Defences (USA)
HCT	HIV Counselling and Testing
MoHSW	Ministry of Health and Social Welfare
NASA	National AIDS Spending Assessment
NGO	Nongovernmental Organisation
NHA	National Health Accounts
NMSF	National Multisectoral Strategic Framework
OVC	Orphans and Vulnerable Children
PLHA	People living with HIV and AIDS
RTS	Resource Tracking System
TZS	Tanzanian Shilling
USAID	United States Agency for International Development

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## 1. The Global Epidemic

Globally, there were 36,9 million people living with HIV in 2014 (UNAIDS, 2015, p.5) of which a disproportionately high number is from Sub-Saharan Africa. As at the end of 2013, 71% (24,7 million) of the global 35 million people living with HIV then, were living in Sub-Saharan Africa (UNAIDS, 2014, p.26). Women accounted for 58% of this figure.

Significant strides have been made globally in the fight against HIV and AIDS. There has been a 35% decrease in new infections since 2000, a 42% decrease in AIDS related deaths since 2004, a 58% decrease in new HIV infection among children since 2000 and an 84% increase in antiretroviral therapy since 2010 (UNAIDS, 2015, p.2). In sub-Saharan Africa, there were an estimated 1.4 million new HIV infections in 2014. A drop of 41% since 2000 (UNAIDS, 2015, p.8) and 790,000 people died from AIDS related complications in 2014 compared to 1,2 million in 2000 (UNAIDS, 2015, p.10).

Significant resources have been invested globally in the fight against the epidemic from both domestic and international funding. At the end of 2013, US\$ 19.1 billion was being invested annually in the AIDS response in low- and middle-income countries. This is an increase of about US\$ 250 million after the resources available remained flat between 2011 and 2013 (UNAIDS, 2014, p.16). The main increases in the international assistance came from the United States of America as well as from contributions made through the Global Fund to fight AIDS, Tuberculosis and Malaria (UNAIDS, 2014, p.16)

As at the end of 2012, preliminary estimates indicated that around \$6.6 billion was invested in the AIDS response in sub-Saharan Africa, 47% of which came from domestic sources with the remainder coming from international sources (UNAIDS, 2014, p.47). However, there is need to continue investing more resources in creating awareness and providing treatment. While ART coverage has increased over the years, there are still a large number of people living with HIV who are not on treatment. In Sub-Saharan Africa, 67% of men and 57% of women living with HIV who are not receiving ART (UNAIDS, 2014, p.27). In addition, only 45% of people living with HIV in Sub-Saharan Africa know their HIV status (UNAIDS, 2014, p.29).

## 2. HIV/AIDS in Tanzania

The Tanzania National Bureau of Statistics, projects the country's population for 2014 at 47,421,786<sup>1</sup>. With a national HIV prevalence of 4%, Tanzania is one of the 25 countries that globally account for 75% of people living with HIV (UNAIDS, 2014, p.14). While the country still accounts for 5% of the global AIDS related deaths, these have decreased by 44% between 2005 and 2013 (UNAIDS, 2014, p.27)

Per Tanzania's Third National Multi-Sectoral Strategic Framework for HIV and AIDS (p.14) prevalence in Mainland Tanzania declined from 7.0% to 5.3% between 2003/4 and 2011/12 among adults aged 15-49 years. Women bear an un-proportionally higher burden, with the *Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) 2011-12* reporting that 6% of women and 4% of Tanzanian men were infected with HIV.

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<sup>1</sup> <http://www.nbs.go.tz/>

The predominant mode of transmission is heterosexual contact between HIV infected and uninfected individuals which accounts for approximately 80% of all infections. Vertical infections from mothers to new borns account for about 18% of infections and medical transmission through unsafe blood for approximately 1.8%. By the end of 2012, there were 1.5 million people estimated to be living with HIV and an estimated 86,000 new infections (NMSF, p.14).

Per the NMSF, Tanzania is among the poorest countries in the world with a per capita Gross National Income of US \$ 550(NMSF, p.8). The country relies heavily on international donors for funding HIV and AIDS programmes. Between 2011/12 and 2013/14, international donors accounted for over 98 percent of HIV funding (TACAIDS, 2015<sup>a</sup>, p.19). PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) were the main donors accounting for 86% of funding between 2011/12 and 2013/14((TACAIDS, 2015<sup>a</sup>, p.19)

### **3. Scope and Objectives of NASA**

#### **3.1.Introductions**

The National AIDS Spending Assessment (NASA) is a **methodology** to measure and track resources of the national responses to HIV and AIDS. Its purpose is to estimate, track and report on the flow of resources intended to combat HIV and AIDS. It describes the allocation of resources from their origin, down to the end point of service delivery, among the various institutions engaged in the national response to HIV and AIDS. The main objective of NASA is to determine what was actually spent on HIV and AIDS in a country.

This National AIDS Spending Assessment for Tanzania covers the year July 2013 to June 2014.

#### **NASA serves several purposes on different terms<sup>2</sup>:**

- In the short term NASA might be useful to provide information on the GARPR indicator for Domestic Public expenditure;
- In the longer term, the full information provided by NASA serves the purpose of monitoring the implementation of National Strategic Plan, advance in the completion of internationally or nationally adopted goals such as universal access to treatment or care, definition of compliance with the principle of additionality required by some international donors or agencies, and others.
- Information derived from NASA might serve the purpose of analyzing structural bottle-necks and absorptive capacity issues that might impede proper utilization of resources available in the provision of services and goods where they are needed.

NASA provides information relevant for decision makers by answering the following simple questions:

- Who finances?
- Who manages the funds?
- Who provides?
- What is being provided?

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<sup>2</sup> Guide to Produce National AIDS Spending Assessment (NASA) (May 2009 - UNAIDS

- Who benefits?
- How is it being produced?

In summary, the NASA purpose is to:

- provide indicators of the financial country response to HIV/AIDS
- support monitoring of resource mobilization
- obtain information in order to improve decision making
- define priorities regarding the distribution of resources

### 3.2. The Three Dimensions that Integrate NASA<sup>3</sup>

In NASA, the financial flows and expenditures related to the National Response to HIV are organised according to three dimensions; finance, provision and consumption. These three dimensions incorporate six categories as follows:

#### **Financing**

- i. Financing agents (FA) are entities that pool financial resources to finance service provision programmes and also make programmatic decisions
- ii. Financing sources (FS) are the entities that provide money to financing agents

#### **Provision of HIV Services**

- iii. Providers (PS) are entities that engage in the production, provision, and delivery of HIV services
- iv. Production factors/resource costs (PF) are inputs (labour, capital natural resources, 'know how', and entrepreneurial resources)

#### **Use**

- v. AIDS spending categories (ASC) are HIV-related interventions and activities
- vi. Beneficiary populations (BP) are the targeted segments of the population intended to benefit from the service, e.g. sex workers, men who have sex with men, people living with HIV, etc.

### 3.3. The Scope of NASA 2013/14

As part of the process of preparing the National Health Accounts for 2013/14, Tanzania decided to merge the data collection tools for the National Health Accounts data with NASA. The scope of the NASA assignment was to use the collected data to prepare a report on the country's national AIDS spending for 2013/14.

## 4. The Methodology and Assumptions

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<sup>3</sup> National AIDS Spending Assessment (NASA): Classification Taxonomy and Definitions - UNAIDS

## 4.1. Methodology

There was no data collection specifically for the NASA. The NASA was to be prepared from the data collected as part of the National Health Accounts (NHA) exercise. The forms/tools for the NHA data collection were modified to allow for the classification of spending data according to the disease. In addition, the forms allowed for a brief description of the activities being implemented and the beneficial populations.

The following approach was used in compile the NASA:

- From the NHA data collection forms, spending on HIV and AIDS was identified according to each participating organisation.
- Spending on HIV was then analysed according to NASA spending categories by identifying the flow of funds according to the origin (sources and agents), what activity was implemented (AIDS spending categories), who benefited (beneficiary population) and the inputs or production factors that consumed the resources.
- This data was then entered into the NASA Resource Tracking System (RTS). The NASA RTS has been developed to facilitate the data processing for NASA into matrices of different classification axes, which can then be exported to Excel spread sheets to produce summary tables, and graphs for analysis.

## 4.2. Important Assumptions

### 4.2.1. Exchange Rate

The currency of this report is the Tanzanian Shilling (TZS). The rate of exchange used to convert foreign currency denominated spending data is the daily average annual rate for 1 July 2013 to June 2014 as obtained from the Oanda website (<http://www.oanda.com/currency/historical-rates/>). The rates for the relevant currencies are as follows:

- 1USD : ZS1,652.28
- 1CAD : TZS1,548.03

### 4.2.2. Pooled Funds

Where the information provided did not enable the splitting of expenditure between various donor organisations funding an entity, spending on identified HIV and AIDS activities was assumed to be proportional to each funding source's contribution to the total funds received.

## 5. Challenges and Limitations of the Tanzania NASA

### **5.1. No Government/Public Financed Spending Made Available**

As of the time of preparing this report, no data was available on HIV spending from government or public financial resources.

### **5.2. Data Collection Forms inadequately Captures HIV Spending**

The data collection forms used for preparation of this NASA were principally designed for the NHA, with HIV spending not detailed enough in most cases to allow allocation of spending to a single AIDS Spending category or beneficial population. It is important to note that the NASA classification is mutually exclusive and exhaustive and does not align with NHA classifications.

### **5.3. Data not Collected from All Service Providers or Implementing Entities**

In addition to the non-availability of government spending, it is clear from data received from external donors/funders, like CDC, USAID, Global Fund, etc., that not all funded entities submitted their spending. Donor organisations provided a list of organisations to which funds were disbursed, and these were cross checked with data received from implementing entities as part of the triangulation process. **Appendix 1** provides a listing of donor reported disbursements for which no spending data is available from the reported recipients.

### **5.4. Donor Submissions Reported as Spending in the NASA**

As a consequence of spending data not made available from the implementing entities that received donor funding as noted above, donor disbursements, have been captured in the NASA 2013/14. This has the probable effect of overstating NASA figures as not all these amounts would have been spent by the recipient organisations during 2012/14. Donor disbursements represent 52% of all spending reported in this report.

### **5.5. Difficulty Categorising AIDS Spending**

Some of the reported NASA spending, especially spending based on donor disbursements (Appendix 1), is difficult to split between the AIDS Spending categories. There are instances where the details of the activity being implemented are a composition of a number of interventions without a splitting between prevention, care and treatment, OVC, etc. This makes it difficult to capture the data in the NASA. As a result, this report has an AIDS Spending category just called 'HIV Activities not disaggregated'. This is not a NASA spending category but has been included to enable reporting. **Appendix 2** is a listing of disbursements from donors, which cannot be disaggregated per spending categories. This totals TZS 278.1 billion and makes up 36% of spending for 2013/14

In addition there is an amount of TZS14.3 billion disbursed/spent by UN Agencies. These disbursements are not categorised by activity and there is no indication of who these amounts were disbursed to or if they were directly spent by the agencies. **Appendix 3** is a listing of UN agencies spending for 2013/14

## **6. Findings**

### **6.1. Total Spending**

It is important to note that this NASA report only reports spending funded by external sources and the private sector. The government funded spending was not made available.

The total reported spending is TZS780.3 billion (USD472.3 million). It is also important to note that of this, TZS401.9 billion (52%) represents actual disbursements from the funding sources, as no data is available from the implementing entities. The NASA 2013/14 figures could therefore be overstated, as not all these disbursements are likely to have been spent during the period 2013/14.

## 6.2. Funding Sources

As already noted, government spending data has not been made available. From Table 1 below, over 99% of funding is from external sources, i.e. bilateral and multilateral development partners. According to the public expenditure review, development partners financed 98% of HIV and AIDS spending between 2011/12 and 2013/14 (TACAIDS, 2015<sup>a</sup>, p. vii). It can therefore be argued that an insignificant amount of HIV and AIDS financing sources is missing from this report and this report is representative of HIV spending in Tanzania.

The small private funding reflected in this report represents Tanzanian businesses that reported spending on HIV awareness programmes. This figure of TZS699 million is lower than the 2013 private sector spending of TZS951 million reported in the private expenditure review (TACAID, 2015<sup>b</sup>, p.17), suggesting that maybe some businesses have been left out in this NASA report.

**Table 1: Tanzania HIV Funding Sources in Broad Categories**

	Totals
	TZS'000
Public Source	0 <sup>4</sup>
Private Source	699,166
External	779,619,698
<b>Totals</b>	<b>780,318,864</b>

Table 2 below provide a slightly more detailed split of the funding sources by splitting external funding into bilateral, multilateral and external foundations. Bilateral funding, mainly from the US government, makes up 67,3% of external funding while multilateral funding, made up mainly of the Global Fund, but also including UN agencies make up 32,2% and less than 1% is from international foundations. Figure 1 shows the proportional split in external or international funding.

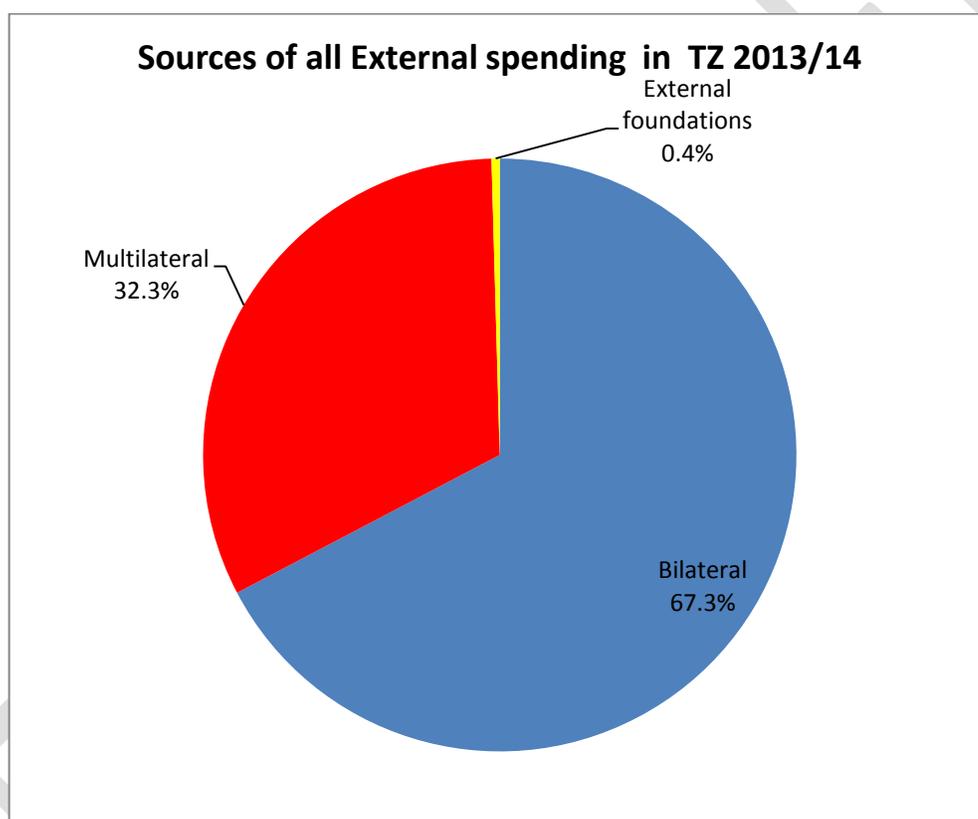
**Table 2: Tanzania HIV Disaggregated Funding Sources 2013/14**

	TZS'000
For Profit funds	1,092

<sup>4</sup> No spending data received from public entities.

Not For Profit funds	648,369
Private financing sources n.e.c.	49,705
<b>Total Private</b>	<b>699,166.00</b>
Bilateral	524,712,590
Multilateral	251,453,523
External foundations	3,453,585
<b>Total External</b>	<b>779,619,698</b>
<b>Grand Total</b>	<b>780,318,864</b>

**Figure 1: Proportional Split of Tanzania Disaggregated International Funding Sources**



### 6.3. Financing Agents

When spending is analysed by financing agents, international financing agents account for 69.7% of HIV spending with public agents accounting for 28.7%. This is expected as most of the financing is from the United States government and is channelled through its agencies; USAID, CDC and DoD. The public financing agent is the Ministry of Finance, which is the Principal Recipient for the Global Fund grants.

**Table 3: Spending by Financing Agents**

	Public FA	Private FA	External FA	Totals
	TZS'000	TZS'000	TZS'000	TZS'000
Public Source	0	0	0	0
Private Source	648,369	50,797	0	699,166
External	223,526,085	12,478,936	543,614,677	779,619,698
<b>Totals</b>	<b>224,174,454</b>	<b>12,529,733</b>	<b>543,614,677</b>	<b>780,318,864</b>

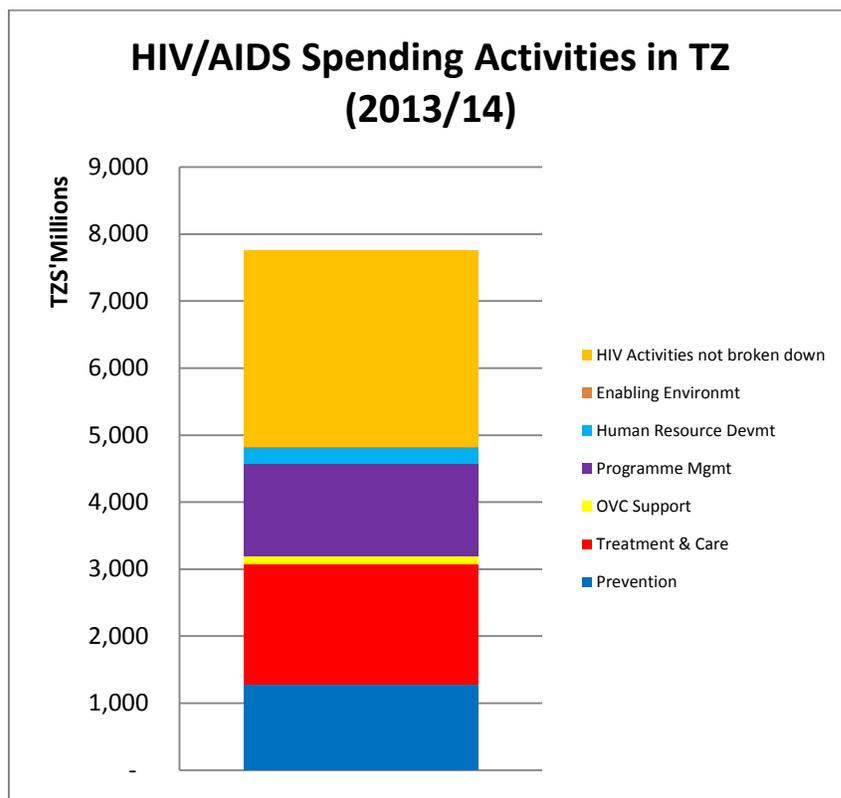
**6.4. AIDS Spending Categories**

A significant amount of HIV spending; TZS292.4 billion (37%) cannot be allocated to a specific spending activity per NASA categorisation. This is due to lack of breakdown of spending/disbursement by the donor organisations from which this data was obtained. Spending on care and treatment of those living with HIV is TZS179.1 billion (23%). Programme Management and Prevention account for 18% and 16%, respectively of the spending, with 3% spent on human resources for health capacity development. 3% was spent on OVC and 1% on impact mitigation. This is illustrated on Table 4 and Figure 2.

**Table 4: Spending per AIDS Spending Categories 2013/14**

	TZS'000	%
Prevention	128,499,306	16%
Treatment	179,107,022	23%
Orphans and vulnerable children (OVC)	12,084,657	2%
Programme Management & Administration	137,377,722	18%
Capacity Building & Training	23,530,064	3%
Impact Mitigation	5,665,154	1%
Human & Legal Rights Activities	1,688,598	0%
HIV Activities not Segregated	292,366,340	37%
<b>Totals</b>	<b>780,318,863</b>	<b>100%</b>

Figure 2: Spending per AIDS Spending Categories



### 6.5. Prevention Spending

A close look at prevention spending reveal that most of the money is spent on behavioural change communications (17.7%), with 21.1% on prevention interventions that are not disaggregated and 16.0% on prevention activities for people living with HIV and AIDS. HIV Counselling and testing account for 16.5% while Interventions targeting vulnerable and accessible populations account for 16.4%. PMTCT accounts for only 6.7% mainly because the medicine/drug for the programme is normally included in antiretroviral therapy under treatment and care interventions.

Table 5: HIV Prevention Spending 2013/14

	2013/14 TZS '000	
Behavioural Change Communication	22,802,223	17.7%
Community mobilization	14,158	0.0%
HCT	21,183,232	16.5%
Vulnerable & Access Pop Interventions	21,017,280	16.4%
Youth Programmes	1,560	0.0%
PLHIV prevention	20,513,578	16.0%
Interventions for CSWs & their clients not disaggregated by	236,812	0.2%

type		
Workplace	649,461	0.5%
PMTCT	8,580,259	6.7%
Male circumcision	5,372,981	4.2%
Blood safety	991,368	0.8%
Prevention activities not disaggregated by intervention	27,136,394	21.1%
<b>Prevention total</b>	<b>128,499,306</b>	<b>100.0%</b>

## 6.6. Spending on Treatment and Care

This component of AIDS spending is significantly understated in this report. Per the recent public expenditure review, 55% of 2013/14 HIV spending of TZS762.3 billion (TACAIDS, 2015<sup>a</sup>, p.21) was spent on treatment and care. This translates to approximately TZS419.2 billion. Thus a large component of HIV and AIDS spending that is not disaggregated should be for treatment and care.

Using the available figures, the antiretroviral therapy accounts for 52.7% of treatment and care spending, followed by inpatient care at 34.9% and home based care at 8.7%.

**Table 6: HIV and AIDS Treatment Spending 2013/14**

	TZS '000	
TB treatment (out-patient)	3,381,395	1.9%
ART	94,326,291	52.7%
Nutritional support for ART	3,000	0.0%
HIV-related laboratory monitoring	1,552,651	0.9%
Outpatient palliative care	1,668,837	0.9%
Home-based care	15,644,142	8.7%
In-patient	62,530,706	34.9%
<b>Treatment and Care Total</b>	<b>179,107,022</b>	<b>100.0%</b>

## 6.7. Spending on Programme Management

Programme management expenditure is defined as expenditure incurred at administrative levels outside the point of health care delivery (UNAIDS 2009, p.28). For Tanzania in 2013/14, 36.1% of programme management was on planning, coordination and management, 15.3% on strengthening the drug supply systems, 12.9% on upgrading infrastructures and 10.0% on administration and transaction costs.

**Table 7: Programme Management Spending**

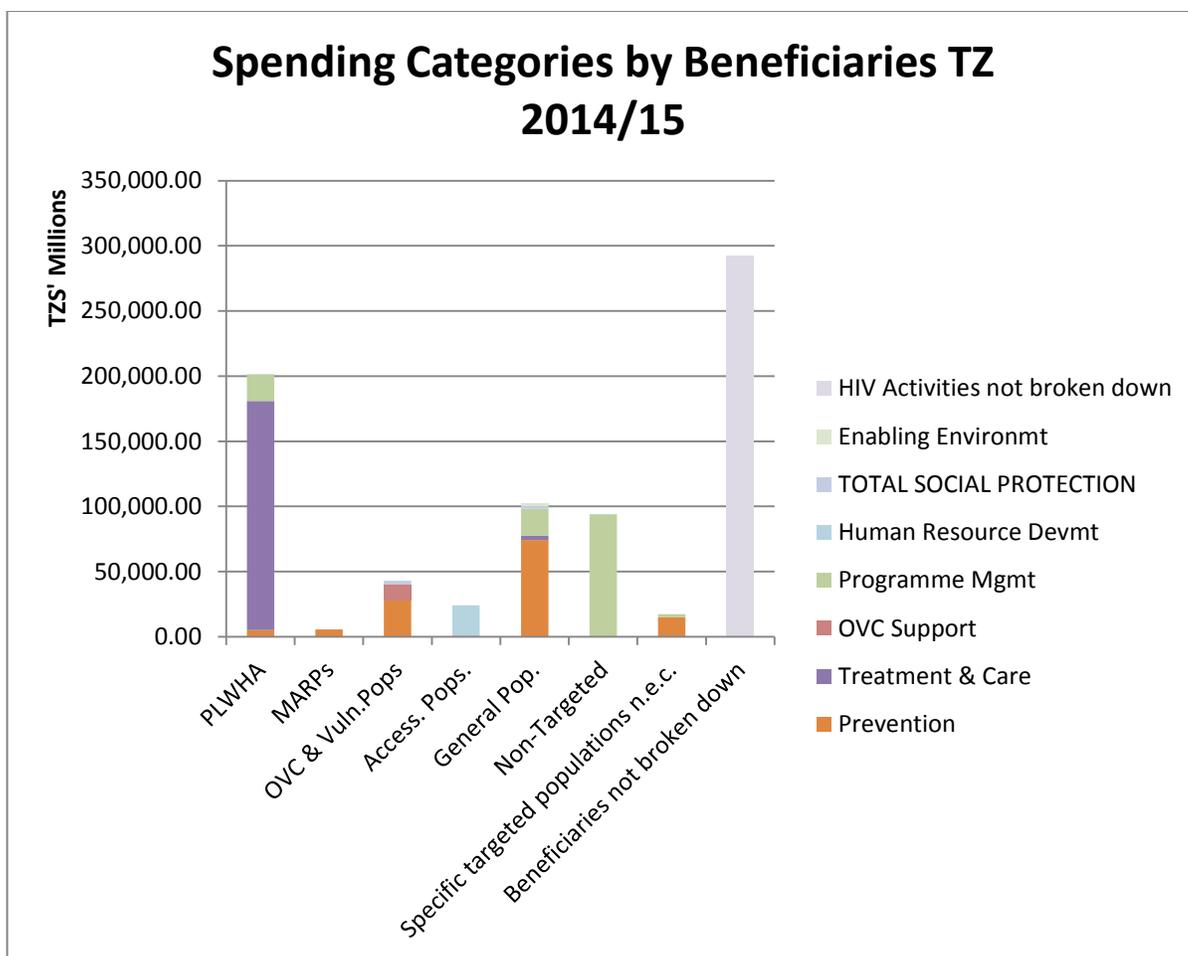
	2013/14
	TZS' 000
ASC.04 Programme management and administration	-

Planning, coordination & management	49,641,283	36.1%
Admin & transaction costs	13,764,987	10.0%
M&E	5,162,580	3.8%
Drug supply systems	21,066,946	15.3%
Upgrading laboratories & new equipment	5,491,177	4.0%
Upgrading and construction of infrastructure not disagg.	17,660,356	12.9%
Upgrading and construction of infrastructure n.e.c.	3,531,629	2.6%
Programme Management not disaggregated by type	5,322,747	3.9%
Programme Management n.e.c	15,736,017	11.5%
<b>Total</b>	<b>137,377,722</b>	<b>100.0%</b>

### 6.8. Beneficiary populations

Due to lack of information, 37% of HIV spending cannot be allocated to a specific beneficial population. This corresponds with the amount which cannot be allocated to specific HIV activities. People living with HIV benefited through spending on treatment and care and laboratory upgrades to the tune of 26% of spending, followed by the general population at 13% and 12% was spent on non-targeted interventions (arising from programme management). Orphans and vulnerable children benefited from 5% of the spending. Figure 3 is a combined illustration of spending by beneficial populations and also by spending categories.

**Figure 3: Beneficiaries According to Spending Categories HIV and AIDS Spending 2013/14**



## 7. Conclusions a and Recommendations

Overall, this report presents a fair assessment of overall HIV spending in Tanzania, with most of the funding sources included. However it does not provide complete information in terms of specific HIV activities (AIDS Spending Categories) and beneficial populations that the money was spent on. As a result, 36% of the reported spending cannot be allocated to a specific HIV spending category. This limits the usability of this report for monitoring the implementation of the national HIV strategic framework or assessing whether or not the money is being spent in accordance with national priorities.

In addition, over 52% of the spending is included based on donor disbursements. It is thus likely that the HIV spending has been overstated as not all these disbursements are likely to have been spent by year end.

There is also lack of non-financial data that will allow for the full appreciation of funding mechanisms and the identification of potential bottlenecks that could be inherent in the system.

It is recommended that in future:

- The NHA data collection team should work with a NASA expert in refining the data collection forms so that they can adequately address the NASA requirements
- More effort be made towards collecting and analysing government or public spending data

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**Appendix 1: Donor Disbursements for Which Recipients have not Submitted Spending Data**

	Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
		Donor Currency	TZS '000	Activity	Disease
Donor: USAID					
	AFRICA PALLIATIVE CARE ASSOCIATION	\$ 114,539.27	189,251	Scaling up palliative care for people living with HIV/AIDS by strengthening human and institutional capacity, develop communication materials, reviewing national palliative care/home based care standards and disseminating them to service providers; promoting linkages and sharing of knowledge between and among palliative care providers in Tanzania	HIV/AIDS
	AXIOS FOUNDATION INC	\$ 895,481.29	1,479,586	Comprehensive community based palliative care program for HIV positive adults and children in Lindi region	HIV/AIDS
	DAI WASHINGTON	\$ 1,732,023.95	2,861,789	Economic strengthening activity for vulnerable households affected by HIV/AIDS	HIV/AIDS
	FUTURES GROUP INTERNATIONAL	\$ 900,789.97	1,488,357	Health Policy Initiative: BUILDING ENVIRONMENT FOR THE SCALE UP OF PREVENTION, CARE & TREATMENT OF HIV/AIDS. ENSURE FAMILY PLANNING IS PRIORITIZED AS KEY DEVELOPMENT FACTOR DURING PLANNING & IMPLEMENTATION OF GOVERNMENT PROGRAMS	HIV/AIDS
	PUBLIC HEALTH INSTITUTE	\$ 1,463,203.60	2,417,622	Global Health Fellows: Support for technical advisors	HIV/AIDS
	DEVELOPMENT & TRAINING SERVICES	\$ 205,393.00	339,367	Support for evaluations of USAID health programs	HIV/AIDS
	FUTURES GROUP INTERNATIONAL	\$ 897,827.70	1,483,463	Building an enabling environment future scale of HIV, prevention, care, treatment and mitigation in Tz	HIV/AIDS

Recipient Organisation	Amount in Donor Currency	Local Currency TZS '000	Details Per Donor Submissions	
			Activity	Disease
INTRAHEALTH INTERNATIONAL	\$ 1,026,433.60	1,695,956	Working through the Tanzania Human Resources Project to identify and address human resources for health shortfalls, implement a human resources info system, and respond to established HRH issues affecting the country's most vulnerable children. Collaborate with district directors to perform a needs assessment, identify any HRH shortfalls and develop action plan to address them.	HIV/AIDS
INTERNATIONAL YOUTH FOUNDATION	\$ 743,159.15	1,227,907	EDUCATION-To increase access to quality vocation and entrepreneurship training and secondary education opportunities for 1,800 OVC age 14-24, along with additional support to foster economic governmental organizations CAMFED, KIWOHEDE, VETA and Ministry of Health and Social Welfare to identify orphans and most vulnerable children and support them during their transition from school to work.	HIV/AIDS
PACT TANZANIA	\$ 8,330,904.49	13,764,987	Main activities center on capacity strengthening and grants management. Supports the Ministry of Health and Social Welfare's efforts to lead, manage and coordinate the national response to the most vulnerable children and HIV prevention among youth.	HIV/AIDS
COROLINA INSTITUTE FOR DEVELOPMENTAL DIS	\$ 16,000.00	26,436	Provide Strengthening in Monitoring, Evaluation & Research	Malaria
WORLD EDUCATION INC.	\$ 2,547,212.26	4,208,708	To support the Ministry of Health & Social Welfare's effort to lead, manage, and coordinate the national response to the most vulnerable children & HIV prevention among youth in Northern zone	HIV/AIDS
WOMEN IN LAW AND DEVELOPMENT	\$ 124,152.43	205,135	Gender-based violence prevention, including policy and advocacy	HIV/AIDS

	Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
		Donor Currency	TZS '000	Activity	Disease
	ICF MACRO, INC	\$ 1,419,569.47	2,345,526	Support of Tz. HIV/AIDS Malaria Indicator Survey	HIV/AIDS
		<b>20,416,690</b>	<b>33,734,089</b>		
	Donor: CDC		-		
	African Society for laboratory medicine (ASLM)	\$ 130,018.00	214,826	Strengthening Laboratory systems and expanding service provision to support HIV care and treatment.	HIV/AIDS
	The African Field Epidemiology Network (AFENET)	\$ 143,009.00	236,291	Strengthening national Laboratory bio safety.	HIV/AIDS
	American Association of Blood Banks (AABB)	\$ 600,000.00	991,368	Strengthen preprogram management, information system and quality of blood and blood products through capacity building in blood safety and transfusion practices.	HIV/AIDS
	American Society for Microbiology (ASM)	\$ 462,825.00	764,716	Strengthening Laboratory systems and expanding service provision to support HIV care and treatment.	HIV/AIDS
	AMERICAN SOCIETY FOR CLINICAL PATHOLOGY	\$ 939,045.00	1,551,565	Strengthening Laboratory systems and expanding service provision to support HIV care and treatment.	HIV/AIDS
	Association of Public Health Laboratories (APHL)	\$ 786,684.00	1,299,822	Strengthening Laboratory information systems to support HIV care and treatment.	HIV/AIDS
	THE BALM IN GILEAD	\$ 733,889.00	1,212,590	Strengthen HTC services especially for children and actively linking HIV positive adults and children into HIV care and treatment services.	HIV/AIDS
	Clinical and Laboratory Standards Institute (CLSI)	\$ 502,824.00	830,806	Strengthening Laboratory systems through mentoring towards accreditation.	HIV/AIDS

	Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
		Donor Currency	TZS '000	Activity	Disease
	Drug Control Commissions (DCC)	\$ 1,079,908.00	1,784,310	Support national policy and guideline development coordination, resources mobilization for comprehensive HIV intervention for PWID/PWUD including MAT.	HIV/AIDS
	IFAKARA HEALTH INSTITUTE	\$ 516,818.00	853,928	Strengthening the capacity of GOT to collect, analyse and use mortality surveillance data (SAVVY) to inform planning for national HIV/AIDS program. Supporting community base identification and reporting and reporting of HIV/AIDS death.	HIV/AIDS
	INTRAHEALTH INTERNATIONAL	\$ 7,353,865.00	12,150,644	Strengthen HTC services especially for children and actively linking HIV positive adults and children into HIV care and treatment services.	HIV/AIDS
	JPIEGO	\$ 984,524.00	1,626,709	Strengthen HTC services especially for children and actively linking HIV positive adults and children into HIV care and treatment services	HIV/AIDS
	National AIDS Control Programmed (NACP)	\$ 1,447,315.00	2,391,370	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS

Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
	Donor Currency	TZS '000	Activity	Disease
PATHFINDER	\$ 3,761,625.00	6,215,258	Provide continuum of care and psychosocial services for PLHIVs within the community to increase retention, foster treatment adherence in order to reduce morbidity and mortality of PLHIVs attributed to communicable diseases and other co-morbidities.	HIV/AIDS
RESEARCH TRIANGLE INSTITUTE (RTI)	\$ 1,011,915.00	1,671,967	Implement and monitor data collection, interpretation and utilization for program improvement of the health sector response to HIV/AIDS in Tanzania	HIV/AIDS
Tanzania Commission for AIDS (TACAIDS)	\$ 163,444.00	270,055	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
African Field Epidemiology Network: FELTP	\$ 868,979.00	1,435,797	Provide technical support for training and task sharing for strengthening human resources for health	HIV/AIDS
Christian Council of Tanzania: DEBI-FBO	\$ 247,925.00	409,642	Provide continuum of care and psychosocial services for PLHIVs within the community to increase retention, foster treatment adherence in order to reduce morbidity and mortality of PLHIVs attributed to communicable diseases and other co-morbidities.	HIV/AIDS

	Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
		Donor Currency	TZS '000	Activity	Disease
	National Alliance of State and Territorial AIDS Directors (NASTAD)	\$ 81,265.00	134,273	Health system strengthening host country human resources for health, building leadership, management and government capacity.	HIV/AIDS
	United Nations Children's Fund: UNICEF	\$ 695,999.00	1,149,985	Provide Technical Assistance to the ministry of health in planning for operationalization of program specific strategies PMTCT option B+ and early infant diagnosis and treatment, community mobilization and support in the roll out of option B+, support development of regional Pediatrics HIV care and Treatment strategic plan, facilitating PMTCT/pediatric stakeholder meetings to strengthen program coordination.	HIV/AIDS
	University of California at San Francisco: UCSF	\$ 1,682,397.00	2,779,791	Strengthen, coordinate and build IP capacities for data collection, interpretation and utilization in response to HIV/AIDS in Tanzania, Implement and monitor data collection, interpretation and utilization for program improvement of the health sector response to HIV/AIDS in Tanzania	HIV/AIDS
	U. of Dar es Salaam, University Computing Center: UCC	\$ 241,836.00	399,581	Strengthen, coordinate and build IP capacities for data collection, interpretation and utilization in response to HIV/AIDS in Tanzania. Implement and monitor data collection, interpretation and utilization for program improvement of the health sector response to HIV/AIDS in Tanzania	HIV/AIDS
	University of Washington: ITECH	\$ 5,018,549.00	8,292,048	Provide technical support for curriculum development, training and task sharing for strengthening human resources for health	HIV/AIDS

Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
	Donor Currency	TZS '000	Activity	Disease
World Health Organization: WHO	\$ 261,082.00	431,381	Provide technical assistance, assist CDC and the ministries of health (Tanzania Mainland and Zanzibar) to plan for and facilitate adaptation and implementation of different WHO guidelines and Policies in Tanzania.	HIV/AIDS
		-		
<b>Impossible to Allocate between Prevention and Treatment in CDC</b>				
Ariel Glasier Pediatric AIDS Healthcare initiative (AGPAHI)	\$ 4,152,567.00	6,861,203	Expanding comprehensive HIV prevention, care, support and treatment services to save lives and prevent new infections of adult and children with special focus on pregnant women, lactating mothers and their infants; support retention including linkages and referrals, quality in service delivery, and health systems strengthening.	HIV/AIDS
Columbia university-Generic	\$ 18,280,560.00	30,204,604	Expanding comprehensive HIV prevention, care, support and treatment services to save lives and prevent new infections of adult and children with special focus on pregnant women, lactating mothers and their infants; support retention including linkages and referrals, quality in service delivery, and health systems strengthening.	HIV/AIDS
Francois-Xavier Bagnoud Centre (FXB)	\$ 479,937.00	792,990	Improve access to HIV prevention, care, support and treatment services for pregnant women, lactating mothers and their infants support retention including linkages and referrals, quality in service delivery, and health systems strengthening.	HIV/AIDS
Harvard University	\$ 1,330,984.00	2,199,158	Expanding comprehensive HIV prevention, care, support and treatment services to save lives and prevent new infections of adult and children with special focus on pregnant women, lactating mothers and their infants;	HIV/AIDS

Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
	Donor Currency	TZS '000	Activity	Disease
			support retention including linkages and referrals, quality in service delivery, and health systems strengthening.	
National TB and Leprosy control programme (NTLP)	\$ 1,927,818.00	3,185,295	Increase access to prevention, care, support and treatment service for HIV and TB co-infected individuals in order to reduce morbidity and mortality of PLHIVs attributed to Tuberculosis and other co-morbidities.	HIV/AIDS
Bugando Medical Centre: BMC	\$ 2,634,815.00	4,353,452	Expanding comprehensive HIV prevention, care, support and treatment services to save lives and prevent new infections of adult and children with special focus on pregnant women, lactating mothers and their infants; support retention including linkages and referrals, quality in service delivery, and health systems strengthening.	HIV/AIDS
Kagera RHMT: Kagera	\$ 168,218.00	277,943	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
Management Sciences for Health: ICB	\$ 1,218,503.00	2,013,308	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for	HIV/AIDS

	Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
		Donor Currency	TZS '000	Activity	Disease
				monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	
	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program: ZACP	\$ 2,156,642.00	3,563,376	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
	Ministry of Health and Social Welfare, Tanzania: MOHSW - Follow On	\$ 5,665,246.00	9,360,573	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
	Mtwara RHMT: Mtwara	\$ 100,000.00	165,228	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and	HIV/AIDS

	Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
		Donor Currency	TZS '000	Activity	Disease
				laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	
	Muhimbili University College of Health Sciences: MUHAS-TAPP	\$ 1,160,070.00	1,916,760	Strengthen HTC services especially for children and actively linking HIV positive adults and children into HIV care and treatment services. Providing access to HIV prevention services to Key populations including access to care and treatment for identified HIV+ve.	HIV/AIDS
	Mwanza RHMT: Mwanza	\$ 168,155.00	277,839	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
	National Institute for Medical Research: NIMR	\$ 837,365.00	1,383,561	Strengthening host country Human resources for health, building Leadership, management and governance capacity, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS

	Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
		Donor Currency	TZS '000	Activity	Disease
	Pwani RHMT: Pwani	\$ 167,204.00	276,268	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
	Regents of the University of Minnesota: donor mobilization	\$ 100,000.00	165,228	Strengthen preprogram management, information system and quality of blood and blood products through capacity building in blood safety and transfusion practices.	HIV/AIDS
	Tanzania Interfaith Partnerships: FBO Networks	\$ 1,887,160.00	3,118,117	Strengthen HTC services especially for children and actively linking HIV positive adults and children into HIV care and treatment services. Providing access to HIV prevention services to Key populations including access to care and treatment for identified HIV +ve	HIV/AIDS
	University of California at San Francisco: UTAP UCSF-MARPS	\$ 794,583.00	1,312,874	Providing access to HIV prevention services to Key populations including access to care and treatment for identified HIV +ve	HIV/AIDS
		<b>72,945,567</b>	<b>120,526,501</b>		
	Donor: DoD		-		
			-		

	Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
		Donor Currency	TZS '000	Activity	Disease
	Pharm Access	\$ 369,051.00	609,776	Support for pediatric HIV care, treatment and support services	HIV/AIDS
	Pharm Access	\$ 4,244,081.00	7,012,410	Support for pediatric and adult HIV prevention, care and treatment services (including Prevention of Mother to Child Transmission of HIV, Voluntary Medical Male Circumcision, and Home Based Care). The program being implemented both at facility and community levels	HIV/AIDS
		<b>4,613,132</b>	<b>7,622,186</b>		
			-		
	<b>Donor: Canada (Department of Foreign Affairs, Trade and Development)</b>		-		
	Tanzania Commission for AIDS (TACAIDS)	\$ 8,924,336.52	13,815,141	Support to the GoT's National Multi-sectoral Strategic Framework (NMSF)	HIV/AIDS
			-		
			-		
	<b>Donor: The Global Fund to Fight AIDS, Tuberculosis and Malaria</b>		-		
	National Institute for Medical Research	\$ 294,149.55	486,017	To strengthen National Health information system to facilitate monitoring, evaluation and planning	HIV/AIDS
	IFAKARA HEALTH INSTITUTE	\$ 644,849.11	1,065,471	To strengthen National Health information system to facilitate monitoring, evaluation and planning	HIV/AIDS

	Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
		Donor Currency	TZS '000	Activity	Disease
	Ministry of Health and Social Welfare	\$ 4,271,637.37	7,057,941	To increase production of mid-level and highly skilled health workers, support recruitment and retention of health workers to improve service delivery and strengthen management and leadership skills of staff at various levels of service provision	HIV/AIDS
	Benjamin Mkapa AIDS Foundation	\$ 2,541,138.88	4,198,673	To increase production of mid-level and highly skilled health workers, support recruitment and retention of health workers to improve service delivery and strengthen management and leadership skills of staff at various levels of service provision	HIV/AIDS
	University of Dar es Salaam	\$ 46,681.98	77,132	To strengthen National Health information system to facilitate monitoring, evaluation and planning	HIV/AIDS
	University Computing Centre	\$ 274,810.99	454,065	To improve procurement and supply chain management	HIV/AIDS
	The spreadsheet does not say who spent this	\$ 5,675,443.39	9,377,422	Infrastructure	HIV/AIDS
	But should be MOHSW	\$ 612,631.38	1,012,239	Transport equipment	HIV/AIDS
	Ministry of Health and Social Welfare	\$ 9,841,401.57	16,260,751	Expand care and treatment services to the lower tiers of health system; expand health services including ART, PMTCT, STI treatment and OI treatment & prophylaxis to underserved population; expand provision of home based care services; expand coverage of provider initiated counseling and testing services and strengthen supportive supervision and mentoring network	HIV/AIDS

	Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
		Donor Currency	TZS '000	Activity	Disease
	Medical Stores Department	\$ 32,546,999.79	53,776,757	Procurement, storage and distribution of HIV laboratory commodities together with storage and distribution of ARVs and HIV test kits	HIV/AIDS
	Tanzania Food and Nutrition Centre(TFNC)	\$ 70,049.47	115,741	To provide nutritional supplements to malnourished children	HIV/AIDS
	National institute for Medical Research (NIMR)	\$ 36,544.00	60,381	To improve HIV/AIDS patients monitoring	HIV/AIDS
	Pooled Procurement Mechanism/VPP	\$ 78,427,079.91	129,583,496	Procurement of ARVs and HIV test kits	HIV/AIDS
		<b>135,283,417</b>	<b>223,526,085</b>		
			-		
	<b>USA STATE DEPARTMENT</b>		-		
			-		
	<b>Regional Procurement Support Office (RPSO)</b>		-		
	Self	\$ 118,161.00	195,235	construction monitoring service for health training institutes in Msasi and Mkomaindo	HIV/AIDS
	Self	\$ 36,646.17	60,550	construction monitoring service for health training institute in Mbeya	HIV/AIDS
	Self	\$ 27,750.00	45,851	construction monitoring service for Ngamiani care and treatment center	HIV/AIDS

	Recipient Organisation	Amount in	Local	Details Per Donor Submissions	
		Donor Currency	Currency TZS '000	Activity	Disease
	Self	\$ 22,650.59	37,425	construction monitoring service for Ngome care and treatment center	HIV/AIDS
	Self	\$ 22,600.00	37,342	architecture and engineering services (drawings/designs) for reproductive child health and deliver wards	HIV/AIDS
	Self	\$ 96,475.94	159,405	construction monitoring service for health training institute in Singida	HIV/AIDS
	Self	\$ 3,077.81	5,085	administrative costs	HIV/AIDS
	Self	\$ 1,197,434.71	1,978,497	Residential and non-residential buildings	HIV/AIDS
		<b>1,524,796</b>	<b>2,519,390.30</b>		
			-		
<b>The Ambassador's HIV/AIDS Relief Fund (AHRF) funds small projects that provide care and support to assist individuals and communities affected by HIV/AIDS, especially orphans and vulnerable children, and people living with HIV/AIDS.</b>			-		
	Self	\$ 6,300.00	10,409	Vocational training for orphans	HIV/AIDS
	Self	\$ 29,000.00	47,916	Residential and non-residential buildings	HIV/AIDS
	Self	\$ 11,000.00	18,175	ICT equipment	HIV/AIDS
	Self	\$ 48,000.00	79,309	Machinery and equipment n.e.c.	HIV/AIDS



**Appendix 2: Donor Disbursements Not Disaggregated By NASA Spending Categories**

Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
	Donor Currency	TZS '000	Activity	Disease
<b>Donor: CDC</b>				
Ariel Glasier Pediatric AIDS Healthcare initiative (AGPAHI)	\$4,152,567	6,861,203	Expanding comprehensive HIV prevention, care, support and treatment services to save lives and prevent new infections of adult and children with special focus on pregnant women, lactating mothers and their infants; support retention including linkages and referrals, quality in service delivery, and health systems strengthening.	HIV/AIDS
Columbia university-Generic	\$18,280,560	30,204,604	Expanding comprehensive HIV prevention, care, support and treatment services to save lives and prevent new infections of adult and children with special focus on pregnant women, lactating mothers and their infants; support retention including linkages and referrals, quality in service delivery, and health systems strengthening.	HIV/AIDS
Francois-Xavier Bagnoud centre (FXB)	\$479,937	792,990	Improve access to HIV prevention, care, support and treatment services for pregnant women, lactating mothers and their infants support retention including linkages and referrals, quality in service delivery, and health systems strengthening.	HIV/AIDS
Harvard University	\$1,330,984	2,199,158	Expanding comprehensive HIV prevention, care, support and treatment services to save lives and prevent new infections of adult and children with special focus on pregnant women, lactating mothers and their infants; support retention including linkages and referrals, quality in service delivery, and health systems strengthening.	HIV/AIDS

Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
	Donor Currency	TZS '000	Activity	Disease
National TB and Leprosy control programme (NTLP)	\$1,927,818	3,185,295	Increase access to prevention, care, support and treatment service for HIV and TB co-infected individuals in order to reduce morbidity and mortality of PLHIVs attributed to Tuberculosis and other co-morbidities.	HIV/AIDS
Bugando Medical Centre: BMC	\$2,634,815	4,353,452	Expanding comprehensive HIV prevention, care, support and treatment services to save lives and prevent new infections of adult and children with special focus on pregnant women, lactating mothers and their infants; support retention including linkages and referrals, quality in service delivery, and health systems strengthening.	HIV/AIDS
Kagera RHMT: Kagera	\$168,218	277,943	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
Management Sciences for Health: ICB	\$1,218,503	2,013,308	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership	HIV/AIDS

Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
	Donor Currency	TZS '000	Activity	Disease
			and sustainability .	
Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program: ZACP	\$2,156,642	3,563,376	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
Ministry of Health and Social Welfare, Tanzania: MOHSW - Follow On	\$5,665,246	9,360,573	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS

Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
	Donor Currency	TZS '000	Activity	Disease
Mtwara RHMT: Mtwara	\$100,000	165,228	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
Muhimbili University College of Health Sciences: MUHAS-TAPP	\$1,160,070	1,916,760	Strengthen HTC services especially for children and actively linking HIV positive adults and children into HIV care and treatment services. Providing access to HIV prevention services to Key populations including access to care and treatment for identified HIV+ve.	HIV/AIDS
Mwanza RHMT: Mwanza	\$168,155	277,839	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS

Recipient Organisation	Amount in	Local Currency	Details Per Donor Submissions	
	Donor Currency	TZS '000	Activity	Disease
National Institute for Medical Research: NIMR	\$837,365	1,383,561	Strengthening host country Human resources for health, building Leadership, management and governance capacity, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
Pwani RHMT: Pwani	\$167,204	276,268	Strengthening host country Human resources for health, building Leadership, management and governance capacity; ensure availability of medical products and technologies including supply chain functions and laboratory systems, strengthening information systems for monitoring and evaluating health-related activities and ensure sustained, accessible and quality service delivery a and sustainable health financing as part of the health system strengthening for country ownership and sustainability .	HIV/AIDS
Regents of the University of Minnesota: donor mobilization	\$100,000	165,228	Strengthen preprogram management, information system and quality of blood and blood products through capacity building in blood safety and transfusion practices.	HIV/AIDS
Tanzania Interfaith Partnerships: FBO Networks	\$1,887,160	3,118,117	Strengthen HTC services especially for children and actively linking HIV positive adults and children into HIV care and treatment services. Providing access to HIV prevention services to Key populations including access to care and treatment for identified HIV +ve	HIV/AIDS
University of California at San Francisco: UTAP UCSF-MARPS	\$794,583	1,312,874	Providing access to HIV prevention services to Key populations including access to care and treatment for identified HIV +ve	HIV/AIDS

Recipient Organisation	Amount in Donor Currency	Local Currency TZS '000	Details Per Donor Submissions	
			Activity	Disease
<b>Donor: DoD</b>				
Pharm Access	\$4,244,081	7,012,410	Support for pediatric and adult HIV prevention, care and treatment services (including Prevention of Mother to Child Transmission of HIV, Voluntary Medical Male Circumcision, and Home Based Care). The program being implemented both at facility and community levels	HIV/AIDS
<b>Donor: The Global Fund to Fight AIDS, Tuberculosis and Malaria</b>				
Ministry of Health and Social Welfare	\$9,841,402	16,260,751	Expand care and treatment services to the lower tiers of health system; expand health services including ART, PMTCT, STI treatment and OI treatment & prophylaxis to underserved population; expand provision of home based care services; expand coverage of provider initiated counseling and testing services and strengthen supportive supervision and mentoring network	HIV/AIDS
Medical Stores Department	\$32,547,000	53,776,757	Procurement, storage and distribution of HIV laboratory commodities together with storage and distribution of ARVs and HIV test kits	HIV/AIDS
Pooled Procurement Mechanism/VPP	\$78,427,080	129,583,496	Procurement of ARVs and HIV test kits	HIV/AIDS

**Grand Total** 168,289,389.27 278,061,192.10

**Appendix 3: UN Agencies Spending 2013/14**

**United Nations Development Assistance Plan (UNDAP) 2011-2016**

**Annual Review**

**Total Budget to Date: Planned, Allocated, Spent**

Working Group / Agency	2013/14		
	AWP Planned Budget	AR Resources Allocated	AR Resources Spent
HIV/AIDS			
FAO	95,581.00	0.00	0.00
ILO	398,695.00	390,249.81	381,791.81
UNAIDS	791,322.00	1,470,511.00	563,761.00
UNDP	1,301,002.81	1,557,511.13	1,557,511.13
UNESCO	447,327.33	359,827.33	359,827.00
UNFPA	571,079.00	516,511.00	309,597.00
UNICEF	5,935,413.00	5,530,806.00	5,077,810.00
UNODC	496,112.00	466,412.00	0.00
UNWOMEN	124,000.00	24,500.00	23,660.14
WFP	0.00		0.00
WHO	633,762.00	451,742.00	383,866.00
	10,794,294.14	10,768,070.27	8,657,824.08

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* - Filtering criteria applied		
Working Group	Is	HIV/AIDS
Year	Is	2013/14