Facilitating Local Governments' and Civil Society's Response to HIV/AIDS

Annual Plan 2003

TABLE OF CONTENTS

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune-Deficiency Syndrome
AMMP	Adult Morbidity and Mortality Project
ANC	Ante-Natal Clinic
CBO	Community-Based Organisations
CSF	Civil Society Fund
CSO	Civil Society Organisation
FA	Facilitating Agency
HIV	Human Immunodeficiency Virus
HRD	Human Resources Development
HTA	*High Transmission Area*
LGA	Local Government Authority
M&E	Monitoring & Evaluation
MCDWA&C	Ministry of Community Development Women Affairs &Children
MOEC	Ministry of Education and Culture
MOF	Ministry of Finance
MOH	Ministry of Health
MOLY&S	Ministry of Labour, Youth and Sports
MoV	Means of Verification
MTR	Mid-Term Review
NSC-RFAs	National HIV/AIDS Steering Committee for RFAs
NACP	*National AIDS Control Program*
NIMR	National Institute for Medical Research
NGO	Non-Governmental Organisation
PLHA	People Living with HIV/AIDS
PORALG	President's Office Regional Administration and Local Government
PRSP	Poverty Reduction Strategy Paper
PSF	Public Sector Fund
RSC-RFA	Regional Steering Committee for the RFA
RAS	Regional Administrative Secretary
RMO	Regional Medical Officer
SPAC	Scientific and Policy Advisory Committee
SRH	*Sexual and Reproductive Health*
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TA	Technical Assistance
TAs	Technical Advisors
TACAIDS	Tanzania Commission for AIDS
TMAP	Tanzania Multisectoral AIDS Project
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing

1. INTRODUCTION

HIV/AIDS has raged in Tanzania for the past 20 years with an enormous impact on all segments of society. The peak of the epidemic has not yet been reached and its dynamics suggest that the prevalence will rise sharply in this decade before it levels off. Despite the duration and the severity of the epidemic, only a small number of interventions have reached the urban and rural population with a poor penetration in terms of depth and geographical coverage. TANESA has developed and tested several effective interventions but these could, in the testing phase only, be made available to some Local Government Authorities (LGAs) and Civil Society Organisations (CSOs). The main reasons for these interventions not having yet been implemented at a larger scale have been the unavailability of funds and the limited technical capacity of LGAs and CSOs[1]. The Government and the international partners are now addressing these unfavourable conditions through joint action. The recent National Multisectoral Strategy on HIV/AIDS stipulates that LGAs will need to play a crucial role in planning and coordinating HIV/AIDS interventions that are implemented by the various organisations and communities in the districts, in order to ensure sustainability, co-ordination and ownership of the interventions. Several sources of funding are expected to be available in the very near future for LGAs and CSOs with the intention to render them more active in HIV/AIDS control, while organisations like TANESA have been asked to facilitate LGAs and CSOs to acquire the capacity and skills to act more effectively.

The TANESA new phase, starting in 2003, for a three-year period (2003-2005), will work as a Regional Facilitating Agency (RFA) in two Regions (Mwanza and Shinyanga) with the overall objective of reducing HIV incidence and improve HIV/AIDS care and support and impact mitigation. The purpose is to enable LGAs and CSOs and other organisations to plan and implement effective HIV/AIDS interventions in the context of the national multisectoral strategy with a district focus.

In the three years, TANESA will support capacity building of a selected number of individuals from LGAs and CSOs to plan, implement and monitor effective HIV/AIDS interventions aiming at attaining district coverage. The interventions will take place in various areas/sectors, like education, out-of-school youths, community mobilisation, workplaces programme, resource mobilisation, counselling, care and support as well as high-transmission-areas like bars, guest houses and video centres.

While the LGAs and CSOs are trained to implement these interventions, TANESA will carefully monitor the effectiveness and appropriateness of these interventions and will revise them if and when necessary.

[1] The term CSOs encompasses NGOs, Faith Based Organisations and Community Based Organisations.

2. BACKGROUND

2.1 International HIV/AIDS context

The United Nations General Assembly Special Session (UNGASS) of mid-2001 declared the HIV/AIDS epidemic a global emergency and urged political commitment at all levels of society to enhance co-ordination and intensification of national efforts and establishment of partnerships among governments, civil society, including vulnerable groups, and the private sector. Sub-Saharan Africa is considered the worst affected region, where HIV/AIDS causes a state of emergency.[2] At the end of 2001, an estimated 40 million people worldwide were living with HIV/AIDS, of which about 70 per cent were in sub-Saharan Africa.[3]

The Special Session insisted that multisectoral national strategies and financing plans for combating HIV/AIDS must be developed and implemented. It furthermore emphasised the need for a comprehensive approach to combat the epidemic and the need to include mutually reinforcing elements of an effective response such as prevention, care, support and treatment for those infected and affected as well as the mitigation of the impact of AIDS. Prevention strategies, which should take into account local circumstances, should be aimed at decreasing risk behaviour, encouraging responsible sexual behaviour, increasing access to condoms and voluntary counselling and testing (VCT) and increasing the control of sexually transmitted infections. Life skills must be developed and promoted so as to reduce vulnerability. Further research, including social behaviour aspects, was declared crucial.

2.2 National context of HIV/AIDS

The first three cases of AIDS in Tanzania were reported in 1983. Three years later, all Regions of Tanzania had reported cases. It is now estimated that two million Tanzanians, out of a population of thirty million, are infected with HIV. Over 70% of those infected are in the age group 25–49 years with women getting infected at an earlier age than men.

Surveillance of expectant mothers in Ante-natal Clinics (ANC) shows that the HIV prevalence ranges from 4.2% in a rural site of Mwanza to 23.3% in an urban site of Mbeya. The HIV-prevalence rate among the general population is estimated at 8.0%[4]. TANESA's research in Magu shows that the prevalence of HIV was 6.2% in 1994/1995 then rose to 7.3% in 2000. In 1999 about 600,000 children less than 15 years old had lost at least one of their parents due to AIDS. Data from the Adult Morbidity and Mortality Project (AMMP) show that in Hai District, AIDS and TB are now the leading causes of death for those aged between 15–59 years. In 1999, 36.0% and 43.3% of male and female deaths, respectively, were due to the two diseases; the figures for male and female deaths were 47.7% and 53.7% respectively for Dar es Salaam.

In Tanzania, the HIV virus is primarily transmitted through unsafe heterosexual intercourse. Unsafe blood transfusion, mother-to-child transmission and medical use of contaminated needles are probably responsible for less than 10% of new infections currently.

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[2] UN General Assembly (2001), *Declaration of Commitment on HIV/AIDS*. 26th Special Session. A-RES/S-26/2.

[3] UNAIDS (2001), AIDS Epidemic update , December 2001, UNAIDS, WHO

[4] HIV/AIDS/STI Surveillance Report No. 15, NACP, MoH, Dar es Salaam

Tanzanian poverty levels are high; 48% of the population is living in poverty. In this connection, the Poverty Reduction Strategy Paper (PRSP) considers HIV/AIDS as a central development challenge, requiring all sectors as well as districts to plan and allocate budgets that include HIV/AIDS prevention and control activities.

TANESA's research from 1994 to 2001 has documented the impact of HIV/AIDS on mortality and household dissolution and mobility in rural Tanzania[5] and on the impact of AIDS on food security[6]; all of which contribute to the impoverishment of households. Vice-versa, poverty contributes to the spread of HIV/AIDS. Economic dependency of women is often forcing them into transactional and unsafe sex for economic survival.

National response
Since 1985, the **National AIDS Control Program** (NACP) of the Ministry of Health has been spearheading the national response to HIV/AIDS, putting emphasis on the need for a multi-sectoral response. In the year 2000, line Ministries and Local Government Authorities (LGAs) were facilitated by the NACP to develop comprehensive HIV/AIDS plans including budget allocations. While these plans are available, most of them have not been fully implemented. Moreover, funding of HIV/AIDS activities has been inadequate and irregular with most activities externally funded.

In December 1999, the Tanzanian President declared HIV/AIDS a national disaster and called upon all sectors, public and private, to take new measures to respond to the epidemic.

In December 2000, the **Tanzania Commission for AIDS** (TACAIDS) was instituted under the Prime Minister's Office to co-ordinate and intensify the national multi-sectoral response. TACAIDS has spearheaded the development of a National Policy on HIV/AIDS (November 2001) and the identification of priority interventions: programme management, prevention of new infections, care and support of People Living with HIV/AIDS (PLHAs), and impact mitigation.
TACAIDS, in January 2002, produced the draft 'National Multisectoral Strategy on HIV/AIDS Tanzania' which has now been finalised. The strategy stresses the importance of using, at a much larger scale, those interventions that have been shown to be of proven, practical and cost-effective in reducing the rate of HIV-infection. LGAs have the responsibility of co-ordinating and facilitating community-based interventions. Moreover, TACAIDS affirms that the

> *"success in the national response to the HIV epidemic depends on how much the councils take the responsibility to plan, implement and co-ordinate HIV control activities, and take the fight to the village communities and institutions so that every village develops and implements its own plans against HIV/AIDS."*

Health Sector Review 2002 on HIV/AIDS
In early 2002, the MoH and international development partners carried out a review of the health sector's response to HIV/AIDS. Several of its main recommendations can only be realised with the strong participation of organisations like TANESA. These recommendations, as far as their relevance for TANESA's future work, cover Voluntary Counselling and Testing (VCT), Home-Based Care (HBC), and Workplace programmes. Successfully introducing VCT and improving its quality will, according to the review, depend on sharing experiences already gained in

[5] Urassa M, et al. The impact of HIV/AIDS on mortality and household mobility in rural Tanzania. AIDS, 2001; 15. 2017 - 2033
[6] Chiduo B, et al. The impact of AIDS on food security. TANESA Working Papers, 2002.

various programmes. It further states that HBC services can only be introduced at a larger scale *if the circumstances, which determine the effectiveness or even feasibility of those services, are* much better understood. Finally, it states that workplace programmes can be adopted at a larger scale only if promoted and facilitated by organisations with practical and locally relevant knowledge and skills.

TMAP

The World Bank-financed Tanzania Multisectoral HIV/AIDS Project (TMAP), which is currently being formulated, aims at funding HIV/AIDS activities in various sectors. TMAP has two main components, the Public Sector Fund (PSF) and the Civil Society Fund (CSF). The PSF will finance HIV/AIDS plans of central government ministries as well as plans of Local Government Authorities. The CSF will finance a broad range of civil society organisations (CSOs), although the criteria to qualify for such funding have not yet been established. Both funds are highly relevant for TANESA's future work. The concept of Regional Facilitating Agencies has been worked out in the TMAP, partly based on TANESA's role in Mwanza Region. The RFA is defined as follows:

" *Regional facilitating agencies (RFAs) will be selected on a competitive basis to carry out three functions: grants management, financial management and facilitation/technical assistance. All three functions should be core competencies of contracted RFAs and not available through separate contract. RFAs may be individual international organizations, an international organization in collaboration with a Tanzanian organization, a consortium of organizations or any other combination that meets stated requirements. Terms of Reference (TOR) for RFAs will be developed by the Prime Minister's Office (PMO), in collaboration with the DAC Task Group, TACAIDS, and PORALG. Each RFA will be contracted to manage CSF activities in regions or "zones" (combinations of regions). To the extent possible, existing models for RFAs that are currently operating in Tanzania should be used before new models are introduced. RFAs will coordinate and cooperate closely with HIV/AIDS programmes funded through public channels. TCAIDS will monitor the work of the CSF and its contractors. RFAs will be technically responsible to TACAIDS and contractually responsible to the Prime Minister's Office.* "

The consultations are ongoing and the final decisions on RFAs have yet to be made.

Global Fund for AIDS Tuberculosis and Malaria (GFATM)

The purpose of this fund, internationally created, is to attract, manage and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illnesses and death. This will mitigate the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need and will contribute to the poverty reduction as part of the Millennium Development goals. Tanzania has already formed a Global Fund/Country Co-ordination Mechanism (GF/CCM) and proposals have been submitted. TANESA will strategically position itself to apply to this fund for its future work. The GFATM will support:

- strategies that focus on clear measurable results
- focus its resources on increasing coverage of critical and cost-effective interventions against the three diseases
- provide grants to public, private, and non-governmental programmes, respecting country-level public-private formulation and implementation processes.

District Response Initiative (DRI)
UNAIDS has drawn the lessons from the various HIV/AIDS programmes in the country with the aim to rapidly "go to scale" using the existing interventions which are being implemented. This programme has so far done a pilot of facilitating the so-called COMATAA mapping intervention in 15 districts, hiring TANESA staff. This pilot is limited as it hinges on one single intervention, not in combination with other mutually reinforcing interventions. The pilot is currently being analysed. The DRI activities will focus on those areas where no other organisations are working on more or less comprehensive HIV/AIDS action.

Regional Level Experiences
The experiences on which the DRI plans are based come from HIV/AIDS programmes that operate at regional level. Besides TANESA, the most significant are the GTZ-funded programme in Mbeya Region and the Kagera programme supported by the Tanzanian and the Danish Red Cross Societies. All programmes use similar types of multisectoral and comprehensive approaches. Nevertheless, a review of experiences[7] shows that coordination of the various programme components is not optimal and that the exchange of experiences between these organisations is erratic. TANESA has suggested to TACAIDS to formalise the exchange of experiences between all major partners, replacing the various single programme Steering Committees, in which often the same individuals participate, by one Steering Committee for all RFAs.

Key Stakeholders in Mwanza and Shinyanga Regions
In the two Regions where TANESA operates, a wide variety of organisations (CBOs, Government and commercial firms) are active in the field of HIV/AIDS. These organisations are the key stakeholders with whom TANESA collaborates and co-ordinates its activities. A stakeholder analysis was carried out resulting in an overview of the geographic and intervention type distribution in the two Regions, indicating the comparative advantages of each organisation.

2.3 The TANESA experience 1990-2002

Tanzania and The Netherlands have collaborated on HIV/AIDS-related research in Mwanza Region since April 1990, initially through the TANERA research project (1990-1993), then through the Tanzania-Netherlands Project to Support AIDS Control in Mwanza Region, TANESA (1994-1998). TANESA-2 is the subsequent phase currently being implemented (1999-2002).

The TANESA Project has developed a strong community orientation with a district focus. Multidisciplinary research coupled with innovative intervention development resulted in interventions which the Tanzanian government has deemed replicable in other Regions as well as in publication of articles in peer-reviewed journals, research and working papers. The overall aim for TANESA-2 (1999-2002) was to:

> *"study and develop community-based interventions within the context of sexual and reproductive health in order to prevent HIV/STD transmission and to mitigate the impact of the AIDS epidemic through the development of feasible interventions."*

[7] Tarimo E, Intensifying District Response to HIV/AIDS in All Districts in Tanzania, UNAIDS, November 2001

Implementation takes place through various 'theme areas': research, intervention development for capacity building, intervention development for communities and intervention development for youth. In addition, each theme area replicates a number of interventions and is responsible for scaling up activities.

The pillars on which TANESA-2 was built were multisectoral commitment, integration into overall planning and development, community participation, resources mobilisation, capacity building and gradual implementation by districts, resource allocation and prioritisation based on response development and based on the national Policy framework. TANESA contributed to the development of several proven, practical and cost-effective interventions:

- Youth Programme (in and out-of-school)
- Community mobilisation for HIV/AIDS prevention and control through mapping intervention
- Capacity building and training
- Targeted groups mobilisation through interactive health education for HIV/STD prevention & control: The Bwana Kiko Story
- High transmission areas (HTAs) interventions
- The workplace HIV/AIDS programme

The above interventions were developed and tested in Magu district in Mwanza Region. During the scaling up to other districts, several constraints were encountered[8]:

- Weak co-ordination of involved partners within districts;
- Poor ownership and empowerment of the response by the communities;
- Weak sustainability of activities;
- Inadequate capacity at district level for planning and implementation & resource mobilisation;
- Insufficient involvement of civil societies in decision-making.

[8] External Evaluation 2002 Report

3 THE APPROACH

3.1 The scope

The Scientific and Policy Advisory Committee (SPAC) Meeting, which was held on 13 June 2002 in Mwanza, advised TANESA to expand, for the coming three years, the scope of its work and cover two regions of Mwanza and Shinyanga. The selection of the two regions was based on a number of factors or aspects including logistics, TANESA's future human resource base, the presence of similar collaborative organizations in the two regions, such as AMREF, and the new Tanzania Multisectoral AIDS Project (TMAP) concept of Facilitating Agencies in the Regions. The two regions of Mwanza and Shinyanga have a total of 16 Local Government Authorities (LGAs include Rural/Urban districts, municipalities and city councils). Both Mwanza and Shinyanga Regions have 8 councils each.

3.2 Regional Facilitation

Based on the work done in Magu District for over 10 years, TANESA will use its knowledge, skills and experience to initiate interventions in other districts through a facilitation approach. The aim is to intensify the response to HIV/AIDS in all 16 districts within the next three years. The backbone of the response will consist of the empowerment of communities to plan and implement their own local responses and the provision of appropriate support from higher levels.

During the first year, it is proposed to start with six Districts, i.e. three per Region.

The criteria for selecting the Districts will include the following aspects:

- proven interest
- commitment of the district leadership and/or of strong opinion leaders
- presence of other HIV/AIDS actors and
- ability to mobilize local resources

In Districts that meet those criteria, success is more likely to occur. The choice of Districts where more success is expected is based on the fact that those Districts will act as stimulators and examples for other districts with less favourable conditions. Moreover, as shown in Magu, personnel of active and successful Districts can be used as facilitators of the process in other neighbouring Districts.

During the second year, six (6) other districts will be selected to be assisted to plan and implement comprehensive HIV/AIDS activities while in the third year, the remaining 6 districts will be facilitated to plan and implement comprehensive HIV/AIDS activities.

The approach of facilitating LGAs and CSOs in implementing interventions is partly based on earlier experience gained in the health sector for comprehensive district health planning. This approach typically starts with a situation analysis, which points out the various existing efforts against the backdrop of magnitude and the specifics of the HIV/AIDS burden in the District. This analysis will indicate the various players, their specific geographical coverage, the content and depth of the existing HIV/AIDS prevention, care and support activities and will then point out any gaps which need to be covered. The approach is therefore not exclusive of the role that other actors play in the fight against HIV/AIDS but aims at promoting active collaboration between

them by facilitating collaboration within the context of a comprehensive and coherent District HIV/AIDS plan.

Moreover, the strategy for facilitation takes into account the constraints observed during the TANESA 2002 external evaluation. The training of the LGAs' staff in planning, implementation, monitoring and evaluation of HIV/AIDS interventions aims at solving the first two constraints, i.e. the "inadequate capacity at district level for planning and implementation and resource mobilisation" and the "weak sustainability of activities". The "weak co-ordination of involved partners within the district" and the "insufficient involvement of civil societies in decision-making" will be addressed by facilitating the formulation of a comprehensive and coherent multisectoral District HIV/AIDS plan, involving all the key players since the start of the process and in particular during situation analysis. It is expected that capacity building of the LGAs' staff and the formulation of a comprehensive plan, including tools for monitoring, will contribute to a better implementation of HIV/AIDS interventions, starting with the full involvement of community members and the ownership of the activities.

Facilitation is understood as "enabling and guiding one to acquire knowledge and skills so that s/he can perform a specific task". In the context of intensifying the response to HIV/AIDS in a district by involving community members, facilitation means more than just enabling and guiding one to acquire knowledge and skills. In Tanzania, HIV/AIDS has spread to all rural areas where efforts to reduce the escalation of the epidemic are being hampered by ignorance of the communities and lack of commitment of their leaders. In this context, facilitation means firstly the support to LGAs to plan, implement and monitor HIV/AIDS activities and impart the necessary knowledge and skills for doing so as well as emphasising the importance of a change of attitude towards the disease and its prevention. Moreover, LGAs will be made fully aware of the different partners who can contribute to the fight against AIDS and of the necessity of activities of different actors being complementary. In summary, facilitation should include the following components:

- Mobilization, sensitisation and awareness raising among key players and partners
- Active participation and involvement of the target groups
- Capacity building and empowerment of leaders
- Creation of ownership of HIV/AIDS interventions/programmes in terms of formulation implementation, monitoring and evaluation.
- Creation of partnerships and sustainability of HIV/AIDS programmes

The approach advocated by TANESA is that LGAs have to build their HIV/AIDS action on sharing their responsibility for action with all potential actors in the district. Experience has indicated that five inter-related conditions must be met if district HIV/AIDS action is to have a chance of being sustainable.

Five conditions for sustainable HIV/AIDS action:

- Multi-sectoral commitment
- Integration in overall planning and development
- Community participation
- Resource mobilisation
- Capacity-building and gradual implementation

In view of this, the LGAs or District councils having the ideal position for involving local communities should be the focal points and should be coached to be in the driving seat to intensify the war against the epidemic.

In addition, TANESA will use a gender-based approach in all its programme of activities in line with national policy guidelines on HIV/AIDS prevention, care and support. Moreover, it is important to link the fight against HIV/AIDS with an integrated rights-based sexual and reproductive health approach. This will empower and challenge individuals, couples and communities to address sexual behaviour and safe sex, and access related services of information, VCT and care.

A multidisciplinary focus should ensure that the various determinants and factors, which play a role in the epidemic and the fight against it, are taken into account. TANESA will ensure training and the production of guidelines for implementation and will ensure backstopping.

3.3 Roles of TANESA and LGAs

TANESA will provide criteria for the selection of LGAs' and CSOs' staff to be trained and will carry out the training. It will prepare all documents necessary for the facilitation of the HIV/AIDS interventions. It will provide experienced facilitators for each intervention carried out by the LGAs and CSOs. It will provide the materials needed for the facilitation and ensure backstopping all along the implementation of the interventions and along their monitoring.

The LGAs will mobilise all potential participants in HIV/AIDS interventions, will prepare and organise venues for meetings and all workshops, and finance the actual interventions implementations. The LGAs will monitor and evaluate the outputs of the interventions in collaboration with TANESA. The LGAs will initiate any needed extra backstopping by TANESA.

3.4. Sustainability

The essence of facilitation in the district entails capacity building in order to intensify the response to HIV/AIDS. This means training of district staff, providers in the public sector; NGOs, CSOs and community members, monitoring of activities and provision of backstopping. Over time, empowerment to plan and implement HIV/AIDS programs and ownership of those programmes will gradually be achieved and be mainstreamed into the routine district development activities. The three-year period is considered to lay a firm basis for the stakeholders to take the initiative in their own hands in most of the Districts in the two Regions. It is envisioned however that the Districts which will be covered during the last year and which might have more unfavourable conditions might need longer-term assistance.

Moreover, sustainability of the interventions at district level is also ensured by a strong collaboration of the key stakeholders working in the HIV/AIDS field. It is therefore determinant for the LGAs, and for the TANESA facilitation, to take into consideration the comparative advantages of those stakeholders and to facilitate the formulation of a comprehensive multisectoral District HIV/AIDS plan.

4. LOGICAL FRAMEWORK

TANESA 2003-2005 >> LOGICAL FRAMEWORK

	ASSUMPTIONS
OVERALL OBJECTIVE Reduced HIV incidence and improved HIV/AIDS care and support and impact mitigation in the Mwanza and Shinyanga regions in North-western Tanzania	• Political commitment at all relevant levels/ institutions
PURPOSE *Local Government Authorities and other organisations, in sixteen districts, planning and implementing effective HIV/AIDS interventions, in the context of the national multi-sectoral strategy*	• Political commitment at all relevant levels/ institutions, including allocation of resources • National strategies and sectoral policies continue to support TANESA's already developed interventions • TANESA key staff available to *continue*

SPECIFIC OBJECTIVES

SUPPORT TO LGAs

1. LGAs and others produce a comprehensive HIV/AIDS district plan
2. LGAs and others implement comprehensive HIV/AIDS interventions
3. LGAs and others conduct effective monitoring and evaluation of HIV/AIDS interventions

PROMOTION & DISSEMINATION

4. Proven practical and cost-effective interventions, developed and/or adapted by TANESA, promoted and made accessible to LGAs and others

RESEARCH & DEVELOPMENT

5. New evidence-based interventions, developed by TANESA, available for use and marketing
6. Proven practical and cost-effective interventions, developed by TANESA and adapted to the local circumstances, available for use and marketing
7. Factors supporting/ hindering operationalisation of interventions by LGAs known
8. Some previous TANESA activities taken over and being implemented by the respective Districts/ Institutions (MOH, NIMR, MOEC)

5. PLAN OF ACTION 2003

FACILITATING LGAs

OUTPUTS	STRATEGIES	ACTIVITIES	INDICATORS
1. LGAs and CSOs of Magu, Ilemela and Ukerewe Districts (Mwanza Region), and Shinyanga rural, Meatu and Kahama Districts (Shinyanga Region) produce a comprehensive HIV/AIDS district plan	• Capacity building of LGAs and CSOs of Magu, Ilemela and Ukerewe Districts (Mwanza Region), and Shinyanga rural, Meatu and Kahama Districts (Shinyanga Region) to develop a Comprehensive HIV/AIDS district plan.	1.1. Organise sensitisation and advocacy meetings with Regional authorities and other key stakeholders in Mwanza and Shinyanga Regions 1.2. Organise sensitisation and advocacy meetings with six GAs and CSOs 1.3. Conduct situation analysis, identify and prioritise the interventions packages in the six LGAs 1.4. Support LGAs to establish DAT (March. 2003) 1.5. Provide TA to the six LGAs and CSOs to identify training needs, set selection criteria and conduct training of the selected Districts ToTs on planning 1.6. Provide technical backstopping in the actual development of the plan 1.7. Provide TA to LGAs on establishing/ strengthening co-ordination forums	➢ Sensitisation and advocacy meetings reports available by June 2003. ➢ Reports of the situation analysis in the six LGAs available by June 2003. ➢ All the six LGAs and CSOs of Magu, Ilemela and Ukerewe Districts (Mwanza Region), and Shinyanga rural, Meatu and Kahama Districts (Shinyanga Region) have produced a comprehensive HIV/AIDS plan by June 2003. ➢ The comprehensive HIV/AIDS plans Incorporated into the comprehensive Districts Annual Plans by end of 2003. ➢ At least one co-ordination forum established each of the six LGAs by September. 2003.

2. LGAs and CSOs of Magu, Ilemela Ukerewe Districts (Mwanza Region), and Shinyanga rural, Meatu and Kahama Districts (Shinyanga Region) Implement comprehensive HIV/AIDS interventions	• Capacity building of LGAs and others to implement a comprehensive HIV/AIDS district plan • Technical assistance and backstopping from LGA to LGA	2.1. Organise sensitisation and advocacy meetings with relevant technocrats of the LGAs and CSOs 2.2. Provide TA to ensure selection of competent implementers (CSOs) 2.3. Train Districts ToTs on the use of guides for the identified intervention packages 2.4. Provide technical backstopping in the implementation 2.5. Facilitate the use of experienced LGAs in backstopping of other LGAs	➢ Sensitisation and advocacy meetings reports available byJullyl 2003. ➢ Districts ToTs training reports available by August, 2003 ➢ Six LGAs are implementing identified TANESA's intervention packages by end of 2003
3. LGAs and CSOs of Magu, Ilemela Ukerewe Districts (Mwanza Region), and Shinyanga rural, Meatu and Kahama Districts (Shinyanga Region) conduct effective monitoring and evaluation of HIV/AIDS *interventions*	• Capacity building in M&E of HIV/AIDS interventions among LGAs and others	3.1. Organise advocacy and sensitisation activities on M&E 3.2. Provide TA to LGAs and others for identification of needs and use of M&E 3.3. Train relevant staff of LGAs and CSOs on the adaptation, development and effective use of M&E tools 3.4. Provide technical backstopping on M&E	➢ Sensitisation and advocacy meetings *reports on M&E available by Julyl* 2003. ➢ Six LGAs and others using M&E tools by Dec. 2003. ➢ Training reports available by Octber 2003 ➢ Reports of the M&E available by October 2003, for use in the planning and implementation process of the subsequent year.

PROMOTION & DISSEMINATION			
OUTPUTS	**STRATEGIES**	**ACTIVITIES**	**INDICATORS**
4. Proven practical and cost-effective interventions, developed and/or adapted by TANESA, promoted and made accessible to LGAs and CSOs of Magu, Ilemela and Ukerewe Districts (Mwanza Region), and Shinyanga rural, Meatu and Kahama Districts (Shinyanga Region)	• Dissemination and promotion of interventions (developed or adapted by TANESA), within and outside the two regions. • Draw and incorporate lessons on marketing and dissemination from other partners	4.1. Make an inventory of TANESA's intervention packages for dissemination. Identify modalities/channels for dissemination 4.2. Develop tools for advocating and marketing TANESA's interventions. 4.3. Distribute documents to the relevant partners in the six LGAs. 4.4. Advocate/market the use of TANESA's interventions by LGAs and CSOs 4.5. Document and Disseminate TANESA's experience in facilitation at conferences, exhibitions and other relevant forums. 4.6. Develop feedback mechanisms to relevant audiences.	➢ Inventory of TANESA's intervention packages available by Jan. 2003. ➢ Advocacy and marketing tools available by September, 2003 ➢ TANESA interventions are being implemented in the six LGA's, by end of Dec. 2003. ➢ Inventory of distributed materials available by Dec. 2003. ➢ TANESA's experience in facilitation disseminated to at least 2 conferences/ exhibitions/ other relevant forums by Dec.2003

RESEARCH & DEVELOPMENT			
OUTPUTS	**STRATEGIES**	**ACTIVITIES**	**INDICATORS**
5. New evidence-based *interventions* developed by TANESA, available for use and marketing	• Multi-disciplinary operational research	5.1. Develop and implement research proposals 5.2. Give feedback results to target groups 5.3. Develop, pre-test and document new interventions 5.4. *Produce guides for implementation* 5.5. Produce monitoring tools	➢ At least one research report available by Dec. 2003. ➢ One new intervention documented and available by Dec.2003.
6. TANESA's interventions, adapted to local circumstances and available for use and marketing	• Participatory assessment of local circumstances together with LGAs and CSOs	6.1. Select/identify packages for adaptation 6.2. Develop and implement proposal for the situation analysis 6.3. Organise and give feedback on situation analysis to the stakeholders 6.4. Test and adapt the selected interventions to local circumstances 6.5. Document the adapted intervention (refer to Promotion & Dissemination)	➢ *Intervention packages for* adaptation identified and implemented in the 6 LGAs by Nov.2003 ➢ Feedback reports available by September 2003. ➢ Reports of the situation analysis for the needed adaptation in the six LGAs available by September 2003. ➢ At least 4 selected packages for adaptation of interventions/tools documented and available by 2003.

. Operational spects of the acilitation rocess, known nd available for se by relevant artners and olicy makers	• Analysis of the factors supporting/ hindering operationalisation of interventions by the LGAs	7.1. Develop and implement research proposals in connection with the facilitation and implementation process 7.2. Document research findings 7.3. Organise feedback sessions with relevant partners/collaborators	➢ Experiences of facilitation documented and made available by December 2003. ➢ Feedback reports available by Dec.2003.
. Handed over ctivities (i.e. urveillance, HUBT and in-chool Program) aken over and eing mplemented by he respective Districts/ nstitutions	• Capacity building of the respective LGAs and other Institution.	8.1. Conduct meetings to discuss TANESA's exit strategy with responsible authorities 8.2. Provide TA to LGAs and Institutions to plan and implement handed over activities 8.3. Provide backstopping to LGAs and Institutions in the course of implementation	➢ Handed over activities are being implemented by the respective LGAs and Institutions by Dec. 2003.

6. Activities and Time frame

OUTPUTS	ACTIVITIES	Time Frame
. LGAs and CSOs of Magu, Ilemela nd Ukerewe Districts (Mwanza Region), and Shinyanga rural, Meatu nd Kahama Districts (Shinyanga Region) produce a comprehensive HIV/AIDS district Plan	1.1. Organise sensitisation and advocacy meetings with Regional authorities and other key stakeholders in Mwanza and Shinyanga Regions	May-July 2003
	1.2. Organise sensitisation and advocacy meetings with six LGAs and CSOs	May-July 2003
	1.3. Conduct situation analysis, identify and prioritise the interventions packages in the six LGAs	June-August 2003
	1.4. Support LGAs to establish DAT	June-September 2003
	1.5. Provide TA to the six LGAs and CSOs to identify training needs, set selection criteria and conduct training of the selected Districts ToTs on planning	May-June 2003
	1.6. Provide technical backstopping in the actual development of the plan	May-Dec 2003
	1.7. Provide TA to LGAs on establishing/ strengthening co-ordination forums	May-November 2003
2. LGAs and CSOs of Magu, Ilemnela and Ukerewe Districts (Mwanza Region), and Shinyanga rural, Meatu and Kahama Districts (Shinyanga Region) Implement comprehensive HIV/AIDS interventions	2.1. Organise sensitisation and advocacy meetings with relevant technocrats of the LGAs and CSOs	May-June 2003
	2.2. Provide TA to ensure selection of competent implementers (CSOs)	May-June 2003
	2.3. Train Districts ToTs on the use of guides for the identified intervention packages	June-July 2003
	2.4. Provide technical backstopping in the implementation	June-September 2003
	2.5. Facilitate the use of experienced LGAs in backstopping of other LGAs	June-September 2003
3. LGAs and CSOs of Magu, Ilemela and Ukerewe Districts (Mwanza Region) and Shinyanga rural, Meatu and Kahama Districts (Shinyanga Region) conduct effective monitoring and evaluation of HIV/AIDS interventions	3.1. To organize advocacy and sensitisation activities on M&E	July-September-May 2003
	3.2. To provide TA to LGAs and others for identification of needs and use of M&E	Jun-September 2003
	3.3. To train relevant staff of LGAs and CSOs on the adaptation, development and effective use of M&E tools	July-September 2003

	3.4. To provide technical backstopping on M&E	May-Dec. 2003

OUTPUTS	ACTIVITIES	Time frame
4. Proven practical and cost-effective interventions, developed and/or adapted by TANESA, promoted and made accessible to LGAs and CSOs of Magu, Geita Ukerewe Districts (Mwanza Region), and Shinyanga rural, Meatu and Kahama Districts (Shinyanga Region)		
	4.1. Make an inventory of TANESA's intervention packages for dissemination	May-June 2003
	4.2. Identify modalities/channels for dissemination	May-June 2003
	4.3. Develop tools for advocating and marketing TANESA's interventions	May-July 2003
	4.4. Distribute documents to the relevant partners in the six LGAs.	May-June 2003
	4.5. Advocate/market the use of TANESA's interventions by LGAs and CSOs	May-Dec. 2003
	4.6. Document and Disseminate TANESA's experience in facilitation at conferences, exhibitions and other relevant forums.	April-Dec 2003
	4.7. Develop feedback mechanisms to relevant audience.	June-July 2003

OUTPUTS	ACTIVITIES	Time frame
Out put	**Activities**	**Time frame**
5. New evidence-based interventions developed by TANESA, available for use and marketing	5.1. Develop and implement research proposals	MayJuly 2003
	5.2. Give feedback results to target groups	August 2003
	5.3. Develop, pre-test and document new interventions	August-Dec. 2003
	5.4. Produce guides for implementation	October-Nov. 2003
	5.5. Produce monitoring tools	Nov. -Dec. 2003
6. TANESA's interventions, adapted to local circumstances and available for use and marketing	6.1. Select/identify packages for adaptation	May-June 2003
	6.2. Develop and implement proposal for the situation analysis	May 2003
	6.3. Organise and give feedback on situation analysis to the stakeholders	June 2003
	6.4. Test and adapt the selected interventions to local circumstances	June-August 2003
	6.5. Document the adapted intervention (refer to Promotion & Dissemination)	August-Nov 2003
7. Operational aspects of the facilitation process, known and available for use by relevant partners and policy makers	7.1. Develop and implement research proposals in connection with the facilitation and implementation process.	May.-Dec. 2003
	7.2. Document research findings	May.-Dec. 2003
	7.3. Organise feedback sessions with relevant partners/collaborators.	May.-Dec. 2003
8. Handed over activities (i.e. surveillance, HUBT and in-school Program) taken over and being implemented by the respective Districts/ Institutions	8.1. Conduct meetings to discuss TANESA's exit strategy with Responsible authorities	May-June 2003
	8.2. Provide TA to LGAs and Institutions to plan and implement handed over activities	May - Dec. 003
	8.3. Provide backstopping to LGAs and Institutions in the course of Implementation	May - Dec. 2003

DETAILS OF BUDGET

7.

A: Facilitation, Planning, Training and Backstopping

No.	ACTIVITY	Unit cost (Tshs.)	TOTAL BUDGET (Tshs.)	TOTAL BUDGET (USD)
1.	District situation analysis	6 Districts x 1,400,000/=	8,400,000	8,400.0
2.	Regional advocacy	30 people x 2 days x 40,000/=	2,400,000	2,400.0
3.	District advocacy activities	6 district x 60 people x2 days x 20,000/=	14,400,000	14,400.0
4.	Training and workshops on TANESA Intervention	6 districts x 3 workshops x 20 participants x 20,000/= x 6 days	43,200,000	43,200.0
5.	Facilitation	6 facilitators x 100 days x 40,000/=	24,000,000	24,000.0
6.	Transport cost	1 year x 200,000km x 300/=per Km =	60,000,000	60,000.0
7.	Allowances for Drivers	4 drivers x 100 days x 20,000/=	8,000,000	8,000.0
8.	Stationery	Stationery and logistics	21,600,000	21,600.0
9.	Financial support to District		150,000,000	150,000.0
10.	Financial support to National structures		15,000,000	15,000.0
		Sub - total	**347,000,000**	**347,000.0**

B. Exit / Handing over activities

1.	In-School Program	Supply of materials, orientation and exchange meetings/workshops	30,000,000	30,000.00
2.	Health Unit Based Training	Supply of materials and training	10,000,000	10,000.00
3.	Antenatal Clinic Surveillance	Supply of materials, training and operationalisation of one quarter of the surveillance	14,500,000	14,500.00
4.	Epidemiological sero-survey	Supply of materials, training and operationalisation of one of the survey	50,000,000	50,000.00
5.	Demographic surveillance	Supply of materials, training and operationalisation of one follow-up round	12,000,000	12,000.00
6.	Backstopping and logistics		34,000,000	34,000.00
		Sub- total	**140,000,000**	**140,000.00**

	GRAND TOTAL	487,000,000.	347,000.00

Annex I: Total budget TANESA 2003.

Budget TANESA 2003-2005			Currency: US Dollars
Staff Salaries			
Salary level	unit cost	Number	Y1
PM	36,000	1	36,000
Facilitator	15,600	6	93,600
Administrator	12,000	1	12,000
Admin. assistant	9,000	1	9,000
Secretary	9,000	2	18,000
Driver	4,000	4	16,000
Office attendant	3,000	2	6,000
ARV treatment	600	4	2,400
Holiday allowances	160	16	2,900
NSSF	18,160	1	18,160
TOTAL			214,060
Technical Assistance			
TA	110,000	1	110,000
Short term consultancies	20,000	2	40,000
TOTAL			150,000
Facilitation			
Training workshop	4,000	18	72,000
Transport	0.30	160,000	48,000
Allowance	10	1,250	12,500
TOTAL			132,500
Equipment			
Motor vehicle	40,000	1	40,000
Office			
Maintenance	6,000	1	6,000
Equipment	7,000	1	7,000
Communication	10,000	1	10,000
Stationary	5,000	1	5,000
TOTAL			28,000
Dissemination			
Participation in NSC	700	2	1,400
Participation in RSC	400	8	3,200
Travelling to RSC	200	2	400
Conference in country	2,000	1	2,000
Publication	3,000	1	3,000
Travelling	7,000	1	7,000
DSA	4,000	1	4,000
TOTAL			21,000
District fund	unit cost	Number	Y1
funds for LGA's interventions	25,000	6	150,000
funds for CSO's interventions	25,000	6	150,000
TOTAL			300,000
Other costs			Y1

Handing over previous tasks	140,000
External audit	100,000
TANESA support/Nat levels	30,000
External evaluation	
TOTAL	270,000
TOTAL	1,155,560
Contingencies 3%	34,667
GRAND TOTAL	1,190,227