

United Republic of Tanzania Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 02/17/2014

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: Through administering a questionnaire and face to face discussions

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

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

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

Organization	Names/Positions	Respondents to Part A
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NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
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A.I Strategic plan

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

IF YES, what is the period covered: 2013 - 2017

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: The 2013-2017 national strategy is based on review and analysis of achievements made, gaps and lessons learned from the 2008-2012 national strategy, the national HIV and AIDS policy as well as other related policies (eg the 2025 national vision strategy, poverty reduction strategy etc), the HIV and AIDS investment framework, trends and the epidemiological trends of the disease. The strategy is more focused in terms of priorities settings and ensuring maximum partnership and inclusiveness of key stakeholders in its implementation

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: All government ministries, departments and agencies

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

Education:

Included in Strategy: Yes

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: No

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: No

Transportation:

Included in Strategy: Yes

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other: All other ministries not mentioned above

Included in Strategy: Yes

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?: Each ministry is required to set aside funds for HIV and AIDS activities as per the national strategy

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

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

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Just to note that, despite the fact that the legal framework is not friendly to sex work, MSM and IDU related behaviours, health care does not discriminate them. However, the services might not necessarily be completely friendly

: Yes

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

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

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: No

d) An indication of funding sources to support programme implementation?: No

e) A monitoring and evaluation framework?: Yes

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

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: From the on-set of the initial preparatory stage up to including the development process and the finalization of the national strategic plan 2013-2017 their involvement was very high

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

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

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

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

:

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

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

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

Reduction of stigma and discrimination: Yes

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

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

Other [write in]:

:

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

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 3

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: Efforts by the government and development partners has been in terms of strengthening Monitoring & Evaluation systems as well as the human resource for health as well as the logistical systems for drug supply management.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Many

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: : The level of on going integration need to be strengthened

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 6

Since 2011, what have been key achievements in this area: The main focus of care, treatment and support thematic area has been to strengthen and scale up comprehensive care and treatment services in public and private facilities through facility and community based approach and TB/HIV collaborative activities with a focus on quality improvement. The Ministry of Health and Social Welfare (MoHSW) in collaboration with partners has finalized a National Comprehensive HIV Testing and Counseling (HTC) Guideline which combines all approaches of HTC into one document. In order to facilitate smooth entry to the care and treatment services, new HIV testing approaches such as Provider-Initiated Testing and Counseling (PITC) and home-based counseling and testing have been introduced and strengthened. This is expected to increase the level of access to the care and treatment services through increased service outlets.

What challenges remain in this area:: • Weak early identification and enrolment of infected children into care (EID) • A number of women are still receiving ineffective PMTCT and give birth to HIV positive new born children (20%) • Approximately, only 50% of pregnant women deliver at a health facility in Tanzania • Shortage of human resources for health to support program implementation • Limited financial resource base to support fully funding of ART and diagnostics • Weak supply chain management system • Low coverage of screening for TB among People Living with HIV • Weak drug management and intermittent stock outs of drugs

A.II Political support and leadership

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

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: The President appointed a Deputy Permanent Secretary in PMO-RALG to oversee health services (inclusive of HIV and AIDS) at the local government level. This is an excellent structure that will improve coordination and integration across policy, guidelines, and regulation at the central level and implementation and service delivery at district and regional levels During the national AIDS Day (Dec 2013) and during the launching of the third National Multi-sectoral Strategic Framework for HIV and AIDS (2013-2017) with strong government commitment and support promised

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

IF NO, briefly explain why not and how HIV programmes are being managed::

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

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Dr Fatma Mrisho - Executive Chairman, Tanzania Commission for AIDS (TACAIDS)

Have a defined membership?: Yes

IF YES, how many members?: 12 (Twelve) from Government, NGOs, FBOs, Youth, PLHIV, Private sector and the Academia

Include civil society representatives?: Yes

IF YES, how many?: 1 (one)

Include people living with HIV?: Yes

IF YES, how many?: 1 (one)

Include the private sector?: Yes

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

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

IF YES, briefly describe the main achievements:: TACAIDS has managed to provide multi-sectoral policy guidance and oversight of the National HIV and AIDS response including the coordination of key functions of policy development, resource mobilization, advocacy, monitoring and evaluation. The advocacy, monitoring and evaluation of the AIDS response is decentralized to the local government authorities (LGAs). Planning, implementation and monitoring of the national response resides with the sectors, which are also decentralized to the LGA levels. The Public Sector has a defined administrative structure that stretches from the community level, up to National or Central level.

What challenges remain in this area::

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

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

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: N/A

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the political support for the HIV programme in 2013?: 9

Since 2011, what have been key achievements in this area: Tanzania has finally joined other nations by fully adopting the 2010 World Health Organization Guidelines to place on treatment all HIV-positive individuals with a CD4 count below 350, all children under 2 years of age, and all HIV-positive individuals with TB co-infection, regardless of CD4 cell count. The Government in Tanzania has chosen to pursue the adoption of Prevention of Mother to Child Transmission, or PMTCT, “Option B+,” offering all HIV positive pregnant and breastfeeding women antiretroviral treatment for life. Tanzania launched the third generation of the National Multi-sectoral HIV Framework,(NMSF III), under the leadership of TACAIDS and through strong partnerships, commitment and communication among all stakeholders. The Ministry of Health and Social Welfare, in collaboration with partners and stakeholders, finalized the Health Sector HIV Strategic Plan III (HSHSPIII) in October. The Cabinet approved the new AIDS Trust Fund at the end of October 2013, providing concrete promise to further enable the critical goal of country ownership of the HIV response.

What challenges remain in this area: There is insufficient trained personnel and weak supply chain management system of commodities to enable reach an AIDS-Free generation with Zero new HIV infections, Zero AIDS related deaths and Zero HIV associated stigma, HIV prevention, care and treatment services at scale and with quality The most recent Tanzania HIV and Malaria indicator survey (2012) showed that overall HIV prevalence has decreased among adults over a 10 year period. While reductions were impressive among men, there was no decrease in HIV prevalence among women. Gender-based violence, stigma, cultural norms, and economic dependence all contribute to this alarming trend. ‘Key Populations are at higher risk of acquiring and transmitting HIV’ exist in all types of epidemics. However, there is urgent need to create a high level political support to recognize these groups and develop interventions that address their vulnerability. While the country is doing a lot on strategic planning the government need to focus on quality implementation of priority services to scale, including strengthening responsibilities for coordination and meaningful supportive supervision, ever-focusing on quality improvement and efficient use of resources ie using human resources wisely through expanding, formalizing and adopting task shifting. There is critical need to mobilize domestic resources for the HIV/AIDS response since Tanzania’s HIV/AIDS budget has been and continues to be highly donor dependent.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: According to the national constitution, all individual have equal basic human rights. However, despite the existence of the provision in the national constitution, stigma associated discrimination is still high among members of the community especially for sex workers, PWIDs and even more for MSM

Briefly explain what mechanisms are in place to ensure these laws are implemented:: With MSM, Sex workers and PWIDs there is no mechanisms in place for their protection

Briefly comment on the degree to which they are currently implemented:: No mechanism that is being implemented

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

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: In 2008, Tanzania enacted a HIV Prevention and Control Act (HAPCA). Part VIII of the Act provides for PLHIV rights and obligations. Section 33(1) (a) and (b) provide for rights to access quality medical services and treatment for opportunistic diseases. Section 33(2) (a) and (b) provide for obligation of

protection to others from re-introducing infections into the population. According to Section 28-32 of this law, discrimination is a punishable offence. In 2010, regulations for HIV Counselling and Testing, use of ARVs, and disclosure were developed and gazetted. The regulations provide for protection against forced testing and mandatory disclosure. The National HIV and AIDS Policy (2012) further emphasize the importance of respect for the human rights of PLHIV, as stipulated in the Constitution of the United Republic of Tanzania. Specifically the policy commits to enhancing measures to ensure men, women, boys and girls living with HIV and AIDS are entitled to all civil, legal, and human rights without discrimination based on gender differences or serostatus in accordance with the URT Constitution and other International Conventions. Against a backdrop of protective policies and laws, some laws and policies, such as the Law of Marriage Act (1971), which provides for early marriage (15 years for females by statute, or 14 years with consideration of "special circumstances") and therefore increases the risk of HIV infection to young women and girls, need to be revised.

Briefly comment on how they pose barriers:: The legal framework in the country is prohibitive to sex work, MSM practices as well as to IDU practices which are all punishable under existing laws of the land. In such a situation, a section of the key populations can not access user friendly services because they are at most not available and where available they are hidden and access is limited

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]::

: No

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

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

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

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

Briefly describe the content of this policy or strategy::

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

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers:

Prison inmates: HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Targeted information on risk reduction and HIV education

Other populations [write in]:: Track Drivers, Fishing communities, Mining communities, displaced people

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

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

IF YES, how were these specific needs determined?:

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7

A.V Treatment, care and support

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

If YES, Briefly identify the elements and what has been prioritized:: Option B+ Universal treatment for children
Community based HTC Treatment of TB/HIV co- infected patients

Briefly identify how HIV treatment, care and support services are being scaled-up?: Decentralisation through RCH clinics All TB clinics to provide ART Special clinics for PWIDs

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Disagree

Economic support: Agree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

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

Please clarify which social and economic support is provided: PLHIV supported groups and coordinated by TACAIDS

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

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: No

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area?:

What challenges remain in this area?:

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

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

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

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 6

Since 2011, what have been key achievements in this area?:

What challenges remain in this area?:

A.VI Monitoring and evaluation

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

Briefly describe any challenges in development or implementation:: There are still notable shortages in M&E technically qualified human resources especially at sub-regional levels which pose a challenge in managing key HIV M&E responsibilities (data management and analysis including use at center of collection).

1.1. IF YES, years covered: 2012-2014 (latest one) having had one that expired in mid 2012.

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

Briefly describe what the issues are:: All key partners were involved

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: No

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

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

Guidelines on tools for data collection: Yes

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

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

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

Briefly describe any obstacles:: Still requires capacity strengthening in terms of staffing

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

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M&E Director, Statistician	Full-time	2008
M&E Officer	Full-time	2006
Statistician	Full-time	2006

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

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

Briefly describe the data-sharing mechanisms:: HIV M&E systems in the various sectoral ministries as well as data from the districts are shared electronically through the Local Government Monitoring Database to TOMSHA at TACAIDS for non medical data while medical or clinical data is shared through HMIS.

What are the major challenges in this area:: • Inadequate M&E personnel at all levels, specifically at sub-national level. • Lack of supportive supervision plans in most Councils visited • Untrained CHACs on TOMSHA reporting and M&E in newly established Districts. • Poor documentation on implemented HIV and AIDS activities by some CSOs • Frequent changes of TOMSHA Focal Persons by HIV and AIDS implementers • Poor Data Quality management at service delivery points • Limited funding for operational research • Inadequate capacity on management of TOMSHA electronic database by most of the Councils HIV Coordinators • TOMSHA electronic data base has not been installed in newly established Districts • Non-Consistent and irregular reporting on TOMSHA by non-medical HIV and AIDS in most of the councils.

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

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

IF YES, briefly describe the national database and who manages it.: The National HIV and AIDS Database which is a central repository of all HIV and AIDS data in the country has been completely developed to link with all HIV Data sources. TACAIDS has continued to ensure that all Local Government Authorities have electronic database installed for TOMSHA reporting, initiatives are ongoing to incorporate TOMSHA database into the Local Government Management Database (LGMD), the Memorandum of Understanding to guide the implementation of this initiatives has been signed between TACAIDS and the Prime Minister's Office, Regional Administration and Local Government (PMORALG). The National AIDS Control Program with support from regional implementing partners has installed electronic database at health facilities offering HIV and AIDS services

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

IF YES, but only some of the above, which aspects does it include?: However, while the database include all key indicators especially for Key Populations, data is difficulty to collect on regular basis given the associated stigma and discrimination as well as the unfriendly legal framework in the country

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s): At ministerial level down to district at facility level

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

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

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

IF YES, for which population groups?: Adults and children (men and women as well as age)

Briefly explain how this information is used:: The information is used for programming and policy decisions eg ART needs and resources required

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: District as the lower unit for geographical measurement

Briefly explain how this information is used:: To Plan for allocation of resources and drug supply.

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

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]:: Assessment of implementation performance

: Yes

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

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: Yes

IF YES, what was the number trained: 250

At service delivery level including civil society?: Yes

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: After formal trainings were held, supportive supervision was provided as on-the job training on collecting and analyzing programmatic data at sub-national level, including how to produce regular reports on program progress and results. Regular review and discussions on Data management tools and guidelines to meet reporting requirements, standard source documents and reporting forms in reporting at all levels have made M&E documentation more efficiently managed despite existing challenges of staff shortages

11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area:: Staff responsible for undertaking M&E functions have received training in M&E as well as the tools required to discharge their responsibilities. They have over time build experience in collecting and analyzing programmatic data on a sub-national level, producing regular reports on program progress and results. Data management tools and guidelines to meet reporting requirements, standard source documents and reporting forms in reporting at all levels have made M&E documentation more efficient. At sub national level, the M&E staff have adhered to mechanisms to undertake verification on availability of services or commodities and are able to address late, incomplete or inaccurate reporting. These have been addressed mainly for the health sector. TACAIDS has trained Regional Capacity Building Teams (RCTBs) to undertake capacity building on HIV and AIDS at the Local Government Authorities. Among the capacity building interventions implemented by the RCBTs include basic concepts on M&E, TOMSHA reporting, monitoring, and project management.

What challenges remain in this area:: Having a number of data systems that are inadequately linked and harmonized including a weak coordination system for partners and stakeholders responsible for HIV data collection, has continuously resulted in greater focus on data collection on the general population leaving behind Key Population groups. Despite the mentioned challenges, the government and partners have invested substantial time and efforts in setting up and rolling out the M&E system in different sectors in both Mainland and Zanzibar and some notable achievements have been made. However, with current limited resources, it is highly justified to focus on strengthening the capacity for data collection and data management at sub-national levels, as well as harmonizing and linking the data systems to generate evidence on Key Population groups and supporting data packaging and dissemination, demand and utilization at all levels of the national response.

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3

Comments and examples::

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 4

Comments and examples:: Fully involved in the development of the National Multi-sectoral Strategic Framework III (2013-2017) as well as the Health Sector Strategic Plan 2013-2017. CSOs are now key partners in the planning process at country level

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 2

c. The national HIV reports?: 4

Comments and examples:: The CSOs are highly represented and contribute to various fora and meetings where HIV and AIDS reports are developed for their activity inclusion

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 4

c. Participate in using data for decision-making?: 3

Comments and examples: CSO are also reporting through the national HIV M&E system (TOMSHA). CSOs are also members of the national M&E TWG

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3

Comments and examples: CSOs are involved in various strategic discussions including development of the NMSF and the health sector strategic plan on HIV and AIDS

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

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 4

Comments and examples: Lack of capacity for the development of fundable proposals has limited their potentials for accessing funds from the government and other donors

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

Prevention for key-populations:

People living with HIV: 25-50%

Men who have sex with men: 51-75%

People who inject drugs: 25-50%

Sex workers: 51-75%

Transgender people: <25%

Palliative care : 25-50%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI): <25%

Home-based care: 25-50%

Programmes for OVC: 51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 6

Since 2011, what have been key achievements in this area:: In Tanzania, CSOs contribute a remarkable and significant role in the HIV and AIDS National Response. There are over 6,000 (six thousand) community and civil society organizations that implement HIV and AIDS related interventions to communities in Tanzania. The HIV and AIDS interventions implemented by CSOs include HIV prevention, care and support, impact mitigation including income generating activities, support to orphans and vulnerable children among others. The National Response is also supported by a number of International Non-Governmental Organization. Many of these INGOs are supported by the Government of the United States of America through the President’s Emergency Plan for AIDS Relief (PEPFAR). Other support received by INGO comes from the UN, Global Fund, USAID, Basket Fund, CIDA and DANIDA. These organizations have made significant contribution to HIV care, treatment and support, HIV prevention initiatives and impact mitigation.

What challenges remain in this area:: Many of the local CSOs are facing the challenge with limited financial resources and weak capacities for effective implementation of HIV and AIDS related interventions.

B.II Political support and leadership

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

Yes

IF YES, describe some examples of when and how this has happened:: In the recent review of the second National Multi-sectoral HIV and AIDS Strategic Plan (2008-2012) and development of a new (third) strategic plan for 2013-2017. In general the government has continued to involve PLHIV as well as key population groups in its HIV policy and programming process

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: The 2011 national HIV and AIDS policy emphasized on the rights of PLHIV to be the same as those of all Tanzania as referred to by the constitution of United Republic of Tanzania under review. Specifically the policy commits to enhance measures to ensure men, women, boys and girls living with HIV and AIDS are entitled to all civil, legal, and human rights without any discrimination based on gender differences or sero-status in accordance with the Constitution of the United Republic of Tanzania and other relevant International Conventions.

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

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

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

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

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

Briefly comment on how they pose barriers:: To add

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

Briefly describe the content of the policy, law or regulation and the populations included.: Tanzania developed its first national policy for HIV and AIDS in 2001, which was implemented by two strategic frameworks that ended in 2012. In 2008, Tanzania enacted a HIV prevention and Control Act. Part VIII of the act provides for rights and obligations for PLHIV. Article 33(1) a & b provides right to access to the highest medical services and treatment for opportunistic diseases. Article 33(2) a & b provides for obligation for protection for others and re-infection. According to the law, discrimination is an offence and is punishable (article 28-32). In 2010, regulations for the Counselling and Testing, use of ARVs and disclosure) were developed and gazetted. The regulations provides for protection against forced testing and mandatory disclosure. The 2011 national HIV and AIDS policy further emphasized on the rights of PLHIV to be the same as those of all Tanzania as referred to by the constitution of United Republic of Tanzania under review. Specifically the policy commits to enhance measures to ensure men, women, boys and girls living with HIV and AIDS are entitled to all civil, legal, and human rights without any discrimination based on gender differences or sero-status in accordance with the Constitution of the United Republic of Tanzania and other relevant International Conventions. Against a backdrop of protective policies and laws, some laws and policies such as the Law of Marriage Act (1971), which provide for early marriage (15 years for females by statute, or 14 years with consideration of "special circumstances") and increase the risk of HIV infection to young women and girls, deserve to be revised in the light of the positive changes as described above

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: see above -but also : The 2011 national HIV and AIDS policy emphasized on the rights of PLHIV to be the same as those of all Tanzania as referred to by the constitution of United Republic of Tanzania under review. Specifically the policy commits to enhance measures to ensure men, women, boys and girls living with HIV and AIDS are entitled to all civil, legal, and human rights without any discrimination based on gender differences or sero-status in accordance with the Constitution of the United Republic of Tanzania and other relevant International Conventions.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism:: No specific mechanism in place apart from what is being implemented at police stations where individuals can report and action taken as appropriate

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

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

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

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

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

IF YES, Briefly describe the content of this policy/strategy and the populations included:: The policy does not discriminate and services are offered to everybody irrespective of one's status

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

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: See 8 above

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

IF YES, briefly describe the content of the policy or law:: Through the NMSF III, the government is keen to promote the removal of barriers to services through advocacy to create an enabling environment that protects the rights of vulnerable groups to access services. This will thus include review and assessment of the legal, policy, and social environment and the removal of key legal and policy barriers to an effective national HIV response. In addition, strategies to change societal perceptions towards key populations, attitudes of health workers, and co-workers are envisaged. In addressing screening for general employment, during 2010, regulations for the Counseling and Testing, use of ARVs and disclosure) were developed and gazetted. The regulations provided for protection against forced testing and mandatory disclosure.

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

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

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

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

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

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

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

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

a. Legal aid systems for HIV casework: Yes

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

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

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?:

Since 2011, what have been key achievements in this area:: To add

What challenges remain in this area:: Stigmas still continue to be highly prevalent in Tanzania at various levels and settings. Data from the 2012 Stigma Index Study shows: At a small scale there is breaching of confidentiality through health delivery systems, as well as discrimination by health care providers, Inaccessibility of reproductive health and/or infant feeding options, Fewer women living with HIV not offered sterilization due to their HIV positive sero - status or offered sterilization by Health service providers due to their HIV positive status. The study also shows a high prevalence of self- Stigma. Most PLHIV reported a sense of shame, blame, feelings of worthlessness, feelings that PLHIV deserves to be punished, and self-isolation. Self-Stigma drives most PLHIV who are sexually active not to bear children, because of their HIV sero-status. This also lead PLHIV to remove themselves from spaces where they would be potentially be stigmatized- at Work Places; where to access promotion, in casual relationship, in sexual relationships including deciding to have children Furthermore, the study showed that fewer PLHIV know where to seek assistance once their human rights are violated. Majority of PLHIV are not aware of their rights, national HIV and AIDS Policy, legal information and Global commitments on HIV and AIDS

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 8

Since 2011, what have been key achievements in this area:: Overall, the HIV and AIDS epidemic is declining as per prevalence levels noted in national surveys undertaken in 2004 (7%), 2007(5.7%) and 2012 (5.1%). During the period 2008-2013, the National HIV and AIDS Act led to some progress in prevention of mother to child transmission, HIV testing and counselling and scaling up of care and treatment. Number of sites providing VCT increased while Provider Initiated Testing and Counseling was available in all hospitals and 50% of health centres including increased, the total number of new clients pre-tested and counseled.

What challenges remain in this area:: There was thus notable failure of pre-marital abstinence; low levels of HIV counselling and testing among the sexually active youths (only 39% female and 25% males aged 15-24 years, low levels of

condom usage (32% female and 36% male) sexually active aged 15-24 years used a condom during last sexual intercourse. Of the men, 15-49 years who paid for sex 40% did not use a condom. Few HIV infected women and HIV exposed infants still do not access eMTCT services. About 30% of all HIV positive pregnant women in need of ARV therapy to reduce the risk of MTCT did not access eMTCT services at all in 2011; 44% of all children at risk of HIV infection from their mothers did not access ARV for eMTCT. Inadequate community and male partner involvement, are the main challenges to attain eMTCT; 70% of health facilities did not provide EID services and 43% of HIV exposed infants did not receive any prophylaxis to prevent MTCT Low utilization of the VCT services especially in rural areas due to long distances; inadequate human resources; limited couple testing; and low disclosure of HIV test results to partners preventing efforts to make informed health decisions such as use of condoms. More than 64% of the blood transfused in most hospitals and health centres in the country has not fully met the WHO quality assurance standard Limited data on key populations beyond Dar es Salaam, limited coordination of implementers working with key populations, and lack of national standards for strategies for interventions targeting KPs

B.IV Prevention

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

IF YES, how were these specific needs determined?: Through review of the National Multi-sectoral Strategic Framework for HIV and AIDS (NMSF 2008-2012) and the development of the NMSF 2013-2017 as well as the review and development of the Health Sector HIV and AIDS Strategic Plan 2013-2017

IF YES, what are these specific needs? : Prevention of Mother to Child Transmission (PMTCT), provision of comprehensive sexual and reproductive health services, HIV Counseling and Testing (HCT), Voluntary Medical Male Circumcision (VMMC), Condom distribution and programming, Behavior Change Communication programs, Safe blood transfusion, infection prevention and control in the hospital settings, life skills education through peer education programs particularly for in and out of school youth ,establishment and strengthening of youth friendly services.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Disagree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 7

Since 2011, what have been key achievements in this area?: - PMTCT has improved with adoption of a highly effective option B+ - HIV testing campaigns have been scaled up and adopted the provider initiated HTC - Male circumcision scaled up to 72% with potential to reach the target for 2015 (80%) - Strengthened condom promotion (access and skills to use condoms)

What challenges remain in this area?: • Inadequate comprehensive knowledge and life skills knowledge on HIV and AIDS among Tanzanians. • Limited financial resources to support HIV and AIDS prevention interventions especially at community and hard to reach areas • Inadequate provision of life skills education in HIV and AIDS to in- and out of school youth • Harmful cultural practices, norms and values (including taboos) which impact negatively on positive prevention strategies. Examples include non-communication between parents and children on sexual and reproductive health which result into lack of correct information among youth on HIV and AIDS as well as creating space for limited HIV response among youth • Limited supply of female condoms • Inadequate blood units screened in quality assured manner. • Stigma still persists at all levels (self and community stigma). • Laxity implementation of Work Place Program implementation in Public and Private sectors

B.V Treatment, care and support

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

IF YES, Briefly identify the elements and what has been prioritized:: Based on the 2003-2008 Care and Treatment plan, the following are core elements to be provided for all persons who are HIV+. These core elements are designed to foster improved overall health and transmission reduction, with the aim of slowing the progression of the disease on an individual and population level, and to maximize the benefit of available therapies. The core elements include: • Basic education regarding the mechanism of HIV infection and disease progression. • Management of disease symptoms. • Education about behaviours to reduce transmission of HIV. • Orientation to the care and treatment programme. • Counselling and education about actions that may delay progression of disease and reduce co-morbidities, such as attention to nutrition, food safety, and clean water. • Routine clinical care and nutritional assistance to malnourished patients. • Prophylaxis for OIs as indicated by the National Treatment Guidelines.

Briefly identify how HIV treatment, care and support services are being scaled-up?: The Tanzanian Government in close collaboration with various partners and stakeholders have contributed to the strengthened roll-out efforts by the GoT and by December 2013, the number of adults and children who were currently on ART was 512,555 of which 152,877 are men and 320,830 women, while 7.58% accounts for children <15 years. The main focus of care, treatment and support has been to strengthen and scale up comprehensive care and treatment services in public and private facilities through facility based, community based and TB/HIV collaborative activities with a focus on quality improvement. The Ministry of Health and Social Welfare (MoHSW) in collaboration with partners finalized the National Comprehensive HIV Testing and Counselling (HTC) Guideline which combines all approaches of HTC into one document. In order to facilitate smooth entry to the care and treatment services, new HIV testing approaches such as Provider-Initiated Testing and Counseling (PITC) and home-based counseling and testing have been introduced. This is expected to increase the number of access to the care and treatment services through increased service outlets.

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Disagree

Early infant diagnosis: Disagree

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

HIV testing and counselling for people with TB: Agree

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

Nutritional care: Disagree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Strongly disagree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: - Treatment coverage has increased (74%) , with integration and treatment of HIV / TB co-infection (54%) - Adoption of option B+ has increased the proportion of pregnant women who are put on life long ART

What challenges remain in this area:: • Weak early identification and enrolment of infected children into care (EID) • A number of women are still receiving ineffective PMTCT and give birth to HIV positive new born children (20%) • Only 50% of pregnant women deliver at health facility in Tanzania • Shortage of human resources for health to support program implementation • Limited financial resource base to support fully funding of ART and diagnostics • Weak supply chain management system • Low coverage of screening for TB among People Living with HIV • Drug management and stock outs of drugs

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

Yes

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

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

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: - Treatment coverage has increased (74%) , with integration and treatment of HIV / TB co-infection (54%) - Adoption of option B+ has increased the proportion of pregnant women who are put on life long ART

What challenges remain in this area:: (i) Existence of a weak referral and networking system; inadequate supervision and support to counselors; non adherence to national HTC guidelines; as well as existence of poor infrastructure which compromise privacy and confidentiality. (ii) Failure to adhere on treatment (on and off) due to various reasons; over advertisement of alternative medicine (iii) Lack of mechanism to track the clients who receive treatment at another facility leading into Loss to Follow-up (LTF). (iv) Poor integration of HIV care and treatment with other general services TB/RCH/Immunization. (v) Lack of collaboration /coordination between facility and community activities and poor linkage of HBC and care and treatment facility. (vi) Critical shortage of skilled Health Care Providers and those currently trained for ART care are not evenly distributed. (vii) Inadequate infrastructure of the health system in general to cope with increasing number of patients who are on lifelong treatment. (viii) Scarcity of resources for ARV and other HIV commodities example-CD4 testing is inadequate, erratic and not accessible to some facilities.