

Tanzania National Advocacy Action plan For the Campaign to End Paediatric AIDS (CEPA) January to December 2010

“Saving innocent lives in Tanzania”



Human Development Trust
PO Box 65147 Dar es Salaam
Tel: + 255 22 2772264/86
Fax: + 255 22 2772299
Email: info@hdt.or.tz
Website: www.hdt.or.tz

Table of content

Executive summary	3
List of abbreviation	4
Section one: Introduction and Overview of Tanzania Context	6
1.1. Introduction to PMTCT+ and Paediatric AIDS treatment	6
1.2. Process of development of NAAP.....	6
1.3. Defining the need.....	7
1.4. The theory of change	8
Section two: Objective one. Family Centred care and Nutrition	9
2.1. The objective context.....	9
2.2. Specific Objectives:.....	9
2.3. Objective outcomes	9
2.4. The action and evidence for Family Centred care and Nutrition.....	10
Section three: Objective two: Early Infant diagnosis & Treatment.....	10
3.1. Objective context:	10
3.2. Specific objectives:.....	11
3.3. Objective outcomes	11
3.4. The action and evidence for early infant diagnosis and treatment.....	11
Section four: Objective three: Stigma and discrimination.....	12
4.1 Objective context:	12
4.2 Specific Objectives:	12
4.3 Objective Outcomes.....	13
4.4 The Action and Evidence Stigma and discrimination.....	13
Section five: Objective four: Full funding to Eliminate Paediatric AIDS	13
5.1 Objective Context:	13
5.2 Specific Objectives:	13
5.3 Objective outcomes:.....	13
5.4 Action and evidence for full funding to eliminate PAIDS	14
Section six: CEPA objectives synergies and strategies	14
6.1. Synergies between CEPA objectives	14
6. 2. Advocacy strategies	15
Section seven: Monitoring and evaluation.....	15
7.1. General monitoring concepts	15
7.2. Monitoring and evaluation plan	16
Section 8: Partner roles and accountabilities	17
8.1. Overall CEPA coordination in Tanzania	17
8.2. CEPA country team brief profile:	17
8.3. General partners roles.	18
Annexes three: Logical Framework Analysis	21

Executive summary

List of abbreviation

AGOTA	The Association of Gynaecologists and Obstetricians
AIDS	Acquired Immunodeficiency Syndrome
AJAAT	Association of Journalists Against AIDS in Tanzania
ANC	Antenatal Care
ANECCA	African network for Care of Children Affected by HIV/AIDS
ART	Antiretroviral Therapy
ARV	Antiretroviral
CEPA	Campaign to End Paediatric HIV/AIDS
CHAI	Clinton Foundation HIV/AIDS Initiative
CSO	Civil Society Organisations
CTC	Care and Treatment Centre
DBS	Dried Blood Spot
DPG AIDS	Development Partners Group on HIV/AIDS
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	Early Infant Diagnosis
EIT	Early Infant Treatment
FDC	Fixed Dosage Combination
GAA	Global AIDS Alliance
GNP	Gross National Product
HCW	Health Care Workers
HDT	Human Development Trust
HIV	Human Immunodeficiency Virus
HIC	High Income Countries
ICAP	International Centre for AIDS Care and Treatment Programs
IMR	Infant Mortality Rate
LHRC	Legal and Human Rights Centre
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MEWATA	Medical Women Association of Tanzania
MNH	Muhimbili National Hospital
MOF	Ministry of Finance
MOH	Ministry of Health
MOH – SRH	Ministry of Health (Sexual and Reproductive Health department)
MP	Member of Parliament
MSD	Medical Store Department
MUHAS	Muhimbili University of Health and Allied Services
NAAP	National Advocacy Action Plan
NACOPHA	National Council of People Living with HIV/AIDS
NACP	National AIDS Control Programme
PAC	Parliamentarian AIDS Coalition
PAIDS	Paediatric AIDS
PASADA	Pastoral Activities and Services for People with AIDS, Dar es Salaam Archdiocese
PAT	Paediatric Association of Tanzania

PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
PM	Prime Minister
PMO	Prime Minister's Office
PMTCT	Prevention of mother to child transmission of HIV
PS	Public sector?
RCHC	Reproductive and child health clinics
TACAIDS	Tanzania Commission for AIDS
TAF	Tanzanian AIDS Forum
TANOPHA	Tanzania Network of Organisations of People Living with HIV/AIDS
TAPAC	Tanzanian Parliamentarians AIDS Coalition
TFDA	Tanzania Food and Drugs Authority
TFNC	Tanzania Food and Nutrition Centre
TNCM	Tanzania National Coordinating Mechanism
TNW+	Tanzania Network of Women living with HIV/AIDS
ToT	Training of Trainer
TRA	Tanzania Revenue Authority
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Section one: Introduction and Overview of Tanzania Context

1.1. Introduction to PMTCT+ and Paediatric AIDS treatment

“There is no more ‘excuse’ for newborn babies to contract HIV from their mothers during pregnancy, birth or breastfeeding...” Professor David Mwakyusa, Minister of Health and Social Welfare, Tanzania when inaugurating CTC clinic at Arusha.

The HIV infections passed from mothers to babies are unprecedented. If we achieve full coverage of PMTCT then we will have saved 118 babies born infected each day and this translates to 43,300 lives saved annually. This will serve the cost of life long treatment for these babies in addition that we will reduce their suffering and allow them to contribute to national economy. Full coverage of PMTCT+ will also contribute to reduction in Infant Mortality Rate, Under Five Mortality Rate, Decrease of Maternal Mortality Rate..... HDT director in his appeal statement for during stakeholders meeting on CEPA; September 10, 2009.

The number of children living with HIV globally continues to increase steadily. Global estimates were just over 2 million in 2007. It is estimated that more than 90% of children living with HIV acquired infection during pregnancy, birth or breastfeeding, all of which can be prevented. A small fraction of infection in children is caused by medical contamination, transfusion and sexual abuse. In the year 2007, over 270,000 children aged below 15 years died due to AIDS related illness and more than 90% were in sub Saharan Africa¹.

The number of infants born from HIV positive mothers keeps increasing. The prevalence of HIV among pregnant women has been reported to stand nationally at 8.2%, just above that of general population (5.7%) and even that of all women in total of 7%². Along side the campaign to end transmission of infection from mother to child; efforts to prevent new infections among females need to be further explored. The efforts being developed in many countries including to prevent new infection ought to protect these young innocent infants from getting infected and save life long treatment of the same.

According to Tanzania universal access report 2009, there are 55% of health centres that provide HIV testing and ARVs for PMTCT. Only 5% of health facilities are able to do virology tests for infant diagnosis. Only 5% of infants within 12 months receive infant diagnosis through the 5% health facilities mentioned above. There are 12,822 infants are estimated to be on treatment³.

1.2. Process of development of NAAP

The process started by engaging the consultant to document the bottlenecks hindering full coverage of PMTCT and Early Infant Diagnosis and Treatment. The consultant did extensive desk review of available literature including but not limited to the National Policy for HIV, Care and Treatment program, HIV health strategic plan, Health strategic plan III,

¹ 2008 Report on Global AIDS Epidemic; UNAIDS Geneva. Page 31-47

² TACAIDS/NBS: Tanzania HIV and Malaria Indicators Survey, Dar ES Salaam 2008

³ TACAIDS/WHO: Tanzania UNGASS report, Dar Es Salaam 2009

Joint HIV review report of 2008, Joint evaluation report for health sector 2007, Public expenditure Review report of 2007, National AIDS Spending Assessment (NASA) report of 2008, Universal Access Report of 2009 and UNGASS report of 2008. In addition he undertook in-depth interview with key stakeholders including but not limited to NACP, TACAIDS, UNICEF, WHO, Engender health, MOH-SRH department, MNH- department and MUHAS- Reference laboratory.

The report from the consultant was presented to the stakeholders meeting that took place on September 10, 2009. Stakeholders improved the report and made prioritization of five main bottlenecks which need to be addressed. Participants to this one day meeting included ANECCA, MEWATA, AJAAT, TAPAC, TPA, NACOPHA, AGOTA, TAF and TANOPHA. Others are TNW+, NACP, Engender Health, UNICEF, UNFPA, TACAIDS, PEPFAR, CHAI, WHO and Malachi Communications Limited (print media). report was validated by stakeholders and can be accessed at www.hdt.or.tz.

A team of 11 people met, 3 from HDT and 8 from partner organizations, who formed the Tanzania National CEPA Team to write the NAAP. The participating organizations are MEWATA, ANECCA, HDT, TAF, AJAAT, NACOPHA, Clinton Foundation and TAPAC. Four organizations will directly implement CEPA activities (see section 8 for details) these were (AJAAT, TAF, PAT and ANECCA).

Therefore this NAAP is an outcome gap analysis and two meetings convened one to validate bottlenecks and another to draft NAAP. HDT would like to appreciate the contribution of all partners from the first meeting conducted at Lunch time Hotel and the Country CEPA Team who met at Kiguza Village Hotel from September 17 to 19, 2009. Without the support of stakeholders and the Country CEPA Team, this work could not be possible.

1.3. Defining the need

In Tanzania, it is estimated that 1.4 million women becoming pregnant each year, with 8.2% prevalence among pregnant mothers⁴, there are 114,800 pregnant mothers who are HIV infected. In year 2008, Tanzania estimated a total number of 217,704 new infections, 43,300 (20%) being due to mother to child transmission. From this, there are 596 people infected by HIV every day, out of these 118 are children infected by their mother. This is about 20% of all infections happening daily.⁵ In Tanzania 6 in 10 HIV positive women access PMTCT services through 12.5% facilities which offer PMTCT. Globally, we record show that only 14 in 100 children who need ART get it, in Tanzania there is no data available, but we only know that 20% of those on ART are children. 21,500 (50%) of 43,300 infant infected will die before their second birthday and 34,450 (75%) of 43,300 will die before their fifth birth day. The remaining 10,450 babies will need life long treatment and the cost of maintaining life health expectancy will be high to family and nation. The health sector HIV strategy proposed to increase coverage to 80% for PMTCT+ and EID&T by 2012 will save 94 new infections every day and this will be a major breakthrough in HIV prevention.

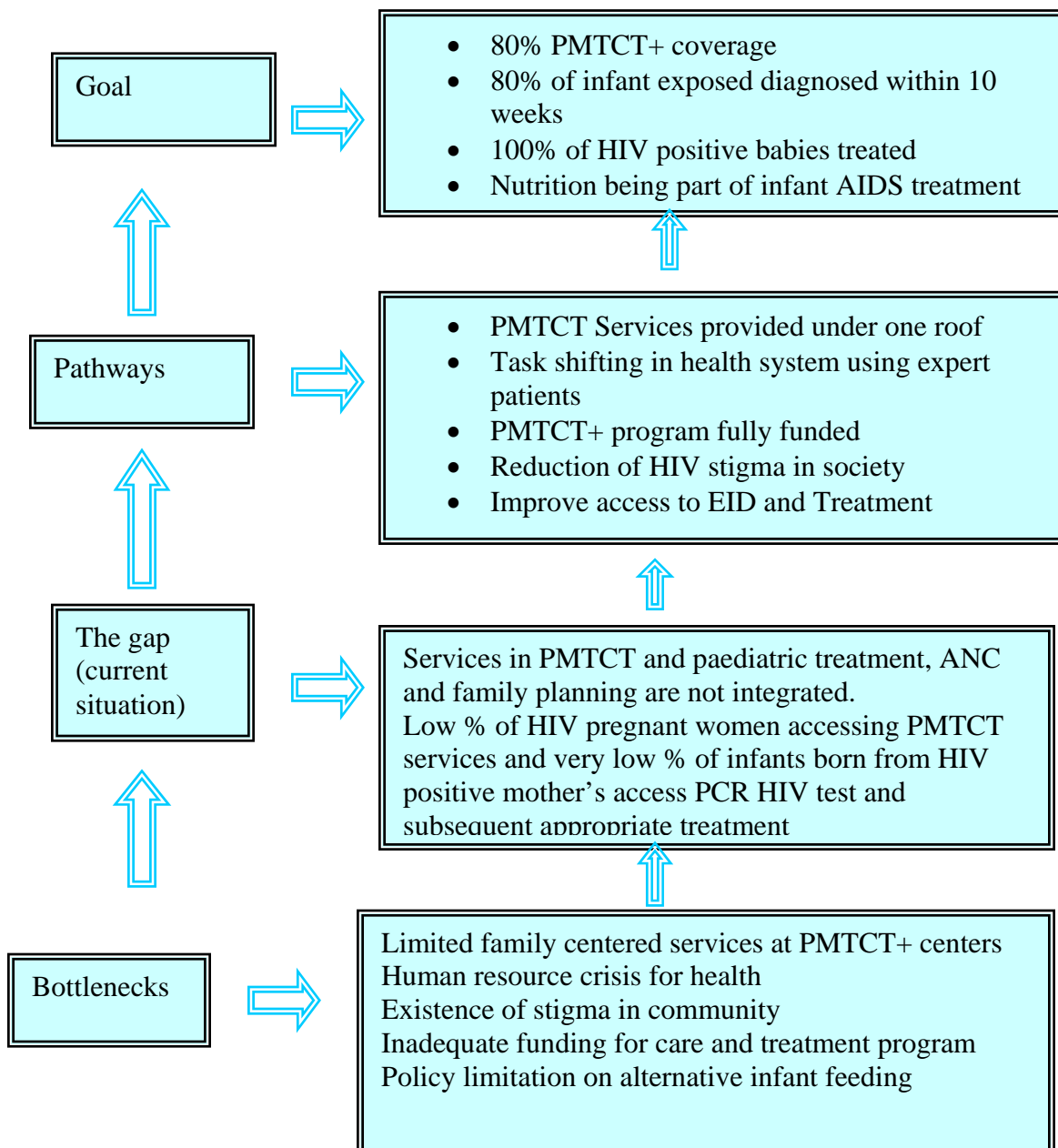
⁴ ANC surveillance report of year 2005

⁵ Tanzania HIV/AIDS prevention strategy 2009-2012 Draft

1.4. The theory of change

The theory of change (cause and effect)

Under this section a theoretical framework on how the desired outcome will be reached through strategic multiple pathways is presented. The bottlenecks and the current situation is also shown in the diagram below.



Section two: Objective one. Family Centred care and Nutrition

2.1. The objective context

The services provided for PMTCT and exposed infants are in different departments such as care and treatment unit, Reproductive and child health. Under this issue, family centred services will include: PMTCT, SRH, infant diagnosis and treatment; immunization and growth monitoring, nutritional support, access to cotrimoxazole prophylaxis; maternal HIV care; community-based care and support, including palliative care; and routine health interventions for the whole family. Where as the care and treatment emphasize for exclusive breastfeeding, there is transmission of HIV in the course of breastfeeding due to changes in viral load, ulcers etc. Even those who opt for exclusive breast feeding, majority of them end up practicing mixed feeding further increasing risk to infection. Those who opt for alternative feeding can not afford nutritious diet for infants end ends up causing malnutrition. CEPA will advocate for inclusion of feeding formula to all exposed infants as well as change in policy from exclusive feeding to alternative feeding that should be provided to all exposed infants.

2.2. Specific Objectives:

- By December 2010, Tanzania has adopted provision of PMTCT and paediatric services to be provided under one roof.
- By April 2012, at least 25% of health centres and district hospitals are providing family centred services related to HIV and AIDS.
- By December 2011 alternative feeding has become part of treatment of HIV positive infants

2.3. Objective outcomes

Beneficiary Outcome: Health services made available under one roof for PMTCT+; infant feeding available

Advocacy outcome:

Government endorsed and implements the provision of services under one roof and alternative feeding provided to all exposed infants:

Allies: PASADA, ICAP, TACAIDS, UNAIDS, TFNC, CHAI and CEPA Team

Opponents: workers in the health sector, heads of departments.

Targets: Ministry of health, parliamentary standing committee for social services & HIV

2.4. The action and evidence for Family Centred care and Nutrition

Strategies	Activities	Outputs	KPI
Work with paediatrician, PASADA and CHAI who have practised it with the Ministry of health, TACAIDS, TFNC, TFDA	<ol style="list-style-type: none"> 1. Document cases of services provided under one roof 2. Develop case studies in audio visual etc 3. Develop position paper and media package 4. Face to face meeting with PS MoH, RCHC, MP social services & HIV, TACAIDS 5. To undertake Policy analysis to identify gaps 6. Meeting with the ministry of health on services under one roof 7. Meeting Parliamentary Social Welfare Committee 8. To advocate for local production of alternative food stuffs (Bakhresa, Mengi etc.) 9. To hold a meeting with Government for tax relief on imported food supplement 10. Document successful cases on alternative infant feeding 11. Hold meeting with MoH/president/PM to advocate for community demand creation across all levels on PAIDS services 12. To undertake Policy analysis to identify gaps on exposed infant feeding 13. Meeting with the ministry of health, TFDA, TFNC on exposed infant feeding options 14. Meeting Parliamentary Social Welfare Committee 	<p>Documented case studies</p> <p>Position papers</p> <p>Minutes from Meeting</p> <p>Agreements from meetings</p> <p>Nutrition funded as key component of paediatric treatment</p>	<p># of case studies documented</p> <p># of position papers produced</p> <p># of advocacy meetings conducted with actors.</p>

Section three: Objective two: Early Infant diagnosis & Treatment

3.1. Objective context:

There are only 5% of health facilities in Tanzania which can do virology and DBS tests, which decreases the accessibility of such a service. The advocacy will be done to improve the transportation logistics of samples to regional hospitals as well as for increased number of centres to provide EID and Treatment. An advocacy will also be done to ensure that the CTC-2 form is modified to accommodate missing important information for child development.

3.2. Specific objectives:

- By April 2012 80% of all the children born from HIV Positive mothers are diagnosed within 10 weeks of delivery in Tanzania
- By April 2012 100% of infected children who are eligible to start ART are accessing appropriate medication
- By the end of 2011 health sector has adopted a policy of using expert patients in care and treatment program
- By end of December 2011 MoH is implementing health workforce motivation package

3.3. Objective outcomes

Beneficiary Outcome: Most of infants exposed receive diagnosis within 10 weeks of delivery and accessing quality treatment under one roof.

Advocacy outcome:

Government develops implements a program to increase number of infant diagnostic centres and access to fixed dose combination for HIV infants

Ministry of Health opt the use of expert patients for non technical clinical work.

Allies: PASADA, ICAP, TACAIDS, UNAIDS and CEPA Team

Opponents: workers in the health sector, heads of departments.

Targets: Ministry of health, parliamentary standing committee for social services & HIV

3.4. The action and evidence for early infant diagnosis and treatment

Strategies	Activities	Outputs	KPI
Work with paediatrician, PASADA, ANECCA and CHAI to convince Government to ensure EID&T on time	<ol style="list-style-type: none"> 1. Hold meeting with MoH to advocate for infant diagnostic centers 2. Training of journalists on the CEPA, and reporting on CEPA issues 3. Use of media to increase community understanding on PAIDS 4. Production and distribution of monthly news letters 	<ul style="list-style-type: none"> ▪ Agreement from meetings done ▪ Documentaries ▪ Theatre performance aired on TV and radio ▪ Agreement from meetings done ▪ Government statement adopting procurement of FDC for infants 	<ul style="list-style-type: none"> # of budget analysis reports # of meetings done # of documentaries produced # of theatre performances aired on TV and Radio

	<p>(jarida) on PAIDS</p> <ol style="list-style-type: none"> 5.Meeting to curb transportation problems of DBS for EID&T 6.undertaking infant medical stock out monitoring 7.Meeting with MoH to advocate for procurement of paediatric fixed dose combination 8.Use of media to increase community understanding on PAIDS 9.Production and distribution of monthly news letters (jarida) on PAIDS 10. To hold a meeting with MoH to discuss review of CTC-2 form to incorporate child monitoring of growth and development. 11. Monitoring Paediatric drug stock out 12. To check stock of FDC for paediatrics at MSD 	<ul style="list-style-type: none"> ▪ Documentary on used of expert patients at CTC and PMTCT facilities 	
--	--	--	--

Section four: Objective three: Stigma and discrimination

4.1 Objective context:

The communities still exercise stigma and discrimination and this has hindered access to PMTCT+, EID&T, disclosure of one's sero status and access to treatment for both opportunistic infections and AIDS related diseases.

4.2 Specific Objectives:

Objective 1: by December 2010, 4 members of Tanzania CEPA Team have been trained on Stigma index.

Objective 2: By the end of December 2010, implementation guidelines for the AIDS law are developed taking into consideration children rights in HIV perspective.

4.3 Objective Outcomes

Beneficiary outcomes: PLHIV feel free and safe to disclose their status and access PMTCT services

Advocacy outcome: Guidelines on the operationalization of HIV and AIDS Law implemented.

4.4 The Action and Evidence Stigma and discrimination

Strategies	Activities	Outputs	KPI
Work with legal based e.g. WLAC, LHRC etc	<ol style="list-style-type: none"> 1. Training of 4 members of Tanzania CEPA Team on 2. Advocate for development of regulations for AIDS law with women rights perspective 3. Develop regulations for implementation of AIDS law with PMTCT & PAIDS perspective 4. Training of journalists on the CEPA, and reporting on CEPA issues 	<ul style="list-style-type: none"> ▪ Four CEPA members trained • Regulations for AIDS Law developed 	# of staff trained on Stigma index

Section five: Objective four: Full funding to Eliminate Paediatric AIDS

5.1 Objective Context:

The government and development partners have been funding HIV programs in Tanzania. No data is available on how much is allocated to PMTC. The budget allocation to the health sector has not reached 15% as per Abuja declaration. The HIC contribution to the ODA has remained short of their target of 0.7% of their GNI by 2015 as per MDG 8. An advocacy will be done to ensure the increase of both government allocation to health sector, to MTCT and at global level, HIC to increase their share to 0.7% as a means to end PAIDS

5.2 Specific Objectives:

By December 2011 the government has increased the health sector budget from 11% to 15%

5.3 Objective outcomes:

Beneficiary outcome: availability and accessibility of PMTCT+ and EID&T services.

Advocacy outcome: the government has increased its health sector budget to 15% of its annual budget and adequate amount allocated to PMTCT.

Allies: PASADA, Engender Health and EGPAF, and CEPA Team

Opponents:

Targets: MoH, NACP and Social Service Commission.

5.4 Action and evidence for full funding to eliminate PAIDS

Strategies	Activities	Outputs	KPI
Work with parliament standing committee, social welfare Development Partners/developed countries	1. Budget Analysis 2. Expenditure Tracking 3. Workshop with parliament HIV standing committee, social welfare 4. Meeting with development partners in the country on 0.7% GNP of developed countries 5. CEPA countries meeting(s) to discuss funding mechanism of developed countries to reach 0.7% of their GNP	<ul style="list-style-type: none"> ▪ Budget analysis report ▪ Expenditure tracking report ▪ Workshop proceedings and Action ▪ Minutes of DP ▪ Minutes from the CEPA country meeting 	# number of copies of report # of reports of expenditure tracking produced Number of meetings done with DP

Section six: CEPA objectives synergies and strategies

6.1. Synergies between CEPA objectives

CEPA spells four objectives which are family centred services and nutrition, Early Infant diagnosis, Early Infant diagnosis and treatment, access to appropriate treatment and full funding. In addition to this HDT in Tanzania identified Stigma and discrimination as a critical factor to achieve 80% coverage of PMTCT. If objective two on early infant diagnosis and treatment is achieved, we find objective three of access to appropriate medication redundant. As such we have redefined our four national objectives as

- Objective one: Family centred services and nutrition
- Objective two: Early infant diagnosis and treatment
- Objective three: Full funding to PMTCT+
- Objective four: Stigma and discrimination

Full funding to PMTCT+ program is probably the significant bottleneck to be addressed so that we have funding for procurement of reagents, paediatric medication and payment of expert patients. When the medication and reagents are available, the next will be to ensure that the services are provided under one roof. This will ease the access to services by both parents and infants. The provision of services under one roof will to some extent solve some aspect of stigma at centre level. We will also have some interventions that address stigma at community level.

6. 2. Advocacy strategies

CEPA Tanzania will use a range of advocacy methods targeting different institution and other policy makers. The range of methodology will ensure that there are right mix of strategies that will be appropriate for different scene and forum.

- a. **Face to face meetings:** There will be face to face meetings arranged with different forum, being one to one meeting of group meeting. Meetings with minister or their executive will be one to one meeting, but meeting with parliamentary standing committees will be a group meeting. During these meetings, handy position makers papers will be produced and shared with them delegation for action and further reference.
- b. **Use of media:** There will be training to media houses on CEPA objectives and outputs. Press conference and debriefings will be done to media as a way to raise the voice of vulnerable exposed children and HIV positive mothers. There will be monthly production of newsletters in Kiswahili, interviews on TV and radio programs. Information will also be disseminated through other means such as radio and Television, news paper insertion.
- c. **Press release and press conferences:** there will be several press releases and press conferences to provide to the public update information on PAIDS and PMTCT+ as a matter of raising its profile.
- d. **Lobbying:** We will undertake strategic lobbying meetings with potential influential people to help back or convince those who makes decision. Even within the meeting with parliamentary committee we will also lobby some members before the meeting actually takes place.
- e. **IEC production and dissemination:** CEPA Tanzania will be also produce fact sheets and other IEC materials to arise the profile on the issues of PMTCT+ services.



Section seven: Monitoring and evaluation

7.1. General monitoring concepts

HDT has its monitoring and evaluation manual which detail what data needs to be collected, data verification and reporting. In line with the manual, this section defines the indicators to be collected, frequency and reporting. To spearhead up the M and E process, HDT will recruit a monitoring and evaluation officer to ensure that M&E is done accordingly.

The monitoring and quality assurance role will rest to HDT, with Executive director supporting both the M and E and director of program to ensure program quality and completion. The director of program working with M and E and advocacy officer to coordinate partners and ensure quality of programs. There will be three levels of program monitoring, Global AIDS Alliance will depending on their plan support on annually basis review of the implementation and quality assurance. CEPA implementing partners (HDT, TAF, AJAAT, ANNECA and PAT) will be meeting before activities are done to strategize and post event for postmortem to find out results and any bottlenecks. On quarterly basis, the whole CEPA country team which will be made of ... partners will

meet to receive quarterly implantation report and assist in addressing the implementation challenges⁶.

SELECTING THE RIGHT MIX OF MONITORING MECHANISMS		
Reporting	Validation	Participation
<ul style="list-style-type: none"> • Annual Project Report • Quarterly reports • Monthly summary activity • Project Documentation 	<ul style="list-style-type: none"> • Quarterly • Post activity peer review • Evaluation 	<ul style="list-style-type: none"> • GAA • CEPA country team • HDT & implementing partners
 Learning takes place through all monitoring mechanisms 		

7.2. Monitoring and evaluation plan

Objective	Indicators	Frequency of collection	Means of collection
Family centred services at PMTCT and nutrition	# centres providing family centred services	Annually	NACP report
	# of parents accessing PMTCT+ services	Annually	NACP report Universal access report
	Infant feeding policy supporting alternative feeding	Annually	
	% of PMTCT centres offering alternative nutrition	Annually	NACP report
	Number of experts supporting the objective	Quarterly	HDT documentary
Early infant diagnosis	# of centres using expert patients	Biannual	HDT documentary
	# of HCW trained on PMTCT and PAIDS	Annually	NACP annual report
	% of children born from HIV positive mothers accessing EID	Annually	NACP/ Universal access report
	% of diagnosed children receiving paediatric AIDS treatment	Annually	NACP/Universal access report
	Number of centres capable of doing EID	NACP/universal access report	
Stigma and discrimination	# of CEPA team trained in stigma index	Annually	HDT documentary

⁶ The CEPA main group includes implementers on one hand and Clinton Foundation, EGPAF, TAPAC, NACOPHA, WAMA, TACAIDS, UNAIDS, ICAP and MEWATA

	Regulations for implementation of AIDS law	Annually	HDT documentation
Full funding to PMTCT	% of government budget going to health sector	Annually	Budget speech from MoF
	% of HIV budget for PMTCT	Annually	HIV budget analysis

Section 8: Partner roles and accountabilities

8.1. Overall CEPA coordination in Tanzania

Overall coordination and accountability of CEPA Tanzania will rest to HDT. Using its partner and grant system it will coordinate and manage the partners in the country. HDT will work with four partners in the country but only sub grant three partners who are TAF, PAT and AJAAT. ANNECA will be sub granted by ANNECA regional office to undertake some duties as state in section 8.3 of this document.

8.2. CEPA country team brief profile:

Country CEPA Team for Tanzania

Tanzania has a team of eight organizations which forms the Tanzania CEPA Team. This is composed of MEWATA, ANECCA, PAT, HDT, TAF, AJAAT, NACOPHA, Clinton Foundation, EGPAF, ICAP, WAMA, TACAIDS, TFNC and TAPAC. The following provides in summary the profile of each organization.

MEWATA: This is a feminine medical professional organization that has done a lot of campaign against breast cancer for some years. They have experience in lobbying and use of media. The organization will be useful as they are dealing with issues that directly affect the wellbeing of women. They will participate in quarterly meetings to comment and improve the work of the core team.

ANECCA: This is a regional network which deals with paediatric issues and is already involved in this campaign through its regional office. The involvement of this organization will make substantial contribution towards achieving the CEPA ultimate goal. Their activities will be financed by ANECCA regional office.

TAF: This is the national network of organizations working in the areas of HIV, advocacy and gender. The network has over sixty members in all regions of Tanzania. This will help in ensuring there are many organizations involved in the campaign and therefore representing one voice for many civil society organizations. This network will be sub granted by HDT in undertaking some CEPA activities.

AJAAT: This is the association of journalists against AIDS in Tanzania producing an electronic HIV weekly newsletter. This will not only be an avenue for CEPA information dissemination but also making PMTCT+ and PAIDS an issue of public concern. AJAAT will be also a coordinator of journalists training and writing on CEPA issues.

NACOPHA: This is the council of People Living with HIV in Tanzania. Their presence will stimulate and increase the meaningful involvement of PLHIV in Tanzania hence achieving CEPA objectives.

Clinton Foundation: This is an organization working at grassroots level with vast experience in working and supporting the government to work on Paediatric AIDS and HIV care in general. Their rich experience and their close work with the government especially the ministry of health and social welfare will be meaningful in terms of engaging the ministry.

TAPAC: This is a coalition of members of parliament in Tanzania for HIV. This will be very useful in coordinating meetings with key parliamentary committees and important allies in holding the government accountable

PAT: This is an association of paediatricians in Tanzania who work in hospitals on day to day with rich experience in handling paediatrics. They will work with the team to share experience on emerging bottlenecks and better way to handle them.

HDT: will be the lead organization to ensure that Tanzania achieves the CEPA goal of 80% coverage of both PMTCT+ and EID & T.

WAMA: Wanawake na Maendeleo translated to “women and development” is the first lady’s initiative on HIV in Tanzania. Given their high profile, and their current work on unborn child campaign, we will explore and foster linkages into CEPA Campaign.

EGPAF: This is a US based organization that focuses on Paediatric AIDS care and treatment in Tanzania and else where.

ICAP: This is an America Based organization which works on care and treatment I Tanzania and has piloted the use of expert patients and retired health workers. They will be instrumental given their experience in the areas.

TFNC: The Tanzania Food and Nutrition Center is a department of ministry of health which is responsible to the issues related to food and nutrition. They have some segmental projects on infant feeding. We will work with them to document the cases and build a case for inclusion of nutrition as alternative feeding to all exposed infants.

8.3. General partners roles.

Association of Journalist against AIDS in Tanzania (AJAAT)

AJAAT will coordinate all media related activities. They will receive sub grant to cover administration cost and logistics. HDT will support 75% of salary for program officer to work on this project and 50% of administrator to AJAAT. They will also receive some funds for rent, stationeries and other office running cost.

Tanzania AIDS Forum (TAF).

TAF will receive sub grant to cover the advocacy officer (100%) and administrator officer 75%. TAF will be responsible to mobilize CSOs within their portfolio for petition, press conference, meeting etc. TAF will also receive grant to cover office running cost including grant and others.

Paediatric Association Tanzania (PAT).

This a professional medical Association focuses on paediatrics. Their involvement, experience and skills they bring in will be instrumental to ensure that we argue professionally especially on family centred services, modification of CTC form and alternative feeding. PAT will coordinate the meetings and sessions that focuses on Early infant diagnosis, treatment and nutrition as alternative feeding.

Annexes three: Logical Framework Analysis

Hierarchy Objectives	OVI	MoV	Risk/Assumptions
Goal: By April 2012, Tanzania have achieved 80% coverage of PMTCT, Early Infant Diagnosis and treatment	% of HIV mothers receiving PMTCT services % of infants accessing EID and Treatment	UNGASS report UA report NACP report	Government continues to be committed to HIV DPG AIDS continues to fund Tanzania
Broad Objective: 1. By April 2012, HIV positive mothers accessing Family centred services at PMTCT facilities and nutrition	# centres providing family centred services # of people assessing PMTCT services % of exposed infant receiving alternative	NACP report	Increased number of people accessing PMTCT services
Broad Objective: 2. By end April 2012, infants are accessing Early Infant diagnosis and treatment	# of centres using expert patients # of HCW trained on PMTCT and PAIDS	NACP report	Provision of quality PMTCT services
Broad Objective 3: By April 2012, AIDS law is being implemented to protect the rights of mothers	# of copies of regulations distributed	TACAIDS/MoH report	MoH supporting AIDS law implementation
Broad Objective 4: By 2012 the health sector budget has increased to 15%.	The % of government budget allocated to Health Sector	Budget analysis report	Data will be available for analysis on time
Broad Objective 5: By 2012, 80% of all children born from HIV positive mothers access diagnosis and treatment.	% of children born from HIV positive mothers accessing EID % of diagnosed children undergoing treatment	NACP Report	NACP report will be available in time
pecific Objectives:			
Objective 1: By December 2010, Tanzania has adopted provision of PMTCT and paediatric services to be provided under one roof.	# of centres providing family centred services % of exposed infants receiving	NACP Report	Community's engagement and access PMTCT services

Objective 2: By April 2012, at least 25% of health centres and district hospitals are providing family centred services related to HIV and AIDS.	alternative feeding		
By December 2011 alternative feeding has become part of treatment of HIV positive infants		Survey/ report	NACP Government approves local production of alternative feeding
Objective 3: By April 2012 80% of all the children born from HIV Positive mothers are diagnosed within 10 weeks of delivery in Tanzania	% of infants receiving early infant diagnosis	PMTCT report NACP Report	
Objective 4: By the end of 2011 health sector has adopted a policy of using expert patients in care and treatment program	# of centres using expert patients	NACP report	Increase quality of PMTCT and PAID services
Objective 5: by December 2010, 4 members of Tanzania CEPA Team have been trained on Stigma index.	# of CEPA team members trained on stigma reduction	HDT documentation	
Objective 6: By the end of December 2010, implementation guidelines for the AIDS law are developed taking into consideration children rights in HIV perspective.	# of regulations and distributed	MoH/TACAIDS Report	
Objective 7: By December 2011 the government has increased the health sector budget from 11% to 13%	% of health budget in discretionary expenditure % of health/HIV budget earmarked for PMTCT+, EID and treatment	Documentations	Increased quality of PMTCT and PAID services Increased number of people attending PMTCT and PAID services
Activities			
1. Document cases of services provided under one	# of assessment reports		

roof, experience on use of expert patients, need of HIV family counselling in Tanzania ⁷ , and implication of motivating few staff in health sector	produced		
2. Develop case studies in audio visual on use of expert patients and family centred counselling	# of audio visual tapes produced		
3. Develop position paper on Family centred services, Human resource for health motivation, use of expert patients	# of position papers printed		
4. Develop media package for use in family counselling, family centred services, use of expert patients.	# of media packages printed and disseminated		
5. Face to face meetings with PS- MoH, RCHC, MP social services & HIV, PAC, TACAIDS, MoF, Donors in health, religious institutions, constitutional and legal affairs,	# of meetings done		
6. Develop and record theatre art around use of expert patients	# Theatre documentary tapes produced		
7. Analyse budget for staff development in PMTCT and PAIDS	Budget analysis report		
8. Develop policy recommendations for improvement of guideline for PMTCT	Guidelines Produced		
9. Train 4 CEPA team member on implementation of stigma index	AIDS law regulations produced		
10. Develop regulations for implementation of AIDS law with PAIDS perspective			
11. Advocate for development of regulations for AIDS law with women rights perspective			
12. Budget Analysis in Health and HIV			

⁷ Build/learn from university of Pretoria experience

13. Undertake expenditure Tracking			
14. Workshop with parliament HIV standing committee, social welfare and finance and economy	Meeting report and actions with MPs		
15. Participate in global meetings to push HIC to reach MDG 8 on global partnership (0.7% GNP)	Advocacy agenda, statements		
16. Hold meeting with MoH to advocate for improved logistics for collection of DBS and centers for EID	Minutes and actions from meeting		
17. Training of journalists on the CEPA, and reporting on CEPA issues	Training report		
18. Use of media to increase community understanding on PAIDS	Media kit/package		
19. Production and distribution of monthly news letters (jarida) on PAIDS	News letter		
20. To hold a meeting with MoH to discuss review of CTC-2 form to incorporate child monitoring of growth and development.	New CTC form		
21. Monitoring of Paediatric drug stock out	Out of stock report		
22. To check stock of FDC for paediatrics at MSD			
23. To advocate for local production of alternative food stuffs (Bakhresa, Mengi etc.)	Minutes meeting and actions		
24. To advocate for tax relief on imported food supplement			