

**MAIN REVIEW OF THE NATIONAL HIV/AIDS  
MULTI-SECTORAL RESPONSE 2003-2007**



**MARCH 15<sup>TH</sup> to 16<sup>TH</sup> 2006 - DICC, DAR ES SALAAM  
MAIN STAKEHOLDERS REVIEW MEETING**

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## ***LIST OF ABBREVIATIONS***

ABC	Abstain, Be Faithful, Condom use
ABCT	AIDS Business Coalition in Tanzania
AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical Research Foundation
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ARVs	Anti-Retroviral Drugs
ATE	Association of Tanzania Employers
BAKWATA	Baraza Kuu la Waislam Tanzaniaia (National Muslim Council)
BCC	Behaviour Change Communication
CARF	Community Action Response Fund
CBOs	Community Based Organizations
CCT	Christian Council of Tanzania
CDC	Centre for Diseases Control
CHAC	Council HIV/AIDS Coordinator
CHBC	Community Home Based Care
CMAC	Council Multisectoral AIDS Committee
CSOs	Civil Society Organizations
CSWs	Commercial Sex Workers
DACC	District AIDS Control Coordinator
DC	District Commissioner
DED	District Executive Director
DPG AIDS	Development Partners Group on HIV/AIDS
DPs	Development Partners
FBOs	Faith Based Organizations
FHI	Family Health International
GBS-HIV	General Budget Support for HIV
GFATM	Global Fund on AIDS, Tuberculosis and Malaria
GFCCM	Global Fund Country Coordination Mechanism
GLIA	Great Lakes Initiative on HIV/AIDS
GoT	Government of Tanzania
GTZ	German Technical Cooperation
HAART	Highly Active Antiretroviral Therapy
HBC	Home Based Care
HE	His Excellence
HIV	Human Immunodeficiency Virus
HSS	Health Sector Strategy
ICT	Information Communication Technology

IEC	Information, Education, Communication
ILO	International Labour Organization
JICA	Japanese International Cooperation Agency
LGAs	Local Government Authorities
M&E	Monitoring and Evaluation
MAS	Multisectoral AIDS Strategy
MDAs	Ministry's Department and Agencies
MDGs	Millennium Development Goals
MKUKUTA*	Mkakati wa Kukuza Uchumi na Kuondoa Umaskini
MoCDGC	Ministry of Community Development, Gender and Children
MoEVT	Ministry of Education and Vocational Training
MoF	Ministry of Finance
MoHEST	Ministry of Science and Technology & Higher Education,
MoHSW	Ministry of Health and Social Welfare
MoLYDS	Ministry of Labour, Youth Development and Sports
MoU	Memorandum of Understanding
MTEFs	Medium Term Expenditure Framework
MUCHS	Muhimbili University College of Health and Sciences
MVC	Most Vulnerable Children
NACP	National AIDS Control Programme
NGOs	Non-Governmental Organizations
NHACAS	National HIV/AIDS Communication and Advocacy Strategy
NMSF	National Multi-sectoral Strategic Framework
NMSP	National Multi-sectoral Plans
NPEs	National Poverty Eradication Strategy
O&OD	Obstacles and Opportunities in Development
ODA	Overseas Direct Assistance
OIs	Opportunistic Infections
OVCs	Orphans and Vulnerable Children
PEPFAR	US Presidential Emergency Plan for AIDS Relief
PER	Public Expenditure Review
PLHAs	People Living with HIV/AIDS
PMO-RALG	Prime Minister's Office Regional Administration and Local Governments
PMTCT	Prevention of Mother to Child Transmission
PO-PSM	Presidents Office, Public Services Management
PR	Public Relations
PS	Private Sector
RAS	Regional Administrative Secretary

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\* Swahili acronym for the National Strategy on Growth and Reduction of Poverty (NSGRP)

RFAs	Regional Facilitation Agencies
RFE	Rapid Fund Envelope
RH	Reproductive Health
RNE	Royal Netherlands Embassy
RS	Regional Secretariat
SBAS	Strategic Budget Allocation System
SHDEPHA+	Services for Health and Development for People Living with HIV/AIDS
SIDA	Swedish International Development Agency
SPW	Students Partnership Worldwide
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TACs	Technical AIDS Committees
TAMWA	Tanzania Media Women Association
TANASO	Tanzania Network of AIDS Services Organizations
TB	Tuberculosis
TCRA	Tanzania Communication Regulatory Authority
THIS	Tanzania HIV/AIDS Indicator Survey
TMAP	Multi Country AIDS Programme for Tanzania (World Bank)
TNW+	Tanzania Network of Women Living with HIV
ToRs	Terms of Reference
TPHA	Tanzania Public Health Association
TUCTA	Tanzania Confederation of Trade Unions
UMASITA	UMOJA wa Matibabu wa Sekta Isiyo Rasmi Dar es Salaam
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VEO	Village Executive Officer
WAC	World AIDS Campaign
WAD	World AIDS Day
WAMAC	Ward Multi-sectoral AIDS Committee
WEO	Ward Executive Officer
WHO	World Health Organization
WPPs	Work Place Programmes

## 1. EXECUTIVE SUMMARY

Tanzania has been in the fight against HIV/AIDS for over 20 years and it has made remarkable achievements including the declaration that HIV/AIDS pandemic as a national disaster in 1999 by HE President (rtd.) William Benjamin Mkapa, development of a National HIV/AIDS Policy in 2001, development of the Tanzania AIDS Commission in 2002 under Act No. 22 of 2001 and the development of a National Multisectoral Strategic Framework in 2003 that aims to operationalise the National HIV/AIDS Policy by providing strategic guidance for developing and implementing HIV/AIDS interventions by various partners between 2003 and 2007.

During the 2<sup>nd</sup> annual review of the National Multi-sectoral HIV/AIDS Strategic Framework held between 15<sup>th</sup> and 16<sup>th</sup> of March 2006, a number of achievements were identified including:

- Increased awareness of HIV/AIDS information among the public
- Increasing high-level of commitment and increased pronouncements by top-level government officials, both of which contribute to the enabling environment
- The rising of both Government and donor HIV/AIDS financing from 16.8 billion to 381 billion Tshs. over the period between 2002/03 and 2005/06. This includes the increased capacity to mobilize funds for HIV/AIDS from various sources such as the Global Fund, PEPFAR, TMAP, GLIA, and other regional initiatives.
- Signing of a MoU between Government and Development Partners which spells out collaboration and cooperation and promotes better coordination
- Development of the national Advocacy and Communication Strategy
- Development and continuous facilitation of the National Coordination Mechanisms (TNCM)
- Establishment of Council Multi-sectoral AIDS Committees in all LGAs
- Placing of Regional Facilitating Agencies in all regions to facilitate coordination and capacity building
- TACAIDS supports development of district plans for HIV/AIDS through technical assistance and review
- Creation of structure and processes for HIV/AIDS mainstreaming within MDAs which is marked by the increased awareness and evidence of workplace HIV/AIDS Programmes
- Effective mobilization of the private sector to engage in the Response, which resulted in the formation and launch of the AIDS Business Coalition of Tanzania (ABCT), in 2004, now with significant increase in membership.

This is just to mention a few among many other presented thematic, sectoral and crosscutting achievements.

However, throughout discussions during the main review, the Government and Partners jointly concurred that there are still grey areas that hold the response from getting where it ought to be. These include: lack of ownership, inadequate commitment, accountability and low capacity to develop and effectively implement comprehensive HIV/AIDS programmes especially, among MDAs.

**Comment [JM1]:** Do we want to use the UNAIDS guidelines, which states that HIV/AIDS should always be referred to as HIV & AIDS? If so, all "HIV/AIDS" acronyms in document should be changed.

The Guest of Honour, HE retired President Mzee Ali Hassan Mwinyi, shared with participants what he finds to be “a hard to believe” fact, that even after over 20 years of the struggle, Tanzanians still witness high incidences of new infections and yet the entire population is still not as aggressive as it ought to be. In view of this, he called upon Tanzanians to find more open approaches to communicate about HIV/AIDS and he urged stakeholders to jointly come up with a clear vision and practical strategies if they are to make a notable difference.

The biggest challenge, however, remains on how to scale up the response that will lead to behavioural change and ultimately lead to the Nation being free from HIV/AIDS infection. All major speeches made during the review called upon all stakeholders to draw special attention on prevention, especially by protecting youths and women and scaling up the response towards reaching out to rural areas.

*“We are together in this fight against HIV/AIDS and together we will win”*

by Maj. Gen. (rtd) Herman Lupogo, Executive Chairman Tanzania Commission for AIDS

### **Agreed Milestones for 2006/2007**

#### **I. Private Sector (Formal Business and Informal Sector)**

1. Number of companies mainstreaming HIV/AIDS increased from 52 to 104 by 2007
2. Advocacy for including HIV/AIDS control clause in investment agreements initiated.
3. ABCT has a strategy for promoting best practices in workplace programmes by end of 2006
4. 50% funding of ABCT by members realised by year 2007
5. Instructions given to LGAs to facilitate financing to support the sector in all the Councils by 2007
6. Scaling up best practices with support from various sources including ABCT

**Comment [a2]:** Does this mean that this is a 50% increase? If so, it should be reworded.

#### **II. Policy & Planning**

1. The Technical Assistance Facility to be in place by end of 2006
2. NMSF revised in light of MKUKUTA through a participatory process by 2006/2007
3. TACAIDS has regular consultative forums with key sectors
4. HIV/AIDS included in MDAs quarterly reports to the Prime Minister’s Office by 2007
5. Review the National Care and Treatment Plan.

#### **III. Monitoring and Evaluation**

1. TACAIDS M&E Unit functional by the end of 2006
2. The Operational Road Map developed by 2006.
3. M&E system is functional including financial monitoring by 2007

#### **IV. District and Community Response**

1. The Regional Secretariats well placed to ensure sustainability after the RFA contracts to their Local Government Authorities
2. LGAs allocate resources to address identified capacity strengthening needs by 2007/8
3. Have at least one functioning model Ward Multi-sectoral AIDS Committee at every LGA by 2007
4. Revision of CMACs guidelines to be finalized by 2007
5. HIV/AIDS mainstreamed into the O&OD methodology and implementation by 2007
6. Increase the number of CSOs accessing funds by 2006
7. All eligible LGAs accessing funds through the block grant by 2006/07
8. Have a regular forum for all RFAs

#### **V. Advocacy and Communication**

1. First Lady's HIV/AIDS campaign supported
2. National communication strategy disseminated and operationalised by 2007
3. Eleven Mobile Cinema Vans and theatre arts available at the community level *????(to be reformulated)*
4. National HIV/AIDS Youth and Women Campaign launched by 2007

#### **VI. Finance Management and Funding Modalities**

1. Next PER to include a mini-study on  
"Funding system for CSOs and introduce systematic resource tracking and information dissemination"
2. Timely disbursement of funds to implementers
3. Increase of donor support on financing "budget support on HIV/AIDS"
4. Next round of the Global Fund should be designed using the GBS-HIV
5. Reorganization of TACAIDS for more effective operations by 2007 (including office space)

**Comment [a3]:** This section, especially, needs revision as recommended by the stakeholders. More substance to the milestones was recommended.

## 2. INTRODUCTION

### 2.1. Background to the review

TACAIDS held the main review meeting of the National Multi-sectoral HIV/AIDS Framework on March 15<sup>th</sup> and 16<sup>th</sup> 2006 in Dar es Salaam. The meeting brought together about 160 participants from Government, Development Partners, Civil Society Organizations, Regional Facilitating Agencies, People Living with HIV, as well as, religious and youth representatives.

The National HIV/AIDS Multi-sectoral Response is usually revised on an annual basis as stipulated in the NMSF 2003-2007 section 6.4 under Monitoring and Evaluation and Article VII of the Memorandum of Understanding between the Government of Tanzania and Development Partners. To complement annual technical reviews, section 6.5 of the National Multisectoral Strategic Framework provides for an in-depth evaluation that is to be done twice during the five-year period. In this light, a mid-term evaluation was to be done in 2005 with the objective of assessing the achievements of the national response after two years of implementation of the National Multi-sectoral Strategic Framework. However the Mid-Term Review for 2005 was postponed until March 2006 because the originally planned dates fell within the national campaigns for 2005 General Elections. The 1<sup>st</sup> technical annual joint review was done in February 2004.

The process of the review was done in three stages:

1. The mid-term evaluation which was conducted by a team of consultants through studying a number of strategic and project documents supported by consultation meetings with different actors in the national response.
2. The Technical Review meeting which looked at the Mid-Term evaluation findings and assessed achievements, challenges, opportunities and therefore proposed new milestones for the next two years covering 2006 and 2007.
3. The main stakeholders conference whose main task was to discuss recommendations from the Technical Review meeting and ultimately agree on appropriate actions for the next period.

### 2.2. Objective and expected output of the main stakeholders review conference

This review was aimed at evaluating the implementation progress made in the National Multi-sectoral response since 2003 to date. In other words, the Government of Tanzania and its partners gathered to jointly reflect on how efforts by different actors have contributed to the response and set up common targets to be achieved within the remaining two years of the current Multi-sectoral HIV/AIDS Framework. The expected outcome of the two-day Main Review of the national response was to mutually agree on the best way forward marked by measurable milestones to be achieved by the end of 2007.

#### Specific Objectives:

- ✓ Assess reasons for success or failure of specific aspects of the national response,
- ✓ Assess if the NMSF 2003-2007 is achieving its intended goals and objectives,
- ✓ Assess if the NMSF is still valid and appropriate to the challenges of the epidemic,

- ✓ Assess adequacy of resources, which have been available for the national response,
- ✓ Assess the performance and adequacy of the institutional framework especially the coordination mechanisms at national and local levels.

**Comment [a4]:** It is preferable to put numbers or a,b,c,d and not checks as it makes it easier to refer to. Change all checks throughout document to numbers or abc order

### 2.3. Meeting organization and facilitation methodology

The main stakeholder meeting was held for two days and it was organized by TACAIDS in collaboration with a Task Force composed of various key stakeholders as follows:

- |                             |                      |
|-----------------------------|----------------------|
| 1. Dr J Temba               | TACAIDS- Chairperson |
| 2. Ken Heise                | MSH                  |
| 3. Yosiah Bwatwa            | CONSULTANT           |
| 4. Eliazary D. E. Nyagwaru  | TACAIDS              |
| 5. Dr. Bergis Schmidt-Ehry  | GTZ                  |
| 6. Wilhelmina Balyagati     | TACAIDS              |
| 7. Dr. Peter S. Bujari      | HDT                  |
| 8. Dolores Candelaria       | TACAIDS              |
| 9. C.T. Mashauri            | TACAIDS              |
| 10. Richard K.S.Ngirrwa     | TACAIDS              |
| 11. Sophia Luhindi          | TACAIDS              |
| 12. B. Muhunzi              | TACAIDS              |
| 13. Gerwalda M. Henjewele   | TACAIDS              |
| 14. Bernadette Olowo-Freers | UNAIDS               |

**Comment [a5]:** For all names keep consistent format. If only first initial is used, use it for all names, if full names are used, use full names for all throughout.

Members of a Task Force together with a local consultant, Professor Yosia Bwatwa, facilitated all preparations for the meeting. Different facilitation methods were employed including keynote addresses and statements, review of keynote presentations and discussions, thematic presentations and discussions, and plenary sessions

The conference was opened by the retired President of the United Republic of Tanzania, HE Mzee Ali Hassan Mwinyi and closed by the Executive Chairman of the Tanzania AIDS Commission, Maj. Gen. (rtd) Herman Lupogo.

All sessions were co-chaired by the TACAIDS Executive Chairman, Maj. Gen. (ret) Herman Lupogo and Dr. Bergis Schmidt-Ehry from GTZ who is also the Chair of the Development Partners' Group on HIV/AIDS. On Day One a total of 4 speeches were made in the morning opening session and 2 presentations were made in the afternoon. On Day 2 a total of 5 presentations were made including a summary of milestones for 2006/2007. Professor Yosia Bwatwa, a consultant from the Open University of Tanzania facilitated all sessions throughout the meeting.

### 3. OPENING ADDRESSES AND STATEMENTS

#### Welcome remarks by Maj. Gen (ret) Lupogo, Executive Chairman of TACAIDS

Major General (retired) Lupogo started by welcoming the Guest of Honour and thanking him for his reassuring presence. He proceeded welcoming all other participants who came from outside and those from within Dar es Salaam and introduced them to the Guest of Honour. Sharing his expectations of the two-day review, the Executive Chair mentioned getting some constructive criticisms, encouragements and useful suggestions for a roadmap and milestones, which would bring the national efforts closer to an HIV-free nation. Closing his speech, he reminded participants that entering the two-day workshop with “me and you” approach would not benefit either side as we are all either collectively or individually together in the struggle and we must be accountable for the people of Tanzania and the world at large.

#### 3.2. Opening statement by Dr. Bergis Schmidt-Ehry from GTZ, Chairperson of the Development Partners Group on HIV/AIDS (DPG AIDS)

He started off by giving some statistics from Tanzania: Since 1983 it is estimated that 1.3 million people have died of HIV/AIDS already and another 2 million are expected to die by 2020; 2.5 million children and adolescents have been orphaned and with a prevalence of 7% Tanzania today is one of the 12 most affected countries worldwide.

He proceeded by giving some analytical news as follows:

- With a 7% estimated infection rate, 93% of adolescent and adult Tanzanians are free of HIV and they can and should remain so.
- He commended the tremendous increase in HIV/AIDS funding in Tanzania  
More than an estimated 350 billion Tanzanian shillings are spent on HIV this financial year; this is tenfold the amount of funds available in 2001.  
In budget year 2006/2007 the Government of Tanzania will provide 35 Billion Tshs and DPS will provide 346 Billion Tshs. This means, that most of the funding – 90% - comes from development partners. It now accounts for 10% of the total external assistance (ODA) to Tanzania. Total commitment of the donors for the period 2004 –2007 and beyond shows near to one billion USD.
- He commended Governments efforts to provide Care and Treatment for PLHAs including anti-retroviral treatment. About 52 000 people living with HIV have already been enrolled in the Care and Treatment Programme among those, 26,000 people are currently receiving anti-retroviral treatment which is helping people to recover and going back to work and take up their usual activities again. [AIDS no longer = Death!]

However he also pointed out some challenges:

Estimates indicate that there are 70,000 new HIV infections a year. This indicates that we have yet to get there in Prevention and need to particularly embark on aggressive strategies to bring upon behavioural change.

Regarding the alarmingly short funding pipeline given the long-term and recurrent nature of the spending obligations he cautioned and pointed out that, commitments were dipping sharply from

2008/9. However, he mentioned that development partners have engaged rightfully through a Memorandum of Understanding, into supporting the National Multisectoral Framework to fight AIDS, which needs important financial resources.

Experts estimate a need of a minimum of 100 Million USD per year for a balanced programme of prevention, care and treatment and mitigation but again cautions that the impact of these funds can only be seen if: funds were efficiently used, duplications avoided and ensuring that the money is used to produce the intended outcomes and not only inputs. He anticipated that a larger amount of money might be needed yearly for the next 10, 20 or even 30 years and in this light he called upon donors to assure sustainable external funding through reliable long-term commitments to make the fight against AIDS a success.

### **3.3. Opening statement by Ms. Bernadette Olowo-Freers, UNAIDS Country Coordinator on behalf of the Chair of the UN Theme Group on HIV/AIDS**

Ms. Olowo-Freers shared expectations on the outcome of the review: develop consensus around priorities that can be implemented to bring the desired outcome, identify and come to a consensus about obstacles that so far have prevented many efforts from bringing about the desired change and how to overcome them.

Affirming the issue of commitment and accountability, she echoed the UN Secretary General in his message during the World AIDS Day when he said, *“Today we have the commitment. Our resources are increasing. But the action is still far short of what is needed”*, clearly we must work even harder to match our commitments with the necessary resources and good will.

She commended the increase in funding both at global and local level but also called upon implementers to scale up the implementation as the slow pace of utilizing available funds may give the impression that there is too much money allocated to HIV and AIDS and may cause withdrawal by many donors.

She commended increasing high level Government commitment, donor commitment and assured actors on UN’s devotion to remain active partners in the fight against HIV/AIDS in Tanzania.

### **3.4. Opening speech by the Guest of Honour HE (rtd) President of United Republic of Tanzania, HE. Mzee Ali Hassan Mwinyi**

- a) He started by congratulating TACAIDS for organising the meeting, especially commended the decision to take time to reflect together with partners on how the joint initiatives have contributed to the fight against HIV/AIDS and to look ahead on how further to strengthen national efforts.
- b) He thanked all participants for their devotion to participate in the exercise, a spirit which he termed as an indication of commitment to supporting the nation in the struggle against the epidemic.
- c) Again he congratulated TACAIDS, under the leadership of Maj. Gen (rtd) Lupogo, for the commendable work it has been doing since its establishment

- d) He highly commended the good will that exists between the Government of Tanzania and development partners to the extent of signing a MoU for the implementation of the NMSF.
- e) He commended the close collaboration and commitment among all Religious Leaders in participating in the fight against the epidemic.
- f) Pointing out the hard to believe fact that even after over 20 years of the struggle, Tanzanians still witness high incidences of new infections and yet the entire population is still not as aggressive as it ought to be. In view of this, he urged stakeholders to come up with clear vision and practical approaches if they are to make a notable difference.
- g) He suggestively sees a more open approach in communicating about HIV and AIDS as the only way to demystify and bring to light all hidden myths.
- h) He sees a closer collaboration with partners as the best way to strengthen the fight against the epidemic.
- i) While emphasising for scaling up care and treatment and impact mitigation he urged stakeholders to increase focus on preventing new infections in order to save lives of the new generation
- j) Finally he called upon leaders at all levels to be role models by fulfilling their moral obligations to help those whom they lead to save their lives by protecting themselves against HIV/AIDS and continue to ensure care and support for those already infected and otherwise affected.
- k) He pointed out with a prevalence of 7% HIV infection rate, Tanzania ranks among the 12 most affected countries of the world and this is a big challenge that might remain so for a number of years to come.

#### **4. THE PROCESS OF DEVELOPING MILESTONES FOR 2006/07**

##### **4.1. Thematic and crosscutting presentations and discussions**

A process to develop milestones for the next two years had started during the Technical Review held from the 8<sup>th</sup> to 10<sup>th</sup> of March 2006. It was the work done and recommendation made during that meeting that were now being presented in the main stakeholders meeting. Six presentations were made and were organised in three sections to indicate achievements, challenges and proposed issues supported by milestones for 2006/2007. Where relevant, the evaluation to identify achievements and challenges was made based on milestones for 2003/2005 developed back in the 2004 joint annual review.

##### **Group 1. Private Sector by Dr. A. Kiwara, Director UMASITA**

The private sector presentation was composed of two sections:

- a) Formal Businesses and Companies and
- b) Informal Sector.

##### **Milestones for 2004/05**

1. Formation of Business Coalition that will be charged with, inter alia, mobilizing resources (financial and human) to mainstream HIV/AIDS – 6 months
2. Scaling up participation of the informal sector – 18 months

3. Donors and government increase the resource base for Private Sector HIV/AIDS interventions – 18 months
4. Government processes integrate HIV/AIDS programmes as a precondition for investment opportunities and tenders.
5. XXX private sector enterprises have comprehensive workplace interventions based on audits and situational analysis

**Comment [a6]:** What is the timeframe? How many months?

**Comment [a7]:** What is the amount?

**Comment [a8]:** What is the time frame? How many months?

**Key achievements for both the formal and informal sectors were presented as follows:**

- Growing recognition of important contribution being made by the formal and informal sectors.
- Increased awareness and evidence of workplace HIV/AIDS Programs.
- Launch of AIDS Business Coalition of Tanzania, (ABCT) in 2004 and growth in membership.
- Support through UMASITA\* for training and HIV/AIDS Services
- Growth of informal networking around HIV/AIDS issues.

**Comment [a9]:** Number the points.

**Issues and proposed milestones**

**a) Formal - Business and Companies**

**Issue**

More coverage by companies within ABCT is needed. Currently the number of companies providing coverage is comparatively small.

**Milestone**

Increased coverage by more companies attained. The goal should be 100% increase in the next two years.

**Issue**

Many companies do not see HIV/AIDS mainstreaming at workplace as a major issue.

**Milestone**

Significant increase of 100% in the number of companies mainstreaming HIV/AIDS control in their annual plans and actual implementation by 2007.

**Issue**

Encourage the government to include an HIV/AIDS control clause in all investments and such agreements to protect human resources.

**Milestone**

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\* Mutual health scheme for the informal sector.

All investment agreements containing clauses on HIV/AIDS control.

Comment [a10]: By when?

**Issue**

Role of ABCT is not widely appreciated. Some companies do it solo. Advocacy is needed to enhance understanding of the benefits/usefulness of ABCT especially by locally based companies.

**Milestone**

A functioning network in place resulting from advocacy with emphasis on local companies.

Comment [a11]: By when?

**Issue**

Inadequate funding for HIV/AIDS control at workplace: ABCT is providing 30% while it is 70% from development partners.

**Milestone**

Increased funding of 50% from ABCT evident by year 2007.

**Issue**

Comprehensive Programs for HIV/AIDS control at workplace needed. Currently many companies regard components as programs. For example a condom dispenser in the toilet is seen as a program.

**Milestone**

What constitutes a comprehensive work place program well-defined and well prepared.

**b) Informal Sector issues and proposed milestones**

**Issue**

Economically and socially it is the main sector as it produces 60% of the GDP. Majority of infected and affected come from this sector due to poverty. Sector is large and has no organizational structures.

**Milestones**

- Networking structures/umbrella organization established to facilitate ownership of HIV/AIDS control activities.
- Instruction given to LGAs to facilitate financing to support the sector.

**Issue**

The organized component of the sector such as associations, retail markets and guilds have performed well in comprehensive HIV/AIDS control activities. However, funds and human resources are inadequate for sustainability.

**Milestones**

- More financial and human resources made available to manage the epidemic and its consequences in the sector.
- Scaling up what is known to work already.

Comment [a12]: By when?

**Group 2. District And Community Response by Ms. Tembele R, TACAIDS Director-District and Community Response.**

The presentation took off by briefly stating the roles and mandate of the District and Community Response Directorate as Mobilizing, Empowering and Supporting District and Communities and enhance effective response to the epidemic.

#### *Milestones for 2004/05*

##### **Milestones to be achieved by 2004**

1. User-friendly version of NMSF ready and disseminated
2. Assessment of interventions on HIV/AIDS in all districts (mapping, information from CMACS)
3. All councils have functioning CMACs (indicator: flow of funds and number of councils that disbursed funds on HIV/AIDS)
4. Transparent mechanisms of selected NGO and FBO representatives in CMACs
5. RFAs in place
6. Inventory of CSOs in all councils available
7. List of criteria for selection of CSOs who want to be active in AIDS
8. Transparent guidelines for CSOs to access funding in place
9. Funding mechanism in place giving priority to AIDS
10. CARF functional in 21 regions
11. T-MAP funds disbursed to LGAs

##### **Milestones to be achieved by 2005**

1. TACAIDS and RFAs have assessed the comprehensiveness of HIV/AIDS related services (VCT, condom supply, others)
2. In all council plans HIV/AIDS activities are formulated according to NMSF (minimum package of interventions)
3. (Over)-proportional increase of block grants earmarked for councils on AIDS compared to GOT expenditures
4. In (%) of villages, plans HIV/AIDS activities are formulated according to the NMSF
5. Coding of expenditures in LGAs

##### **Achievements**

- Council Multi-sectoral AIDS Committees established and supported in all LGAs
- Regional Facilitating Agencies established and operational in all regions
- TACAIDS supports development of district plans for HIV/AIDS through technical assistance and review
- Orientation of all Council Directors on budget guidelines, NMSF and CARF
- Disbursement of funds to LGAs and CSOs
- Disbursement of CARF funds to CSOs in 4 regions to date
- Coordination of training and orientations for LGAs, CMACs, RS, RFAs

- Development of a CSO assessment tool
- Mapping of Civil Society Organizations by RFAs in 2006
- Facilitation of the NGO Forum

#### **Challenges**

- Little sense of urgency at all levels
- Inadequate human resources
- Harmonization of guidelines at the Local Government Authority level
- To make operational and functioning “multi-sectoral AIDS committees” at all levels of the response
- Limited number of organizations working at the grassroots to channel funds

#### **Proposed Milestones**

1. Strengthening the Regional Secretariats to perform their role of providing support supervision to LGAs to ensure sustainability after the RFA contracts have phased out
2. LGAs allocate resources to address identified capacity strengthening needs by 2007/8
3. Have at least one functioning Ward Multi-sectoral AIDS Committee at every LGA by 2007
4. Revision of CMACs guidelines to be finalized by 2006
5. HIV/AIDS mainstreamed into the O&OD methodology and implementation by 2007
6. Increase number of CSOs accessing funds by 2006
7. All LGAs accessing funds through the block grant by 2007/08
8. Have a regular forum for all RFAs
9. Participatory revision of the National Multi-sectoral Strategic Framework

#### **Group 3. Policy and Planning by Dr. J. Temba, Director of Policy and Planning - TACAIDS**

##### **Milestones for (2004/2005)**

- Mainstreaming HIV/AIDS in the public sector is done on the basis of the NMSF
- Each sector should be implementing its strategic plan and workplace AIDS program
- Key sectors (MoF, MoE&C, MoH, PO-PSM, MoLYDS, MoCDGC, MoSTHE, MoDNS) assisted by multi-sectoral working groups
- Care and treatment plan is operational (MoH and TACAIDS) by 2004
- An operational strategy for local resource mobilization developed TACAIDS
- Integrate HIV/AIDS concerns in the new Poverty Reduction Strategy

#### **Achievements**

- Birth and growth of TACAIDS as leadership and coordination agency

- NMSF developed to translate national policy on HIV/AIDS into action
- Adoption of ‘Three Ones’
- Signed MoU between GoT and Development Partners that spell out collaboration and cooperation and promotes better coordination
- Creation of structure and processes for HIV/AIDS mainstreaming with MDAs
- Support for the growth of the private and civil society response to HIV/AIDS
- NACP and TACAIDS have increased their strength and functionality according to their clearly defined roles and responsibilities
- Creation of Tanzania National Coordinating Mechanism as forum for information sharing and resource coordination in response to HIV/AIDS and other multi-sectoral crises
- Enhancing partnership by actively participating in the bi-monthly DPGAIDS/TACAIDS Consultative Forum
- Successful mobilization of government and donor funds to address HIV/AIDS (Global Fund, PEPFAR, TMAP, GLIA, and other regional initiatives)

Comment [a13]: Can this be elaborated?

Comment [MSOffice14R13]:

#### Challenges

- Coordination of TACAIDS to MDAs to ensure accountability
- Support MDAs to operationalise Sector Strategies
- Inadequate leadership and accountability in sectoral response

#### Proposed milestones

- The Technical Assistance Facility to be in place by end of 2006
- NMSF revised in light of MKUKUTA by 2006/2007
- TACAIDS has regular consultative forums with key sectors
- HIV/AIDS included in MDAs regular reports to the Prime Minister’s Office by 2007

#### Group 4. Monitoring & Evaluation by Dr. J. Temba, Director of Policy and Planning-TACAIDS

##### Achievements

- Completion and partial dissemination of Tanzanian HIV Indicator Survey (THIS)
- National M&E framework with core indicators developed
- M&E Technical Working Group formed
- Start up of M&E training
- RFAs have done CSO mapping
- Adoption and use of MTEF and PER by TACAIDS

### **Challenges**

- At the moment, there is no Monitoring and Evaluation staff, however, recruitment process is underway.
- Reviewing and restructuring the existing M&E system and its capacity.

### **Milestones**

1. TACAIDS M&E Unit functional by the end of 2006
2. The Road Map developed and operational by the end of 2006

### **Group 5. Advocacy by Ms. F. Mwasa, Director of Advocacy and Information -TACAIDS**

The presenter started by pointing out that Advocacy is one of the nine goals of the National Multi-Sectoral Strategic Framework on HIV/AIDS (2003-2007) and its main goal is Political and government leaders consistently give high visibility to HIV/AIDS in their proceedings and public appearances. The main indicator is the percentage of national funds spent by the government on HIV/AIDS

### **Achievements**

- High level commitment and pronouncements by President and high government officials contribute to the enabling environment
- Having TACAIDS in place and development and popularization of HIV/AIDS Policy, National Multisectoral Strategic Framework
- HIV/AIDS Bill drafted
- National Advocacy and Communication Strategy developed
- TACAIDS Media Advocacy Strategy developed
- Media Impact Assessment Study conducted
- Increased openness to discuss HIV and AIDS issues
- Increased involvement of political leaders and religious organizations in HIV/AIDS interventions
- Increased awareness on HIV/AIDS related issues among the general public
- Decreased Stigma and Discrimination
- Increased government commitment on resources spent on HIV and AIDS related interventions
- Promotion of TACAIDS roles through WAD, Sabasaba and other events

### **Issues and proposed Milestones**

**Issue**

Increase advocacy to the new leadership to sustain high level political will and commitment

**Milestones**

- Sensitisation and lobbying sessions with MPs and ministers
- Briefings and fact sheets
- Support to the First Lady's HIV/AIDS campaign

**Issue**

Behaviour Change Communication and knowledge based interventions

**Milestones**

- Conduct a national Campaign targeting youth and women
- Use of Mobile Video Units, folk media to promote edutainment
- Increase inter-personal communication through public meetings and peer education
- Dissemination of THIS findings
- Forum for stakeholders engaged in Behaviour change communication
- Networking

**Issues**

Dissemination of the National HIV/AIDS Advocacy and Communication Strategy (NHACAS)

**Milestones**

- Zonal dissemination meetings
- Translation of the NHACAS
- Popularization of NHACAS
- Mechanism/Guidelines for the implementation of NHACAS by LGAs, MDAs, Media and CSOs
- Formation of IEC/BCC Advisory Board

**Issue**

Dissemination of the Media Advocacy Strategy (MAS)

**Milestones:**

- Orientation of MAS to the key stakeholders
- Lobbying media owners and Tanzania Communication Regulatory Authority (TCRA)
- Partnership with media houses for the implementation of MAS – more focus on radio and community media
- Capacity building for media practitioners to increase quality coverage on HIV and AIDS related issues

**Issues**

Capacity Building for behaviour change communication implementers at the local level

**Milestones**

- Providing technical and financial support to stakeholders engaged in behaviour change communication and IEC
- Assist in BCC messages and material development at the community levels
- Build stakeholders capacities in using results from THIS in developing IEC messages and materials

#### Issues

Improve documentation and Dissemination of HIV/AIDS related issues

#### Milestones

- Improve TACAIDS resource **urnip**
- Technical management of TACAIDS website
- Use of modern ICT tools to inform and capture feedback
- Advocacy on TACAIDS roles and HIV/AIDS through WAD, WAC, SabaSaba and other exhibitions and PR events
- Collaboration with District/Regional libraries and information centers

**Comment [a15]:** What is this?

#### **Group 6. Financial Management and Funding Modalities by Ms. Beng'I I, TACAIDS Director Finance and Administration.**

#### **Milestones 2004/2005**

- Ministries to implement strategic plans and budget through the Government budget
- MDAs to formulate well-costed plans and increase allocation for HIV/AIDS
- Procurement process to regard HIV/AIDS activities as emergency

**Achievements**

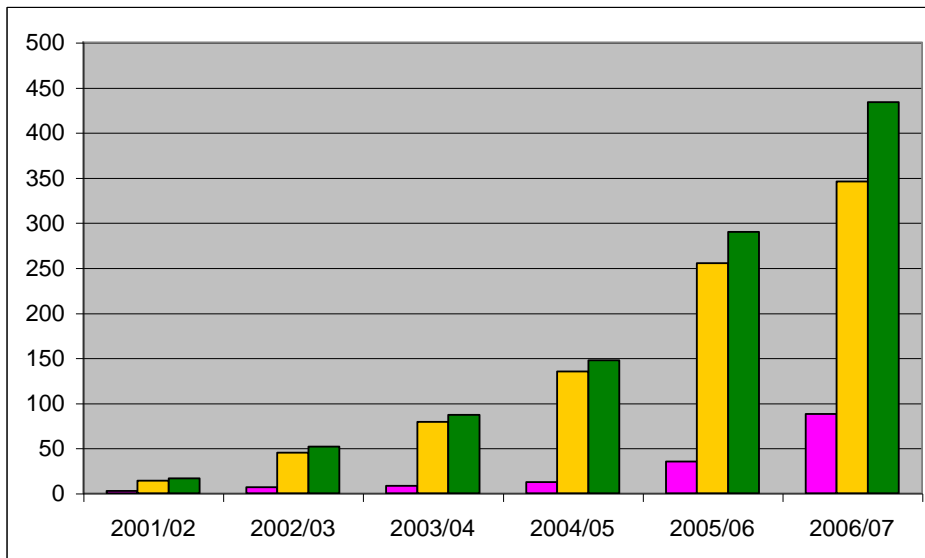
- Increase in funds for HIV/AIDS

**HIV/AIDS FUNDING TRENDS**

SOURCE OF FUND	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Government	2.8	6.9	8.1	12.6	35.0	88.0
Development Partners	14.0	45.0	79.0	135.0	255.0	346.0
<b>TOTAL</b>	<b>16.8</b>	<b>51.9</b>	<b>87.1</b>	<b>147.6</b>	<b>290.0</b>	<b>381.0</b>

**Comment [a16]:** Specify what currency this is in.

**HIV/AIDS FUNDING TRENDS**



- **Mainstreaming** of HIV/AIDS budget into the Government budget – remove project mind set
- Introduction of specific objective for HIV/AIDS in the Government budget which has made tracking very easy.
- Giving independence of Procurement to the MDAs, and establishment of Public Procurement Regulatory Authority
- Some of the project funds for different sectors flow through the Government exchequer system
- Introduction of the Budget Support for HIV/AIDS to operate within and outside the Government entities.
- TACAIDS Contributes to Government budget guidelines as a tool for all sectors in budgeting for HIV/AIDS activities.
- More MDAs are planning for HIV/AIDS in 2006/07
- Total of 88bn Tshs. Has been requested by MDAs through SBAS
- All these were requested from the Government Budget
- 46 MDAs are going to budget for HIV/AIDS, including all new Ministries
- Major requests come from:
  - a) Ministry of Health – 61 bn Tshs.
  - b) Ministry of Education and Vocational Training – 3 bn Tshs.
  - c) Ministry of Community Development , Gender and Children – 3 bn Tshs.
- 15 Regions have also planned for HIV/AIDS

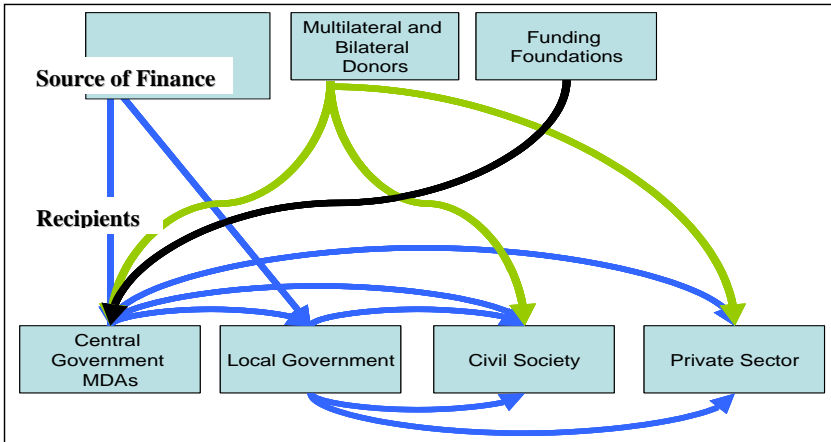
**Comment [a17]:** What is the heading for this? Is it Milestones?

#### **Funding modalities**

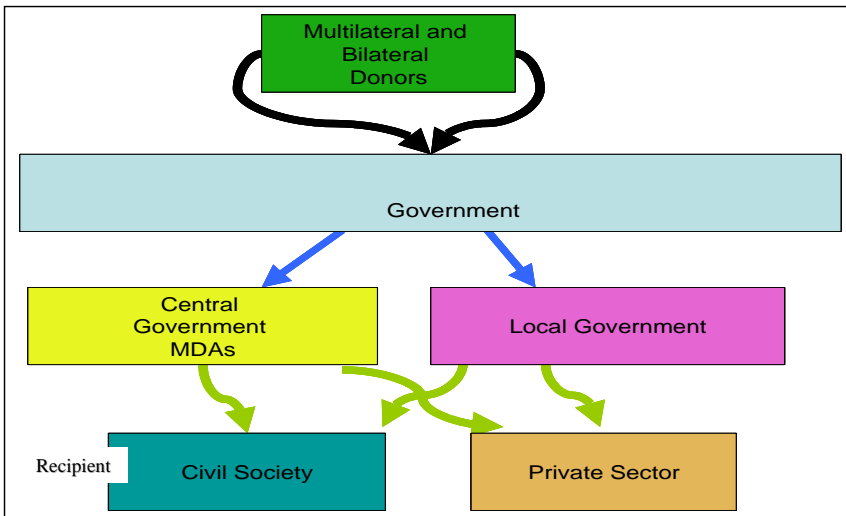
Currently the following are the funding modalities:

- a) Government to Ministries, Departments and Agencies
- b) Donors to Government to Ministries, Departments Agencies and Civil Society Organizations
- c) Donors to Civil Society Organizations and Private Sectors

A diverse and complex system of financing stakeholders is developing



Envisaged modality as per budget support on HIV/AIDS



## **Challenges**

- Only 44% of the assistance received for HIV/AIDS is captured by the Government systems.
- High transaction costs due to different funding modalities
- Quality programs (Value for money) on HIV/AIDS is a challenge
- Absorption of funds in the Public Sector is relatively slow:
  - a) Government Procurement system is relatively new
  - b) Poor coordination within the Ministry is one of the reasons
  - c) Occupation of other duties by the Coordinator in the Ministries
  - d) Inadequate skills in mainstreaming
  - e) Most of the Coordinators are not in the position of decision making

## **Proposed Milestones for 2006/07**

### **Issue**

- Improve accountability of CSOs.
- Improved value for money of CSOs programs.

### **Milestones**

- Next PER to include a mini-study on;  
“Funding system for CSOs and introduce systematic resource tracking and information dissemination”
- Timely disbursement of Funds to implementers

### **Issue**

General budget support on HIV/AIDS-GBS-HIV.

### **Milestones**

- Increase of donors support on financing “budget support on HIV/AIDS”.
- Next round of the global fund should be designed using the GBS-HIV.

### **Issue**

Resource allocation and absorption capacity.

### **Milestone**

Increase capacity of the number of implementers

### **Issue**

Reviewing and re-costing of the National Care and treatment Plan

*It was also suggested that this issue should be shared with partner during the upcoming Health Sector review due to take place between March 21st and 24th 2006*

## Issue

Increase capacity to coordinate and provide leadership

## Milestone

Reorganization of TACAIDS for more focused interventions including office space.

### 4.2. Summary of comments and recommendations

This section contained a summary of issues, concerns, comments and recommendations, which were meant to steer up further analysis and discussions. All presentations were followed by a general discussion session to seek for clarification, comment or recommend additions into the presentation and fine-tuning of the milestones.

#### 4.2.1. Private sector (Informal sector)

##### Human rights and legal issues

- ✓ There was an in-depth discussion around issues of stigma and discrimination and the following points were raised:
  - a) While there is a sense that stigma and discrimination has decreased especially by looking at the increasing openness when talking about HIV/AIDS and increasing number of PLHAs who are openly living positively, there are no clear mechanisms on how to monitor the trend.
  - b) There have been some discriminatory practices such as mandatory testing for example in the case of pre-employment testing OR cases where an employee's health status has been used as a factor for retrenchment, but so far no measurements have been taken.
  - c) It was commonly agreed that there is a gap within Tanzania legal frameworks that do not really support enforcement of available clauses or provisions such as in the NMSF and in the national HIV/AIDS Policy. It was cited that even the 2004 Labour Act was not comprehensive as it only had four words on HIV/AIDS.
- ✓ It was recommended that the underway HIV/AIDS Bill that is expected to be tabled to parliament in November 2006 should effectively address the issues of stigma and discrimination. Meanwhile, the current provisions must be enforced by decision makers, and individuals or groups whom through bringing to light discriminatory behaviours would support elimination of such practices.

Comment [a18]: Replace checks with numbers.

##### Work place Programmes

- ✓ Most companies were observed to lack comprehensive, continuous, quality work place Programmes that can guarantee long-term impact. However, it was acknowledged that comprehensiveness does not necessarily mean putting in huge resources, but rather the basics which are commitment and creativity.
- ✓ Although CSOs are part of the private sector, it was observed that they have been left out as far as Work Place Programmes are concerned. So far there have not been efforts to follow up on CSOs and what they do in regard to HIV/AIDS WPPs.

### **HIV/AIDS and Gender mainstreaming**

- ✓ It was cautioned that while the private sector is encouraged to scale up HIV/AIDS interventions especially in their work place, gender should also be a vital component to incorporate, as the two have evidently occurred to affect each other.

### **Funding and coordination in the informal sector**

- ✓ Concerning inadequate funding in the informal sector, it was commented that since Councils are overseers of all activities within their operation areas, they have a responsibility to support the informal sector in terms of organised coordination and resource mobilization. Council Directors were called upon to first help them to identify their key needs, find means of organising the informal sector and help to amplify their voices to donors or even the government where possible so that they get resources to scale up HIV/AIDS interventions within the sector and also address other economical and social needs. Additional means recommended:
  - a) The informal sector could form self-coordinating entities to facilitate more organised programming and representation
  - b) CMACs are possible tools that if used effectively could make a significant impact within the informal sector.
  - c) The formal business sector was also advised to explore means of supporting the informal sector in terms of resources and capacity building as practically most resources utilized by the formal business sector is drawn from the informal sector and also they form a greater part of their customers.

### **Programs addressing the informal sector**

- ✓ It was also mentioned that under GLIA, there is an intervention for long distance travellers. TACAIDS assured participants to see the area that might not be covered by the GLIA project are covered. However such interventions are a process that cannot cover the whole country at once, if need be different areas would be covered in phases.

### **Human Resource support in the private sector**

- ✓ Concerning a recommendation that the private sector (formal business) sector should be supported with additional personnel it was not clear whether funds to realise the need were expected to come from Government or Development Partners
- ✓ Proposed milestone specific to discrimination and stigma: *Parliamentary enactments to address Stigma and Discrimination*

### **4.2.2. District and Community Response**

#### **Funding of CMACs operations**

- ✓ Commenting on inadequate funding for CMACs operations, it was pointed out that some CMACs have been failing to meet as per guidelines because of lack of funds to run meetings.

### **Accountability and ownership**

- ✓ It was pointed out that Councils did not accept CMACs and that is why the Council has a total of 4 Committees but funds operations of the other 3 committees except the AIDS Committee. This brings a serious concern over the question of ownership. For example it was mentioned that Regional Admonition Secretariats meet District councils 3 times a year and yet in some regions throughout a year there was no agenda on HIV/AIDS. It was hoped that with a new directive to Council Committees to include HIV/AIDS agenda in their regular meetings, ownership and commitment would be increased.
- ✓ The “envelope syndrome” is seen as a problem that jeopardizes ownership and commitment among members of various HIV/AIDS Committees given the fact that HIV is an emergency that cannot always wait for sitting allowances to plan or foresee implementation while thousands of lives are being lost.

### **Coordination at regional and district level**

- ✓ The existing multiple structures at District levels is making Coordination difficult. There are districts where HIV/AIDS coordination is still done by DACs under the Ministry of Health and some areas done by CHACs who are Community Development Officers under the Ministry of Community Development, Gender and Children.
- ✓ Regional level HIV/AIDS coordination was commented to be weak with no clear focal person responsible for HIV/AIDS; a situation that is likely to cause confusion and render HIV/AIDS a no body’s business. So far the effectiveness of following up on HIV/AIDS issues depends much on the interest and commitment of a particular personality holding the office. There is need to strengthen the capacity of all RASs and the Regional Secretariats for the purpose of ensuring continuous support to districts when RFAs phase out.
- ✓ Regarding a proposal to create/recruit specific personnel OR positions for coordination of HIV/AIDS to ensure greater commitment and accountability, it was commented that the effective use of Village Executive Officers, Ward Executives Officers, Council Directors and Regional Administrators and Secretariats would be enough only that there is need to build their capacities and develop follow up mechanisms.

### **Best practices promotion**

- ✓ Regarding the proposal to form District learning Universities by having at least one ward where WMAC has worked very well, it was not clear on the modalities to be used to effectively support a model Ward leaving other Wards behind. It was suggested that instead of focusing on supporting one WMAC in a district to create the suggested District learning Universities, equal efforts could be directed towards supporting them to effectively implement but as part of best practice identify one best functioning WMAC in a district each year. Use of percentages for example 10% of HIV/AIDS Committees was suggested as an alternative ways that could ensure a larger target than just one committee for the best practice.

### **Scaling up implementation**

- ✓ The suggestion to increase CSOs that access funds at district level is feared to possibly lead to small grants, which might not suffice, as the available money will have to be divided among the many CSOs. In this view, it was suggested that the central point should be covering the NMSF thematic areas rather than just number of duplicated interventions of CSOs. However, it was commonly agreed that the central objective should be effectiveness while reaching as many communities as possible and not reach a few with huge amounts. Participants were assured that there are relatively enough funds for funding district initiatives including the budgeted Council funds –100millions Tshs, MAP-CARF money and the 350 billion Tshs. From the General Budget.

### **Rural – Urban coverage disparities**

- ✓ Concerning the observed disparities between urban and rural areas it was agreed that there is a need to move further to rural areas and ensure greater impact at the community level.

### **Suggested additional milestones:**

1. Strengthened partnership with CSOs to promote ownership and ensure continuity after RFAs phase out. However it was cautioned that another mechanism to coordinate the partnership forum should be made so that it is not attached to RFAs who are already overwhelmed.
2. Effective dissemination of the NMSF at all levels.

### **Information**

1. The meeting was informed that most funds disbursed to CSOs are impact mitigation (PLHAs, OVCs etc) this comes from the fact that most proposals that have been received through RFAs are in that thematic area.
2. Different from the original directive that RFAs would conduct CSOs mapping in only 4 wards, directives had been revised to cover all wards.
3. Participants were assured that the originally observed conflict between CHAC and DACC had been resolved and they are now working together very well understanding that they complement each other rather than fighting over responsibilities.

### **4.2.3. Policy and Planning**

#### **Comprehensive and integrative programming**

- ✓ It was recommend that while national plans are being developed for care and support to the infected, there is need to strengthen the package with support to care givers as they work in a very risky environment physically, socially and psychologically. Caring for the caregivers is very important, because the district is an operation engine/implementation entry level the recommendation would be dealt with at district level to see who and how support is provided and coordinated.

### **PLHAs involvement and support**

- ✓ Concerning PLHAs involvement in planning processes and coordination, TACAIDS informed participants that it was doing the best it can to finalize the establishment of the National PLHAs Council. One of the objectives is to enhance coordination of support and capacity building to PLHAs within their groups and networks. Concerning empowerment of PLHAs, TACAIDS called upon stakeholders to offer support according to their comparative advantages, as TACAIDS does not have capacity to fully address every PLHA's need.

### **Cultural dimensions**

- ✓ Following the question as to how TACAIDS plans to approach cultural variations that might affect the response efforts differently and therefore need specified approaches, members were assured that cultural aspects are highly taken up and would be dealt with at implementation level.

### **Coordination, continuity and quality programming**

- ✓ Much as the coordination has been there between MDAs and TACAIDS, efforts should be made to ensure feedback is provided to lower level sections and that programmes that are developed cover the whole sector instead of ending at national level.
- ✓ Higher learning institutions were called upon to ensure HIV/AIDS programmes have continuity and are output oriented. TACAIDS and other partners would be ready to offer any support required.
- ✓ Concerning a question of HIV/AIDS programmes' quality assurance, members were informed that so far it is being taken care of by Audits and also TACAIDS will be participating in evaluations of MTEFs (plans and budgets) in collaboration with the MoF. However it had happened some time back that some Ministries have wanted to include care and treatment in the MTEFs and TACAIDS should fill the responsibility and mandate of MoHSF. It was agreed that Technical Assistance for sectors during the planning and implementation for HIV/AIDS would increase efficiency and sector capacity to deliver.
- ✓ On the issue of TACAIDS' legal authority, Dr. Temba informed participants that TACAIDS was not meant to run HIV/AIDS Coordination on its own but to work with all sectors such as Agriculture or Constitution and Justice Ministry. This is because HIV is a Multisectoral issue, which is not, meant to sidelines other sectors.

**Comment [a19]:** Confusing sentence. Re-do.

### **Accountability and ownership**

- ✓ It was suggested that WPP be a participatory creation and not a ready-made package which reduces a sense of ownership
- ✓ It was agreed that MDAs reporting to the parliament would complement the normal quarterly reporting to the Prime Minister's Office.

#### 4.2.4. Monitoring and Evaluation

##### Harmonization

- ✓ It was stated that while the national Monitoring and Evaluation System is being finalized and the road map is being developed there is need to harmonize all national and global indicators such as MKUKUTA and UNGASS indicators.

##### Human Resources

- ✓ There is an urgent need to re-set up a functional M&E unit at TACAIDS to ensure effective support to new developments in the area.

#### 4.2. 5. Advocacy and Communication

##### Meeting new challenges in social and scientific developments

- ✓ Regarding the extent to which the newly developed Advocacy and Communication Strategy is set to cope with new social and Scientific developments, participants were ensured that TACAIDS is aware of such challenges and all current developments were taken care of but also TACAIDS and Tanzania as a Community would be led strategically through the use of people and firms with such expertise such as those who participated in developing the strategy and many more.

##### Additional achievement

- ✓ The enactment of the Tanzania Labour Act of 2004 was mentioned by participants as one of the significant achievements that TACAIDS have made through Advocacy.

##### Stigma and discrimination & operational research

- ✓ Following a mention of reduction of stigma and discrimination, a participant asked what are the indicators that determine reduction of stigma and discrimination in a community, a number of responses were made from the presenter, the TACAIDS Executive Chair and a number of participants as follows:
  - a) Though complex, stigma could be measured at different levels including the normal life in our communities. For Tanzania we cannot talk of percentages and specific indicators but by looking at the number of PLHAs who are coming out in the open about their status. Comments and discussions on the two presentation number of turn ups for VCT, ART and general openness in speaking about HIV/AIDS are some of the indicators that give sign of slight decrease in stigma and discrimination.
  - b) It was commented that the most practical way to measure the trends on stigma and discrimination would be by carrying out a study especially among those who are already infected and find out the qualitative and quantitative aspects of it, which would give practical findings leading to a practical conclusion. Following a long discussion on the issue of stigma and discrimination, Maj. Gen. Lupogo, the Executive Chair of TACAIDS suggested that if a firm or any researcher would draw up a proposal in that area TACAIDS would be interested to fund it.

Comment [a20]: Re-word this.

Other suggestions agreed upon were:

- ✓ Establishing rewards for non-discriminatory actions and also announce a list of shameful or bad practices in this aspect.

#### **Best practices promotion**

- ✓ As a matter of an overall Advocacy role there is a need to amplify success stories that might be available within our communities, a practice which would give room for learning from each other, sharing information and adopting what has worked in a relatively similar environment.

#### **Community empowerment**

- ✓ Regarding the question as to why in the presentation there was no component of people's empowerment through advocacy so that they can demand accountability of their leaders, it was clarified that TACAIDS supports building capacities of CSOs through RFAs and CSOs are expected to build capacities of the people.

#### **Life skills as an entry to behavioral change**

- ✓ It was also commented that life skills, especially at early ages such as in kindergarten and Madras would be a proper tool for protecting young people and reducing their risk to HIV rather than waiting until the puberty stage where at times it might be too late.

#### **General comments on the presentation-missing elements**

- ✓ It was commented that the whole concept of Positive Living with HIV had not featured in the presentation and therefore suggested that while revising milestones and issues it should be considered.
- ✓ It was commented that what was shared in the presentation as issues and recommended as milestones needed to be firmed up by identifying and prioritizing a few key issues and milestones that are workable, measurable and achievable.

#### **Suggested additional milestones**

- ✓ It was agreed that the following points be used to finalize a list of milestones for Advocacy:
  - a) Increased reach of HIV/AIDS awareness among the public and increased number of people accessing ARVs (specific targets for 2006/2007) [This follows the Government commitment that was set through the ruling party manifesto during election campaigns in 2005]*
  - b) Mainstreaming and advocacy to increase commitment among higher and middle cadre leaders.*
  - c) Building Media Plat forms*
  - d) Public meetings [which can be measurable through number of meaningful meetings held over a year]*
  - e) Parliamentary enactments OR legal reform to address stigma and discrimination and other human rights concerns.*

#### **4.2.6. Financial management and resource mobilisation**

##### **Actual budgets for national strategies and plans**

- ✓ Care and treatment plan needs to review instead of being re-costed to go with time

##### **Harmonization, accountability and capacity**

- ✓ RFA need to finalize the CSOs mapping to establish who is doing what to enhance effective follow up on programmes.
- ✓ The observed low capacity to implement and utilize available funds need immediate solutions.
- ✓ M & E system should be aligned with budget to ensure efficiency and effectiveness of HIV/AIDS intervention Programmes.
- ✓ Government disbursement and transferring of fund should be in time in order for HIV/AIDS activities to be implemented at both MDAs and operational levels and avoid double funding to some LGAs.
- ✓ Accountability concerns should focus on flow of funds as well as impact made.
- ✓ While advocating for General Budget Support the Government should increase its data system to be able to give aggregated reliable data and at the same time ensure quality programming and implementation in order to win donor confidence.

#### **5. SUMMARY OF OBSERVATIONS AND MILESTONES FOR 2006/07**

##### **Private sector**

1. Number of companies mainstreaming HIV/AIDS increased from 52 to 104 by 2007
2. Advocacy for including HIV/AIDS control clause in investment agreements initiated
3. ABCT has a strategy for promoting best practices in workplace programmes by end of 2006
4. 50% funding of ABCT by members realised by year 2007.
5. Instructions given to LGAs to facilitate financing to support the sector in all the councils by 2007
6. Scaling up best practices with support from various sources including ABCT

##### **District and Community Response**

1. The Regional Secretariats well placed to ensure sustainability after the RFA contracts to their Local Government Authorities
2. LGAs allocate resources to address identified capacity strengthening needs by 2007/8
3. Have at least one functioning model Ward Multi-sectoral AIDS Committee at every LGA by 2007
4. Revision of CMACs guidelines to be finalized by 2007
5. HIV/AIDS mainstreamed into the O&OD methodology and implementation by 2007
6. Increase the number of CSOs accessing funds by 2006

7. All eligible LGAs accessing funds through the block grant by 2006/07
8. Have a regular forum for all RFAs

### Policy & Planning

1. The Technical Assistance Facility to be in place by end of 2006
2. NMSF revised in light of MKUKUTA through a participatory process by 2006/2007
3. TACAIDS has regular consultative forums with key sectors
4. HIV/AIDS included in MDAs quarterly reports to the Prime Minister's Office by 2007
5. Review the National Care and treatment Plan.

### 5.4. Monitoring and Evaluation

1. TACAIDS M&E Unit functional by the end of 2006
2. The Operational Road Map developed by 2006.
3. M&E system is functional including financial monitoring by 2007.

**Comment [a21]:** Make format consistent with the previous...

### 5.5. Advocacy and Communication

1. First Lady's HIV/AIDS campaign supported
2. National communication strategy disseminated and operationalised by 2007
3. Eleven Mobile Cinema Vans and theatre arts available at the community level ????(*need to be reformulated*)
4. National HIV/AIDS Youth and Women Campaign launched by 2007

**Comment [a22]:** Advocacy has to be reworked according to suggestions from stakeholders.

### 5.6. Financial management and resource mobilization

1. Next PER to include a mini-study on "Funding system for CSOs and introduce systematic resource tracking and information dissemination"
2. Timely disbursement of Funds to implementers
3. Increase of donors support on financing "budget support on HIV/AIDS"
4. Next round of the global fund should be designed using the GBS-HIV
5. Reorganization of TACAIDS for more effective operations by 2007 (including office space)

## 6. CLOSING CEREMONY

The meeting was closed at 16: 20hrs EAT. A total of seven closing remarks and statements were made by different representatives including the two Co-Chairs of all sessions of meeting:

1. Concluding remarks by *Dr. Joseph Temba, TACAIDS Director of Policy and Planning*
2. Closing statement from youth PLHAs by *N. Kyando*

3. Closing statement by Ms. Dynes Nanyagwa, Dodoma Regional Administrative Secretary
4. Closing statement from the National Council of Muslims (BAKWATA) by Mr. Suleiman Lolila, Director of Health and Social Welfare
5. Closing statement by the UN Theme Group by Dr. Elly Felix Ndyetabura on behalf of the UNTG Chairperson Ms. Louise Setshwaelo - FAO Country Representative
6. Closing remarks from Development Partner by Dr. Bergis Schmidt-Ehry, DPG AIDS Chairperson.
7. Closing remarks by TACAIDS Executive Chairman, Maj. Gen (rtd) Herman Lupogo

## **6.1. Concluding remarks and statements**

### **6.1.1. Concluding remarks by Director of Policy and Planning, Dr. Joseph Temba of TACAIDS**

In his concluding remarks, Dr. Temba thanked participants for their time, devotion and provision of vital contributions to enrich the implementation of the National HIV/AIDS Multi-sectoral Response.

He said the review had been done on a later date than originally planned due to a number of reasons, including the General Elections, which took place in December 2005. He said that the Joint Review was initially planned for mid-October 2005, a Task Force was established and a tendering process started on 10th June 2005 and the contract was awarded on 23 August 2005.

Despite all these delays, the review has been successful. He reminded all actors in the national response that each actor's contribution is very important and it is only through ownership and commitment that the new milestones set for the next two years (2006/2007) can be realized.

Finally he congratulated the organizing team, facilitator, and the secretariat for facilitating the Review meeting. He wished all participants good luck in their continuous engagement in the national response to HIV/AIDS

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### **6.1.2. Closing statement from PLHAs Youth representative, Ms. Navala Kyando.**

Your Honorable Executive Chairman-TACAIDS,

Dr Bergis;

Dear fellow participants, Ladies and gentlemen.

I stand here on behalf of the people living with HIV/AIDS and especially women and youth.

I am very pleased to stand before you all and thank you for inviting us to participate in this very important meeting.

We have learned a lot and we promise to share with our colleagues all things that we have learned here.

We also request that whenever possible the authorities should invite us to these kind of forums.

We have our contributions, we need to learn and take part in what is being discussed and decided for us.

Thank you.

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**6.1.3. Statement from Ms. Dynes Senyagwa, Dodoma Regional Administrative Secretary**

Your Honorable Executive Chairman-TACAIDS,

Dr Bergis;

Dear fellow participants, Ladies and gentlemen.

I said it in 2005 and I will say it again today, our role as Regional Administrators is to advise, coordinate and strengthen the capacities of Local Government Authorities so they can perform their functions following policies, laws and regulations that are in place.

As far as the HIV/AIDS problem is concerned, I am happy to say:

- It is part of our issues in the daily operations
- Training and capacity building is being done at Regional and local Government level
- Funds are flowing but it should be ensured that they timely fall into planning periods.

Since we plan, scrutinize and approve funding, HIV/AIDS continues to claim more recruits and those already infected continue to suffer, it should be everyone's concern that actions and impacts must be seen rather than just words.

RFAs are in place and after the Courtyard meeting things have started working smoothly. Associating and discussing with CSOs, I am confident to say we are now moving on a right path. All we need is to speed up as it has been said in this meeting so that we can overtake the pandemic and God willing we will win!

Thank you, Asanteni Sana!

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**6.1.4. Statement from the National Muslim Council (BAKWATA) by Mr. Suleiman Lolila, Director for Health and Welfare.**

Mr. Suleiman Lolila, Director for Health and Welfare from the Muslim Council of Tanzania, started by thanking and congratulating TACAIDS for organizing the review and spearheading the fight against the HIV/AIDS pandemic in Tanzania.

He encouraged stakeholders in the joint effort to combat HIV/AIDS and stressed that their efforts are not in vein; for sure one day those efforts will bear fruits. Quoting the holy Koran, he said: “Allah says, I have not brought a disease upon men, which has no cure, therefore we should not despair but rather join strength for a bigger impact.”

Concerning BAKWATA’s current interventions, he said it aims at focusing on prevention especially in young people and behavioral change, especially in madras classes. Closing his statement, he thanked all participants and assured stakeholders of the Muslims community continued effective engagement in the fight against HIV/AIDS

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**6.1.5. Closing statement from the UNTG presented by Dr. Elly F. Ndyetabura from UNDP, also Dep. Chair of DPG AIDS**

The two Co-chairs, fellow participants

Ladies and Gentlemen

On behalf of the UNTG Chair I thank the organizing team for doing such wonderful work to make this review a success.

As it was stated by the retired president HE Mzee Mwinyi yesterday during the opening ceremony, it is high time now that we become more open about HIV/AIDS. Let’s talk to colleagues, children, friends, and workmates about AIDS.

We have discussed a number of achievements made to date; we have also seen a number of challenges that need to be worked upon if we are to make it. As for the Partners, we have signed the MoU on the implementation of the NMSF for 2003-2007 and as we build upon great achievements made so far it is time to be tighter in enabling the national response. The milestones we have just reviewed and agreed upon will only be achieved through partnership and commitment and I assure you Development Partners are truly committed to make the national response a success. One point I would like to firm up is that globally and nationally while we scale up a comprehensive national response we need to intensify presentation.

Thanks again to the organizers, the facilitator who indeed has ably carried us through, all presenters and all participants for critical and meaningful contributions. Lastly let me thank the secretariat team and the conference management for successfully facilitating this meeting.

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**6.1.6. Closing statement by Dr. Bergis Schmidt-Ehry, Co chair of the meeting and Chair of DPG AIDS**

I thank all participants for active participation throughout the meeting and constructive contributions.

In the 1<sup>st</sup> annual review that was done 2 years ago, we got a learning experience. This 2<sup>nd</sup> one is also learning but in a slightly different way in that we have started lately but straight into action. If I may repeat what I had said earlier regarding accountability, we are all responsible for the fairing of the national response, we will be held responsible if things do not move in the desired direction but also let me say I am optimistic that things are going to work and the honor will be on us.

Today, I would especially like to thank one person in this room and that is Dr. Joseph Temba for a strong contribution into moving HIV/AIDS high on the agenda. Maj. Gen. (ret) Lupogo is a very strong strategic leader but also I think probably he could not have built TACAIDS to where it is today without the support and back of Dr. Temba.

Thank you very much Dr. Temba.

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**6.1.7. Closing remarks by Maj. Gen. Herman Lupogo, Executive Chairman, -TACAIDS**

Invited guests and Ladies and Gentlemen,

TACAIDS is a small organization, which appreciates very much the support of all partners who have made it get where it is today.

Now that we have the milestones for the coming two years, what is left is:

1. I promise TACAIDS will do all that we can and make sure that all actors play their part effectively to ensure accountability in the public sector through the use of the Prime Minister's Office system.
2. We have been assured the support of the Prime Minister and not as an Office but the Prime Minister in person will try to use all means possible to ensure that all other partners including the private sector are accountable to the response.
3. Concerning the question of low capacity of fund absorption in the public sector, it will be resolved as a number of projects and actors have increased lately and for sure things are likely to move at a speedier pace.
4. Regarding RFAs, there is evidence that they are not yet well known in the regions they operate. This has become vivid as I get all sorts of requests from regions and when I refer those people to RFAs it becomes news to them. RFAs can be very instrumental if used properly in pushing the fight forward especially at regional and LGA level.

I commend the facilitator, Professor Bwatwa for excellent work, the secretariat and sincerely thank all partners who have shown strong commitment by joining us and making this review a success.

As I said in 2005, let us make this year a turning point, let us for a change in 2007 come with more achievements than just complaints as we have been doing so far. With these few words I declare the meeting closed and see you in 2007!

END

## **7. ANNEXES**

### **Annex I**

#### **MILESTONES SET FOR 2004-05**

##### *Cross cutting milestones: It is Time for Action!*

- Advocacy to increase knowledge and awareness of NMSF and role of TACAIDS
- Harmonization of plans (LGAs, CSOs) with NMSF
- Funds are being disbursed as planned and in a timely manner
- Regional Facilitating Agencies operating, providing services and grants
- Build capacities
- Communication, knowledge base, documentation and dissemination
- Coordination strengthened

##### **Milestones to Specific Thematic Areas**

###### **i. District and Community Response**

###### **2004**

- User-friendly version of NMSF ready and disseminated
- Assessment of interventions on HIV/AIDS in all districts (mapping, information from CMACS)
- All councils have functioning CMACS (indicator: flow of funds and number of councils that disbursed funds on HIV/AIDS)
- Transparent mechanisms of selected NGO and FBO representatives in CMACS
- RFAs in place
- Inventory of CSOs in all councils available
- List of criteria for selection of CSOs who want to be active in AIDS
- Transparent guidelines for CSOs to access funding in place
- Funding mechanism in place giving priority given to AIDS
- CARF functional in 21 regions
- T-MAP funds disbursed to LGAs

###### **2005**

- TACAIDS and RFAs have assessed the comprehensiveness of HIV/AIDS related services (VCT, condom supply, others)
- In all council plans HIV/AIDS activities are formulated according to NMSF (minimum package of interventions)
- (Over)-proportional increase of block grants earmarked for councils on AIDS compared to GoT expenditures

- In (%) of villages, plans HIV/AIDS activities are formulated according to the NMSF
- Coding of expenditures in LGAs

#### **ii. Mainstreaming HIV/AIDS in the Public Sector**

- Mainstreaming HIV/AIDS in the public sector is done on the basis of the NMSF
- Each sector should be implementing its strategic plan and workplace AIDS program
- Key sectors (MOF, MOE&C, MOH, PO-CSD, MOLYDS, MOCDGC, MOSTHE, MODNS) assisted by multisectoral working groups
- Care and treatment plan is operational (MOH and TACAIDS) by 2004
- An operational strategy for local resource mobilization developed TACAIDS

#### **iii. Civil Society Organizations**

- Civil society organizations include CBOs, NGOs, FBOs
- RFAs in place in all regions by 2004
- RFAs functions and delivering services by 2005 in all regions
- RFAs provide technical assistance to align CSO and national plans by 2005 (ongoing)
- CSOs advocate at community level to popularize, the NMSF and the HIV/AIDS Policy
- Underserved areas (as determined in mapping) have at least 5 CSOs active in each council by 2005
- CSOs agree on leadership, modalities, roles, responsibilities and accountability of national and district networks (including PLHA)
- Communication mechanism designed to improve knowledge base, documentation and dissemination on funding (i.e. GFATM), on programmes, on success stories and more finalized by 2004
- Communication mechanism in place by 2005
- Requirements for securing donor, foundation and government funds simplified for easier access by local CSOs

#### **iv. Private sector**

- Formation of Business Coalition that will be charged with, inter alia, mobilizing resources (financial and human) to mainstream HIV/AIDS – 6 months
- Scaling up participation of the informal sector – 18 months
- Donors and government increase the resource base for Private Sector HIV/AIDS interventions – 18 months
- Government processes integrate HIV/AIDS programmes as precondition for investment opportunities, tenders
- XXX private sector enterprises have comprehensive workplace interventions based on audits and situational analysis

**v. Orphans and Vulnerable Children**

- Complete process of participatory national situation analysis by September 2004
- Develop costed National Plan of Action by September 2004
- Develop a National Monitoring and Evaluation framework by 2004
- National coordination mechanisms immediate and ongoing
- Legal, Policy and Regulatory Framework
- Delivery of essential services to children based on action plan targets (immediate and ongoing)

**vi. Poverty Reduction Strategy**

- Integrate HIV/AIDS concerns in the new PRS

Annex II

**HIV/AIDS STAKEHOLDERS MAIN REVIEW MEETING**  
**Dar es Salaam International Conference Centre, PPF Tower**  
*Review Programme 15<sup>th</sup> –16<sup>th</sup> March 2006*

**Opening Ceremony**  
**Wednesday 15 March 2006**  
**Timetable**

<b>Time</b>	<b>Event</b>	<b>Responsible</b>
<b>0800 -0900</b>	<b>Registration</b>	<b>Secretariat</b>
<b>0900-0915</b>	<b>Review of Timetable/ House Keeping</b>	<b>Facilitator</b>
<b>0915-0955</b>	<b>Introductions All Guests seated</b>	<b>Facilitator</b>
<b>1000</b>	<b>Arrival of Guest of Honour</b>	<b>Executive Chairman TACAIDS</b>
<b>1000</b>	<b>Welcome remarks</b>	<b>Executive Chairman TACAIDS</b>
<b>1015- 1100</b>	<b>TACAIDS Progress report and Milestones</b>	<b>Dr Joseph Temba</b>
<b>1100-11.10</b>	<b>Statement from Chairperson DPGAIDS</b>	<b>Dr Bergis Schmidt-Ehry</b>
<b>11.10-11.20</b>	<b>Statement from UNAIDS Country Coordinator</b>	<b>Bernadette Olowo - Freers</b>
<b>11.20-11.25</b>	<b>Executive Chairman invites Guest of Honour to address the meeting</b>	<b>Executive Chairman</b>
<b>11.25-1200</b>	<b>Opening Speech</b>	<b>H E Mzee Ali Hassan Mwinyi Retired President of the United Republic of Tanzania</b>
<b>1200 Noon</b>	<b>Vote of Thanks</b>	<b>TACAIDS Commissioner</b>
<b>1205</b>	<b>COFFEE BREAK</b>	<b>ALL</b>

<b>Wednesday 15 March 06</b>		
<b>OBSERVATIONS AND MILESTONES FOR 2006 -2007</b>		
12.45–13.00	Introductions and Housekeeping	Facilitator
13.00 -13.30	The Private Sector	Dr A Kiwara
13.30-14.00	Discussion	Facilitator
1400- 1500	<b>LUNCH BREAK</b>	<b>ALL</b>
15.00– 15.30	Monitoring and Evaluation	Sophia Luhindi
15.30 – 16.00	Discussion	Facilitator
16.00-16.30	Advocacy and Information, Education and Communication	Fatma Mwassa
16.30-17.00	Discussion	Facilitator
<b>END OF DAY ONE</b>		
<b>Thursday 16 March 2006</b>		
<b>OBSERVATIONS AND MILESTONES FOR 2006 -2007</b>		
09.00-09.30	District and Community Response	Rustica Tembele
09.30-10.00	Discussion	Facilitator
10.00-10.30	Policy and Planning, and TACAIDS set up	Dr J Temba
10.30-11.00	Discussion	Facilitator
<b>11.00 -11.30</b>	<b>TEA BREAK</b>	<b>ALL</b>
11.30-12.00	Finance and Administration	Beng'i Issa
12.30-13.00	Discussion	Facilitator
<b>13.00 -1400</b>	<b>LUNCH BREAK</b>	
1400-1500	Summary of Observations and Milestones	TACAIDS Secretariat
1500-1600	Closing Ceremony	Facilitator