Ministry of Foreign Affairs
Denmark

Government of Tanzania

Tanzania

Health Sector Programme Support

HSPS IV (2009 – 2014)

Annex 3:

Support to the multi-sectoral response to HIV and AIDS

Ref. No. 104.Tanzania.810-400-3

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The SPS Document for HSPS IV consists of 4 volumes:

Main Overall Programme Document
Annex 1: Support to the health sector in Mainland (Component 1)
Annex 2: Support to the health sector in Zanzibar (Component 2)
Annex 3: Support to the multi-sectoral response to HIV and AIDS (Component 3)

This volume contains Annex 3 - the component description for Component 3: Support to the multi-sectoral response to HIV and AIDS.

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i. Acronyms and abbreviations

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy for HIV and AIDS
ARV	Antiretroviral drugs
BOT	Bank of Tanzania
Bn.	Billion
CARF	Civil society AIDS Response Fund
CCM	Global Fund Country Coordination Mechanism
CDS	Capacity Development Support
CHAC	Council HIV and AIDS Coordinator
CHAP-TZ	Canada's HIV and AIDS Program for Tanzania
CIDA	Canadian International Development Agency
CMAC	Council Multi-sectoral AIDS Committees
CSO	Civil society organisation
CSSC	Christian Social Services Commission
Danida	Danish International Development Agency
D-b-D	Decentralisation by Devolution
DfID	UK Department for International Development
DP	Development partners
DPG	Development Partners Group
EAC	East Africa Community
EU	European Union
FY	Financial Year
FP	Focal Point
GDP	Gross Domestic Product
GF	Global Fund for the fight against AIDS, Tuberculosis and Malaria
GLIA	Great Lakes Initiative on HIV and AIDS
GOT	Government of Tanzania
HIP	Health Information Project
HIV	Human immunodeficiency virus
HMIS	Health management information system
HSHSP	Health Sector HIV and AIDS Strategic Plan
HSPS	Danida Health Sector Programme Support
HSSP	Health Sector Strategic Plan
IFMS	Integrated Financial Management System
IPG	Implementing Partners Group
JAST	Joint Assistance Strategy for Tanzania
JTWG	Joint Thematic Working Group
LGA	Local Government Authorities
MAC	Multi-sectoral AIDS Committee
M&E	Monitoring & Evaluation
MCDGC	Ministry of Community Development, Gender and Children
MDA	Ministries, Departments and Agencies
MDG	Millennium Development Goals
MKUKUTA	Tanzania Strategy for Poverty Reduction
MLYDS	Ministry of Labour, Youth Development and Sports.
MOEVT	Ministry of Education and Vocational Training
MOFEA	Ministry of Finance and Economic Affairs
MOHSW	Ministry of Health and Social Welfare
MoU	Memorandum of Understanding

MTEF	Medium Term Expenditure Framework
MVC	Most Vulnerable Children
NACP	National AIDS control programme, Ministry of Health and & Social Welfare
NAO	National Audit Office
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organisation
NMSF	National Multi-Sectoral Strategic Framework on HIV and AIDS (2008 – 2012).
OD	Organisational Development
OVC	Orphans and vulnerable children
p.	Page
PAF	Performance Assessment Framework for poverty reduction (MKUKUTA) dialogue
PEPFAR	US Government President's Emergency Plan for AIDS Relief
PER	Public Expenditure Review
PFM	Public Financial Management
PHC	Primary health care
PLHIV	People Living with HIV and AIDS
PMCTC	Prevention of Mother to Child Transmission
PMO	Prime Minister's Office
PMO-RALG	Prime Minister's Office Regional Administration and Local Government
RAS	Regional Administrative Secretariats
RS	Regional Secretariat
RDE	Royal Danish Embassy
RFA	Regional Facilitating Agents
RFE	Rapid Funding Envelope
RNE	Royal Netherlands Embassy
SADC	Southern Africa Development Community
STI	Sexually Transmitted Infections
SWAp	Sector wide approach
TA	Technical Assistance / Technical Adviser
TAC	Technical AIDS Committee
TACAIDS	Tanzania Commission for AIDS
TASAF	Tanzania Social Action Fund
TB	Tuberculosis
THIS	Tanzania HIV and AIDS Indicator Survey
THMIS	Tanzania HIV and AIDS and Malaria Indicator Survey
TMAP	Tanzania Multi-sectoral AIDS Project
TNCM	Tanzania National Coordinating Mechanism
TOMSHA	Tanzania Output Monitoring System for HIV and AIDS
Tsh	Tanzania Shilling
USG	United States Government
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VMAC	Village Multi-sectoral AIDS Committee
WB	World Bank
WHO	World health organization
WMAC	Ward Multi-sectoral AIDS Committee
ZAC	The Zanzibar AIDS Commission

ii. Executive summary

Introduction
Denmark has supported the health sector in Tanzania for decades. The fourth phase of Danish support to the Tanzanian health sector 2009-2014 comprises a budget of DKK 910 million in support to the health sector in Mainland, the health sector in Zanzibar and the multi-sectoral response to HIV and AIDS.

HSPS IV (2009-14) is in line with the Third Health Sector Strategic Plan (Mainland) 2009-2014, the Second Zanzibar Health Sector Reform Strategic Plan 2006-2010 and the National Multi-sectoral Strategic Framework for HIV and AIDS 2008-2012, and the Joint Assistance Strategy for Tanzania.

Objectives
The overall aim for the Danish development assistance to Tanzania is to contribute to poverty reduction and to the achievements of the MDGs. The objectives of the Danish assistance through HSPS IV correspond to three inter-related and complementing objectives for the three sectors:

a) To provide basic health services in accordance to geographical conditions, which are of acceptable standards, affordable and sustainable and with focus on those most at risk an responsive to the needs of citizens in order to increase the life span;
b) To ensure equitable access to quality health services in Zanzibar, in particular at the district level and below and to encourage the health system to be more responsive to people's needs and demands; and
c) To support the multi-sectoral response to HIV and AIDS in Tanzania through support to the implementation of the NMSF.

Strategic approach
The capacity of the health systems in Mainland and Zanzibar and the multi-sectoral response to HIV and AIDS will be strengthened using a mix of modalities. The majority of the funding will be provided through joint financing arrangements to the implementation of national or organisational strategic plans, supplemented by more targeted capacity strengthening through earmarked financing in specific intervention areas as well as by technical assistance.

A minor share of the total budget is earmarked for specific areas of support, but provided as flexible funding to be detailed in the annual work plans and budgets as appropriate in response to needs at the time. Thus, funds are primarily committed to broad areas of work rather than to specific activities. The areas selected for earmarked funding are based on expressed GOT & RGOZ needs and priorities and are areas where Danida has a comparative advantage, e.g. prior experience or considered preferred donor by government, or where such support is deemed more appropriate in terms of allowing innovation and experimentation.

The focus is on ensuring quality service delivery at district level and below and the strengthening of necessary central support and referral systems to support the lower levels. The program recognises the need to consider the health sector in its entirety and the need for strengthening the involvement of the non-government sector in public health and HIV and AIDS activities. Each component therefore contains three sub-components focusing around three types of intervention: a) Un-earmarked support through (and development of) joint funding arrangements; b) Earmarked support for capacity strengthening of central level support to systems development, management and strategic initiatives; and c) Support to PPP and private sector involvement, cf. Diagram of the HSPS IV (p. vi) for an overview.

Component 1: Support to the health sector in Tanzania Mainland
The health sector in Tanzania Mainland will be supported by a total grant amounting to DKK 528 million (including contingencies). Firstly, general support to the implementation of the HSSP III will be provided through the HBF and the LGCDG Health Window (for infrastructure) and may introduce an element of pay for performance. The majority of this support will be channelled through the HBF mechanism, which as of 2008 corresponds to sector budget support. Secondly, earmarked support will be provided for health systems and capacity strengthening including strategic initiatives with focus on supporting the implementation of hospital reforms and strengthening of the drug chain from policy level to end user. Finally, earmarked support will be provided for strengthening the non-governmental health sector and public private partnership with a view to provision of public health services.

Component 2: Support to the health sector in Zanzibar
The health sector in Zanzibar will be supported with a grant amounting to DKK 120 million (including contingencies). Firstly, unearmarked support to the implementation of district health services against district health plans will be provided through the HSF. The allocation to HSF may grow if RGOZ starts making its own contribution and if other DPs join the HSF. The HSF will include a performance based element in the district allocation formula. Secondly, earmarked support will be provided for selected central level for systems development, management and strategic interventions. The majority of the support will be provided in the area of Procurement and supply management of pharmaceutical products, maintenance and ICT. The other selected intervention areas are Human resource management and development, Quality assurance, Health promotion, HMIS, Health financing and sector performance monitoring, Strategic Initiatives. Finally, earmarked support will be provided to support NGOs, in particular professional associations, and public private partnerships.

Component 3: Support to the multi-sectoral response to HIV and AIDS
The multi-sectoral response to HIV and AIDS will be supported with a grant amounting to DKK 220 million (including contingencies). Firstly, unearmarked support to the implementation of the NMSF will be provided through the NMSF Grant for a harmonised support to the HIV response provided that certain pre-conditions are met. Secondly, earmarked support will be provided for institutional capacity building of TACAIDS, including support to the development of a capacity building unit in TACAIDS, support to capacity building of TACAIDS regional offices and support for infrastructure development in the form of a new or rehabilitated office for TACAIDS. Finally, support will be provided to support non-government sector capacity for NMSF implementation in the form of continued support to some of the NGOs previously supported by Danida and in the form of support to strategic initiatives.

Capacity development support
The implementation of the HSSPs will require long term technical assistance for institutional capacity building as well as short term targeted technical support through short term TA or consultancies. The unearmarked and earmarked support for activities will therefore be supplemented by technical assistance to capacity building in key areas for implementation of the sector strategic plans.

HSPS IV includes funding for a total of 8 long-term advisers and a Junior Professional Officer (JPO):

- Five advisers (Hospital Reforms, Pharmaceutical Services, PPP, Health Policy, Planning & Management, Public Financial Management) will be provided to assist the MOHSW, Mainland. The latter may after agreement be lent out for limited technical support to TACAIDS.
- Two advisers (Health, Human Resources) and a JPO will be provided to assist MOHSW, Zanzibar
- One adviser (Organisational Development) will be provided to assist TACAIDS

Funding for a total of 120 person months will be available for short term TA.

All advisers will work within MOHSW and TACAIDS with designated counterparts. They will report to their head of department. The Health Adviser in Zanzibar will head the HSPS Office.

Implementation arrangements

The programme will, wherever possible, be implemented using joint procedures as agreed in MOUs with government and development partners or between non-government institutions and development partners. For oversight and decision-making of the earmarked support a Steering Committee will be set up in Component 1 and 2, while it is envisaged to use the Joint Thematic Working Group for Component 3. The activities of the Steering Committees will be kept to a minimum.

There will be no HSPS management structure per se in Component 1 and 3. The HSPS Office in Zanzibar will be maintained with the Senior Health Adviser as team leader. The management capacity in the MOHSW is presently limited. The Zanzibar Component will technically operate as a decentralised accounting project as regards earmarked funding. Integration into government systems will be pursued. The responsibility regarding the HSF is expected to be handed over to RGOZ as it develops into a basket fund arrangement.

Budget Overview over indicative budget distribution

	Amounts	**Percentage distribution**	
	Millions of DKK	**within components**	**between components**
Component 1: Support to the health sector Mainland			
1.1 Support to the health basket funds	416.5	80%	
1.2 Support to Capacity strengthening	50.0	9%	
1.3 Support to PPP	25.0	5%	
Technical assistance (short and long term)	28.5	5%	
Administration	4.0	1%	
Contingencies	4.0	-	
Total - Component 1	528.0	100%	58%
Component 2: Support to the health sector Zanzibar			
2.1 Support to the Health Services Fund	32.2	28%	
2.2 Support to central level support systems	55.2	48%	
2.3 Support to NGOs and PPP	2.6	2%	
Technical assistance (short and long term)	18.5	16%	
Administration	5.5	6%	
Contingencies	6.0	-	
Total - Component 2	120.0	100%	13%
Component 3: Support to the HIV/AIDS multi-sectoral response			
3.1 Support to the NMSF Grant	100.0	47%	
3.2 Support to Capacity strengthening of TACAIDS	50.0	24%	
3.3 Support to non-government sector	50.0	24%	
Technical assistance (short and long term)	8.5	4%	
Administration	1.5	1%	
Contingencies	10.0	-	
Total - Component 3	220.0	100%	23%
Reviews, studies, etc.	10.0		1%
Unallocated funds	32.0		4%
GRAND TOTAL	910.0		100%

iii. Cover page

Country	:	Tanzania
Sector	:	HIV and AIDS
Title	:	Health Sector Programme Support, Phase IV Component 3: Support to the multi-sectoral response to HIV and AIDS
National Agency	:	Tanzanian Commission for AIDS (TACAIDS)
Duration	:	5 years
Starting Date	:	July 2009 – June 2014
Overall Budget	:	910 million DKK
Overall Component Budget:		220 million DKK (excluding unallocated funds)

Signatures:

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TACAIDS
Government of Tanzania

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Royal Danish Embassy
Government of Denmark

1. Introduction

The HSPS IV consists of three components that are to be implemented in three sectors independently of each other. The main responsibility for implementation of each component rests with three different institutions and it has therefore been decided to develop separate component descriptions that can be used for reference by implementers in each of the three sectors.

The present Annex 3 describes Component 3: Support to the multi-sectoral response to HIV and AIDS on Tanzania mainland.

In 2006, the Danish Government took a policy decision to further increase its development assistance focus on HIV and AIDS. In the document "Commitment to development: priorities of the Danish government for Danish development assistance 2007-2011" the Danish Government identifies HIV and AIDS as one of its priorities with special focus on Africa and vulnerable groups. The Danish Government stated that it would double the level of assistance targeted at combating HIV and AIDS over the next four years. As a result of this policy decision, the allocation to the HSPS IV in Tanzania increased with DKK 260 million and a multi-sectoral HIV and AIDS response component was added to the existing support to the health sectors of Tanzania mainland and Zanzibar planned for HSPS IV.

2. Brief situation analysis: multi-sector context

This chapter gives an overview of current HIV and AIDS response, with focus on Tanzania mainland.

2.1. National context

The Tanzania National Strategy for Growth and Reduction of Poverty (MKUKUTA) 2005 – 2010 recognises the impact of HIV and AIDS on development. HIV and AIDS is integrated as a cross-cutting issue in the MKUKUTA, particularly in Cluster 2 - improvement of quality of life and social well-being – covers education, health and nutrition, water, sanitation, shelter and HIV and AIDS, and Cluster 3) governance and accountability.

MKUKUTA recognises the challenge of HIV and AIDS in the following ways:

- HIV and AIDS is recognised as a cross-cutting issue influencing income and non-income poverty through its impact on productivity;
- Under health services, it is recognised that equitable and sustained access to care, support and treatment are essential to improving the well being of PLHIVs;
- Under survival and nutrition, it is acknowledged that HIV and AIDS aggravates infant and maternal mortality;
- It is appreciated that PMTCT is important for reducing infant and under-five mortality;
- HIV and AIDS is recognised as a major impoverishing factor through ill health; and
- It is acknowledged that it is important to scale up awareness campaigns and access to advice and services on HIV prevention, and to translate awareness into appropriate behavioural change.

The MKUKUTA includes the following indicators of the National Multi-Sectoral Strategic Framework on HIV and AIDS for 2008 – 2012 (NMSF) in its document:

Box 1: Mkukuta indicators related to HIV and AIDS

Mkukuta cluster 2 - improvement of quality of life and social well-being

Goal 1 - ensure equitable access to quality primary and secondary education - Target G:

- HIV/AIDS: effective HIV and AIDS education and life skills programmes offered in all primary and secondary schools and teachers colleges,

Goal 2 - Improved survival, health and well-being of all children, women and vulnerable groups - Target D:

- Reduced HIV prevalence among 15-24 pregnant women from 11% in 2004 to 5% in 2010,
- Reduced HIV prevalence from 11% in 2004 to 10% in 2010 between the ages of 15 and 24 years,
- Reduce HIV prevalence among women and men with disabilities (aged 15- 35 years),
- Increased knowledge of HIV and AIDS transmission in the general population,
- Reduce HIV and AIDS stigmatisation.

Goal 4 Adequate social protection and rights of the vulnerable and needy groups – Target B:

- Increased support to poor households and communities to care for vulnerable groups targeting older people, orphans, other vulnerable children and people living with HIV and AIDS.

Source: Mkukuta 2005.

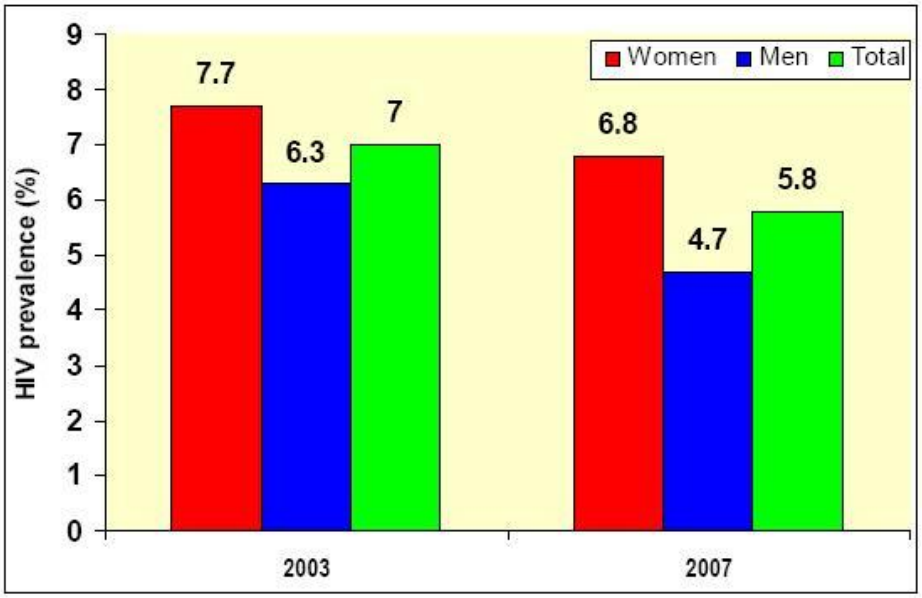
In line with the Government of Tanzania (GOT) decentralisation by devolution (D-b-D) strategy, responsibility for implementation of the government's interventions lies with the district councils.

2.2. Significance of the sector

HIV and AIDS in Tanzania poses a major threat to development. In 1999 it was declared a national disaster by the Government. The adult (aged 15-49) prevalence rate is 5.7%, with large variations between geographical regions, varying from 15.7% in Iringa to 1.5% in Manyara, as well as within regions. Prevalence rates are now decreasing: according to the Tanzania HIV and Malaria Indicator Survey over 2007/08 (THMIS), HIV prevalence for men and women aged 15-49 decreased from 7.0% in 2003/4 to 5.7% in 2007/08. The prevalence for women decreased from 7.7% in .2003/04 to 6.6% in 2007/2008 whereas for men it decreased from 6.3% in 2003/04 to 4.6% in 2007/2008 (see figure 1 below). It seems likely that Tanzania will achieve MDG goal 6, target 7 related to HIV and AIDS. However, the prevalence rate is expected to increase in the future with scaled-up ARV treatment.

The absolute number of new infections has grown steeply over time, particularly in rural areas, due to population demographics. Currently, it is estimated that more than an estimated 1.8 million persons in Tanzania are living with HIV. The amount of deaths due to AIDS is around 140,000 per year.

Figure 1: HIV prevalence amongst men and women aged 15-49 in Tanzania, 2003 and 2007



Source: Tanzania Epidemiological Review report, 2008

As is the case in most of East and Southern Africa where there are generalised epidemics, in Tanzania HIV and AIDS affects the most productive and reproductive age groups. The impact has a devastating effect on individuals and families as well as entire communities. AIDS destroys families and communities and increases the workload on children, youth and old people. The epidemic also threatens agricultural production and food security and increasingly affects prospects for the future development and economic and social stability. The combined effect of this leads to increased economic and social poverty. Poor people take more risks also when it comes to their health, and thus a spiral of increased vulnerability and increased poverty is created.

In spite of decreasing prevalence rates, the magnitude of the epidemic and its cumulative effects over the past twenty years still provide major challenges to the country and can only be overcome through accelerated multi-sectoral efforts.

Feminisation of HIV and AIDS

In Tanzania and other countries with high prevalence rates, the feminisation of the HIV and AIDS epidemic is now widely acknowledged. For a number of reasons – biological, socio-economic and others - women are between 3 and 4 times more likely to become infected with HIV than men. In Tanzania, females are at significantly higher risk of being HIV infected than males. The 2007 national survey showed that females aged 15 to 49 were 40% more likely to be HIV+, and that females aged 15 to 24 were 33% more likely to be HIV positive than their male counterparts. Furthermore, the increasingly onerous burden of care falls almost entirely on women. One of the main problems in fighting the HIV epidemic in Tanzania remains the high prevalence rates among young women being infected by elder men (trans-generational sex).

As a result it is now widely recognised and accepted in Tanzania that gender issues need to be prioritised in any effective campaign against the HIV and AIDS epidemic.

Most Vulnerable Children

Care for most vulnerable children (MVC), including orphans, represents one of the biggest challenges in Tanzania, and is defined as a priority in the MKUKUTA. The number of orphans in Tanzania is steadily increasing. The current number of orphans is estimated around 960,000 (UNGASS, 2008). In many cases orphans who have lost both parents are required to assume responsibility as head of the household. As a result HIV and AIDS is denying many children a childhood and, frequently, an education from a very early age. In addition, surveys carried out to evaluate the nutritional crisis in Tanzania have shown that children orphaned by HIV and AIDS face increasing malnutrition rates, exclusion, vulnerability, and destitution.

Prevention

The THMIS 2007/08 shows that the predominant mode of HIV transmission is heterosexual contact, constituting about 80% of all new infections. Mother to Child transmission is estimated to account for 18% of new infections, with the remaining 2% being a combination of blood transfusion, unsafe injections, traditional practices and men having sex with men.

Prevention interventions have been credited with the success in reducing HIV and AIDS prevalence rates in Tanzania. STI services have been expanded throughout the country, with more than 400,000 patients with STI reported to have been diagnosed and treated in 2006. Male condom availability has increased significantly from 50 million in 2003 to 150 million in 2007, whereas uptake of the female condom is lower with 709,000 distributed in 2007. However condoms remain mainly an urban phenomenon, with rural areas having less access, due to both geographic and socio-economic factors. Voluntary Counselling and Testing (VCT) sites have increased considerably from 289 in 2003 to 1,027 sites in 2006. However the uptake of VCT is still quite low, with only 15% of adults reporting to have ever undertaken an HIV test. Also again there is urban bias. Prevention of Mother to Child Transmission (PMTCT) services increased to 710 in 2006. In that year about 12% of eligible pregnant women received a course of ARV. PMTCT coverage remains low due to ARV drugs stock outs, the current policy of giving ARVs late in pregnancy (28 weeks) and poor follow-up of mother and baby (NMSF / Annual Response Report over 2006-07).

Government leadership for prevention has recently received a new impetus with the launching in June 2007 by the President of the United Republic of Tanzania, Jakaya Mrisho Kikwete, of a national testing campaign that saw a record 4.2 million Tanzanians getting tested. This has increased the demand for testing services across the country, requiring the need to scale up financing to respond to this demand.

Other sectors, including Education, Agriculture, Community Development, Uniformed Forces, civil society and the informal sector also have an important role to play in HIV prevention. The Education sector aims to educate young people on the importance of prevention as well as teaching of life skills, but priority programmes such as HIV and life skills programmes for primary and secondary schools have not yet been rolled out in all districts.

Care and treatment

The Ministry of Health and Social Welfare (MOHSW) is charged with the coordination of treatment and care for people living with HIV and AIDS. The Health Sector HIV and AIDS Strategic Plan 2008 – 2012 sets out the policy. Antiretroviral therapy (ART) and home-based care are now being scaled up

to national level, with a total of 373.584 adults and children on treatment by December 2007. This is about (20%) of adults and children with advanced HIV infection as shown in Table 1.

Table 1: Antiretroviral (ART) Therapy coverage (2006 to 2007)

	January – December 2006	January - December 2007
Number of all Adults and Children with advanced HIV infection	1,816,326	1,867,918
Number of all Adults and Children with advanced HIV infection receiving antiretroviral therapy	363,265	373,584
Percentage of all Adults and Children with advanced HIV infection receiving antiretroviral therapy	20	20
Number of all Children (<15) with advanced HIV infection receiving antiretroviral therapy	5,985	10,834
Number of all Adults (15+) with advanced HIV infection receiving antiretroviral therapy	54,356	127,895

Source: UNGASS, 2008

The only indicator for HIV and AIDS currently included in the Performance Assessment Framework (PAF) for the MKUKUTA dialogue, is an indicator related to HIV treatment: "number of persons with advanced HIV infection receiving Anti-Retro Viral Combination therapy". The MOHSW reports annually on this indicator.

Paediatric ARV treatment has not yet become widely available to HIV-positive children. Reaching the HAART targets set by MOHSW and by international agencies for 2010 will remain an enormous challenge in terms of human resources, logistics and financing, even with the considerable external funding coming into the health sector.

Mitigation

Care and support services to the community and household level are being expanded. These include the provision of Home-based Care, as well as specific interventions that focus on vulnerable groups such as MVCs. The UNGASS report estimates that almost 50% of the MVC were reached by an MVC programme by 2007.

Human Resources

An important challenge in Tanzania hampering the rapid scale-up of priority interventions is the deterioration of human resources (in terms of quality and quantity) for service delivery in all sectors of society (public, private for profit, private not for profit), particularly in the districts, wards and villages where scale up of priority interventions is to take place. The health sector which manages a substantial part of the national response particularly in the area of care and treatment is reported to have a serious shortage of human resources. The health workforce has been declining over the years. In 2006, the key cadre of health care workers in public health facilities was reported to be at 37% of the required staffing levels with the shortage being most acute at the level of dispensaries and training institutions (Tanzania Human Resource for Health Strategic Plan, 2008; Minister of Health speech, Feb. 2009). The private sector is also suffering from a shortage of health workers.

The training of health workers has failed to keep pace with health sector needs and with the rapid technological advancements in health. Efforts to recruit, deploy, and retain public sector health workers—especially those assigned to hardship posts or remote locations—are undermined by administrative problems, inadequate incentive schemes and the loss of professional staff to other jurisdictions. The overall shortage of health workers in relation to the needs of the health sector overall is now exacerbated as workers are being redeployed to ART. Although efforts have been made both in recruiting and training health care workers in relation to the ART roll-out plan, this area will remain a major challenge in the future. The health sector is trying to address this by increasing emphasis on training, recruitment, retention and incentives by implementing the MOHSW Human Resource for Health Strategic Plan 2008-2013.

2.3. Institutional set-up / structure of the sector

Multi-sectoral leadership at central level

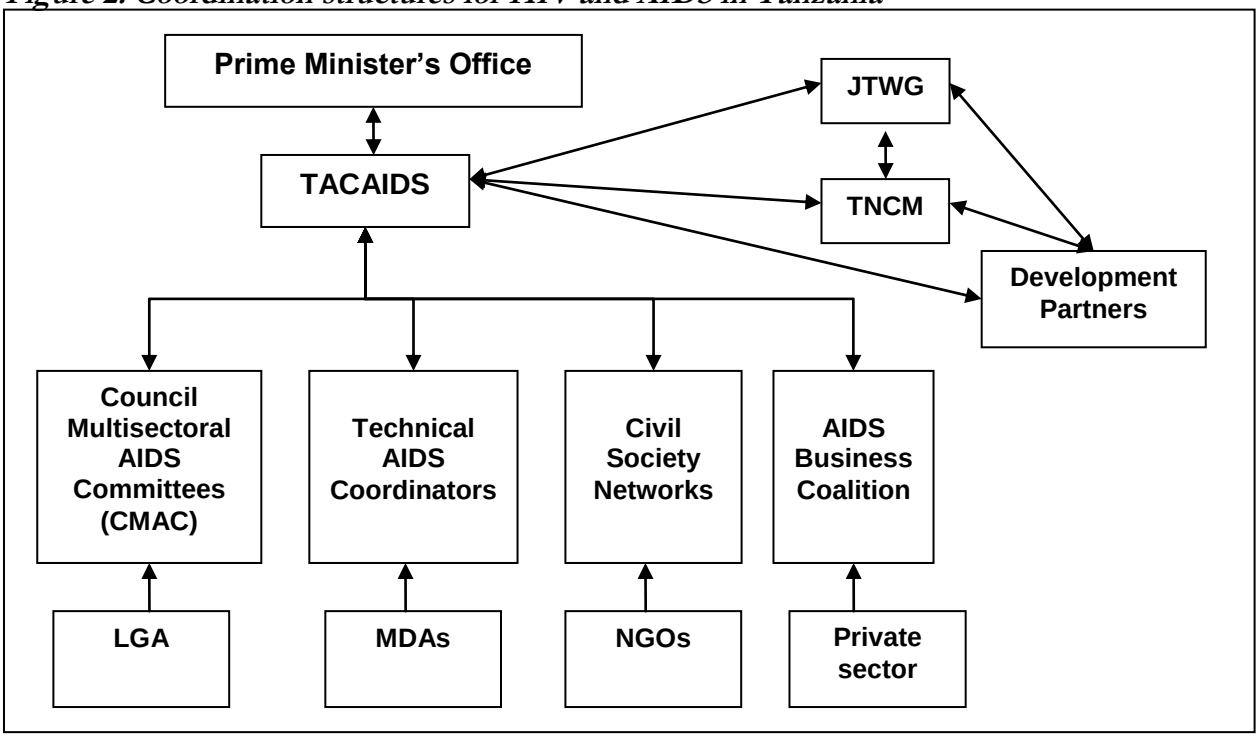
The Tanzania Commission for AIDS (TACAIDS) was established in 2001 as an agency functioning directly under the Prime Minister's Office and is legally mandated to provide strategic leadership and to coordinate and strengthen efforts of all stakeholders involved in HIV and AIDS. TACAIDS consists of 2 main bodies: the governing Board of Commissioners and the TACAIDS Secretariat. The Board of Commissioners is comprised of twelve, mainly non technical members representing youth, media, faith based and professional organisations and the private sector, including key sectors of education and health. Commissioners are appointed for a three year period and can be eligible for re-appointment. The Board is headed by an Executive Chair who is also the Executive Chair of the TACAIDS Secretariat. This arrangement was set up initially to curb bureaucracy and to facilitate swift decision making for an "emergency" response. More recently, there have been calls (mainly from donors) to review the appointment of the Chair of the Board of Commissioners, to ensure better transparency and accountability vis-à-vis the performance of TACAIDS.

To support the Commission there is a full time Secretariat of seventy staff involved in policy, planning, monitoring and evaluation, research and management information systems; advocacy, IEC; finance, administration and resource mobilisation; internal audit and public relations. The Executive Chair of the Secretariat leads the national response and reports to the Prime Minister's Office, the mission of the latter being to ensure, supervise and monitor the implementation of government decisions.

Capacity of TACAIDS staff at headquarters remains insufficient both in absolute numbers and in quality of its staff. Furthermore there are no regional structures. This constraint is well recognised by the TACAIDS management and efforts are made to bring the staff to the level required. TACAIDS has recently undertaken an internal review and has proposed a restructuring, which was recently approved by the Government. This includes the creation of TACAIDS Regional Offices. Additional staff is being recruited for the regional offices and training programmes are being prepared for existing staff.

Coordination with partners is described in section 2.6.

Figure 2: Coordination structures for HIV and AIDS in Tanzania



Until recently, TACAIDS operated a grant mechanism for contracting agencies for HIV and AIDS implementation. With World Bank TMAP funding (see section 2.5) it provided financing directly to government agencies including Ministries, Department and Agencies (MDAs). TMAP also made funding available for civil society through the Community HIV & AIDS Response Fund (CARF), with the Regional Facilitating Agents (RFA) providing funding to civil society initiatives. In addition, TACAIDS is supporting a number of grant mechanisms such as the Rapid Funding Envelope (RFE) and Tanzania Social Action Fund (TASAF), which enable government and non-government agencies (private sector and civil society) to obtain funding for activities for the HIV and AIDS response. TACAIDS would now like to outsource grant management so that it can focus on coordination of the NMSF response. TMAP has also supported TACAIDS capacity, including the secondment of additional staff, development of manuals in the area of administration, procurement and finance, rehabilitation of the office space and provision of office and transport equipment.

The MOEVT is currently rolling out the HIV/AIDS, STI and life skills programme in primary and secondary schools, both intra-curricular and extra-curricular, and in teachers colleges.

Multi-sectoral leadership at regional level

TACAIDS does not have any decentralized structure at regional or district levels. A Focal Point for the multi-sectoral HIV and AIDS response has been appointed within each Regional Administrative Secretariat (RAS), mostly the Regional Community Development Officers are mandated to provide coordination, supervision and facilitating functions to the districts and communities. However, evidence suggests that these institutions remain ill-prepared, insufficiently staffed and equipped to meet their obligations.

In order to facilitate liaison by TACAIDS with the Local Government Authorities (LGAs) at district level, in 2005 TACAIDS subcontracted 11 agencies to act as Regional Facilitating Agencies (RFAs),

each covering 2 regions. The RFAs were established with TMAP funding. Agencies contracted for this function included international and national NGOs such as CARE, and AMREF, government agencies such as GTZ and private companies. The RFAs were to support the district Council Multi-sectoral AIDS Committees (CMACs) and LGAs in planning and managing HIV and AIDS activities, provide Technical Assistance and to give grants to civil society organisations with CARF funding. After 3 years of operation, the RFA contracts expired in 2008. Experience with the RFAs has varied a lot and an external review has just been carried out to document practise and lessons learned.

To replace the RFAs and create capacity within the Regional Secretariats, TACAIDS is now proposing to create its own regional structure: Regional TACAIDS Offices to be based within the Regional Secretariats and which would initially consist of 1 officer per region. Recruitment of the Regional Officers is scheduled to start in July 2009.

Recently, the Regions have been instructed to create Technical AIDS Committees (TACs) within the Regional Secretariat to support the Regional HIV and AIDS Focal Points.

District level - Implementation framework

In line with the GOT Decentralisation-by-Devolution (D-by-D) policy, responsibility for implementing the NMSF lies with local government level: the Local Government Authorities (LGA). The District Executive Director is the principal manager to coordinate the planning and implementation of all programmes implemented in the LGA. He is assisted by four "Standing Committees" that plan, coordinate and supervise the interventions of the sector ministries and other MDAs. The Council Multi-sectoral AIDS Committee (CMAC) is one of these[1].

CMACs were established to provide a diversified multi-sectoral mainstreamed response in addressing the impact of HIV and AIDS in the communities. CMAC members generally include:

- District Council Deputy Chairperson (CMAC Chair)
- District Executive Director,
- 1 elected member of parliament from a constituency in the district,
- 2 ward Councillors (1 woman, 1 man),
- 1 Council HIV and AIDS Coordinator (CHAC),
- 1 District AIDS Control Coordinator (DACC, from the Council Health Management Team),
- 2 religious representatives (1 Muslim, 1 Christian),
- Youth representatives (1 girl, 1 boy),
- 2 representatives from PLHIV (1 woman, 1 man),
- 1 representative of NGO network,
- Representatives (AIDS focal persons) from other relevant sectors.

CMACs are supposed to take decisions on policy issues, approve plans and budgets and oversee management of interventions carried out in the District. CMACs meet quarterly and are supposed to be supported by the Council TAC. Daily management is the responsibility of the Council HIV and AIDS Coordinator (CHAC). This is not a full-time position but rather added on to the current responsibilities of the District Community Response Coordinator. CHAC performance varies considerably between districts but is generally reported to be weak as capacity of the District Community Response departments in terms of human and material resources is very low. CMACs reportedly meet regularly

[1] The other 3 Standing Committees are: Finance, Administration and Planning; Health, Education and Water; and Works, Natural Resources and Environment.

but performance varies considerably. In many districts the Council TACs are not functional. An additional challenge is the fact that in some districts, the DHMT AIDS Coordinators are unwilling to recognise the authority of the CHAC in the multi-sectoral coordination of HIV and AIDS. In districts where the CHAC and DAC work well together, the multi-sectoral response has taken off.

The CMAC is cascaded down to the ward and village level: Ward Multi-sectoral AIDS Committee (WMAC) and Village Multi-sectoral AIDS Committee (VMAC). The VMAC should include representatives of the village government, major social groupings, PLHIV and have gender and religious representation. So far, WMACs have been established in all wards but VMACs not yet. Again, proactiveness of MACs varies widely.

To address the fact that most LGAs have little understanding of how to address HIV and AIDS in a multi-sectoral way and reach the priority target groups, TACAIDS and partners have developed the minimum interventions package in an attempt to guide the LGAs in selecting the priority interventions to be implemented in their district. The package aims to strengthen local capacity for planning and implementation at all levels of the MACs. The package is based on the NMSF priorities, and consists of a matrix summarising the priority activities which LGAs could concentrate on. The current matrix is rather ambitious and restrictive: over 60% of these activities are mention as "must do's" which was criticised in the 2007 PER exercise.

MVC coordination and implementation

The Social Welfare Department of the Ministry for Health and Social Welfare (MOHSW) has the national mandate to coordinate interventions for vulnerable groups, including people affected by HIV and AIDS and MVCs. It is supposed to work closely together with the Ministry of Community Development, Gender and Children which has the mandate to coordinate gender interventions and the Ministry for Community Development which coordinates community-based interventions, including poverty reduction.

MOHSW and partners developed the National Costed Plan of Action for Most Vulnerable Children 2007-2010, which was launched in February 2008. At the national level, the implementation of the Plan of Action is coordinated by the National Steering Committee for MVC with support from the National Technical Committee at central level, and the MVC Committees at district level. The Steering Committee and the Technical Committee have not been meeting regularly. The Implementing Partners Group (IPG) on the other hand is very active, meeting monthly. It is chaired by the MOHSW and includes implementing agencies such as UNICEF, Family Health International and PACT.

MVC action is hampered by the lack of capacity of the Social Welfare Department of MOHSW at central level and even more at district level, where often there is no District Welfare Officer or only 1 person with limited capability. USAID is providing institutional support to the Social Welfare Department through the secondment of staff. UNICEF is assisting by participating in policy development and is currently planning to conduct a capacity assessment of the central level of Social Welfare. Partners tend to work in a unilateral way and coordination of TA to Social Welfare is weak.

Mainstreaming in different sectors

TACAIDS is coordinating the mainstreaming of HIV and AIDS into the public sector, private sector and civil society.

HIV and AIDS Focal Points (FPs) have been appointed in all Ministries, Agencies and Departments (MDAs). Ministries have one main FP for the Ministry as a whole, who is assisted by FPs in each department. Focal point duties are assigned on top of the regular function. Many focal points are weak, due to a combination of lack of support and materials and financial resources at their disposal. An exception to this is the central level Ministry of Education (MOEVT), where the HIV and AIDS Coordination Unit is located within the office of the Chief Education Officer and is staffed by 4 full-time Ministry staff assisted by 2 International Advisors provided by GTZ. Each MDA is supposed to have established a Technical AIDS Committee (TAC), responsible for coordination of HIV and AIDS interventions.

Some Ministries have developed workplace programmes and interventions (internal mainstreaming) to counter the epidemic effects on their workforce as well as target group interventions (external mainstreaming). The umbrella organisation Businesses Against AIDS is supposed to coordinate HIV and AIDS activities among private enterprises. So far mainstreaming efforts suffer from lack of comprehensiveness and sustainability due to lack of leadership and commitment, inadequate technical skills to implement the programmes and limited human and financial resources.

Monitoring & Evaluation

TACAIDS and partners launched the National M&E Framework in 2004 and the 5 year multi-sectoral M&E System Operational Plan in 2005. They also developed the Tanzania Output Monitoring System for HIV & AIDS (TOMSHA), a system for reporting by implementing agencies on implementation outside of the health sector .

The M&E Section of TACAIDS coordinates the M&E of the national response. A national M&E working group exists, comprised of representatives of the public sector, technical agencies and donors. The health sector response is monitored by the health management information system (HMIS).

Although M&E systems have received a fair deal of donor support, the current TOMSHA and HMIS system are not yet functioning effectively. Sharing of M&E results between TACAIDS and its partners is not yet optimal. TOMSHA has been introduced but is not yet fully operational at district levels. The most notable impediments are unreliable data; insufficient data analysis, information use, and feedback at lower levels; and a lack of capacity to manage and utilise information at all levels. Within TACAIDS, the M&E Unit lacks capacity both in numbers and quality of staff.

The World Bank has been the most active partner supporting the TACAIDS M&E Unit, including provision of a consultant who in various missions over several years assisted the TACAIDS staff in developing M&E systems.

It is reported that coordination of HIV and AIDS research is rather weak in Tanzania.

2.4. Key sector policies, legislation and programmes

In 1999 the Tanzanian President declared HIV and AIDS to be a national disaster, which set in motion a multi-sectoral response later incorporated into the National Policy on HIV and AIDS in 2001.

The National Poverty Strategy MKUKUTA for Tanzania 2005-2010 recognises the effect and influence of HIV and AIDS on poverty but does not incorporate the NMSF into all its activities. The NMSF 2008-2012 states that this should be addressed in the next MKUKUTA review.

The Joint Assistance Strategy for Tanzania (JAST) defines the overall development framework between the GOT and donor agencies (see section 2.6).

The Memorandum of Understanding (MoU) between the GOT and DPG-AIDS supports the implementation of joint planning, resource mobilisation and Monitoring &Evaluation (M&E)

The principles of the Tanzanian HIV and AIDS response are laid out in the National HIV and AIDS Strategy which was published in 2001.

The policy for the multi-sectoral response to HIV and AIDS in Tanzania mainland is laid out in the **National Multi-Sectoral Strategic Framework on HIV and AIDS for 2008 – 2012 (NMSF).** This document was finalised in 2008 and follows the first phase NMSF for 2003-2007. The overall vision of the NMSF is: Tanzania united in its efforts to reduce the spread of HIV and to provide the best available care for those infected and affected by the virus with a human rights and empowerment framework. Goals and indicators for the NMSF are reflected in table 2.

Table 2: Goals for the National Multi-Sectoral Strategic Framework on HIV and AIDS (NMSF).

Thematic areas	Goal
Key thematic areas:	
1. Enabling environment – including advocacy, fighting stigma and discrimination, regional / district / community response and mainstreaming	Create a political, social, economic and cultural environment for the response to HIV based on a human rights and gender sensitive approach.
2. Prevention	Reduce the HIV transmission in the country
3. Care, treatment and support	Reduce morbidity and mortality due to HIV and AIDS.
4. Impact Mitigation	Improve the quality of PLHIV and those affected by HIV and AIDS, including orphans and other vulnerable children.
Further areas:	
5. Monitoring & Evaluation (M&E)	Use relevant and comprehensive evidence provided in a timely manner in HIV-related planning and decision-making.
6. Organisations and institutional arrangements	Provide well-coordinated, effective, transparent, accountable and sustainable leadership and management structures based on the Three Ones at central, regional and LGA levels to deliver the national response as well as involving stakeholders from the public, private and civil society sectors.
7. Financial, human and technical resource framework	Provide the necessary and appropriate financial, human and technical resources for the implementation of the National Response through combined, coordinated and sustained efforts by GOT, private and civil society sectors and development partners.
8. Operations and implementation	Translated the NMSF into well-defined operational plans at national and LGA levels under the leadership of the PMO (TACAIDS) and PMO-RALG involving all stakeholders and implement the plans effectively.

Source: NMSF, 2007.

So far the NMSF does not yet have an Operational Plan. The development of an Operational Plan and a costed plan for the first 2 years should commence in 2009 and be finalised by December of the same year.

The NMSF is in line with the "Three Ones" initiative, supporting improved coordination at country level through support to 1) one agreed AIDS action framework (NMSF); 2) one national AIDS coordinating authority (TACAIDS); and 3) One agreed country level monitoring and evaluation system (TACAIDS M&E system). The GOT is signatory of international agreements dealing with HIV, including the MDGs, the Great Lakes Initiative on HIV and AIDS (GLIA), United Nations General Assembly Special Session on HIV and AIDS (UNGASS), New Partnership for Africa's Development (NEPAD), East Africa Community (EAC), Southern Africa Development Community (SADC). MDG and UNGASS goals and indicators have been incorporated into the new NMSF.

A separate strategy has been developed for the health sector: the **Health Sector HIV and AIDS Strategic Plan (HSHSP)** 2008-2012, which is a sub-strategy of the NMSF. This sets the priorities for the health sector response to HIV and AIDS and targets the national scale-up of prevention, treatment and home-based care.

The HIV and AIDS Act approved in 2007 provides a legal framework for individuals and institutions. The Act was prepared and championed by the MOHSW and is rather health oriented. The Act protects the right of individuals against offences relating to spreading HIV. It contains a legal framework for rights and duties of individuals, health workers and health services.

2.5. Sector financing

Past developments in resources available

Total spending on HIV and AIDS (Government and donor) increased by 76% in 2006/07 (a real increase of 66% after adjusting for inflation). The most remarkable feature is the continued rapid growth in donor HIV and AIDS spending, now expected to reach TSh 568 billion in 2007/08 (see table 3).

Tanzania's national response is almost entirely dependent on donor funding: 95% of the response is funded by donors (see table 3). In addition, the majority of this aid (80%) is provided by three donors only (United States Government (USG), the Global Fund to fight AIDS, TB and Malaria (GF) and World Bank[2] (NMSF).

Table 3: Total HIV and AIDS Expenditure and Financing

Total HIV spending (Tsh Billions)	Actual 2005/6	Budget 2006/7	Actual 2006/7	Budget 2007-8
1. Total Budget expenditure on HIV and AIDS	120	72	62	157
2. Of which, ODA financed	98	47	41	130
3. Off-budget ODA for HIV and AIDS	106	283	337	439
4. Total ODA for HIV and AIDS (=2+3)	204	330	378	568
Estimated Total Public & Donor Expenditure on HIV and AIDS (=1+3)	226	355	399	596
ODA as % of HIV and AIDS expenditure	90	93	95	96
% of HIV and AIDS aid included in Govt budget	48	14	11	23

Source: PER, 2008

[2] Current World Bank funding for the TMAP programme is expiring as of 30 September 2009. It is not known whether the World Bank will provide any funding to the multi-sectoral response to HIV and AIDS in Tanzania after that.

Table 4 also below shows that the increase in funding has been from off-budget sources of finance, and that only 23% of expected aid in 2007/08 is included in the Government budget.

Table 4: HIV and AIDS Expenditure relative to Government spending, GDP, and total aid flows for 2005/06-2007/08

Total HIV spending as a % of:-	Actual 2005/6	Budget 2006/7	Actual 2006/7	Budget 2007/8
Total Govt Spending	5.8	7.4	8.3	10.9
GDP	1.6	2.2	2.5	3.3
HIV aid as % of total aid	15.1	21.8	24.9	32.9

Source: PER, 2008

Government remains committed to fighting HIV and AIDS and has increased domestic resources aimed at responding to the epidemic, as shown in table 4.

Currently, much of the funding for HIV and AIDS is earmarked for specific projects, difficult to coordinate, slow to disburse and unpredictable in volume. A recent external public expenditure review (PER) of the HIV and AIDS sector found that external financing for the sector is growing rapidly, but is fragmented, projectised, and administratively complex. Although HIV and AIDS monies captured in government accounts increased from 16% in 2004/2005 to 44% in 2005/2006, unpredictable timing and levels of disbursements weaken the ability of the GOT to budget accurately and appropriately respond to longer-term programming needs, such as those associated with care and treatment in particular.

With 95% of the finance coming from aid, and three quarters of spending being off-budget, it is difficult for Government to exercise effective leadership. The 2007 PER recommends that donor expenditure review be undertaken. This would focus on understanding better what is being financed, how it is managed, and what impact it is having. It would aim to make recommendations on how Government can exercise effective leadership and can have a positive influence on how funds are allocated and managed.

TACAIDS and the Canadian International Development Agency (CIDA) recognised this situation and created a system for thematic budget support for HIV and AIDS: the HIV Fund in 2006 (this was recently renamed as the "NMSF Grant" (see section 4.1 for more details).

Resource allocation

The NMSF guides the government allocation of resources under the Medium Term Expenditure Framework (MTEF) to targeted HIV and AIDS interventions. TACAIDS liaises with the Ministry of Finance (MOFEA) so that the Guidelines for the Preparation of Medium Term Plan and Budget Frameworks ensure line ministries, regions and local government authorities include HIV and AIDS control activities in their MTEFs/budgets.

Table 5 shows recent trends in Government budget spending on HIV and AIDS. The table also shows that only 16% of the annual GOT allocation goes to directly to regions and Districts. However, the much higher allocation to MDAs include procurement, the bulk of which is for drugs and consumables to be used by Regions and Districts. The proportion of budget allocated to regions and districts increased for 2007/08, which includes allocations to LGAs from the NMSF Grant and from the Global Fund.

Table 5: Budget spending on HIV and AIDS Tsh billions 2005/6-2007/8

Budget spending on HIV	2005/6 Actual	Budget 2006/7	Actual 2006/7	Budget 2007-8
MDA Recurrent	22	24	21	22
MDA Development	97	37	29	107
-Of which, GOT funded		0.3	0.0	6
Transfers to regions and Districts	1	11	11	29
Total Budget expenditure on HIV and AIDSS	120	72	62	157

Source: PER, 2008

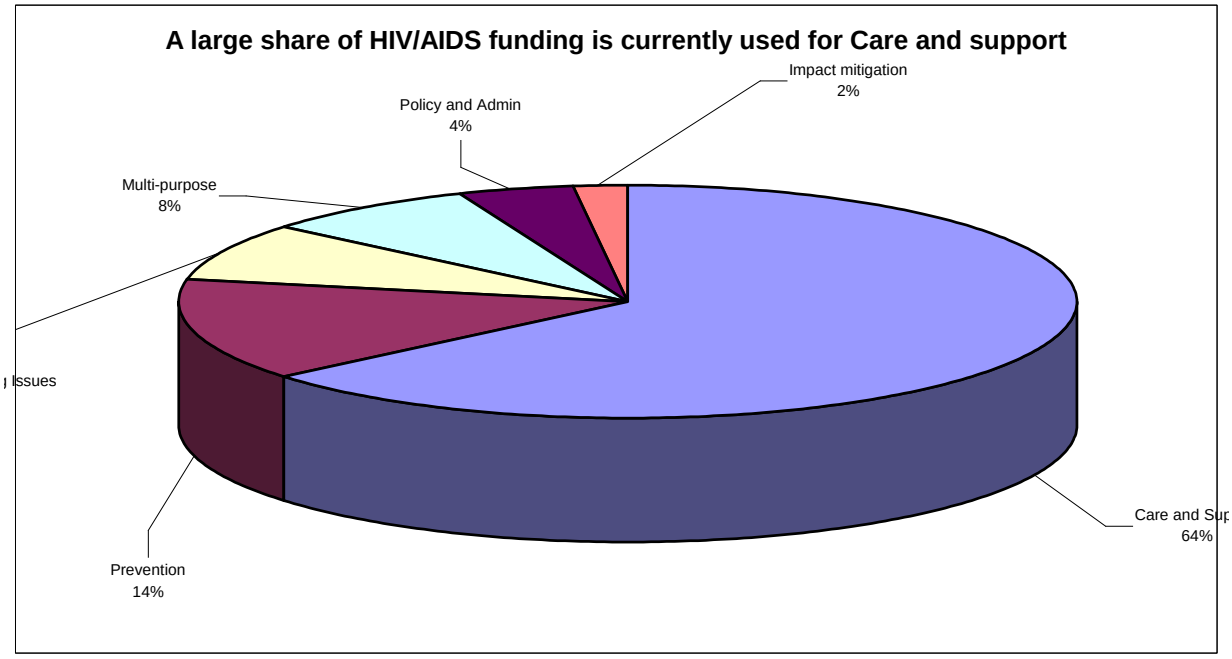
The 2008 NMSF states that MOHSW and TACAIDS accounted for over 95% of budget and 97% of actual spending on HIV in 2005/06. TACAIDS accounts for 41% of Government spending on HIV and AIDS, mostly consisting of transfers to other MDAs, to LGAs and for implementation by others, including to AMREF and CSSC for the GF Round 3, transfer CARF interventions and support to the Rapid Funding Envelope from funding provided by DFID and Irish Aid. Even with the majority of funding for health interventions being off-budget, the Ministry of Health still accounts for 43% of MDA spending on HIV and AIDS.

Spending by Government institutions, including MDAs, LGAs and CMAC for HIV and AIDS activities outside the health sector has remained low. Bottlenecks include delays in disbursement and in accountability of funds. Although the GOT accounting system of all HIV and AIDS expenditure having to be coded as Objective A should permit an analysis of budget spending by MDAs, most MDAs are not using these codes appropriately but are allocating most spending to budget categories such as "cross-cutting" or "other"[3]. Over 2006-2008, LGA spending was low due to central funding arriving late. This was partly because of the late signing of the CIDA grant in 2007 and late disbursement by MOFEA later that year. Lack of budget has confined many LGA activities to a relatively small scale.

In terms of spending over thematic areas, Care and Support received over 64% of the spending on HIV and AIDS, while prevention received only 14% (see figure 3). The high trends of expenditure on Care and Treatment is attributed to the roll-out initiatives for ARVs and training of health care workers. Most of these activities are carried out by the Governments and civil society at district level.

[3] The councils are supposed to codify HIV and AIDS interventions in the GOT development accounts using the budget code "A" to enable tracking of the expenditure and spend according to the 4 main targets of the NMSF This Objective A budget code for HIV and AIDS has been entered into the Integrated Financial Management System (IFMS) and is used by all GOT structures. Code A will also be used to track expenditure against MKUKUTA policy priorities.

Figure 3: Funding for HIV and AIDS by thematic areas (2005/2006)



Source: NMSF, 2007

At district level, public funding to LGAs for HIV and AIDS activities has so far been provided by TACAIDS (sourced from the NMSF Grant, see section 4.1, and previously from TMAP funds) and channelled through the Exchequer. Funds are allocated based on a formula taking into account the district population (70%), number of poor residents (10%), district medical vehicle route (10%) and estimated HIV and AIDS prevalence (10%). Until 2009, the NMSF Grant has been disbursed into the TMAP bank account of each LGA and the budget managed by the Council Executive Director and coordinated by the Council Department for Community Development and Social Welfare.

The National Budget Guidelines for LGAs for 2008 – 2009 allocate a total contribution to LGAs of Tsh 10.7 billion for 2008/09 whereas total allocation from the Global Fund to LGAs amounts to Tsh 14.3 billion.

Evidence from TACAIDS monitoring suggest that LGAs have not fully utilised resources provided by the HIV Fund, now named the NSMF Grant. Experiences show lack of integrated planning in the execution by the district, ward and village level responses to HIV. TACAIDS guidance on priorities for HIV and AIDS implementation has now been integrated by PMORALG into the Annual guidelines for preparation of local government authorities' medium-term plans and budgets.

Health-related HIV and AIDS expenditure at LGA level is mostly off budget except for some health basket funding (PER, 2008). ARV drugs are supplied direct and free of cost, and partners contracted with large US Government-funded initiatives such as PEPFAR (President's Emergency Plan for AIDS Relief) are working directly with service providers.

Projected resources and financing needs

Donor spending has been steadily increasing in Tanzania. Total donor disbursement on HIV and AIDS, including off budget spending, in 2006/07 was about 14% above the PER projection made in 2006. This increase is in large part due to rising PEPFAR allocations which are off-budget and flow through parallel mechanisms. PEPFAR spending doubled from USD 120 million in 2006 to USD 300 million in 2008 and is expected to further increase to USD 350 million in 2009.

Table 6: Total aid to the multi-sectoral response to HIV and AIDS in Tanzania (in billion Tsh)

Development Partner	2006/7 Expected	2006/7 Actual	2007/8 Projection	2008/9 Projection	2009/10 Projection	2010/11 Projection
USG	190.4	260.8	385.7	381.4	381.4	381.4
GFATM	77.1	71.2	101.0	103.4	103.4	74.3
IDA	25.8	16.6	50.9	7.5		
CIDA	11.8	11.0	0	11.5	0.7	0
SWEDEN	7.4	13.6	7.3	8	8.8	0
NORWAY	4.9	0.1	6.3	1.8	2	0
NETHERLANDS	4.7	0.1	6.2	0	0	0
JAPAN	3.9	2.3	4.2	7.3	2.8	0.1
IRELAND	2.4	1.7	3.5	2.8	0.3	0
ITALY	0.6					
BELGIUM	0.6	0.5	0.7	0	0	0
UNDP	0.4			0.4	0.4	0.4
UNFPA				0.8	0.8	0.8
UNICEF	0.3					
SDC	0.3			0.5	0	0
GERMANY						
WFP			2.4	6.8	6.8	6.8
Total	330.6	377.8	568.2	532.2	507.4	463.8

Source: PER, 2008

Above table 6 does not include contributions by Denmark, as previous Danish contributions were channelled through NGOs and not reflected in the PER. Also the support described in this document was not foreseen at the time of the 2008 PER preparation. Other partners may also come in with new commitments in 2009.

CIDA has so far contributed CAN$ 20 million to the HIV Fund (now named NMSF Grant), of which the second tranche was released in November 2008.

The TACAIDS MTEF for 2008/2009 states that approved budget estimates amount to Tsh 40.4 billion, of which Tsh 3.9 billion is requested from GOT and Tsh 36.5 billion from external sources. Table 7 gives more information on the budget estimates for contributions by development partners to TACAIDS for years 2008/09, 2009/10 and 2010/2011.

Table 7: TACAIDS MTEF data on contributions of partners for 2008/09 (in billion Tsh)

partner name	budget estimate 2008/2009	budget estimate 2009/2010	budget estimate 2010/2011
TMAP	18.0	10.3	
Global Fund	12.0	12.0	3.5
UN Joint Programme	2.6	2.6	1.9
UNAIDS	0.1	0.1	
DFID	1.3	2.0	2.0
Irish Aid	1.7	2.0	
UNFPA	0.3	0.3	
GLIA	0.4	0.4	0.4
Total budget estimate (Tsh)	**36.5**	**29.7**	**7.8**

Source: TACAIDS, MTEF 2008

The contributions by DFID and Irish Aid in table 7 are earmarked for support to the Rapid Funding Envelope.

A major challenge in costing of the NMSF is the fact that the NMSF 2008 – 2012 does not have an operational plan and an Operational Framework has not yet been developed for the NMSF. Costing must occur in moving from strategic to operational planning and in the development of national sector plans and the integrated HIV and AIDS district plans.

The extreme dependence of Tanzania on external financing for its national response is a major concern, as it its over-dependence on three donors (USG, GF and WB[4]). Sustainability of the National Response, especially for the treatment and care of PLHIV, has important moral, ethical and public health implications.

2.6. Partner coordination

To support the implementation of the poverty reduction strategies of both Tanzania mainland (MKUKUTA) and Zanzibar (MKUZA), the **Joint Assistance Strategy for Tanzania (JAST**) has been developed between the government and development partners. This includes commitments on alignment and division of labour in order to reduce the number of actors in the sectors. The HIV and AIDS response is a thematic area under JAST.

There are a number of coordinating forums establishing the relationship between the GOT and Development Partners (DPs). The Joint Thematic Working Group on HIV and AIDS (JTWG) is the main forum for TACAIDS to coordinate with key line Ministries, academic institutions, Development Partners (DPs), private sector and civil society organisations, and meets every 3 months. Six thematic Technical Working Committees work under the JTWG and also meet at least quarterly.

The Development Partners Group (DPG) is an umbrella entity addressing donor support in development cooperation and aiming to increase harmonisation amongst DPs. A sub-group on HIV and AIDS, the **DPG-AIDS**, supports the coordination of the response to HIV and AIDS and facilitate

[4] The WB TMAP programme has come to an end in March 2009 and the WB may not commit new resources to the multi-sectoral HIV response in Tanzania.

harmonisation and alignment of national priorities including resource mobilisation. DGP-AIDS meets bi-monthly.

DPs have signed a Memorandum of Understanding (MoU) with the Government of Tanzania, represented by TACAIDS, in which they agree focus HIV support on priorities defined in the NMSF.

The Tanzania National Coordinating Mechanism (TNCM) is another multi-sectoral forum for sharing information and coordination of resources within Tanzania from various sources for HIV, TB, Malaria and any other health related emergency requiring multi-sectoral action and monitoring their implementation. The TNCM was initially set-up as the Global Fund Country Coordination Mechanism (CCM) but has now been enlarged to coordinate some regional Tanzanian initiatives on HIV, malaria and TB, such as the Great Lakes Initiative on AIDS (GLIA). TACAIDS serves as the secretariat for the TNCM.

The UN has stepped up efforts to harmonisation within itself: the UN Team on HIV & AIDS was established in June 2006, and a United Nations Joint Programme of Support to Tanzania on HIV & AIDS was developed covering the period 2007-2010.

Coordination of civil society active in HIV and AIDS in Tanzania is weak and civil society is fragmented. There is so far not one single overriding umbrella organisation for NGOs and CSOs working in HIV and AIDS. Umbrella organisations for civil society agencies are many and their representativeness is questionable. There is an umbrella organisation for Christian agencies providing health, education and social services, the Christian Social Services Commission (CSSC), which will be supported by Danida through Component 1 of HSPS IV as it represents an important group of providers of health services. Furthermore, there are several general networks of faith-based organisations (not linked to service provision), which are represented in the Faith-Based Forum, for which the CSSC ensures the Secretariat. The Tanzania AIDS Forum consists of around 40 agencies working in HIV, including national and international NGOs and network agencies, but is not recognised by all agencies as representing them. Similarly NACOPHA, the National Council for people living with HIV and AIDS (PLHIV) is not recognised by all associations of PLHIV. This situation does not facilitate civil society involvement in policy development: at some forums all existing umbrella organisations are all invited whereas in other forums only those seen as active are called to participate. TACAIDS and DPs are conscious of this problem and are calling upon civil society to address the issue and are undertaking efforts to promote greater harmonisation amongst civil society.

Similarly there are question-marks about the representativeness and effectiveness of umbrella organisations for the private sector, such as the AIDS Business Coalition for Tanzania.

The Bi-Annual Joint Review for the HIV and AIDS response in Tanzania mainland has taken place in October 2008. As there is no Operational Plan for the NMSF, milestones are agreed upon by government and partners during each Bi-Annual Review meeting to indicate key achievements aimed for during the following 2-year period and to be reported upon at the next Bi-Annual Review. So far there is no practise of reporting on the achievement of the 49 NMSF indicators or the PAF indicator.

2.7. Cross-cutting issues and priority themes

Gender and social inequalities

Awareness of the particular factors making women more vulnerable to HIV infection has increased in the recent years. In addition, attention to the strong linkages between sexual and reproductive health and HIV and AIDS is growing. Linking sexual and reproductive health and HIV and AIDS therefore offers an opportunity to achieve more cost-effective programmes with greater impact.

Gender equality and empowerment of women in all socio-economic and political relations and culture are well considered in the Tanzania Development Vision 2025 and the MKUKUTA/MKUZA. The National Women's Development and Gender Policy 2000 gives direction to stakeholders in advancing gender issues socially, culturally, economically and politically.

The legal framework for enhanced gender equality is to a large extent in place. The government has passed several laws in favour of gender equality and advancement of women including various Employment Acts and the Sexual Offences Special Provisions Act of 1998. Tanzania has also adopted an approach to planning that integrates gender equality. The Guideline for preparation of the MTEF states the need to take into account gender budgeting aspects.

The policy framework is to a large extent in place, but there are still major issues/constraints for addressing gender equality in practice. Despite efforts to mainstream gender into the policies and strategic frameworks, the absence of analysis of issues in gender equity and approaches to addressing them has been noted.

The Ministry of Community Development, Gender and Children is the focal institution for gender equality issues. Also Gender focal points have been established in all ministries, regions and districts to ensure that gender concerns are taken into considerations in development policies, plans or programmes in those levels. Most MDAs have gender policies and strategies. However, capacity for effective implementation of policies and strategies is limited, and gender focal points have limited capacity and budget.

The limited availability of gender disaggregated data and the fact that where the data is available it is not correctly used is a severe constraint to analysis of gender equity and development of policies to address specific health needs of men and women. The MOHSW Tanzania Mainland has included as a target in its strategic plan that by 2010 gender disaggregated data should be available and used at all levels.

While Tanzania has provided opportunities and enabling policy frameworks for enhancing gender equality, the country faces challenges in implementing, monitoring and following up gender equality policies and strategies. This is partially attributed due to limited gender analytical skills among policy makers, planners, economists and budget analysts as well as limited availability of gender and sex disaggregated data / information in almost all sectors. There is also lack of appreciation of gender analysis as a critical tool for planning, implementation, monitoring and evaluation.

Children and youth

The National Costed Plan of Action for Most Vulnerable Children coordinates priority interventions for MVC in Tanzania. Interventions related to children and youth in Tanzania mainland are

coordinated by the MOHSW in collaboration with the Ministry of Labour, Youth Development and Sports (MLYDS) and the Ministry of Community Development, Gender and Children (MCDGC). The involvement of several Ministries makes effective coordination of the implementation of priority interventions somewhat cumbersome.

2.8. Zanzibar

HIV prevalence is much lower than on Tanzania mainland: prevalence among women attending ANC clinics has risen since 2002, but with 0.87% in 2005 it is well below the rate found in other countries in Sub-Saharan Africa. Among the general population, young adults (25 to 34 years) are most affected (15 per thousand), and the infection rates among women are four to six times higher than among men. HIV prevalence rates among different sub-populations vary enormously however, with rates of 12.9% among substance abusers, 28.4% among injecting drug users and 33% among TB patients (Joint Review on HIV response, 2007).

The implementation of the Zanzibar HIV and AIDS and health strategies responds to the current epidemiological situation. Prevention remains the cornerstone of HIV control strategies with efforts being made to prevent new infections. However, current evidence has confirmed that Zanzibar has a concentrated epidemic. In line with this, the Joint Mid-Term Review of the national response has indicated the need for a more prioritized and evidence based response geared towards addressing a concentrated epidemic, though not losing touch to the general population. ”Scale up” in the context of Zanzibar’s HIV response does not mean ”more of the same”, especially in such a resource constrained environment, but means ”deepening” the response by targeting those areas needing it the most.

Zanzibar has its own HIV and AIDS Strategy: the Zanzibar National HIV Strategic Plan (ZNSP) 2005 - 2009, which was launched in June 2005 and guides the multi-sectoral response to HIV and AIDS. It sets out to prevent HIV transmission in the general population and at work places; and to increase access to care and promote positive sexual behavioural change, targeting various vulnerable groups. Despite the fact that there is this consolidated strategy, HIV and AIDS activities are highly dispersed and fragmented, and there is a general lack of focus.

The Zanzibar AIDS Commission (ZAC) is in charge of coordinating the multi-sectoral HIV and AIDS response. ZAC holds coordination meetings every 3 months with DPs and non-government partners, and every 6 months with TACAIDS. The technical capacity of ZAC staff seems adequate but staffing numbers are not sufficient for effective coordination of the response (Global Fund proposal 2008).

Zanzibar had recently submitted a proposal for Global Fund Round 8, focussing on strengthening community and health based systems as well as coordination capacity of ZAC, but this was not approved. Apart from the GF, other major donors supporting the HIV and AIDS program in Zanzibar are the World Bank, PEPFAR, the UN and the Clinton Foundation. Danida has been supporting health sector reforms.

2.9. Key Challenges

Capacity for coordination of NMSF implementation

The current lack of GOT capacity at central, regional and district level for effective coordination of the multi-sectoral response is a major challenge which hampers effective implementation of the NMSF. Development partners will need to work better together in supporting strengthening of TACAIDS capacity at central and regional levels and of the LGAs at district level.

It will also be important to better define roles and responsibilities between TACAIDS as coordinating agency and MDAs and LGAs as implementers, as well as between TACAIDS and MOHSW.

Funding bias

Although external resources coming in to Tanzania for HIV response are significant, needs are not covered. The bulk of funding supports care and treatment programmes (60-70% of total HIV aid) which even with the current exorbitant funding levels only support 130.000 persons on ART as opposed to the target of 400.000. In addition, the current level of funding for care and treatment is at risk of not being sustained. With the bulk of current external support to HIV and AIDS being earmarked for specific projects, difficult to coordinate, slow to disburse and unpredictable in volume, it is important to ensure that non-health sector priority areas such as prevention and mitigation receive sufficient support. Furthermore, it is of utmost importance that the GOT formulates a long-term financing strategy for HIV and AIDS and commits its own and DP funds for this.

3. Strategy

3.1. Objectives

The development objective of the Danida support is the development vision of the National Multi-Sectoral Framework on HIV and AIDS Strategic Plan (NMSF) 2008 – 2012 for Tanzania mainland:

Box 2: Vision of the NMSF

Tanzania united in its efforts to reduce the spread of HIV and to provide the best available care for those infected and affected by the virus with a human rights and empowerment framework.

This vision pertains to all the sub-components of component 3 of the Tanzania HSPS IV. Only immediate objectives will be indicated in the component description in the next section.

Component 3 of the HSPS IV will focus on providing support to the HIV and AIDS response in Tanzania mainland. It is assessed that for the time being there are no significant unmet needs for funding for the Zanzibar HIV and AIDS response.

As current external assistance to the HIV and AIDS response is biased towards the health sector response, to which Danida contributes through its support to the health sector basket fund and capacity strengthening, Component 3 will focus on supporting the non-health sector response to HIV. The support aims to maintain the momentum in prevention and strengthen mitigation efforts.

The programme takes a systemic approach, aiming at strengthening systems for delivery of priority interventions, assisting Tanzania in reaching the Millennium Development Goals, which will improve health and reduce HIV and AIDS transmission amongst the Tanzanian population.

3.2. Strategic approach

3.2.1. Brief summary of past experience

In previous HSPS phases, Danida supported the health sector response to the epidemic in Tanzania mainland and Zanzibar through contribution to the health sector basket fund at central and district level and earmarked support to the health system, particularly in the areas of health sector reform, drug management, hospital reform, public-private partnerships and district health services. HSPS Phase IV is the first Danida programme to support the multi-sectoral response to HIV and AIDS in Tanzania.

Over the past years, Danida has however supported various innovative and strategic multi-sectoral civil society initiatives for HIV and AIDS. These included the Rapid Funding Envelope - providing grants to NGOs and Community-Based organisations working in HIV and AIDS in Tanzania - and Femina-HIP, a Tanzanian NGO producing production of innovative media products for HIV and AIDS prevention and linking HIV and sexuality. Both these mechanisms were supported through joint donor funding systems together with other DPs. Other NGOs have been supported but this assistance has

been phased out. In 2001, Danida was also among the core donors who supported the establishment of TACAIDS.

3.2.2. Strategy

The HSPS IV programme for HIV and AIDS is conducted in the context of Denmark's participation in the Tanzanian SWAp process in the multi-sector response to HIV and AIDS, and is guided by the MoU between TACAIDS and Development Partners (DPs), which Denmark has signed. It is also guided by the Danish Strategy for the International Fight against HIV and AIDS in that it supports the strengthening of national planning and implementation of a multi-sectoral response to HIV and AIDS. It supports the "Three Ones" initiative launched by UNAIDS, supporting improved coordination at country level, through support to 1) one agreed AIDS action framework; 2) one national AIDS coordinating authority; and 3) One agreed country level monitoring and evaluation system.

Furthermore the HSPS IV is guided by the Paris Declaration and the Accra Agenda for Action, of which Denmark is a signatory, in that the support envisaged is based on Tanzanian structures and procedures, national ownership and leadership, and assisting Tanzania to scale up critical interventions. Danida will work in such a way that actions are harmonised as much as possible with other partners, and aligned to GOT priorities and financial and administrative procedures.

The HSPS IV programme supports the HIV and AIDS response and gender equality in Tanzania. It aims to provide comprehensive support to the Tanzanian HIV and AIDS response in order to strengthen capacity to scale up delivery of priority interventions. It is supporting focus on women and youth and strengthening the linkages between gender equality, sexual and reproductive health and HIV and AIDS programmes, through the operationalisation of Gender Strategies for the NMSF.

The programme supports the GOT policy priority of decentralisation and accountability through its focus on systems strengthening at all levels of the HIV and AIDS response.

The programme maintains a certain level of flexibility in both selection of activities and modalities. The needs of the Tanzanian multi-sectoral HIV and AIDS effort are subject to change, and it is impossible to predict in 2009 what the priorities of 2014 will be. Accordingly, Danida funds are primarily committed to broad areas of work rather than to specific activities. This allows for true process management, as funds can be accessed for the activities required to advance the process, whenever opportunities for innovation and progress present themselves.

Risks are minimised by a pro-active strategy of supporting the development of capacity in systems and individual skills to strengthen government systems, and by a prudent strategy based upon flexibility of funding allocation.

Funding mechanisms

The HSPS IV will provide funding for the HIV and AIDS response to the amount of 220 million DKK over a five year period (2009-2014). In addition there are unallocated funds of approx. 32 million DKK available under the overall programme budget. The unallocated funds may be used for activities across components or to unforeseen major initiatives of strategic importance within the components. Such initiatives and activities should be within the development objective of the overall programme and such that cannot easily be accommodated within the existing component budgets.

Half of the funding will be provided as thematic budget support to the implementation of national strategic plans, while the remaining portion will be earmarked for specific areas of intervention as well as for technical assistance and programme management.

Budget support

The HSPS IV (2009 - 2014) will continue the trend in previous programmes of an increasing proportion of support to Government channelled as unearmarked support to the implementation of national strategic plans. For the HIV and AIDS response (Component 3), the mechanism used is **thematic budget support** through the NMSF Grant.

Earmarked support

In addition to thematic budget support, there are areas where earmarking of funds is appropriate:

- Earmarking will secure funding for areas of crucial importance to the success of the implementation of the NMSF. This includes strengthening of capacity and systems that will contribute to increased effectiveness of the NMSF Grant modality and thus enable continued and increased funding through unearmarked thematic budget support.
- Furthermore, access to flexible earmarked funds will enable TACAIDS and partners to respond quickly and flexibly to arising needs and opportunities and particularly to support innovative activities.
- The areas proposed for earmarked funding are areas where Danida has comparative advantage (e.g. prior experience or considered preferred donor by government), or where the government has requested direct support, and where such support is deemed more appropriate in terms of being more flexible and allows more innovation than the routine government systems.

Most of the earmarked funding will be reflected in the TACAIDS MTEF and will flow through the Government Exchequer system. A part of the earmarked funding will be provided directly to civil society initiatives through their joint donor basket funding mechanisms.

Balance between budget support and earmarked support

Generally, the aim is to limit the earmarking of funds, to provide earmarked funding as flexibly as possible and to channel funds as much as possible through GOT systems or joint funding arrangements, depending on the counterpart agency's quality of planning, implementation and absorption capacity.

As it has been decided that during the first few years the focus of the thematic budget support (NMSF Grant) will be on support to Local Government Authorities, earmarked funding for TACAIDS capacity strengthening will not be able to flow through the NMSF Grant. Once the NMSF Grant is opened up to MDAs, it can be considered to channel support for TACAIDS capacity strengthening through the NMSF Grant.

On the other hand, the balance can also shift from funding through budget support to increased earmarking. It is assumed that GOT will fulfil the agreements and conditions made in the MoU between GOT and DPs for the NMSF Grant. However, should difficulties arise with regard to the compliance with essential requirements that would restrict the continued Danish support through

budget support, it is important to have a specified fall-back option that will enable continued support to the multi-sectoral response.

In the unlikely case that such problems arise, Danida will have the option to shift all or part of its support from budget support to earmarked support for strengthening of capacity development, planning, (financial) management, monitoring and evaluation and strengthening of regional TACAIDS offices or to any other activities supporting the NMSF. The specific details of such earmarking will be decided depending on the circumstances. Such a decision will not be taken without formal consultations between Danida, GOT and development partners. Discussions would include the reasons for falling short of meeting agreed requirements and the need for mitigating actions.

3.3. Brief narrative summary of programme

The fourth phase of the HSPS programme will support the implementation of the National Multi-sectoral Strategic Framework for HIV and AIDS in Tanzania (NMSF) with a total allocation of DKK 220 million. This will be done through general support through the NMSF Grant as well as through direct earmarked support to a number of key areas, identified jointly with the TACAIDS and partner agencies as being currently underdeveloped and/or in need of capacity strengthening.

Vision for the NMSF: **Tanzania united in its efforts to reduce the spread of HIV and to provide the best available care for those infected and affected by the virus with a human rights and empowerment framework.**

HSPS IV Objective for Component 3: a strengthened multi-sectoral response to HIV and AIDS in Tanzania achieved through the provision of support for the implementation of the NMSF.

The expected outputs of Component 3 of the HSPS IV support are:

Output 1**: NMSF operationalised through thematic budget support.**
Danida will channel half of its support under Component 3 through the NMSF Grant, a mechanism for thematic budget support, to benefit priority areas within the NMSF Operational Plan. The Grant is a joint arrangement with other DPs, presently CIDA. Details of the mechanism, including a MoU, are to be developed in the first half of 2009. Danida will be able to start using the NMSF Grant once the mechanism for the modality has been mutually agreed upon. Allocation of funds from the NMSF Grant will be decided yearly during the annual planning exercise of the NMSF Annual Operational Plan / MTEF. Progress will be monitored using NMSF indicators and milestones and agreed by TACAIDS and DPs. Reporting will be quarterly or six-monthly[5] based on reports compiled by PMO-RALG and TACAIDS.

Output 2**: Institutional development and capacity of TACAIDS strengthened for effective coordination of the NMSF implementation.**
Danida will support institutional development and capacity of TACAIDS at central and regional levels in close coordination and collaboration with other Development Partners. At central level, Danida will support the establishment of the TACAIDS Capacity Building Section (within the National Response Division) by providing earmarked funds for organisational development activities identified in the NMSF Annual Operational Plan and budgeted in the TACAIDS MTEF. While it is not the intention a-

[5] This is still to be confirmed as part of the process of development of the MoU for the NMSF Grant.

priory to identify specific areas of support, priority areas may include M&E, Gender focus and financial management. The mechanism to provide this earmarked support will be flexible earmarked support to the TACAIDS MTEF, and could also include funding through a joint pool for Technical Assistance / Technical Support.
Danida will also provide a long-term Technical Adviser (Organisational Development Adviser) to assist with the establishment of the Capacity Building Section, the coordination of capacity development support for central and regional offices and with the coordination of short-term Technical Assistance to all TACAIDS Divisions and Units.
Furthermore Danida will support the establishment of new / rehabilitated TACAIDS Headquarter Offices in Dar es Salaam and its refurbishment.

***Output 3*: Non-government sector capacity for NMSF implementation strengthened.**
Danida will support non-government initiatives, where they are strategic and/or innovative and where they are supported through joint funding mechanisms with other Development Partners. Support to civil society will include assistance through the Rapid Funding Envelope, a Grant Mechanism for CSOs and NGOs, as well as to Femina-HIP for production of innovative edutainment products used by a broad group of actors.

The table below summarises the sub-components of HSPS IV Component 3 as well as outputs, intervention areas and activities.

Table 8: Component 3: a strengthened multi-sectoral response to HIV and AIDS in Tanzania achieved

Sub-Component	Outputs	Intervention Areas	Activities
1. Support the implementation of the NMSF	NMSF operationalised through thematic budget support.	1. Thematic budget support provided in aligned and harmonised fashion.	Contribute to NMSF Grant for support to multi-sectoral non-medical response by GOT to HIV and AIDS.
2. Support TACAIDS capacity building for NMSF implementation	Institutional development and capacity of TACAIDS strengthened for effective coordination of NMSF implementation**.**	1. TACAIDS institutional development and capacity strengthened at central and regional level.	Provide earmarked support through the TACAIDS MTEF for capacity building of TACAIDS central and regional offices for priority areas such as the establishment of the Capacity Building Section and other priority areas to be defined, which could include internal organisational development, gender approaches, M&E and financial management.
			Provide long-term international Technical Assistance to support the establishment and management of the Capacity Building Section.
		2. Capacity of TACAIDS strengthened at central level through infrastructure support.	Support establishment of new / rehabilitated TACAIDS offices and its refurbishment.
3. Support non-government sector capacity for NMSF implementation.	Non-government sector capacity for NMSF implementation strengthened.	1. Provision of grants to civil society organisations for implementation of priority interventions at community level.	Support the Rapid Funding Envelope for provision of grants to CSOs.

Sub-Component	Outputs	Intervention Areas	Activities
		2. National scaling up of production and dissemination of youth friendly communication materials.	Support an improved, integrated and scaled-up Femina HIP programme.

Inputs and budget

Inputs from the GOT
The GOT will provide funding according to the MTEF. GOT will further ensure that counterparts are appointed and available to work with the Technical Adviser (TA) and workspace is availed to the TA.

Inputs from Danida
The inputs from Danida will consist of a mix of un-earmarked financial support through budget support mechanism and earmarked financial support for implementation of the NMSF, in combination with TA.

Table 9: Indicative budget 2009-2014 for Component 3 (Million DKK)

	2009/10	2010/11	2011/12	2012/13	2013/14	TOTAL
1. Contribute to NMSF Grant	20	20	20	20	20	100
2. Support capacity building of TACAIDS at central and regional levels	12	13	14	5	6	50
3. Support non-government sector	19	4	19	4	4	50
Long- and short-term TA	1.5	1.5	2	2	1.5	8.5
Administration costs	0.5	0	0.5	0	0.5	1.5
Contingencies	0	4	6	0	0	10
TOTAL	**53**	**42.5**	**61.5**	**31**	**32**	**220**

See Chapter 5 for more details.

3.4. Capacity development support

Key areas identified as needing capacity development support include: establishment of the Capacity Building Section for TACAIDS for internal capacity development at central and regional levels. Other areas indicated by TACAIDS as current priorities are planning, management and M&E; gender mainstreaming; and financial management. These areas will however be confirmed during the yearly MTEF planning process. Capacity building needs to take place both at central level and regional level to enable TACAIDS to adequately coordinate the sector, strengthen systems and support national implementation. Support also needs to be provided to the district level to strengthen service delivery and scale up priority interventions.

One International Technical Adviser will be seconded to TACAIDS central level, in order to enhance capacity in key areas.

Table 10: Justification for International Technical Assistance

ADVISER	Need for counterpart capacity building	Reforms in need of support	No TA provided by other donors
HIV and AIDS NMSF support			
Organisation Development Technical Adviser in TACAIDS Headquarters to support the new organisational structure of TACAIDS and key areas for capacity building.	X	X	X

In accordance with GOT and Danida policies for Technical Assistance, the Adviser will be based within a Government Institution. The Adviser will report to the TACAIDS Director of the Department of National Response. It is expected that the position of Adviser will be phased out by the end of the programme period or before.

The TA has been requested by the Tanzanian Government / TACAIDS who have developed the Terms of Reference for the proposed position.

See chapter 7 for more information on the tasks and responsibilities of the Technical Adviser proposed. Appendix 3 provides detailed Terms of Reference.

3.5. Coherence with national policies and other sector activities

Poverty reduction

The NMSF objectives are fully consistent with the MKUKUTA, which is the Poverty Reduction Strategy for Tanzania mainland. Similarly, HSPS IV is aligned to the NMSF as well as the health sector framework in Tanzania. Close coordination with TACAIDS and development partners is expected to improve harmonisation and alignment in the future, in particular through the development of the funding arrangements of the NMSF Grant and the joint approach to capacity development of TACAIDS.

The HSPS IV programme supports key aspects of the implementation of public sector reforms, particularly the decentralisation-by-devolution and management systems reforms.

Millennium Development Goals

Component 3 of the HSPS programme will support the **Millennium Development Goals** (MDGs) as follows:

- *Goal 6, Target 7: by 2015 halt and begin to reverse the spread of HIV and AIDS.*
  The HSPS IV will contribute to this target by supporting the NMSF through contributing to the NMSF Grant, which will enable TACAIDS and partners to focus on priority activities such as the building of political leadership and capacity at all levels, provide special protection to youth and orphans, address gender issues, reduce transaction costs and improve quality of services, and strengthen the capacity of civil society to support the NMSF and health sector objectives.

Monitoring of achievement of MDG targets is likely to be regular in 2009-2014, since the MKUKUTA is closely aligned with the MDGs.

The programme will also support the Mkukuta indicators (see section 2.1), as it supports TACAIDS' capacity to better coordinate prevention and social protection programmes and provides funding through the NMSF Grant and through RFE and Femina HIP for prevention and mitigations activities to be implemented at district level.

Three Ones

The NMSF and Component 3 of the HSPS programme fully support the Three Ones, in that they aim to:

1. strengthen TACAIDS at central and regional level as the central coordination mechanism, and strengthen LGAs at district level,
2. strengthen the NMSF and its operational plan as one strategy at central and regional level and the council comprehensive HIV plan at district level,
3. strengthen the NMSF M&E system at central, regional and district level as the central M&E system.

Aid effectiveness

Denmark signed the Paris Declaration on Harmonisation and Alignment in 2005 and the Accra Agenda for Action in 2008, and is working towards implementing the objectives of the Declaration through a multi-faceted approach.

Ownership

Danida has so far contributed to promoting ownership by supporting the GOT in developing the MKUKUTA and the JAST, as well as through provision of general budget support and sector budget support to various sectors. Danida also contributed to the development of the Health Sector Strategic Plan (HSSP) and yearly health sector plans, all in line with the MKUKUTA. Furthermore, Danida supported strengthening of country ownership by supporting the (multi) sector coordination mechanisms which are led by TACAIDS. Through the HSPS IV programme, Danida will continue to support these mechanisms and the revision of any of the key GOT policy documents. The Danish Embassy will also promote TACAIDS ownership of the process of planning, managing and monitoring of the NMSF implementation.

Alignment

Danida strongly supports alignment with GOT systems and procedures by making the GOT Strategic Plans for HIV and AIDS and health the basis of the Tanzanian HSPS IV support. Furthermore Danida will use the GOT financial systems to disburse the majority of funds, and will use GOT monitoring and reporting systems to account for a large part of its programme. Danida will provide multi-year indications to TACAIDS regarding projected aid flows to ensure larger predictability of its aid. In addition, Danish aid is untied, and will preferably use GOT systems for procurement. The programme will use as much as possible common procedures for consultation and decision-making, review and evaluation, audit, financial management and the exchange of information.

Harmonisation

In Tanzania, the Danish Government is committed to harmonise its support with other DPs. The HSPS IV programme is designed to provide extensive support to the multi-sectoral HIV and AIDS response through the use of joint arrangements wherever possible, and to strengthen these arrangements, and the sustainability of interventions through a strong focus on capacity development. Danida is putting considerable efforts into the harmonisation of its support with other development partners through partner consultation forums for the HIV and AIDS response.

3.6. Measures to address cross-cutting issues and priority themes

Gender and social inequalities

The programme supports the HIV and AIDS NMSF in which gender issues are integrated, and which includes interventions geared towards institutionalising gender approaches. TACAIDS Gender policies will be supported through Danida's participation in policy dialogue and contribution to the NMSF Grant. It will also be possible to use earmarked support to the TACAIDS Capacity Building Section and to capacity building in Gender issues. Furthermore, the programme can support measures taken to counteract the feminisation of HIV and AIDS epidemic in Tanzania by supporting a targeted approach to prevention.

Children and youth

Children and youth are one of the priority population groups identified in both the MKUKUTA and the NMSF. Hence the Danish support to the implementation of the NMSF contributes to the achievement of the MDG targets and priority objectives related to children and youth. Support to the NMSF Operational Plan, including funding to LGAs, will benefit prevention and mitigation interventions geared towards Most Vulnerable Children and youth. Capacity building of TACAIDS also enables TACAIDS to better participate in policy dialogue on OVCs and support better coordination of OVC activities.

Environmental issues

The proposed programme components will have only a limited impact on the environment. The Danish support to the Health Sector Strategic Plan and health sector budget support will enable the MOHSW to assist the districts in improving pharmaceutical and waste management at district and health facility level. Furthermore the Danish earmarked financial support to drug management in the health sector will further support this. Safe disposal of expired drugs will also be addressed in the health sector SWAP Forum in which the RDE participates actively.

Democratisation and respect for human rights

The programme supports a rights-based approach to HIV and AIDS in that it supports the GOT efforts to ensure equity and equal access to HIV and AIDS response interventions. Support to the HIV and AIDS NMSF will enable focus on the rights and special needs of women and children and poor communities. The programme will also support improvement of accountability and transparency at all levels of TACAIDS and the HIV and AIDS response through support to the policy dialogue and the NMSF Grant.

3.7. Adherence to key Danish policies and principles

This proposed programme is in line with the current Danish policy on HIV and AIDS. The Strategy on support to the international fight against HIV and AIDS (2005) states that Danish assistance should contribute to:

a. Strengthening national planning and implementation of HIV and AIDS programmes, including supporting efforts aimed at improving coordination and harmonisation of the response at country-level.
b. Increasing focus on women and strengthening the linkages between gender equality, sexual and reproductive health and HIV and AIDS programmes.
c. Increasing focus on the synergies between HIV prevention and treatment.
d. Increasing focus on young people and on children orphaned or made vulnerable by HIV and AIDS.
e. Strengthening the involvement of the civil society in the planning and implementation of the HIV and AIDS response.
f. Fighting stigma and discrimination.

The Tanzanian NMSF supports all the above priorities.

The proposed support outlined in HSPS IV Component 3 supports Danish Strategy priority numbers a) strengthening of national planning and implementation through sub-components 1 and 2; b) increasing focus on women and children through sub-components 2 and 3; priority d) increasing focus on young people and OVCs through sub-component 3; as well as priority e) strengthening civil society involvement through sub-component 3.

In 2006, the Danish Government identified HIV and AIDS as one of its priorities with special focus on Africa and vulnerable groups. The level of assistance targeted at combating HIV and AIDS would be doubled to an amount equalling DKK 1 billion in 2010, cf. "Commitment to development: priorities of the Danish government for Danish development assistance 2007-2011". Efforts are being directed at building the capacity of the health sectors in African countries, in order to enable them to tackle the HIV and AIDS epidemic and other health problems more effectively. Particular focus will be placed on vulnerable groups such as women and orphans. The strengthening of measures to combat HIV and AIDS will take the form of both bilateral and multilateral initiatives. In concurrence with this strategy, the allocation to the HSPS IV in Tanzania was increased with DKK 260 million to enable increased HIV and AIDS support.

4. Objectives, outputs and main activities

The overall development objective of the Danida funded Health Sector Programme Support to the multi-sectoral response to HIV and AIDS is in line with the Vision for the NMSF:

> ***Tanzania united in its efforts to reduce the spread of HIV and to provide the best available care for those infected and affected by the virus with a human rights and empowerment framework.***

The specific objective of HSPS IV Component 3 is:

> ***a strengthened the multi-sectoral response to HIV and AIDS in Tanzania through support to the implementation of the NMSF achieved.***

Component 3 has 3 sub-components:

1) Support to the implementation of the NMSF,
2) Support to TACAIDS capacity building for NMSF implementation,
3) Support to non-government sector capacity for NMSF implementation.

4.1. Sub-component 1: Support to NMSF implementation

4.1.1. Context

Previous experience

The NMSF is designed to cut across sectors and increase the relative share of multi-sectoral HIV and AIDS financing by MDAs and LGAs whose programme delivery so far has been constrained by the current trend of channelling funding mainly through the health and education sectors.

The 2007 PER on HIV and AIDS Funding to Tanzania revealed that 95% of HIV and AIDS funding is donor–financed with the bulk being earmarked funding or parallel funding not channelled through Government channels. Also the majority of support, 60-70% is directed towards care and treatment programmes. The 2006 PER recommended that a single, streamlined mechanism be created for donor funding to the NMSF.

TACAIDS and the Canadian International Development Agency (CIDA) started negotiations in 2006 to initiate a system for thematic budget support for HIV and AIDS, initially named the "HIV Fund", which CIDA would pilot for 2 years. The Fund would make dedicated funds available to the GOT for HIV and AIDS programming, which would be included in the national budget and allocated through the Treasury process. Canada's HIV and AIDS Program for Tanzania (CHAP-TZ) was approved for 2006 – 2008 (later extended to December 2009) and included a contribution of 20 million Canadian Dollars to the HIV Fund.

TACAIDS and CIDA signed a Contribution Agreement in 2007, including a disbursement schedule and a results framework adapted from the NMSF. CIDA stated that to the extent possible, monitoring would rely upon the GOT National Monitoring and Evaluation Framework for the NMSF and existing review processes related to HIV and AIDS, Health and the NMSF.

Although originally the intention was for the HIV Fund resources to be accessible to all levels of Government, TACAIDS requested that HIV Fund resources initially be allocated to the LGAs, who so far had been receiving very little funding for multi-sectoral HIV and AIDS activities, in combination with a small allocation to Regional Secretariats for supportive supervision. Allocation to the LGAs is calculated on the basis of an allocation formula adapted from the health sector block grants to LGAs: population (70%); number of poor residents (10%); district medical vehicle route (10%) and council estimated HIV/AIDS prevalence rate (10%).

In the current NMSF Grant system, CIDA deposits funds into a Bank of Tanzania (BOT) Forex bank account designated for the NMSF Grant (previously used for TMAP), after which TACAIDS instructs MOFEA to release funding to the LGAs and RS. The LGAs are supposed to plan and budget for the resources using the National Budget Guidelines and include them in the annual Comprehensive Council plan. Implementing agencies may include district sector authorities as well as village authorities. LGAs are supposed to include expenditure on HIV and AIDS into the quarterly reports on cash flow, expenditure and activities submitted to the RS, PMO-RALG and MOFEA. TACAIDS submit summary financial and narrative reports to CIDA. The National Audit Office is supposed to audit HIV and AIDS expenditure at LGA level and at central MOFEA level as part of routine annual auditing exercise starting from their report over financial year (FY) 2007/08.

CIDA's first disbursement to the HIV Fund (now named NMSF Grant) of CAN$ 10 million (USD 8.6 million) was released in March 2007 and arrived in the Tanzania MOFEA exchequer account in April 2007. MOFEA made a first disbursement of USD 1.4 million. to LGAs in July 2007 and another of USD 7.4 million in November 2007. CIDA was supposed to make its second disbursement of CAN$ 10 million. in July 2008 but this was delayed to November 2008. CIDA Tanzania is currently preparing a proposal for a new 6-year programme of support to the Tanzanian health sector and HIV response (2010 – 2015), including a proposed continuation of support to the NMSF Grant.

Issues and challenges

With the bulk of current support to HIV and AIDS being earmarked for specific projects, difficult to coordinate, slow to disburse and unpredictable in volume, it is important to support CIDA's initiative to support the NMSF Grant, so as to ensure that non-health sector priority areas such as prevention and mitigation receive sufficient support.

Systems for management and M&E of the NMSF Grant are still in their initial phase and need to be strengthened. They consist at present only of a bilateral arrangement and do not include any systems for a joint donor pooling system.

Challenges of the current system include the lack of a formal consultation structure between TACAIDS and CIDA and with MOFEA and PMO-RALG; inadequate reporting by LGAs on HIV spending into quarterly reports submitted to PMO-RALG, resulting in late and incomplete reporting by TACAIDS to CIDA, which in turn resulted in the delayed deposit of the 2nd tranche by CIDA into the BOT holding account and delayed disbursement by MOFEA to LGAs during FY 2008/09; and an overambitious minimum package guidelines provided by TACAIDS. CIDA requested a NMSF Grant utilisation review field visit to LGAs as a condition for the 2nd deposit into the NMSF Grant holding account for FY 2008/09. The field visit was carried out in September 2008 and highlighted a number of challenges faced by LGAs in spending and accounting for the NMSF Grant monies. This experience was fed into the Bi-Annual Review in November 2008.

The proposed new CIDA programme, including continuation of NMSF Grant for the next 6 years (2010 to 2015), needs to be processed and authorised by headquarters in Ottawa which will take some time. The new programme may therefore not be ready to start before the end of 2009 or early 2010.

It will be important that Danida assists in improving and strengthening the current NMSF Grant system, so that it is managed in a way which allows for better disbursement practise, greater predictability of funds and better reporting. To ensure predictability, DPs will need to frontload the Grant, thereby enabling a smooth cash flow. A system will need to be established for formal consultation between TACAIDS, DPs, MOFEA and PMO-RALG for the planning, management and monitoring of the Grant. A MoU will need to be drawn up detailing the arrangements for coordination and information exchange, financial management, narrative and financial monitoring and auditing.

The 2007 PER recommended that the NMSF Grant allocation formula for LGAs be revised to incorporate criteria more specifically related to HIV and AIDS instead of the health basket formula that is currently being used. The PER also recommended that allocations to LGAs take account of funding from other sources and be reduced for example if the LGA also receives HIV and AIDS funding from the GF. TACAIDS and partners have decided not to address these suggestions at this point and in the current MoU, but to revisit them later.

4.1.2. Strategy

In view of the current bias in donor funding for HIV and AIDS in Tanzania towards care and treatment, it is crucial to make funding available for other priority areas such as prevention and mitigation which are presently under-supported.

The main strategy is to support the implementation of the NMSF by providing flexible un-earmarked funding through thematic budget support, which is on the national budget and is managed the same way as the GOT funding. This is in accordance with GOT policy as stated in the TACAIDS policy document on the HIV Fund (now named NMSF Grant) issued in 2007 describing the GOT preference for receiving development support through "ring-fenced budget support".

Danida has agreed to join CIDA in the NMSF Grant, which CIDA has piloted since 2006.

As agreed by TACAIDS and partners in early 2009, for the time being the focus of the NMSF Grant will remain on support to implementation at district level through support to LGAs and limited support to RS for supervision. However the intention is to open the mechanism up to support all levels of GOT institutions, once sufficient funding is guaranteed to LGAs and the NMSF Grant systems are sufficiently strong. Once the mechanism is opened up, it will become "ring-fenced budget support" to all GOT institutions. Priorities for allocations should be decided upon annually during joint GOT-DP consultations.

The original arrangement which TACAIDS and CIDA piloted is a bilateral one, but CIDA is supportive of new partners joining in and building a system that would be suitable for such a purpose. TACAIDS, CIDA and Danida are currently developing a MoU defining the procedures and roles for parties involved, in order to turn the NMSF Grant into a fully-fledged joint funding mechanism. By improving and strengthening the system, Danida will contribute to establishing a funding modality

which will hopefully be attractive for other DPs to join in the future, for example the Global Fund, World Bank and other bilaterals.

Support to the NMSF Grant will start in financial year 2009/10.

Danida will be able to start using the NMSF Grant once the mechanism for the modality is acceptable for all partners and agreed in a MoU between TACAIDS, PMO-RALG, MOFEA and DPs.

The provision of flexible un-earmarked funding rests on the basic assumptions that:

- an agreed MoU is signed between TACAIDS and partners, which specifies common management arrangements, such as coordination and dialogue structure, procedures for release of funds and reporting, as well as roles and responsibilities of TACAIDS, MOFEA, PMO-RALG and development partners,
- proper and clear guidelines are issued to LGAs on planning and reporting procedures,
- clear and efficient mechanisms are established for funding flows and reporting,
- annual audited financial statements (for the previous FY) are submitted timely and that other implementation arrangements as agreed in the MoU are adhered to,
- a side-agreement is signed between TACAIDS and contributing partners of the NMSF Grant, specifying the pledged deposits into a holding account and the agreement for release to spending units,
- all parties understand their own role and that of other parties signatory to the MoU.

Concerns regarding the use of the thematic budget support modality include that the mechanism may not have been improved sufficiently by the start of HSPS IV, that there is a risk of delays in the disbursement of funds to LGAs and other recipients of the NMSF Grant, and that Government funding for the sector will be further reduced. It is, however, deemed that these concerns can be addressed through capacity development in TACAIDS, through agreements and close monitoring and that the benefits of thematic budget support exceed the potential short-term disadvantages.

Once systems are in place, it is envisaged that Danida may consider becoming a silent partner of a more active DP contributing to the NMSF Grant.

Fall-back position on unearmarked financial support
Danida is confident that the GOT will honour its commitments as stated in the NMSF. In the unlikely case that noncompliance with the key assumptions and conditions listed above prevent Danida from allocating flexible un-earmarked funds, Danida will have the option to earmark all or part of its support for poverty-oriented interventions in line with the priorities of the agreed NMSF Operational Plan and budget. The specific details of such earmarking will be decided depending on the circumstances. Such a decision will not be taken without formal consultations between Danida, TACAIDS and DPs. Discussions would include the reasons for falling short of the agreed requirements and the need for mitigating actions.

4.1.3. Objectives, outputs and main activities

Strategic Objective for the NMSF:
The objective for this component coincides with the objectives of the NMSF thematic area 7:

Provide the necessary and appropriate financial, human and technical resources for the implementation of the National Response through combined, coordinated and sustained efforts by GOT, private and civil society sectors and development partners.

HSPS IV objective:
Provide financial support to the implementation of the NMSF and its Operational Plan through thematic budget support.

***Output 1*: NMSF operationalised through thematic budget support.**

The outputs and activities are those defined by NMSF and which should be operationalised in the annual work plans / MTEF, and approved annually following the procedures agreed in the MoU.

This output will be supported through annual contributions to the NMSF Grant, which will be confirmed yearly during the annual planning exercise of the NMSF Annual Operational Plan / MTEFs. An indicative breakdown is provided below.

Progress will be monitored using the NMSF indicators and milestones and agreed by TACAIDS and DPs.

The MoU and systems of the NMSF Grant are currently being developed, and are expected to be ready by June 2009. Danida is participating in this development.

4.1.4. Inputs and budget

Inputs from the GOT
The GOT will provide funding and human resources according to the NMSF Operational Plan and the MTEF.

Inputs from Danida
The inputs from Danida will consist of unearmarked financial support through the NMSF Grant modality. Support may vary on annual basis based on performance and absorption capacity of the NMSF Grant.

Depending on TACAIDS quality of planning, implementation and absorption capacity of the PMO-RALG and other GOT institutions, Danida may decide to further reallocate from earmarked funds to budget support funding.

Table 11: Indicative budget 2009-2014 for Sub-Component A (Million DKK) [6]

	2009	**2010**	**2011**	**2012**	**2013**	**TOTAL**
A. Funding to NMSF Grant	20	20	20	20	20	100
TOTAL	**20**	**20**	**20**	**20**	**20**	**100**

[6] At the current exchange rate from DKK to USD, an annual contribution of DKK 20 million is equivalent to USD 3.5 million. With the proposed Danish support, the total annual funding to the NMSF Grant will rise from approx. USD 8.5 million (CAN $ 10 million) to USD 12.0 million which represents an increase of about 40%. The total planned allocation to the NMSF Grant in FY 2009/2010 of USD 12 million represents a contribution of approx. USD 0.30 per capita (for the estimated current mainland population of 40 million inhabitants).

4.1.5. Sustainability and replicability issues

Financial sustainability is an unrealistic objective, in view of the considerable amounts of funding required for a full scale-up of priority HIV and AIDS interventions in Tanzania. On the contrary, an expanded HIV and AIDS response will be ever more dependent on external funding whereas the GOT contributions will diminish in relative terms comparative to total funding requirements. However, a long-term financing strategy, which also includes increasing GOT contributions, is necessary.

By channelling major parts of the funding as sector budget support, Danida is contributing to reducing the sector's financing gap in the short term, as well as to the strengthening of capacity of Government systems (TACAIDS and MOFEA). Thus, through the programme's systemic approach, aiming at strengthening systems for delivery of priority interventions, the programme contributes to the institutional sustainability of the programme's main counterpart, TACAIDS.

As activities are included within the government's own prioritised plans and joint funding arrangements include contributions from other development partners, the likelihood is increased that activities would continue to be prioritised should Danida funding for some reason in the future fall short or be shifted to general budget support.

By supporting the establishment of the NMSF Grant as a joint-donor funding mechanism, Danida contributes to creating a system which can be used by other DPs. In addition, increased capacity of TACAIDS to manage the NMSF Grant will increase trust amongst DPs and may increase chances of additional DPs joining the Grant.

The HSPS IV programme provides unspecified support for government plans and replicability is therefore not a specific issue.

For Implementation arrangements, including ***Management and organisation, flow of funds, financial management and accounting, and monitoring and review, s***ee chapter 7.

4.2. Sub-component 2: Support to TACAIDS to strengthen coordination of NMSF implementation

4.2.1. Context

Previous experiences

Danida was involved in the initial establishment of TACAIDS, but has since 2005 only been marginally involved in supporting capacity strengthening of TACAIDS. Other DPs have been providing support in this area with mixed results. The World Bank has been providing support for hiring of additional key staff, development of management policies and technical assistance in key areas such as M&E. Overall, TACAIDS officials feel that technical assistance provided by partners has been inconsistent and ineffective, with too much focus on quick results in terms of TACAIDS outputs instead of on real internal capacity building. DP officials on the other hand feel that TACAIDS has not made sufficient effort to internalise assistance received and to provide adequate counterparts to Technical Assistance and Advisers.

Issues and challenges

Coordination of the NMSF implementation is a challenge in view of the current fragmentation of the HIV and AIDS response, the multitude of funding agencies and implementing partners. Donors are sometimes exacerbating the problem by providing donor-driven project-wise Capacity Development Support (CDS) on their own terms and conditions.

GOT and DPs have recognised the burden which uncoordinated and donor-driven Technical Assistance places on implementation of Government development policies and have agreed in the Joint Assistance Strategy for Tanzania (JAST) to address this. GOT and DPs are currently working on developing a National Technical Assistance Policy.

Within the HIV and AIDS response there is a need for partners to start changing their modus operandi, moving away from donor-driven projectised CDS towards a SWAP approach where resources for CDS and Technical Assistance are pooled. This will allow TACAIDS and partners to prioritise and source CDS and TA in accordance with NMSF objectives. Donors should focus on results and financing needs, and support Government with the prioritisation and specification of CDS needs, and strengthening procurement capacity. This approach would be in direct support of the Paris Declaration target for alignment, which states that "by 2010, 50% of technical cooperation flows are implemented through coordinated programmes consistent with national development strategies." In 2008, UNAIDS assisted TACAIDS in developing a Technical Support Plan summarising technical support required for implementing the NMSF. The plan was developed in consultation with partners. UNAIDS is proposing to second a Coordinator to TACAIDS for the Technical Support Plan for the duration of one-year, starting in 2009.

An additional challenge for TACAIDS is its limited capacity at central and regional level in terms of quantity and quality of staff, with key staff positions frequently vacant. As described in section 2.3, in 2008 TACAIDS undertook an internal review and proposed a new organisational structure, which was approved by the GOT in January 2009. TACAIDS will require assistance in implementing the new structure, which will entail reorganising existing divisions and units and establishing new ones.

The TACAIDS regional offices are to be established during the FY 2009/10, which will entail recruitment and orientation of the Regional Officers and possibly support staff and the establishment of functional offices and operations within the Regional Secretariats. TACAIDS will need to manage this process and ensure adequate capacity of the new Offices.

TACAIDS senior management officials have also indicated that capacity of central level office staff is inadequate. Priorities for capacity development and strengthening include M&E, so as to strengthen the M&E Department's capacity to monitor activities identified in the NMSF Annual Operational Plan and coordinate the technical support received from partners; gender approaches, so as to enable all departments to mainstream gender into their policies and activities; and financial management, so as to enable the Finance Department to better manage and oversee funding for HIV and AIDS flowing through the GOT.

TACAIDS capacity at central level is also severely hampered by the inadequacy of the current office space. TACAIDS is housed in an historic building on loan from the Dar es Salaam City Council, which is inadequate both in terms of quality and quantity of space available for the 70 current technical and support staff (which are supposed to increase to about 160 within the next few years). Power cuts and

flooding are frequent. Also the location within the city centre and the easy access from the street results in TACAIDS receiving many visits from the general population looking for information on HIV and AIDS prevention and treatment, resulting in precious staff time being diverted away from its priority tasks. This situation was already noted in the 2004 Internal Review commissioned by Irish Aid and carried out by the British consultancy firm HLSP (England, 2004) but until recently the PMO's office was not able to provide alternative office space to TACAIDS. This situation has now changed: a plot was recently identified by GOT for the establishment of a new office building for TACAIDS in the city centre. TACAIDS is currently awaiting confirmation from the GOT that ownership of this plot will be transferred to TACAIDS. With Danish support, the design is being prepared for a comfortable office building that can accommodate all the future staff adequately.

4.2.2. Strategy

Danida will support the strengthening of TACAIDS capacity for effective coordination of the implementation of the NMSF and for provision of support to LGAs in the implementation. The main strategy for this will be the provision of earmarked support to TACAIDS through the GOT Exchequer system to fund activities included in the TACAIDS MTEF. Once the NMSF Grant mechanism is opened up to MDAs, the RDE could channel its earmarked funding through the Grant and TACAIDS could access funding through the Grant.

Danida's support to organisational development will be carried out in close coordination and collaboration with other Development Partners.

At central level, Danida will provide earmarked funds for organisational development activities identified in the TACAIDS annual MTEF planning exercise and the NMSF Annual Operational Plan. The priorities will be decided upon annually in the MTEF planning exercise in consultation with DPs. TACAIDS has indicated the following areas as current priorities for support: the establishment of the TACAIDS Capacity Building Section (within the National Response Division) and specific capacity building for M&E, gender focus and financial management. However priorities may change in future.

At regional level, earmarked funding provided by Danida could be used to support the establishment and strengthening of the TACAIDS Regional Offices within the Regional Secretariats. These offices are to support LGAs in planning and management of the NMSF implementation.

In addition, Danida will provide a long-term Technical Adviser (Organisational Development Adviser) to assist with the establishment of Capacity Building Section, the coordination of capacity development support for central and regional offices and with the coordination of short-term Technical Assistance to all TACAIDS Divisions and Units. The Adviser will work together with technical assistance provided by other DPs such as the Technical Support Coordinator to be seconded by UNAIDS.

Danida will promote the establishment of a system for joint planning of technical support and Technical Assistance. It would be considered to have a system to map existing technical support and TA, maintain a TA calendar and even act as a "clearing house" for all incoming TA, consultants and researchers. In order to further harmonise technical support provided to the implementation of the NMSF, DPs are currently discussing options for establishing a system for enhanced coordination and joint planning of technical support within TACAIDS. Once functional, this system could be transferred into a pool for Technical Support. In case agreement is reached between TACAIDS and DPs on such a pool and its modalities, Danida could channel all or part of its funding earmarked for TACAIDS

capacity building and/or funding earmarked for long- and short-term Technical Assistance through the pool management system.

Another element of the earmarked support for TACAIDS capacity building will be to finance the establishment of new or rehabilitated TACAIDS Headquarter Offices in Dar es Salaam and its refurbishment.

All earmarked support will be complementary to support provided by other partners, and will be coordinated through the Joint Thematic Working Group on HIV and AIDS (JTWG) and its sub-group the Enabling Environment Technical Working Committee dealing with the creation of institutional capacity building of NMSF implementation.

In the first two years of HSPS IV, Danida will work closely together with TACAIDS and other DPs to coordinate capacity building support to TACAIDS. Once systems are in place, Danida may consider becoming a silent partner for the institutional capacity building for the NMSF.

4.2.3. Objectives, outputs and main activities

Strategic Objective for the NMSF:

The overall objective for this component coincides with the objectives of the NMSF thematic area 6:

> well-coordinated, effective, transparent, accountable and sustainable leadership and management structures based on the Three Ones at central, regional and LGA levels to deliver the national response as well as involving stakeholders from the public, private and civil society sectors.

HSPS IV objective:

Provide earmarked support to capacity strengthening of TACAIDS for improved NMSF coordination and implementation through the TACAIDS MTEF. Once the NMSF Grant mechanism is opened up to all MDAs, the earmarked support could be channelled through the NMSF Grant through which TACAIDS could access it.

The expected overall output is:

Output 1: Institutional capacity of TACAIDS strengthened for effective coordination of the NMSF implementation.

The outputs and activities are those defined by NMSF and which should be operationalised in the annual work plans and budgeted in the MTEF, and approved annually.

Intervention area 2.1 Support capacity strengthening of TACAIDS

Specific outputs:

- Institutional development and capacity of TACAIDS strengthened for effective coordination of the NMSF implementation.

Main Activities

Activities may include, but not necessarily be limited to the following:

2.1.1. TACAIDS Capacity Building Section established:

1. support TACAIDS in implementing its new organisational structure,
2. build the capacity of TACAIDS at central and regional levels for effective coordination of the NMSF implementation,
3. build the capacity of other GOT institutions for effective NMSF implementation at district level,
4. assist TACAIDS in coordinating technical support interventions (summarised in the Technical Support Plan) and technical assistance provided by GOT and partners in support of the NMSF,
5. support TACAIDS in the establishment of the TACAIDS Regional Offices .

2.1.2. TACAIDS capacity strengthening supported in priority areas:

1. support capacity building of TACAIDS central staff in priority areas, which could include M&E, gender and financial management.
2. support capacity building of newly recruited regional staff.

The long-term Technical Adviser (Organisational Development Adviser) will assist with:

- the implementation of the new organisational structure of TACAIDS,
- the establishment of Capacity Building Section,
- coordination of short-term Technical Assistance to all TACAIDS Divisions and Units,
- supporting TACAIDS in the development of approaches and tools for capacity building of central and regional level TACAIDS staff,
- the strengthenening of the coordination of technical support interventions including technical assistance provided by GOT and partners in support of the NMSF. in collaboration with other TA provided by other DPs such as UNAIDS,
- the establishment of the TACAIDS Regional Offices.

Intervention area 2.2 Construction and refurbishment of new / rehabilitated TACAIDS offices

Specific outputs:

- Capacity of TACAIDS strengthened at central level through office infrastructure support.

Main Activities

2.2.1. New TACAIDS Offices provided:

1. Support the establishment of new / rehabilitated TACAIDS offices in Dar es Salaam and its refurbishment.

4.2.4. Inputs and budget

Inputs from the GOT

The GOT will provide funding according to the MTEF. GOT will further ensure that counterparts are appointed and available to work with the TA and office space.

Inputs from Danida
The inputs from Danida will consist of earmarked financial support for implementation of capacity strengthening in combination with TA.

Earmarked support may include support to recurrent costs, such as temporary consultancy contracts for additional TACAIDS staff (for example, at central level staff to be recruited (against GOT salary scale for TACAIDS) for the new Capacity Building Section and the new M&E Department; at regional level staff for the new Regional Officers) for the initial period before they are integrated into the GOT system. It is foreseen that all activities will be included in the MTEF for TACAIDS as well as in the Annual Operational Plan for the NMSF, once the latter is established.

GOT funds, NMSF Grant and earmarked funding will jointly contribute to the achievement of strengthening of TACAIDS capacity.

One long term Organisational Development Adviser is to be allocated within the TACAIDS headquarters in Dar es Salaam to assist in establishing the Capacity Building Section and to provide assistance in capacity building, including systems development, at central, and regional (see job description in Appendix 3).

The need for short term TA is also envisaged for continuing and recurrent technical support to capacity development of TACAIDS senior management (mentoring), team building and leadership skills. Additional priority areas for short-term TA may also be agreed in the annual MTEF planning.

The indicative budget allocation from HSPS IV for Sub-Component 2 is 50 million DKK. In addition, funding is set aside for TA.

A budget for 40 man-months (an average of 8 man-months per year) is available for short-term Adviser support in addition to 5 years of full-time Adviser support.

Table 12: Indicative budget 2009-2014 for Sub-Component 2 (Million DKK) including TA

	2009	**2010**	**2011**	**2012**	**2013**	**TOTAL**
2.1. TACAIDS capacity building at central and regional level	2	3	4	5	6	20
2.2. Construction of TACAIDS central offices.	10	10	10			30
TOTAL	**12**	**13**	**14**	**5**	**6**	**50**

4.2.5. Sustainability and replicability issues

Through the programme's systemic approach, aiming at strengthening systems for delivery of priority interventions, the programme contributes to the institutional sustainability of TACAIDS as well as the sustainability of the HIV and AIDS response.

This component aims at strengthening the capacity of central and regional managers to provide better oversight and better support to district structures. The duration of the support makes it possible not only to increase planning and management skills, but also to address work attitudes, practices and organisational culture.

Strengthened capacity of TACAIDS will increase its ability to effectively lead the HIV response and mainstreaming of HIV into priority sectors. Increased capacity of TACAIDS to manage the NMSF Grant will increase trust amongst DPs and may increase chances of additional DPs joining the Grant.

Through the documentation and dissemination of the lessons learned to policy makers and other stakeholders it is likely that other institutions, not directly benefiting from this intervention, will make use of the various capacity building approaches and tools. It can therefore realistically be expected that the outputs of this intervention will at least partially be replicated in other institutions involved in the multi-sectoral response to HIV and AIDS.

For Implementation arrangements, including ***Management and organisation, flow of funds, financial management and accounting, and monitoring and review,*** see chapter 7.

4.3. Sub-component 3: Support to non-government capacity for NMSF implementation

4.3.1. Context

Previous experiences

Whereas the GOT has responsibility for coordinating the multi-sectoral response to HIV and AIDS and implementing priority interventions in areas such as prevention and support, non-government agencies play an important role in implementation in those same areas as well as in mitigation. Significant funding is currently available through Global Health Initiatives (such as the Global Fund) and PEPFAR for the contracting of NGOs and private sector agencies for care and treatment implementation. On the other hand, much less funding has been available for contracting of non government agencies for non-medical sector related interventions.

Over the past years, the Danish Embassy in Tanzania has supported a number of innovative civil society initiatives for prevention and mitigation of HIV and AIDS. This was not funded through the previous HSPS Programme but rather as projects under an Embassy Grant. The initiatives are supported by donor agencies through donor basket funding mechanisms and steering committees. Initiatives supported included the Rapid Funding Envelope and Femina HIP.

The **Rapid Funding Envelope (RFE)** was established in 2002 by TACAIDS, the Zanzibar AIDS Commission and bilateral donors as an interim funding mechanism for innovative interventions by civil society organisations in the HIV response in Tanzania mainland and Zanzibar. Two agencies have been contracted to manage the RFE: MSH provides technical oversight, whereas Deloitte & Touch is in charge of financial management. Current RFE donors include Danida, the Canadian International Development Agency (CIDA), the UK Department for International Development (DFID), the Swedish International Development Agency (Sida), USAID and SDC. Donors fund the RFE through a joint basket arrangement except for USAID which provides direct earmarked support by providing grants to Deloitte and MSH to cover their management expenses.

By April 2009, the RFE had approved USD 18.7 million in 7 rounds to 136 projects implemented by 106 CSOs. Approval for applications for the 8th Round is currently being finalised. Projects are funded between USD 50,000 and 200,000 for a maximum of 12 months and have to be aligned to the NMSF.

Although the RFE was intended to be a short-term mechanism while other funding mechanisms such as the World Bank TMAP and Global Fund, were being established, it is still functioning today.

The Second External Review conducted in 2007 examined to what extent the RFE is still valid. It concluded that the RFE has facilitated the production of a number of success stories and results and has received requests for assistance in replication of the same mechanism in other countries. However the review also suggests that the RFE had not contributed to the effective replication or scale-up of the excellent results; that the RFE funding period of 1 year is insufficient and should be extended with an option of extension; that the RFE had not established any formal linkages with other CSO funding mechanisms, and recommended that the RFE focus more on capacity building of the grant applicants; and lastly that the performance of the management agents was satisfactory overall, but that their human resources should be increased to allow for more efficient and rapid handling of the proposal application process. The review suggested two scenarios for the future: 1) that the RFE maintain current management arrangements but with improvements to systems and efficiency; and 2) that the RFE transforms itself from a "grant-making mechanism" to a National HIV and AIDS Resource and Development Centre.

The RFE Steering Committee adopted the review conclusions and recommendations and the management agencies have implemented them. However there has been no profound rethinking of the current management structure and USAID renewed its contract with both Deloitte and MSH for another 4 years of management of the RFE. Deloitte and MSH have increased the number of staff for management of the grants, grant periods have been extended from 12 months to longer, preparation for capacity building of sub-grantees is underway, and efforts are being made to establish more effective working relationships with TACAIDS, MOHSW, LGAs and other civil society grant mechanisms. TACAIDS now chairs the Steering Committee.

A new MoU was signed in early 2008 by contributing partners of the RFE for another 4 years of Grant implementation over 2008 – 2011. Deloitte estimates that a further contribution of USD 17.6 million will be required to cover all the rounds planned.

Danida disbursed approx. USD 630.000 (DKK 5 million.) to the RFE when it was established. No further disbursements were requested until 2008.

Femina HIP (Health Information Project) is a multimedia civil society initiative working with youth, communities and strategic partners across Tanzania to promote health lifestyles, HIV/AIDS prevention, sexual health, gender equality and civic education. Femina HIP uses "edutainment" as its main approach, entertaining and educating audiences throughout Tanzania.

The Femina HIP Strategic Plan (Femina Phase II 2006 – 2009) has four programme objectives:

1. Media communication programme: to interactively produce and disseminate media products that create a media platform. Activities include publication of the Fema magazine for adolescents with a circulation of 120,000 every 3 months (going up to 170,000 in 2008), production of the Fema TV Talk Show, the Si Mchezo! magazine (140 copies published every 2 months) and the Chezasalama website.
2. Community mobilisation programme: to cultivate community-oriented supportive environments for open talk, critical thinking and social change. Activities include road shows and outreach events, representation at fairs, festivals and other events, support to clubs and youth leadership development, teacher support, correspondence with audiences.

3. Public relations and networking programme: to sustain open public debate for social change. Activities include mobilisation of the private sector (Femina HIP is board member of the Tanzania AIDS Business Coalition), NGO networking, interaction with the GOT as well as international networking.
4. Organisational management programme.

Sida is currently the lead donor for the pooled basket fund with contributions from Danida, Norway and SDC. In addition, Femina HIP receives support for specific project activities from USAID / FHI, GTZ and the Rapid Funding Envelope.

A mid-term review of Femina II has taken place in 2008.

Danida committed DKK 3 million to Femina HIP when the basket funding mechanism was established in 2006. Of this, DKK 1.5 million. was disbursed in 2007 and another DKK 1.5 million. in 2008. Other donor contributions for 2007 included USD 2.4 million from Sida, USD 150,000 from SDC, USD 155,000 from FHI and USD 17,500 from GTZ.

Issues and challenges

Non-government institutions will continue to require support in order to be able to contribute effectively to the multi-sectoral response to HIV and AIDS. However, the number of existing grant systems for civil society and the private sector to access funding for NMSF implementation is limited: apart from the RFE, they include TASAF (the Tanzania Social Action Fund) and the Foundation for Civil Society. TASAF is a mechanism for funding to community-based groups and is currently being used for the channelling of TMAP funds for civil society support previously unspent by the RFAs. The Foundation provides funding and capacity building to civil society in all priority development sectors and is already being supported by Danida and other partners.

A significant challenge in civil society capacity is its fragmentation as mentioned in section 2.6. Umbrella organisations for civil society agencies active in HIV and AIDS are many and their representativeness is questionable. This situation makes consistent and effective civil society involvement in policy development more difficult: at some forums all existing umbrella organisations are all invited whereas in other forums only those seen as active are called to participate. TACAIDS and DPs are conscious of this problem and are calling upon civil society to address the issue.

4.3.2. Strategy

The strategy for this sub-component will be to provide direct earmarked support to strategic non-government initiatives.

Support will be provided to the Rapid Funding Envelope to ensure continuity in access by civil society organisations to funding of priority interventions for NMSF implementation.

Support will be also provided to Femina-HIP for support to access by civil society, particularly community-based organisations, to quality media products for prevention which link HIV and AIDS with sexual and reproductive health, as well as to multimedia civil society initiatives working with youth, communities and strategic partners across Tanzania to promote health lifestyles, HIV and AIDS prevention, sexual health, gender equality and civic education.

4.3.3. Objectives, outputs and main activities

Strategic Objective for the NMSF:
The overall objective for this component coincides with the objectives of the NMSF thematic areas 2 and 4:

Reduce the HIV transmission in the country.
Improve the quality of life of PLHIV and those affected by HIV and AIDS, including orphans and other vulnerable children.

HSPS IV objective:
Strengthen capacity of the non-government sector to implement the NMSF, particularly to reduce HIV transmission and improve the quality of life of PLHIV and those affected by HIV and AIDS.

The expected overall output is:

Output 1: Non-government sector capacity for NMSF implementation strengthened.

Intervention area 3.1 Support provision of grants for community based implementation.

Specific outputs:

- Grants provided to civil society organisations for implementation of priority interventions at community level

Main Activities

3.1.1. Rapid Funding Envelope supported:

1. Contribute to the joint donor basket for RFE.

Intervention area 3.2 Support production of multimedia prevention materials for youth

Specific outputs:

- National scaling up of production and dissemination of communication materials geared towards youth supported.

Main Activities

3.2.1. Femina HIP supported:

1. Contribute to the joint donor basket for Femina HIP.

4.3.4. Inputs and budget

Inputs from Danida
The inputs from Danida will consist of earmarked financial support for implementation of capacity strengthening of the non-government sector.

Danida earmarked funding and contributions of other DPs will jointly contribute to the achievement of the capacity strengthening. The indicative budget allocation from HSPS IV is 50 million DKK.

Table 13: Indicative budget 2009-2014 for Sub-Component 3 (Million DKK)

	2009	**2010**	**2011**	**2012**	**2013**	**TOTAL**
3.1. Support to Rapid Funding Envelope	15	0	15	0	0	30
3.2. Support to Femina HIP	4	4	4	4	4	20
TOTAL	**19**	**4**	**19**	**4**	**4**	**50**

Virement between budget lines is allowed.

4.3.5. Sustainability and replicability issues

Financial sustainability is an unrealistic objective, in view of the considerable amounts of funding required for a full scale-up of priority HIV and AIDS interventions in Tanzania. On the contrary, an expanded HIV and AIDS response will be ever more dependent on external funding whereas contributions from GOT and non-government sources in Tanzania will diminish in relative terms comparative to total funding requirements.

By supporting capacity building of Tanzanian non-government agencies, those agencies will become more capable to ensure establishment of viable fund-raising strategies. Thus Danida will contribute to building institutional sustainability of such agencies.

The Rapid Funding Envelope is a temporary structure, which may be merged later into an existing or new funding mechanism for civil society.

Support for strategic interventions, would be undertaken and evaluated specifically with a view to assessing sustainability and replicability. It is further likely that such initiatives would specifically aim at sustainability issues and target group involvement.

For Implementation arrangements, including ***Management and organisation, flow of funds, financial management and accounting, and monitoring and review,*** see chapter 7.

5. Inputs and budget

Danida will support the development of the multi-sector HIV and AIDS SWAp in Tanzania for a five-year period 2009 to 2014 through a grant of up to 210 million.

Table 14: HSPS IV Budget 2009-2014 (Million DKK) with indicative annual breakdown.

		Fiscal year					
Sub components		**09/10**	**10/11**	**11/12**	**12/13**	**13/14**	**Total**
1. NMSF Grant							
1.1	Support to NMSF Grant	20	20	20	20	20	**100**
Sub total		**20**	**20**	**20**	**20**	**20**	**100**
2. Earmarked support to capacity building TACAIDS							
2.1	Capacity Development Support to central and regional levels	2	3	4	5	6	**20**
2.2	Construction and refurbishment of new office	10	10	10	0	0	**30**
Sub total		**12**	**13**	**14**	**5**	**6**	**50**
3. Support to non-government sector							
3.1	Support to RFE	15	0	15	0	0	**30**
3.2	support to Femina HIP	4	4	4	4	4	**20**
Sub total		**19**	**4**	**19**	**4**	**4**	**50**
Technical assistance (short- and long-term)		**1.5**	**1.5**	**2**	**2**	**1.5**	**8.5**
Total in direct support		**52.5**	**38.5**	**55**	**31**	**31.5**	**208.5**
Administration		**0.5**	**0**	**0.5**	**0**	**0.5**	**1.5**
Contingency [7]		**0**	**4**	**6**	**0**	**0**	**10**
Grand total including administration		**53**	**42.5**	**61.5**	**31**	**32**	**220**

A large part of the allocated funding, 47.6%, is budgeted for thematic budget support to the implementation of the NMSF. A further 47.6% is budgeted to earmarked funding, including 23.8% for capacity building of TACAIDS, and a similar proportion for support to the non-government sector. About 4% are reserved for technical assistance and 0.7% for administration.

In addition to the above budget, there are unallocated funds of approx. DKK 32 million available under the overall programme budget, which may be used for activities across components or to unforeseen major initiatives of strategic importance within the components.

Financial support to the components has been allocated over the five years, but the breakdown across years is based on assumptions on the annual allocations and pace of implementation and is indicative only. Each year detailed work plans and budgets will be developed.

Reallocation (virement) between budget lines within sub-components and between sub-components is allowed subject to approval by the RDE. This implies that the balance between earmarked funding and

[7] The contingency corresponds to 33.3% of the estimated construction costs for the TACAIDS office building.

budget support / donor basket funding within components may shift. The aim is to limit earmarked funding and use budget support and donor basket funding as much as possible.

The specific details of the allocations and possible shifts in resource allocations between budget lines will be decided by TACAIDS and RDE during the annual NMSF Operational Plan / MTEF planning meetings and / or JTWG meetings. This applies both for the allocations to the NMSF Grant and for the earmarked funding, the activities of which will to the extent possible be included in the next year MTEF / Annual NMSF Operational Plan.

Arrangements for the optional use of unallocated funds will be decided upon in agreement between the TACAIDS Executive Chair and the Danish Ambassador.

6. Sustainability and replicability issues

Danida cannot commit itself beyond a five years period of HSPS support. It is therefore important that there is a prospect that all forms of assistance – whether technical, financial or material – will either become redundant after some time or that they be taken over by the government or other partners.

Capacity strengthening has been and will continue to be the main strategy to ensure that sound policies and operational procedures get rooted into the routine operations of the multi-sectoral response. The HSPS IV includes an important effort for institutional strengthening of TACAIDS at central and regional level, in particular of the departments and units that are concerned with capacity building, M&E and financial management. However, external funding will continue to be required for many years to come.

Financial sustainability is an issue that will receive particular attention, as the dependency of the multi-sectoral response on donor agencies is worrisome. However it is hoped that increased funding through budget support mechanisms, such as the NMSF Grant, will at least result in increased Government control over resources.

7. Implementation arrangements

7.1. Management and Organisation

TACAIDS will be responsible for the implementation of Component 3 of the HSPS IV (support to the NMSF). All sub-components and areas of work and activities foreseen under Component 3 will form part of the HIV and AIDS NMSF.

The JTWG will be charged with overall oversight of Component 3 (see section 2.6 for a clarification of this body). The JTWG may delegate the oversight to one of its Technical Working Committees.

The following describes the oversight and decision making structures as well as the daily management structures for the support through thematic budget support as well as the earmarked funds.

7.1.1. Support through the NMSF Grant (sub-component 1)

Oversight and decision-making structures

As part of the implementation of the NMSF in Tanzania, Joint TACAIDS-Development Partner dialogue structures have been established. A revised Memorandum of Understanding to which RDE is also a signatory has been signed in August 2008, committing DPs to supporting the NMSF.

Overall oversight of the progress in the implementation of the NMSF is the responsibility of TACAIDS. For Danida, the Desk Officer at the RDE will be responsible for oversight and key liaison with the DPG AIDS and subcommittees.

Annual work plans and budgets for the implementation of the NMSF [8] will be shared by TACAIDS with partners. These will to the extent possible include the earmarked donor support. The Annual NMSF Operational Planning exercises as well as the JTWG meetings will be used for the overall strategic consultation and the approval of budgets and work plans.

The Joint Bi-Annual HIV and AIDS Review will assess progress in the implementation of the annual Operation Plan for the NMSF.

The implementation procedures for the NMSF Grant will be based upon GOT systems and agreed upon with TACAIDS, MOFEA and PMO-RALG as stipulated in the MoU for the NMSF Grant. No separate steering committee will be needed.

The MoU for the NMSF Grant will describe the management and organisational set-up, and mechanisms for flow of funds, financial management and procurement will follow the MoU. The indicators, targets and milestones for achievement will be the indicators of the NMSF and its Operational Plan. The MoU is being developed and should be finalised and ready for signature by June 2009.

The Joint Thematic Working Group (JTWG) will be responsible for oversight of the NMSF Grant and has delegated this task to the Finance & Audit Technical Working Committee.

The MoU of the NMSF Grant will be reviewed every 2nd year, which may result in its revision. It is assumed that the RDE participates in any such revision process and can continue to be signatory to the MoU and adhere to its guidelines and management structures.

In case the MoU for the NMSF Grant is not ready by the start of the HSPS IV programme, Danida may in the interim disburse through a bilateral arrangement with TACAIDS and MOFEA parallel to the current CIDA arrangement in a similar way to CIDA.

Once systems are in place, Danida may consider becoming a silent partner of a more active DP contributing to the NMSF Grant, if available.

[8] It is foreseen that the Operational Plan for the NMSF and a costed plan for the coming 2 years will be ready by the end of 2009.

Daily management

All areas of work and activities will be detailed in the annual work plan of the NMSF and its Operational Plan. The day-to-day management will be the full responsibility of the TACAIDS Executive Chair and may be delegated to senior staff with direct responsibilities for implementation of activities in the NMSF Operational Plan and MTEF.

7.1.2. Earmarked support (sub-components 2 and 3)

Oversight and decision-making structures

Danida earmarked funding supports the implementation of the NMSF, and will be included in the NMSF Operational Plan and the annual MTEF for TACAIDS. Danida earmarked funding is therefore also covered through the joint management structures described above.

Sub-component 2

TACAIDS will be responsible for the implementation of earmarked sub-component 2.1. TACAIDS and the Danish Embassy will be jointly responsible for the implementation of intervention area 2.2 (Office construction).

All earmarked support will be complementary to support provided by other partners, and will be coordinated through the JTWG and its Working Committees for Finance & Audit and for Enabling Environment.

There is no need for a specific Steering Committee between TACAIDS and Danida for oversight of sub-component 2. The earmarked funding channelled through the TACAIDS MTEF will be managed and monitored according to existing MTEF systems in consultation with DPs. The Joint Thematic Working Group (JTWG) will be responsible for oversight and has delegated this task to the Enabling Environment Technical Working Committee.

In accordance with Danida TA Policy, the full-time Adviser seconded to TACAIDS will not be managing or monitoring Danida's earmarked support for TACAIDS capacity strengthening, but can assist with advice if agreed.

Each year, as part of the MTEF planning exercise, the Enabling Environment Technical Working Committee will agree on the annual work plans and budgets for sub-component 2, which will include Danida's support. TACAIDS is responsible for developing and presenting its overall annual MTEF work plan and budget.

Danida will provide funding to TACAIDS to establish and refurbish an office building. TACAIDS will the client of the project, whereas the RDE will contract an architect to carry out the preliminary design of the building and assist TACAIDS in the tendering and contracting procedure and in the monitoring of the contract.

No HSPS IV specific progress reports for earmarked support will be submitted but rather existing annual reports for the NMSF and TACAIDS MTEF.

The Joint Bi-Annual HIV and AIDS Review will review implementation of the NMSF Operational Plan and the TACAIDS MTEF including the earmarked components, but cannot be expected necessarily to go into much detail with all aspects of activities earmarked by individual donors. Therefore, in conjunction with the Joint Bi-Annual Review Meeting, the RDE and TACAIDS will be responsible for preparing for Danida Copenhagen to undertake a brief (1-2 days) Annual Programme Review of the earmarked components. At the same time the need to reallocate funds between the budget lines and the appropriateness of the balance between earmarked and budget support / donor basket funding will be assessed.

Sub-component 3

The support to RFE will be provided through the Exchequer under TACAIDS' MTEF.

The support to Femina HIP will be provided directly.

Both the support to RFE and Femina HIP will be channelled through joint-donor basket arrangements and silent partnerships.

Management and implementation arrangements will follow the existing MoUs and existing Management / Steering Committees of RFE and Femina HIP. The RDE Desk Officer will be responsible for management from the Danida side.

No HSPS IV specific progress reports for earmarked support will be submitted but rather existing annual reports of RFE and Femina-HIP reports for their basket donors.

7.1.3. Procedures for revision and adjustment of the programme

The implementation of components will be monitored by TACAIDS as well as the Danish Embassy and the results feed into the Bi-Annual Joint GOT - partner technical review of the NMSF implementation. The Danish supported activities will per definition be included in the reporting to the reviews, including possible observations that point at necessary adjustments in the Danish support. In years with no Bi-Annual Review, TACAIDS will prepare a brief report for the Joint Thematic Working Group on the same.

In case of major deviations from the NMSF targets and agreements, Danida may decide to reduce or stop disbursements to the NMSF Grant and earmark the funds to concrete activities. However, Danida may also decide to increase funding through the NMSF Grant at the cost of other components in case of good performance, once it is guaranteed that the objectives for a specific sub-component will be achieved through increase support to the overall implementation of the NMSF.

Reallocation of funds within and between sub-components from one budget line to another according to changing needs or problems with absorption capacity will be possible during the annual Joint Thematic Working Group consultations or in between the annual meetings by exchange of letters between TACAIDS and the RDE.

7.1.4. Technical Assistance

Objectives and policies:

At the request of TACAIDS, Danida will contribute to systems building in some areas that will support the implementation of the strategic plans and the continued and increased support through budget support arrangements.

TA provided will be consistent with the GOT policy on TA, i.e. with Advisers having a capacity building function and no responsibility for programme implementation, the latter being the responsibility of the counterpart staff, i.e. TACAIDS. So far TACAIDS has not developed its own written Guidelines on TA Policy. The GOT and DPs are however working on developing a general TA policy for Tanzania.

Strong commitment of the counterpart to systems strengthening, efficient implementation and capacity building will be key to the success of the Danida contribution.

The Technical Assistance proposed is complementary to efforts undertaken by other development partners in the sector(s) and is coordinated with partners through the JTWG and its Enabling Environment Technical Working Committee overseeing institutional development of TACAIDS.

There may be scope for agreeing with TACAIDS and DPs on a system for better joint planning for long-term and short-term TA. TA Pooling might be an option, whereas first step might be to create a system of joint annual planning for procurement of TA.

Reporting

In accordance with the GOT and Danida policies for Technical Assistance, the long-term Adviser will be based within the Government Institution, TACAIDS. He/she will report to his/her supervisor in TACAIDS and will not have any Danida programme management tasks. The counterpart institution will bear the responsibility and be accountable for TA assisted interventions.

Management of TA

The need and scope for TA will be jointly assessed as part of multi-sectoral HIV and AIDS reviews and will be coordinated with other donors. TACAIDS will be involved in the drafting of TORs, identification and selection of Advisers. TACAIDS will further be involved in the development of and regular review of Terms of Reference, work planning for and supervision of both long and short term TA as well as performance assessments annually (long term TA) or at end of contract (short term TA), together with the RDE.

Recruitment of TA will take place through Danida Copenhagen, in full cooperation with the RDE and TACAIDS. If it were decided to establish a Technical Support Pool, it could be considered to include Danida funding for TA into the Pool and/or into the NMSF Grant. The TA will relate to the RDE for personnel administrative issues and for annual assessment. The TA will also have few Danida related training and meeting obligations.

Sustainability

It is expected that the Technical Adviser will be phased out during the programme period, as capacity will have been built in the specific areas for which the Advisers are to be recruited.

Description of proposed Danida Technical Assistance

See Appendix 3 for detailed Terms of Reference for the proposed Danida long-term Adviser.

In response to the request from the counterpart agency TACAIDS, one International Technical Adviser will be recruited to support organisational development of TACAIDS at central and regional level as well as assist in coordinating capacity building of Local Government Authorities in NMSF implementation. The Adviser will be based at TACAIDS Headquarters in Dar es Salaam within the Capacity Building Section which is to be established within the TACAIDS National Response Division.

The Adviser will report to the Director for National Response and work closely together with the Head of the Capacity Building Section, as well as other TACAIDS officials and sector ministries, research institutions and partner agencies.

In order to ensure that support is complementary to efforts from other development partners, Technical Assistance support will be coordinated through the JTWG and its Working Committees.

Funding for the full-time deployment of one Technical Adviser over the five programme years has been reserved (60 man-months). However, the actual duration of his/her deployment will be agreed with TACAIDS as the support evolves.

In addition, support will be given to the recruitment of short-term international and national technical assistance to support capacity building of TACAIDS at central and regional levels corresponding to 8 man-months per year or a total of 40 man-months.

Finally, TACAIDS can draw on the Financial Management Adviser placed under Component 1 in MOHSW Mainland for technical input when required up to a certain number of weeks to be agreed on a yearly basis.

7.2. Financial management and procurement

As far as possible, financial management of the programme will be aligned with national structures and procedures.

Memorandum of Understanding

Denmark has recently signed the revised MoU for the NMSF. All Danish support to the NMSF will follow the norms and procedures agreed in the NMSF MoU.

HSPS IV Procedure Manual

A short Procedure Manual for the implementation of HSPS IV Component 3 programme activities will be developed and approved by TACAIDS and the RDE. The Procedures Manual will describe which GOT documents will be referred to for financial management and procurement of goods and services.

7.2.1. Thematic Budget Support (sub-component 1)

Danida will assist TACAIDS and partners in developing a MoU for the NMSF Grant to be signed by TACAIDS, PMO-RALG, MOFEA and contributing DPs. This will specify the norms for disbursement, norms for transfer of funds, reporting on expenditures (accounts statements) and auditing. It will further include agreed procedures for financial management and procurement.

Planning and budgeting

The financial management and procurement will use the agreed mechanisms stipulated in the MoU.

The Danish Embassy has to notify TACAIDS well in advance and according to deadlines stipulated in the MoU (or otherwise agreed by partners) of the total amounts that will be committed for the following financial year.

Disbursements

RDE will disburse following the procedures agreed in the MoU.

Danida will deposit its contribution into a holding account designated to the NMSF Grant in the Bank of Tanzania (BOT), from where MOFEA may disburse, based on an annual disbursement plan according to procedures agreed in the MoU for the NMSF Grant and conditional on financial reports and audits received as agreed. The annual allocation disbursed will be the amount specified in DKK in the annual plan converted into USD at the exchange rate at time of disbursement.

Procurement

There will be no specific Danida procurement under sub-component 1. Procurement undertaken by any GOT institution using NMSF Grant resources will follow national procurement rules and regulations.

For non-Tanzanian TA, Danida's procedures and regulations will apply. Payment will be made directly by Danida in Copenhagen to the consultant according to a contract between these two parties. Goods and services paid for directly by Danida are considered to be grant-in-kind assistance. TACAIDS will be notified on such payments by RDE.

Accounting and auditing

The accounting and financial reporting will follow the procedures established in the MoU. An annual financial audit will be undertaken by the National Accounting Office (NAO). It is assumed that the Annual Audit report will include a special chapter or note on the NMSF Grant.

7.2.2. Earmarked support (sub-components 2 and 3)

Planning and budgeting

Each year an annual work plan and budget for the HSPS IV earmarked funds will be developed as part of the annual planning exercises for the NMSF and TACAIDS MTEF. RDE will notify TACAIDS well in advance of the total earmarked amount for the next year. Budgeting for the earmarked funds should follow as far as possible the normal procedures, and time lines for development of work plans and budgets for TACAIDS and be integrated into the MTEF. The work plans and budgets should follow the format of TACAIDS as the work plans and budget will be part of the MTEF.

To allow for flexibility to respond to innovative initiatives or opportunities that arise during the year, a part of the budget may be put into the MTEF as a lump sum provision for distribution at a mid-year meeting of the JTWG if required.

Where another implementing agency than TACAIDS is agreed upon, e.g. RFE or Femina HIP, a similar process will be followed, i.e. the recipient agency will develop yearly work plans and budgets. These should follow the MoU established jointly with partners.

Disbursements

For intervention area 2.1, Danida will transfer the funds to a dedicated bank account in the BOT established for that purpose. This account is different from the BOT holding account for the NMSF Grant. Based on approved annual MTEF plans and approved financial statements for the quarter ending 3 months prior, RDE will disburse funds quarterly to the TACAIDS bank account. Disbursements will depend on satisfactory financial reporting on previous periods. The accounting and reporting should be in accordance with GOT systems.

TACAIDS will have full responsibility for managing these funds and for timely accounting and reporting to RDE for these funds.

For intervention area 2.2, the RDE will manage the contracting of the architect who will assist TACAIDS in the tendering and contracting process. However, TACAIDS will be the client of the construction contract. Procedures for payment will be agreed when the contract is ready for signing.

Once the Operational Plan / MTEF, including the earmarked activities, have been approved, disbursements can start.

Disbursements for any unallocated lump sum funds, the distribution of which is agreed at the mid-year meeting of the JTWG, will be based on an approved budget and plan. If requested by TACAIDS, the RDE may disburse funds directly to institutions contracted by TACAIDS to carry out HSPS IV sub-component activities.

The support to RFE will be channelled through the Exchequer via TACAIDS, who will forward it immediately to the RFE. This mechanism guarantees that the RFE support is captured in the GOT budget.

For Femina HIP, Danida will transfer the funding directly to the Femina-Hip account according to the MoU between the recipient agency and supporting partners. Disbursements will depend on satisfactory financial reporting on previous periods. The accounting and reporting will follow procedures established in the MoUs. The accounts will be kept in accordance with international recognised accounting principles including the procurement of equipment and services. The Director of Femina HIP will be responsible for the management of funds.

The annual allocation disbursed will be the amount specified in DKK in the annual plan converted into USD or TSh according to the agreement and at exchange rate valid at the time of disbursement.

The JTWG will consider the scope for using the NMSF Grant for channelling earmarked funds in the future.

Procurement

Procurement for earmarked activities implemented by TACAIDS will follow GOT Procurement procedures unless otherwise agreed.

For non-Tanzanian TA, Danida's procedures and regulations will apply, implying that contracts will be entered into by Danida Copenhagen on request of the RDE. TACAIDS will be responsible for preparing the TORs for requested TA, identifying potential candidates and submitting them to the RDE. Payment will be made directly by Danida Copenhagen to the consultant according to a contract between these two parties. Such activities paid for directly by Danida are considered to be grant-in-kind assistance. TACAIDS will be notified on such payment by RDE.

Accounting and auditing

TACAIDS will have the overall responsibility for accounting of subcomponent 1 (NMSF Grant) and 2.1. (capacity building TACAIDS) while the RDE will have the overall responsibility for the accounting for 2.2 (Construction and refurbishment). The Chart of Accounts will be compatible with TACAIDS' Chart of Accounts to facilitate integration into TACAIDS financial reporting. Financial information will be forwarded to TACAIDS on a quarterly basis for inclusion in the quarterly financial report. All expenditures must be audited annually by independent reputed auditors if not agreed to be audited by NAO. The audit report will be issued within six months after the end of the financial year.

In sub-component 3 (non-state actors) funding will be accounted for and reported on directly by the contracted institution in accordance with the MoU for the joint funding arrangements of the institution. For out-sourced activities, agreements should stipulate that accounting must be in accordance with Danida Guidelines and that six-monthly financial statements as well as independent audits will be required. The RDE Desk Officer is responsible for ensuring that grants are accounted for and in accordance with the guidelines. The existing joint funding mechanisms for RFE and Femina HIP include an annual external audit for all the contributions. No separate audit for Danida will be necessary.

The RDE will on a quarterly basis inform TACAIDS about direct payments for technical assistance and other items, booked by Danida Copenhagen, on the individual budget lines.

7.3. Monitoring, reporting, reviews and evaluations

7.3.1. General principles

Overall monitoring will follow the principles of the NMSF Monitoring System, including the annual MTEF indicators, milestones and targets. See Appendix 1 for an overview of all the Programme Monitoring Indicators for the NMSF, and Appendix 2 for the Milestones.

Monitoring within the HSPS IV programme will essentially follow the agreed systems for the NMSF (sub-component 1), with some adjustments to address specific monitoring needs for activities financed with earmarked funds (sub-components 2 and 3).

Danida will participate in the development of the NMSF indicators, targets and milestones for the annual MTEF. Danida will also participate in the Bi-Annual Joint Sector Reviews, as well as the reviews of the implementing agencies. Danida will reserve the right to undertake own reviews should it be necessary.

In order to satisfy Danida Programme Management Guidelines, a limited number of indicators are proposed to monitor progress for each of the HSPS IV Sub-Components.

The following is an overview of these indicators proposed for the three Sub-Components of Component 1:

Table 15: Overview of HSPS IV Programme Indicators for Component 3

Component	Sub-Component	HSPS IV Programme Indicator *(to be quantified in agreement between TACAIDS and Danida)*
COMPONENT 3: support the multi-sectoral response to HIV and AIDS	**1. Support the implementation of the NMSF**	Number of LGA having planned HIV/AIDS activities (NMSF indicator no. 47).
	2. Support TACAIDS capacity building for NMSF implementation	*Indicators to be further defined jointly with TACAIDS*
	3. Support non-government sector capacity for NMSF implementation	Number of grants provided to civil society maintained *(indicator to be further defined jointly with RFE and partners).* Level of provision of innovative media products maintained *(indicator to be further defined jointly with Femina HIP and partners).*

At the beginning of the HSPS IV Programme, TACAIDS and Danida will need to meet to agree on quantification of above-mentioned indicators.

7.3.2. Support through the NMSF Grant (sub-component 1)

The funds that flow to the NMSF Grant will be monitored by TACAIDS and PMO-RALG and reported to the JTWG, in particular the Finance & Audit Technical Working Committee. The Working Committee will meet prior to the start of each financial year for a detailed review of progress and to discuss and agree on the Annual work plan and budget.

At the highest level, progress in this area will be monitored against the indicators in the MKUKUTA Operational Matrix as well as the indicators for the NMSF and the bi-annual milestones. These will also be the subject of dialogue at the Bi-Annual Joint Review meetings between TACAIDS and partners.

The monitoring of progress of the NMSF implementation is highly dependent on the reliability of the existing information systems which will need to be a major focus of TACAIDS attention. The strengthening of these systems is a key priority, and Danida earmarked support may be used in these efforts.

Different M&E set-ups could include field visits, an annual tracking study to be carried out in a sample of districts, to study the funding flows and decision-making processes, identify bottle-necks and propose solutions.

Information for the monitoring of progress against this indicator will be provided by the TACAIDS.

7.3.3. Earmarked support (sub-components 2 and 3)

TACAIDS will submit its annual MTEF as work plan and budget for intervention area 2.1 to Danida for discussion before its finalisation. It will also submit timely annual narrative and financial reports on the implementation of the MTEF. The annual report will assess progress against agreed indicators and milestones, which will be developed and decided upon on the basis of the NMSF Operational Plan and MTEF.

The progress of the Component will be monitored by and reporting to the Joint Thematic Working Group on HIV and AIDS, in particular the Enabling Environment Technical Working Committee, as part of its on-going responsibilities. One of its meetings will be held prior to the start of each year for a detailed review of progress and to discuss and agree on the Annual work plan and budget.

In addition, the RDE will meet with TACAIDS senior management regularly to discuss progress in both intervention areas 2.1 and 2.2. It is foreseen that in the first year this will take place once a quarter.

Mid-way through the HSPS IV programme there will be a detailed review of this component, to assess progress in achieving each output. It will have the option of investigating and recommending additional or alternative initiatives in support of TACAIDS capacity strengthening.

The progress of the support to the RFE and Femina HIP will be monitored according to procedures set out in the MoUs of the respective joint funding mechanisms. The RFE and Femina HIP will submit annual work plans and budgets in accordance with MoUs for the pooled funding arrangements. They will also submit timely annual narrative and financial reports on the implementation of these plans.

At the start of the HSPS IV Programme, implementing agencies and Danida will jointly agree on the exact description of the specific programme indicator, as well as quantify it and agree on a base-line level. Indicators for critical short-term achievements and agreed milestones may be developed annually for each of the components. These indicators will necessarily be limited in number and as much as possible, consistent with the NMSF indicators.

Information for the monitoring of progress against this indicator will be provided by the implementing agencies.

Financial accounting information will be monitored quarterly, according to procedure manuals of the implementing agencies, and discussed annually as part of the reports submitted to the JTWG and its Technical Working Committees.

7.3.4. Joint Sector Reviews

The Joint Bi-Annual HIV and AIDS Reviews by TACAIDS and Development Partners will be a comprehensive review of outcomes / impact and performance indicators, medium-term plans for the sector and critical short-term achievements, and the agreed upon milestones. A technical review may be conducted prior to the Bi-Annual review, with TACAIDS providing a report covering all indicators in readiness for this technical review. As one of the development partners, Danida will play its role accordingly and will, as far as possible, incorporate issues of special interest into the review and contributing with expertise resources to support the exercise.

The Joint Bi-Annual Review will draw conclusions about the performance of the multi-sectoral response and appropriateness of allocations by GOT and donor resources and will endeavour to confirm financial commitments for the following financial year. When required, new critical short-term targets or milestones will also be agreed at the end of this joint Bi-Annual Review.

Back-to-back with the Joint Bi-Annual Review of the multi-sectoral HIV and AIDS response expected in 2010 and 2012, Danida will conduct its own bilateral review, normally of 1-2 days duration, focussing on the earmarked funding.

In years with no Bi-Annual Review Danida may field own bilateral programme reviews, where possible in conjunction with other DPs. A mid-term review of the HSPS IV will be carried out at the end of 2011 to adjust the programme. Otherwise bilateral reviews will be kept to a minimum.

7.3.5. Evaluations

Danida will, if the need arises, carry out separate evaluations and reviews. The decisions for this will be taken in consultation with TACAIDS and DPs in order to minimise the administrative burden on both institutions and maximise the benefits. However, it is expected that such independent evaluations will be an exception and will therefore not occur frequently.

7.3.6. Technical Assistance

Technical Advisers will be evaluated yearly by the counterpart institution, TACAIDS, based on their TORs and mutually agreed work plans, including capacity building targets. The RDE will also conduct annual assessment meetings of the Advisors, either together with TACAIDS or after receiving input from TACAIDS. It is possible during the Annual Assessment Meetings to agree on indicators or milestones for the Advisers for the following year. It is also possible to agree on adjustments to the job descriptions.

7.3.7. Internal Danida procedures

A specific annual report for HSPS IV shall be compiled annually by the RDE, following the Tanzanian Fiscal Year (FY), based on relevant input from executing partners. Danida Guidelines for annual reporting exist, but reporting can follow any existing format as long as the required information are included.

Annual work plans and budgets for the next Tanzanian FY will be approved by the JTWG and its Technical Working Committees, but where timing of the Bi-Annual Review and the back-to-back bilateral review permits, the annual work plan and budget will be finalised taking the recommendations of the Reviews into account.

8. Assessment of key assumptions and risks

Overall assumptions and risks linked to the implementation of the components and sub-components can be divided into the following categories:

1. Commitment and potential participation of stakeholders,
2. Factors at national and sector level, including macro-economic conditions, general political situation, national policy framework, sector budget situation,
3. Accountability issues, including financial, political, administrative and local procurement,
4. Sustainability, replicability and capacity development issues (financial, institutional, technical and local procurement),
5. Risks and assumptions related to the achievement of programme objectives.

Table 16 summarises the main assumptions, risks and suggested mitigations actions.

Table 16: Key assumptions, risks and mitigation actions

Assumptions	Risks	Mitigation action
Commitment and potential participation of stakeholders		
It is assumed that the present commitment to multisector SWAp and joint financing arrangements of TACAIDS and donors will continue.	• The restructuring of TACAIDS could potentially (i) centralise decision-making, (ii) reduce the importance of its planning and monitoring functions and (iii) give less weight to the coordination mechanisms existing between TACAIDS and DPs.	• Active participation by RDE in the JTWG and the JTWG subgroup for Enabling Environment and the JTWG subgroup on Financing.
Factors at national and sector level (macro-economy, general political situation, national policy framework, sector budget)		
GOT will continue to prioritise poverty reduction and ensure adequate and increasing allocation of resources to the social sectors, including HIV and AIDS and health.	• Additionality: the overall funding for the sectors does not increase sufficiently to fund new initiatives, for example the planned substantial scale up of treatment for HIV and AIDS; or any such funding is not continued in the medium term. In that event there is a substantial risk that in order to meet demands to continue such services, funds will be shifted from other areas of service delivery.	• Close tracking by RDE and other DPs of the budget process, particularly through PER for HIV and AIDS. • Assessment by RDE and other DPs of financial reporting on the thematic budget support mechanism and overall monitoring and evaluation of management results.
Continued and increased GOT commitment to the fight against HIV and AIDS.	• Fungibility: the shift of more donors to thematic budget supports does not result in an increase in total funding available for the multi-sectoral response, if GOT decreases its funding correspondingly.	• Close dialogue by TACAIDS and DPs with MOFEA. • Monitor through bi-annual PERs on HIV and AIDS.
The NMSF Annual Operational Plan and LGA / RS MTEFs reflect the actual priorities of GOT and that MTEF allocates resources in line with these priorities.	• Insufficient absorption and implementation capacity of counterparts (TACAIDS, PMO-RALG, LGAs) resulting in delayed arrival or no execution of funding allocation at LGA level.	• Provision of TA by RDE and other partners to TACAIDS, to increase capacity to plan for and manage resources and liaise with other Government bodies. • TACAIDS to work together with other GOT bodies to improve LGA capacity to plan and budget for HIV interventions. • Continuous monitoring by TACAIDS and DPs of LGA implementation.
	• Shift in allocation of sector resources to lower levels of service delivery does not materialise.	• Policy dialogue by RDE and DPs with TACAIDS and by all with LGAs on resource allocation issues.
	• The HR situation deteriorates further or does not improve as required to keep pace with needs, thus hampering expansion of service delivery at district level.	• RDE and DPs support efforts by GOT to address staff training, recruitment, retention and productivity.

Assumptions	Risks	Mitigation action
Accountability issues (financial, political, administrative and local procurement)		
It is assumed that the gradual improvement of transparent financial management systems in GOT will increase accountability.	• Fiduciary risk: the continuous possibility of misuse of funds. The need for detailed regular auditing therefore remains paramount.	• Controls in place for the NMSF Grant (MoU, established audit procedures, etc) and for other implementing agencies.
	• Budget execution and adherence to agreed plans may be sub-optimal and hamper attempts to improve the performance of the HIV response. This could worsen the relationship between DPs and TACAIDS	• RDE and TACAIDS to improving the policy dialogue, develop realistic targets and improve the quality of the budget formulation.
	• Inadequate auditing and administrative capacity by the recipient institutions including TACAIDS and implementing agencies (e.g. LGAs, RFE, Femina-HIP).	• RDE to support Technical Assistance to improve capacity if required.
	• Ongoing risk of mismanagement of funds in the area of procurement and tendering.	• Auditors may be asked to do procurement audits or a prior review mechanism established.
	• Weakness of data collection and processing for M&E will mean that monitoring is inadequate to judge performance effectiveness in the NMSF Grant.	• Mitigation is provided in the programme by supporting the work of TACAIDS and other implementing agencies to improve M&E if requested.
Sustainability, replicability and capacity development issues (financial, institutional, technical and local procurement)		
TACAIDS provides a good environment for capacity development, in particular ensuring that capable counterpart staff is available to work with the Adviser.	• Sustainability: counterpart institution (TACAIDS) unable to sustain the activities.	• Dialogue by the RDE with TACAIDS and through the Enabling Environment Technical Working Committee of the Joint Thematic Working Group.
TACAIDS will be able to provide office space for the proposed Adviser.	• Counterpart institution (TACAIDS) does not assume ownership of the Technical Adviser.	
Danida will have continued trust in the public financial management (PFM) system	• No direct counterpart staff is available for TA to work with and capacity of available counterpart staff is insufficient.	
The gradual improvement of the public financial management systems in the sectors will continue.	• HR capacity: qualified staff cannot be retained within the government system.	
	• No adequate or welcoming work environment provided by host institutions for the Technical Adviser.	Where necessary, the RDE / programme can support provision of the initial office equipment for the Technical Adviser.

Assumptions	Risks	Mitigation action
	• The many different systems aspects of capacity building are not recognised and hence capacity building focus remains on training rather than on broader elements of systemic capacity building that will enable the optimal utilisation of any such skills developed or already in place but unutilised.	
Risks and assumptions related to the achievement of programme objectives		
Danish Embassy will be able to ensure adequate participation in policy dialogue and resources for implementation and monitoring of the programme.		
Adequate commitment from the government structures implementing the HIV and AIDS NMSF.		
Cooperation between TACAIDS, LGAs and other implementing agencies and Danida will remain good.	Specific risks related to TACAIDS / GOT implementation include: • Insufficient NMSF Grant absorption and execution level, particularly in view of the challenge of planned increasing funding allocations by Danida. • LGAs not committed to the NMSF implementation. • Inadequate general management and financial absorption and management capacity of provincial and district authorities to adequate take on decentralised tasks. • High rotation of district administrative staff.	• Secure anchoring of activities under the relevant TACAIDS Departments, so as to provide good institutional opportunities for gaining the required high-level support. • Close monitoring by RDE of NMSF implementation and results, harmonised with other donors through DPG AIDS • Contribution by RDE to policy dialogue with GOT and other donors in DPG AIDS. • Provision by RDE of targeted technical assistance as required/requested and participation in and contribution to NMSF review.
Strengthening TACAIDS' coordination function ensures that non-health sector priority areas such as prevention and mitigation receive sufficient support.		• Provision by RDE of targeted technical assistance as required/requested and participation in and contribution to reviews. • Take op issues in policy diaogue
Central management of TACAIDS is committed and capable to coordinate regional and district capacity building.		Same
Ownership at central, regional and district levels is adequate.		Same

Assumptions	**Risks**	**Mitigation action**
The programme will receive sufficient oversight and feedback through the JTWG.		Same
	Specific risks related to implementation by other agencies include: • Constraints in RFE capacity to ensure continued access by civil society agencies to funding. • Constraints in Femina HIP capacity to ensure continued production of media products.	Same

9. Implementation plan

Table 17 - List of NMSF Indicators status and performance status for 2006 / 2007

Timing	Component 3
2009	March to June: Approval of annual MTEF Optional Annual Programme Review
2010	March to June: Approval of annual MTEF Bi-Annual Joint Review + Annual Program Review
2011	March to June: Approval of annual MTEF Mid-term review of Danida HSPS IV Programme
2012	March to June: Approval of annual MTEF Bi-Annual Joint Review + Annual Program Review
2013	March to June: Approval of annual MTEF Optional Annual Programme Review

Appendices

Appendix 1. NMSF indicators and state of implementation

Table 18 - List of NMSF Indicators status and performance status for 2006 / 2007

Indicator	Description	Status	Period	Data sources
Prevention				
1. Percentage of young women and men aged 15–24 who are HIV infected	General population 15-19	1.0%	2007-08	THMIS
	General population 20-24	4.3%	2007-08	THMIS
	Women aged 15-19	1.3%	2007-08	THMIS
	Women aged 20-24	6.3%	2007-08	THMIS
	Men age 15-19	0.7%	2007-08	THMIS
	Men age 20-24	1.7%	2007-08	THMIS
2. Percentage of infants born to HIV infected mothers who are HIV positive		18		MOHSW
3. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Women aged 15-24	39%	2007/08	THIS
	Men aged 15-24	42%	2007/08	THMIS
	Men and women	40%	2007/08	THMIS
4. Percentage of young women and men aged 15–24 who have had Sexual intercourse before the age of 15	women aged 15-24	11%	2007/08	THMIS
	Men aged 15-24	10%	2007/08	THMIS
	Men and women aged 15-19	11%	2007/08	THMIS
5. Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	Women aged 15-14	4%	2007/08	THMIS
	Men aged 15-24	25%	2007/08	THMIS
	Men and women aged 45-49	10%	2007/08	THMIS
6. Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	Women aged 15-24	43%	2007/08	THMIS
	Men aged 15-24	54%	2007/08	THMIS
	Men and women aged 40-49	49%	2007/08	THMIS
7. Percentage of HIV-positive pregnant women who received Antiretroviral to reduce the risk of mother-to-child transmission	Women aged 15-49 During delivery	55% 12%	2006	MOHSW
8. Percentage of schools that provided life skills-based HIV education in the last academic year	secondary schools	75%	2007	MOEVT
	primary schools	48%		
9. Percentage of randomly selected retail outlets and service delivery points that have condoms in stock	all retail outlets	81%	FY 2007	T-MARC
	all retail outlets	81%		
	Nightclubs	10%		
	Bars	94%		
	Grocery shops	80%		

Indicator	Description	Status	Period	Data sources
10. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	Men and women aged 15-24	19%	2007/08	THMIS
11. Percentage of women who feel that a wife is justified in refusing sex or proposing condom use if she knows her husband has a sexually transmitted infection	Women in 2003 Women in 2004	88% 94%	2003/04 2004/05	THIS TDHS
12. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	no data	n/a	n/a	
13. Number of male and female condoms distributed to end users in the last 12 months	male condoms female condoms	150,000 709,000	2007	TOMSHA, T-MARC
14. Number of persons reached with HIV prevention programmes, by target group	most at risk and vulnerable populations	376,420	April – Dec. 07	TOMSHA
	General population	1,521,868		
15. Number of HIV voluntary counselling and testing sites per district population (total number of Sites countrywide)		1,035	Dec. 2006	MOHSW
16. Percentage of large workplaces (public & private) that have prevention and care policies and programmes		NO DATA		Workplace survey
17. Percentage of donated blood units screened for HIV in a quality assured manner		33%		MOHSW
18. Percentage/Number of learners exposed to life skills-based HIV-AIDS education this quarter	172,877		April – Dec.07	TOMSHA
19. Percentage or Number of teachers trained in LSE for HIV-AIDS	Primary school teachers	29,625	2007	MOEVT
	Secondary school teachers	12,000		
20. Percentage of caregivers trained in standard precautions, transmission-based precautions	11,758		April – Dec. 07	TOMSHA
21. Percentage of caregivers and healthcare workers who receive post-exposure prophylaxis		NO DATA		
Care, Treatment and Support				
22. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		NO DATA		MOHSW
23. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	Both adults and children	36%		MMAM
24. Number of ARV sites per district and region		204		MOHSW
25. Percentage of women and men with advanced HIV infection receiving ARV combination therapy in the last 12 months		same as indicator 23		
26. Percentage of health facilities with no stock outs of Fluconazole for more than a week in the last 12 months		91%		MOHSW
27. Percentage of persons on ART who receive nutritional support from health care facilities in the last 12 months		10%		AMREF
28. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV		NO DATA		
29. Number of organizations providing Community Home Based Care (CHBC) per district-population		NO DATA		
30. Number of home based care providers trained according to national guidelines		150		MOHSW
31. Number of home-based care person-visits in the last 12 months		NO DATA		
Impact mitigation				

Indicator	Description	Status	Period	Data sources
32. Current school attendance among orphans and among non-orphans aged 10–14		1.0 ratio	2004-05	TDHS
33. Percentage of percent of people expressing accepting attitudes towards people with HIV	Women	26%	2007/08	THMIS
	Men	35%	2007/08	THMIS
34. Percentage of adults aged 18-59 years who have been chronically ill for 3 or more months in the past 12 months whose households receives, free of user charges, basic external support including health, psychological or emotional and other social and material		% of those received all types of support	2003/04	THIS
	18-29 / 102	3.5%		
	30-39 / 101	2.2%		
	40-49 / 81	4.7%		
	50-59 / 70	5.4%		
35. Percentage and number of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child	4% to 6%		2003/04	THIS
36. Number of income-generating projects in the last 12 months		NO DATA		
37. Number of community-based committees mobilizing services for households with OVC	4,194			TOMSHA
38. Number of PLHIV receiving two or more support services	25,047			TOMSHA
39. Number of vulnerable households receiving two or more support services	108,116			TOMSHA
40. Number of PLHA support groups established	6,601			TOMSHA
41. Percentage of PLHA provided with skills training (income generation, advocacy, national code for HIV-AIDS and employment, positive living, managing support groups.	11,983			TOMSHA
Management of the national HIV & AIDS response in Tanzania Mainland				
42. Domestic and international AIDS spending by categories, financing sources and levels of government	Donor spending	377.8 TSh Bn	2006/07	PER 2006-07
	GOT spending	21.4 TSh Bn		
	Total spending on HIV/AIDS	399.2 TSh Bn		
43. Percentage of annual funding for HIV interventions that is spent on HIV and AIDS M&E	10%			TOMSHA
44. Percentage of implementers of HIV and AIDS interventions that have submitted TOMSHA forms on time in the last 12 months		66%		TOMSHA
45. Percentage of implementers of HIV and AIDS interventions who report that they have participated in HIV dissemination workshops in the last 12 months		NO DATA		TOMSHA
46. Number of person-days of training that project staff and employees has undergone to manage and implement HIV-STI services in the last 12 months	47,024		April to June 2007	TOMSHA
47. Percentage of organisations that have developed annual work plans with an approved budget, and that have implemented it in the last 12 months (by public sector (LGAs and MDAs), private sector and civil society)		26%	April to June 2007	TOMSHA

Indicator	Description	Status	Period	Data sources
48. Percentage of members of parliament that are involved in at least one HIV activity organized by parliament		NO DATA		TOMSHA/ Parliamentary questionnaire
49. National Composite policy index score (UNGASS)	55 %		2005	UNGASS
	78%		2007	UNGASS

Source: *TACAIDS (2008): Annual HIV Response Report for Tanzania Mainland HIV response 2006-07. September 2008*

Appendix 2. NMSF Milestones for 2009-2010

The following table is an overview of the milestones agreed at the Joint Bi-Annual Review on HIV and AIDS held in Dar es Salaam in November 2008.

MILESTONES FOR 2009-2010

SN	Milestone	Governmental Responsible Organisation	Implementing Organisation Partner	Time frame
1. MONITORING, EVALUATION AND RESEARCH				
1.1	TOMSHA data are electronically captured, using LGMD, in the 133 councils in Tanzania (complete 40% by 2009 and 100% by 2010)	TACAIDS	PMO-RALG, Council Directors, MCDGC	2010
1.2	All councils, MDAs and Private actors have developed timely and user friendly HIV program reports and ensure dissemination at all levels	RAS & TACAIDS	PMO-RALG, MDAs	2010
1.3	Capacity building for operational research at 20 LGAs has been enhanced to support planning and decision Making for HIV and AIDS response by 2010	RAS	Council Directors	2010
1.4	Support Research with Information on size, magnitude and risk factors and behaviours among most at risk populations and findings disseminated by 2010	TACAIDS	Research Institutions	2010
2. RESOURCE MOBILISATION				
2.1	Costed NMSF	TACAIDS	PMO-RALG MDAs, CSOs, Private sector	June 2009
2.2	A mechanism to generate resources both nationally and locally implemented	TACAIDS	PMO-RALG, MOFEA	2010
2.3	A database with information of all available sources and amount of HIV and AIDS funding in the country established	TACAIDS	TACAIDS, MOFEA, PMO	2009
2.4	All Mainland Regions and LGAs have funded budgets and manageable costed action plans for HIV and AIDS responses at all levels (regional/district/ward/village)	PMO-RALG	LGA, PMO-RALG, MOFEA, TACAIDS/DFA	June 2010
3. ENABLING ENVIRONMENT				
3.1	All MDAs and Regions have HIV and AIDS focal persons with clearly defined roles, responsibilities and accountability lines	PMO	MDAs, TACAIDS/ DPR	June 2010
3.2	An Institutional Capacity Development Plan for TACAIDS has been approved and funded	TACAIDS	PMO	Dec. 2009
3.3	The HIV and AIDS ACT is disseminated and enacted at all levels	MoHSW	TACAIDS, PMO, MoJ , MoHA, LGAs	Dec. 2009

SN	Milestone	Governmental Responsible Organisation	Implementing Organisation Partner	Time frame
3.4	All CSO umbrella organizations and/or national networks have functioning internal mechanisms to represent their constituencies in policy forums at the national level	TACAIDS/DCR	CSOs, TACAIDS/ DPR	June 2010
3.5	Strategic guidelines and tools for mainstreaming Gender & Human Rights approaches in HIV and AIDS Plans have been disseminated at all levels	MCDGC	LGAs, MDAs, PMO-RALG TACAIDS/ DPR	Dec. 2009
4. IMPACT MITIGATION				
4.1	Household economic strengthening strategies for vulnerable groups linked to the National Social Protection Framework developed and implemented	MCDGC, MOHSW/DSW, PMO-RALG	TACAIDS, MOFEA, MOEVT, NACOPHA, OVC–IPG	Sep. 2010
4.2	User-friendly budget guidelines to support LGAs in planning and resource allocation for vulnerable groups developed and implemented	MCDGC, MOHSW/DSW, PMO-RALG	TACAIDS, MOFEA, MOEVT, NACOPHA, OVC–IPG	Sep. 010
4.3	Strategy for decentralizing social welfare services and incorporation of social welfare assistants in the social welfare scheme of work developed	MOHSW/ DSW PMO-RALG	TACAIDS, MOFEA, OVC–IPG	Sep. 2010
4.4	75% of all districts have completed identification of MVC according to the national identification guidelines and all identified children have received a minimum package of services	MOHSW/ DSW PMO-RALG	PMO-RALG, TACAIDS, MOFEA, MoEVT, MCDGC , OVC–IPG	Sep. 2010
4.5	The MVC National Costed Plan of Action (NCPA) is disseminated in all LGAs and LGAs have allocated resources to support NCPA implementation	MOHSW/ DSW PMO-RALG	PMO-RALG, TACAIDS , MOFEA, MOEVT, MCDGC, OVC–IPG, Council Directors	Sep. 2010
5. PREVENTION				
5.1	A comprehensive and evidence-based National HIV and AIDS Prevention Strategy and costed 2-year action plan in place	TACAIDS	Prevention TWC	June 2009
5.2	All HIV and AIDS prevention interventions by all stakeholders are aligned with the National HIV and AIDS Prevention Strategy	TACAIDS	RS, LGAs, MDAs, ABCT, CSOs, TIESNAI	June 2010
6 CARE, TREATMENT AND SUPPORT (*NOT YET ADOPTED BY TWC*)				
6.1	*Mapping of public and private partnership in HBC service finalised*	*MoHSW*	*CSOs Private Sector*	*Dec 2009*

SN	Milestone	Governmental Responsible Organisation	Implementing Organisation Partner	Time frame
6.2	*Comprehensive HBC strategy incorporate nutritional supplementation and ARV services developed and approved*	*MoHSW*	*CSOs* *Private Sector*	*Sept 2009*
6.3	*User friendly ARV services accessible at the PHC facility level in 132 councils*	*MoHSW*	*CSOs* *Private Sector*	*2010*
6.4	*Strategy to establish Paediatric PMTCT user-friendly HIV services in 132 councils developed*	*MoHSW*	*CSOs* *Private Sector*	*2009*
6.5	*Improved MSD institutional capacity to manage its mandate and roles*	*MoHSW*	*CSOs* *Private Sector*	*2010*
6.6	*132 councils allocate funds for HIV and AIDS to support PLHIV and OVC*	*MoHSW*	*CSOs* *Private Sector*	*2010*
6.7	*132 councils roll-out Opportunistic Infection package with ART*	*MoHSW*	*CSOs* *Private Sector*	*2010*
6.8	*Diagnostic of TB/HIV strategy developed and implemented*	*MoHSW*	*CSOs* *Private Sector*	*2010*

Appendix 3 : Job description for Organisational Development Adviser

Draft Job description
Organisational Development Adviser, TACAIDS Dar es Salaam

Revised version 4 March 2008

1. Background

The Government of Tanzania (GOT) is addressing the multi-sectoral response to HIV/AIDS through the Second National Multi-Sectoral Strategic Framework on HIV and AIDS (NMSF), 2008-2012. The Tanzania Commission for HIV and AIDS (TACAIDS) is charged with coordinating the implementation of the NMSF by the GOT, Development Partners (DP) and implementing agencies, including civil society and the private sector.

Coordination of the NMSF implementation is a challenge in view of the current fragmentation of the HIV/AIDS response, with the bulk of current support to HIV and AIDS being earmarked for specific projects slow to disburse and unpredictable in volume, in addition the multitude of funding arrangements and implementing partners. Donors sometimes exacerbate the problem by providing uncoordinated occasionally donor-driven projectised capacity development support. An additional challenge for TACAIDS is its limited capacity at central and regional levels in terms of availability and capacity of staff as well as the limited capacity of Local Government staff at district level.

The structural organisation of TACAIDS includes the Board of Commissioners and the Secretariat with headquarters in Dar es Salaam. Regional Offices are to be established shortly in every one of the 21 regions. The broad mandate of the TACAIDS is described in the NMSF.

DANIDA has offered to provide technical assistance to TACAIDS in strategic areas to support key components of the NMSF. The Danida Health Sector Programme Support (HSPS) phase IV for 2009-2014 will support TACAIDS capacity strengthening through establishing a new purpose built office for the Secretariat, the provision of funding through the NMSF Grant and the provision of long- and short-term technical assistance.

It is proposed to provide technical assistance for institutional strengthening through the appointment of an Organisational Development Adviser for the initial period of two years to TACAIDS.

2. Responsibilities and scope of work

The **Organisational Development Adviser (ODA)** will be placed in and report to the Department of National Response of TACAIDS in Dar es Salaam and be counterpart to the Director of National Response.

The ODA will contribute to the institutional capacity development of the recently approved organisational structure of TACAIDS at central and regional levels, so as to improve the effectiveness

of coordination of the implementation of the NMSF. The ODA will support TACAIDS in developing and implementing specific organisational development strategies to strengthen the capacity of key national and regional TACAIDS departments and units. Initial emphasis will be placed on establishing the Capacity Building Unit and supporting the new organisational development of the regional offices.

The technical assistance will include, but not necessarily be limited to, the following areas:

a. To support TACAIDS to implement its new organisational structure.
b. To support the establishment of the Capacity Building Unit in the Division of National Response.
c. To support TACAIDS to develop plans and guidelines to strengthen its organisational capacity, including capacity strengthening of staff.
d. To assist in the establishing of the TACAIDS Regional Offices and support the strengthening of regional systems so that they can effectively support the LGAs and monitor NMSF implementation.
e. To support TACAIDS in the development of approaches and tools for capacity building of central and regional level TACAIDS staff. Where required, the ODA may also contribute to developing of tools for capacity building of implementing agencies.
f. To strengthen the coordinating of technical support interventions including technical assistance provided by GOT and partners in support of the NMSF.
g. To assist in the preparation of periodic reports on organisational performance improvement of central and regional staff, lessons learned, impact on targets and performance.
h. To support the development of systems to establish a Technical Support Pool if required,
i. Participate on a regular basis in briefings with the RDE.

Office space will be made available as close as possible to the Director of National Response.

The ODA will develop annual work plans with clear measurable targets, which will be approved by the Executive Chairman, endorsed by the RDE, and shared with the TACAIDS management. The plans will form part of the ODA's annual performance assessment with the RDE Counsellor.

The ODA will not represent the Royal Danish Embassy unless explicitly requested to do so in specific instances.

3. Qualifications

- A University degree in organisational development or management or related qualification.
- At least 5 years experience in organisational development and management.
- At least 3 years experience in working as Technical Adviser to counterpart agencies, including Government Agencies, in developing countries.
- Experience with establishment / management of TA pools is an advantage.
- Demonstrated ability and experience in organisational restructuring and capacity building of individuals and teams.
- Strong skill set in management and leadership development improvements and crafting organisational development capacity building plans and technical assistance approaches and tools.
- Excellent planning, management and organisational skills.
- Proven, effective leadership skills and the ability to develop effective interpersonal relationships; teamwork, negotiate and manage conflict.
- Excellent communication and report writing skills.

- A high level of computer literacy, including Word, Excel, Internet, E-mail, Power Point.
- Fluent in spoken and written English is essential and knowledge of Kiswahili will be an advantage.
- Willingness to undertake travel within the country.

Appendix 4: Key references

ASAP / UNAIDS (2008): The HIV epidemic in Tanzania Mainland: Where have we come from, where is it going, and how are we responding? Final report, 6 November 2008

Deloite & Touche (2008): Rapid Funding Envelope for HIV and AIDS (RFE). Grants and financial management. Quarterly report for the period January to March 2008. 23 May 2008.

Denmark Ministry of Foreign Affairs (2005): Strategy on Denmark's support to the international fight against HIV and AIDS. April 2005

Denmark Ministry of Foreign Affairs (2006): Commitment to development: Priorities of the Danish government for Danish development assistance 2007-2011. August 2007.

Dickinson, Clare et al (2007): A Synthesis of Institutional Arrangements of National AIDS Commissions in Seven African Countries. HLSP. Version 1. August 2007.

EDI Ltd (2007): Rapid Funding Envelope for HIV and AIDS, Second External Review, supported by the Swiss Agency for Development and Cooperation. Final version April 2007.

England, Roger et al (2004): Assessment of the institutional capabilities of TACAIDS. HLSP. Draft Number 1: 24th September 2004

Femina HIP (2008): Donor meeting June 2008.

Government of Zanzibar (2004): Zanzibar National HIV and AIDS Strategic Plan 2004/05-2008/09. Zanzibar AIDS Control Programme. July 2004

Government of Zanzibar (2005): Health Sector Strategic HIV and AIDS Plan 2005-2009. Feb. 2005

Government of Zanzibar (2007): Joint Review of the HIV Response in Zanzibar 2004-2007. Dec. 2007

Government of Zanzibar (2008): Proposal for Global Fund Round 8: Malaria and HIV and AIDS. June 2008

MEASUREDHS website - (www.measuredhs.com): Tanzania National Survey reports on HIV and AIDS.

President's Emergency Plan for AIDS Relief (PEFPAR) (2008): Overview of the U.S. Government 2008 Country Operational Plan – briefing for the Government of Tanzania.

TACAIDS (2005): National HIV and AIDS M&E System Operational Plan. Final draft, November 2005.

TACAIDS (2007): HIV Fund Document. September 2007.

TACAIDS (2007): Implementation guidelines for minimum package by LGAs.

TACAIDS (2007): Minimum package matrix.

TACAIDS (2008): Annual HIV Response Report for Tanzania Mainland HIV response 2006-07. September 2008

TACAIDS (2008): Tanzania Public Expenditure Review – multi-sectoral review HIV and AIDS, December 2007. Final report, February 2008.

TACAIDS (2008): UNGASS country progress report, Tanzania mainland – January 2007 – December 2007. 30 January 2008.

TACAIDS (2008): Vote 92, Medium-Term Expenditure Framework (MTEF) Consolidated Budget (recurrent and development), 2008/2009 – 2010/2011.

TACAIDS / ZAC (2008): Tanzania HIV/AIDS and Malaria Indicator Survey 2007-08. Nov. 2008

Tanzania National Coordinating Mechanism (2008): Draft proposal for the Global Fund Round 8 (version June 2008).

UN (2007): UN Joint Programme on HIV and AIDS, June 2007 – December 2008.

UN (2008): The Millennium Development Goals Report 2008. New York.

UNAIDS (2008): Sub-Saharan Africa, AIDS Epidemic update, regional summary.

United Republic of Tanzania (2007): The HIV and AIDS (prevention and control) Act, 2007. Bill Supplement, No. 9 21sth September, 2007, to the Gazette of the United Republic of Tanzania No. 38 Vol. 88 dated 21st September, 2007.

United Republic of Tanzania, MOHSW (2007): Health Sector HIV and AIDS Strategic Plan (HSHSP) - 2008-2012.

United Republic of Tanzania, MOHSW (2008): National Costed Plan of Action for Most Vulnerable Children – 2007 – 2010.

United Republic of Tanzania, PMORALG (2008): Annual guidelines for the preparation of Local Government Authorities' medium-term plans and budgets for 2008/09 to 2010/11. April 2008.

United Republic of Tanzania, Prime Minister's Office (2007): National Multi-Sectoral Strategic Framework on HIV and AIDS (2008 – 2012). Dar es Salaam, May 2007.

World Bank (2003): TMAP programme document.

World Bank (2007): Fiduciary capacity assessment of TACAIDS.

ZAC(2007): Public Expenditure Review for HIV and AIDS, second draft. Zanzibar AIDS Commission.

ZANGOC (undated): Five years strategic plan of ZANGOC, 2005-2009. Zanzibar NGO Cluster for HIV and AIDS prevention.

Websites:

TACAIDS: www.tacaids.gov.tz

Femina HIP: www.feminahip.or.tz

Rapid Funding Envelope: www.rapidfundingenvelope.org

DPG-AIDS: www.tzdpg.or.tz