



# Tanzania Civil Society Priorities Charter

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria  
New Funding Model

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# #1 Priority – Treatment, Care and Support

## Top Priority – Treatment Adherence and Client Retention for HIV and TB

Recognizing that the majority of Tanzania's Global Fund HIV/TB allocation for the New Funding Model will be earmarked for drug procurement, civil society's top priority is to strengthen treatment adherence and client retention. This is the number one priority since there is a high loss to follow up as well as poor adherence due to stigma. Other challenges include limited education, interrupted supply of medications, limited time off work to go to clinic and irregular CD4 monitoring. Limited HIV clinic coverage is another barrier, with only 22% of health facilities providing ART services (NMSF III, p. 29). Nutritional support is also a barrier to drug adherence, especially among pediatric populations. Civil society has comparative advantage to establish community-based psycho-social HIV/TB support groups, including cash transfers to PLHIV and their families as well as TB contact tracing and TB defaulter tracing at community level. Further, civil society prioritizes advocacy for the inclusion of nutrition into community awareness activities. The target groups should be pediatric HIV cases, the elderly, and key populations (particularly youth, injecting drug users [IDUs], sex workers and men who have sex with men [MSM]), to be rolled out in communities/villages in collaboration with the local government. Those that are well placed to implement include ANEPHA+, AMICAALL, AMREF, ACT Lake Rukwa, BMAF, Sikika, HelpAge, TAPP, MUHAS, PADI, Baylor, LICHIDE and TALIA, among many others. This should be carried out from 2014-2018, complementing the NMSF III. The outcomes of this activity will be decreased loss to follow-up and improved treatment-retention.

## Secondary Priority – HIV Testing and TB Screening

There are low levels of HIV testing and counseling (HTC), with the NMSF III citing a gap of 53% for men and 38% for women that need HTC services (p. 27). This need is even higher among the pediatric population, since 70% of health facilities in Tanzania do not provide early infant diagnosis (NMSF III, p. 26). Other barriers include limited community awareness, interrupted HIV test kits supply, stigma, and a lack policy to support community-level HTC. There are also low rates of TB detection with suboptimal TB screening, linkage and tracing, limited civil society organization (CSO)/community-based organization (CBO) coverage on TB, and lack of TB integration into CSOs' HIV programming. This is partly due to high levels of stigma and a lack of adequate policy support. Civil society proposes targeted community group interventions, including community sensitization, especially focusing on pediatric testing. Elderly people and key populations (youth, sex workers, IDUs, MSMs) should be prioritized. Further, there is a need for sensitization on family testing. Civil society proposes advocacy on HIV testing beyond health care workers to include community testing by social/lay workers. This should be implemented at community level and led by CSOs/CBOs, though a close partnership with local government will be necessary for sustainability. Organizations with proven track records of success in this area include ANEPHA+, AMREF, BMAF, Sikika, HelpAge, TAPP, MUHAS, TSSF, SANA, PADI, Baylor, LICHIDE, TALIA and/or other CSOs. This should be carried out from 2014-2018, to complement targets set in the NMSF III. Outcomes and impact for this activity will be measured through increased testing for HIV and increased TB screening, to help reach the target set in the NMSF III (p. 42) of 100% HIV/TB treatment coverage for HIV-positive people with TB by 2017.

# #2 Priority – Key Populations

## Top Priority – Friendly Low-Threshold Services

Civil society has identified the need for friendly low-threshold services as their top priority for key populations in Tanzania. These services include voluntary counseling and testing for HIV at clinic level, nucleic-acid-based tests, community-based therapeutic care, prevention of parent-to-child transmission, access to condom and lubricants, TB services, testing and treatment for sexually transmitted infections (STIs) and hepatitis. This is a top priority because stigma and discrimination are human rights barriers to access and there is a lack of harm reduction services. Further, commodities (condoms, needle syringe programme, etc.) are not easily available/accessible for key populations, which may contribute to why 89% of male IDUs report inconsistent condom (NMSF III, p. 19). Activities to address this should include outreach services and training for health providers to be more accountable. Civil society has identified MSM, IDUs, sex workers, transgender individuals and prisoners as priority populations for this intervention. This activity should be strategically rolled out in Arusha, Mwanza, Tanga, Dar es Salaam, Mbeya, Njombe, Dodoma, Mtwara Ruvuma and Lindi, as these are some of the best places to invest for impact. This should be a four year programme, from October 2014 to October 2018. Civil society emphasizes that these activities should be implemented by key populations organizations, in close partnership with other CSOs, CBOs, the MoHSW, TACAIDS, National TB and Leprosy Programme (NTLP) and National AIDS Control Programme (NACP). Outcomes of this activity will be a reduction of HIV/STI/TB incidence, prevalence, morbidity and mortality.

## Secondary Priority – Community Mobilization of Key Populations

Data shows that there is high burden of HIV among key populations in Tanzania, with some studies showing prevalence at 41% among MSM, 34.8% among IDUs and 31.4% among sex workers (NMSF III, p. 19-20). In light of this, civil society emphasizes the need to empower communities to create enabling environments and self-support groups/networks. Civil society has comparative advantage to reach out to vulnerable/hard to reach populations, increasing demand for services. There is also a significant role for civil society to play in policy-making, and to act as watchdogs through training, enhancing coordination and building better governance. The target groups for this priority, based on the data, are MSM, IDUs and sex workers. This activity should be prioritized in Arusha, Mwanza, Tanga, Dar es Salaam, Mbeya, Njombe, Dodoma, Mtwara, Ruvuma, Lindi and Iringa. This should also be a four year programme, from October 2014 to October 2018. This should be led by key populations' organizations, particularly, TSSF and SANA. AMICAALL, TACOSOD and NACOPHA are also well placed to implement, in close partnership key populations' organizations and the Ministry of Community Development, Gender and Children (MCD). The outcomes will be a reduction of HIV incidence among key populations, and reduced morbidity and mortality.

# #3 Priority – Behaviour Change

## Top Priority – Stigma Reduction

Thinking beyond conventional conceptualizations of behaviour change, civil society in Tanzania prioritize the reduction of stigma as a key behaviour that is fuelling human rights barriers to access for health information and services. This is also a high priority due to limited access to health services, which must improve in order to reach the national target of halving HIV incidence by 2018 (NMSF III, p. 38). Civil society organizations such as NACOPHA, AMICAALL, CSSC, BAKWATA, TACASODE, AMREF and key populations' organizations, particularly, TSSF and SANA, have comparative advantage to do mass media campaigns, and carry out interpersonal interactions at community level to reduce stigma. They are also well placed to lobby government to mainstream stigma reduction strategies. Service providers, caregivers, workplace environments and communities are key targets for stigma reduction interventions, especially focusing on reducing stigma towards PLHIV and TB, as well as key populations. This activity should be targeted in AIDS committees at different community levels, faith-based organizations, health facilities and PPP. This activity should be implemented from 2014 to 2016, to align with the Global Fund's New Funding Model. Civil society's target outcome for this activity is zero stigma, leading to a higher rate of access to services.

## Secondary Priority – Creating Awareness on Sex and Sexuality in Children and Youth

In harmony with the NMSF III, civil society prioritizes activities which will address the issue of inter-generational relationships and early sexual debut. In Tanzania, 10.4% of Mainland urban young women are engaged in high-risk inter-generational relationships, and 10% of young people aged 15-24 had sexual intercourse before age 15 (NMSF III, p. 20-21). National efforts will be complemented by civil society's strength at conducting mass media campaigns, producing and disseminating information education and communication (IEC) materials. Civil society's connection with communities also makes interpersonal interaction a key activity for implementation. Strategic target groups for this intervention will be children and youth, including young key populations. Young key populations who are out of school are an especially important group for this priority. Adults will also be targeted with awareness messages about inter-generational relationships. These messages should be disseminated in schools and colleges, as well as among faith-based organizations. This activity should be implemented from 2014 to 2016, to align with the Global Fund's New Funding Model. Well placed implementing partners include NACOPHA, CSSC, BAKWATA, TACASODE, AMREF and key populations' organizations (TSSF, SANA). The impact of this intervention will be measured through increased awareness of sex/sexuality among children, youth and key populations, as well as through a reduction in inter-generational relationships.

## #4 Priority – PMTCT

### Top Priority – Community Mobilization for Antenatal Clinic Attendance and Delivery at Health Facility

Civil society has identified a gap in attendance at antenatal clinics, noting that in Tanzania, 96% of pregnant women have had at least one visit, but only 43% complete all four recommended visits (NMSF III, p. 26, cited from Tanzania Demographic Health Survey, 2010). Further, 43% of HIV exposed infants who needed ARVs to prevent HIV transmission did not receive it, in part due to attrition from the programme (NMSF III, p. 25, cited from Tanzania Demographic Health Survey, 2010). This data shows a clear need for civil society to support national efforts by hosting community events, creating and disseminating IEC materials and using mobile technology and the media to improve community mobilization for ANC visits to eliminate parent to child transmission (a term civil society prefers, as it signals the importance of male involvement). While all pregnant women and their partners need to be targeted, civil society proposes prioritizing pregnant adolescents and youth in order to maximize impact. Rural areas should be especially targeted for this intervention, starting in 2015 after grant-making for the Global Fund New Funding Model is complete. Organizations that are in place to take a leadership role with this activity include Save the Children as well as Plan International, in partnership with local civil society organizations. Civil society's target outcome for this activity is that 90% of all exposed infants have access to PMTCT services.

### Secondary Priority – Strengthening Community-Based PMTCT Services

There are clear barriers to access for PMTCT at health facility level, since data shows that 44% of all children at risk of HIV infection from their parents did not access ARV for PMTCT (NMSF III, p. 26). Further, 24% of pregnant women living with HIV that attended ANC were not reached by PMTCT services (NMSF III, p. 25, cited from Tanzania Demographic Health Survey, 2010). Lastly, there is a lack of full integration of PMTCT services in maternal, newborn and child health (MNCH) services, which is cited as one of the two notable gaps in Tanzania's PMTCT response in the NMSF III (p. 25). Civil society has comparative advantage to do outreach at community level, particularly to form alliances and partnerships with community councilors. The target populations for this intervention should be health care staff, particularly community health care providers (community health care workers) as well as CSOs and CBOs. Rural areas should be especially targeted for this intervention, starting in 2015 after grant-making for the Global Fund New Funding Model is complete. Organizations that are in place to implement this activity include Save the Children as well as Plan International, in partnership with other local CSOs and CBOs. The target for this intervention should be 100% coverage of women with HIV having access to ARVs by 2018.

## #5 Priority – Condom and Lubricant Promotion

### Top Priority – Access to Male and Female Condoms and Lubricant

One of the biggest barriers to correct and consistent use of female and male condoms and lubricant is a lack of access. The government has set targets for 2018, aiming to report that 55% of men and women who engage in multiple sexual partnerships used a condom at last sex. In order to reach this target, there is a strong need for civil society to complement the public sector by implementing community-based services, and playing a watchdog role to ensure greater accountability and social responsibility (NMSF III, p. 64). Government must work closely with civil society to develop a costed, comprehensive national male and female condom strategy, including guidelines for distribution, management, monitoring and reporting. The priority population for increasing access to condoms and lubricant should be youth aged 15-24 years in regions with HIV prevalence higher than 5%. To maximize efficiency and effectiveness of this intervention, target areas should include hot spots and youth centers, shopping centers, particularly in Dar es Salaam, Arusha, Mbeya, Tanga, Mwanza, Njombe and Lindi. The timeline for this should be in line with the NMSF III (2013/2014 – 2017/2018), but should be rolled out first in high prevalence regions, with scale up and target achievements by 2018. Key populations CSOs should be central in the implementation of this priority (TSSF, SANA, TAWA, MDM, TANPuD and youth CSOs) though they should work in close partnership with PSI, TACAIDS and the MoHSW.

### Secondary Priority – Demand Creation

Data shows low and inconsistent condom use among key populations. For example, as previously noted, 89% of male IDUs and 75% of female IDUs reported inconsistent condom use with their regular non-injecting partner (NMSF III, p. 19). Further, some studies show 43.2% of MSM in Mainland Tanzania reported no condom use with their last casual sex partner (NMSF III, p. 20). In order to reach the national target for 2018 of 80% of high-risk groups (MSM, sex workers and IDUs) reporting consistent condom use, there is a need for civil society to support national efforts by enhancing demand for condoms. Civil society proposes promoting and providing condoms to key populations, utilizing their social networks, which is in line with the NMSF III (p. 47). The target group for this activity should be key populations (MSM, sex workers and IDUs) aged 18-30 years in regions with HIV prevalence higher than 5%. Within those regions, hot zones, drop-in centers, key populations CBOs, health centers and brothels should be prioritized, particularly in Mwanza, Dar es Salaam, Arusha, Mbeya, Tanga, Njombe and Lindi. The timeline for this should be in line with the NMSF III (2013/2014 – 2017/2018), but should be rolled out first in high prevalence regions, with scale up and target achievements by 2018. Organizations that are best placed to implement are key populations CSOs, particularly TSSF, SANA, TAWA, MDM, TANPuD and youth organizations, among others.

## #6 Priority – Male Circumcision

### Top Priority – Awareness Creation and Community Mobilization

Civil society has prioritized awareness creation around voluntary medical male circumcision because there are many myths and misconceptions, stemming from a lack of knowledge about the procedure. Civil society can complement national efforts through hosting community events, creating and disseminating IEC/BCC materials, conducting trainings, holding discussion forums and sharing information on local radio stations. In and out of school youth will be particularly prioritized. Other target populations include health care workers, religious leaders, traditional leaders and other influential people in the community. Civil society has prioritized certain regions for this activity, based on HIV prevalence rates and vulnerabilities of border and corridor areas. Areas that should be prioritized for this activity include Rukwa, Simiyu and Shinyanga, which will be particularly prioritized since they are the three regions with the lowest male circumcision coverage (NMSF III, p. 24). Further, Njombe, Iringa, Katavi, Tabora, Kagera, Mwanza, Geita, Mara, Mbeya, and other remote rural areas will be targeted due to their higher than average HIV prevalence. This should be implemented in line with the timeline targets set in the NMSF III (2013/2014-2017/2018) as well as the Third Health Sector HIV and AIDS Strategic Plan (HSHSP III) 2013-2017. Civil society organizations that have strong capacity to implement include Chimaba Sanaa Group, TACEDE, YADEC, TACASODE, IDYDC, TDFT, ROPA, KIMAS, CIDO and AMICAALL. Outcomes will be measured through increased knowledge about male circumcision as well as increased readiness to seek male circumcision as a health service.

### Secondary Priority – Clinical Male Circumcision Service Coverage

While civil society recognizes that national coverage of male circumcision is fairly high, at 70.9% (NMSF III, p. 24), coverage is very uneven, with 94.2% coverage of male circumcision in urban men, compared with 64.2% among rural men (NMSF III, p. 24). There is a need to reduce the risks of local circumcisions, done outside of health facilities and to increase the low coverage in Rukwa (28%), Simiyu (30%) and Shinyanga (32%). Civil society can add value to national efforts through mobile clinics, outreach programming and resource mobilization. Target groups for this intervention will be youth ages 10-17 years, followed by adults aged 18-45. Key populations should also be strategically targeted due to high HIV prevalence, particularly MSM and IDUs. Third, rural men should be prioritized above those living in urban settings. Areas that should be prioritized for this activity include Simiyu, Kagera, Rukwa, Njombe, Iringa, Katavi, Tabora, Shinyanga, Mwanza, Geita, Mara, Mbeya, and other remote rural areas. This should be implemented in line with the timeline targets set in the NMSF III (2013/2014-2017/2018) as well as the Third Health Sector HIV and AIDS Strategic Plan (HSHSP III) 2013-2017. Those well placed to implement include Jhpiego, YADEC, BMAF, and ICAP, in close partnership with the Ministry of Health and Social Welfare. Outcomes will be measured in the short term through increased uptake of male circumcision, and in the long term through reduced HIV infection rates.

## Partner Organizations



Actions for Development Programs (ADP) Mbozi  
 African Medical and Research Foundation (AMREF)  
 AMICAALL (Alliance Of Mayors And Municipal Leaders On HIV And AIDS)  
 Anglican Church of Tanzania (ACT) Lake Rukwa  
 Baylor Mwanza  
 Benjamin Mkapa HIV/AIDS Foundation (BMAF)  
 Center for the Development of People (CEDEP)  
 Chimaba Sanaa Group (CSG)  
 Christian Council of Tanzania  
 Christian Social Service Commission (CSSC)  
 Community Initiative For Development Organization (CIDO)  
 Community Serve Tanzania  
 Comunità Volontari per il Mondo (Community Volunteers for the World- CVM)  
 Counseling and Family Life Organization (CAFLO)  
 Deloitte  
 Fadhili Teens Tanzania  
 Family Welfare Foundation  
 Fight Against TB and HIV in Tanzania  
 Health Promotion Tanzania (HDT)  
 HelpAge International  
 Human Rights Watch  
 IMA World Health  
 International AIDS Care and Treatment Program (ICAP) - Mailman School of  
 Public Health at Columbia University  
 International HIV/AIDS Alliance (IHAA)  
 Iringa Development Of Youth Disabled And Children Care (IDYDC)  
 Joint United Nations Programme on HIV/AIDS (UNAIDS)  
 Key Correspondent for International HIV/AIDS Alliance  
 Key Populations Network (Zanzibar)  
 Kikundi cha Faidika wote pamoja (FAWOPA)  
 Kiota Women's Health And Development (KIWOHEDE)  
 Masasi Peoples Umbrella Organization (KIMAS)  
 Mediciens du Monde Tanzania  
 Misenyi Aids And Poverty Eradication Crusade (MAPEC)  
 Nachingwea Agro-Environmental Services Organization (NAESO)

National AIDS Control Programme (NACP)  
 National Council of People Living with HIV (NACOPHA)  
 National Tuberculosis and Leprosy Programme (NTLP)  
 National Youth Information Centre (NICE)  
 Oxfam  
 Pact  
 Pamoja Tuwalee Program  
 Pentecostal Churches of Tanzania (PCT)  
 Plan International  
 Population Services International (PSI)  
 Promoters of Health and Development Association (PHEDEA)  
 Pwani Development Promotion Agency  
 Ruangwa Organization for Poverty Alleviation (ROPA)  
 Save the Children  
 Sikika  
 SIL International Tanzania  
 Stay Awake Network Activities (SANA)  
 Tabora Advocacy Centre for Development (TACEDE)  
 Tabora Development Foundation Trust (TDFT)  
 Tanzania AIDS Forum  
 Tanzania Commission for AIDS (TACAIDS)  
 Tanzania Council for Social Development (TACOSODE)  
 Tanzania Episcopal Conference (TEC)  
 Tanzania Life Improvement Association (TALIA)  
 Tanzania Mission to the Poor and Disabled (PADI)  
 Tanzania National Coordinating Mechanism (TNCM)  
 Tanzania People Who Use Drugs (TaNPUD)  
 Tanzania Sisi Kwa Sisi Foundation (TSSF)  
 Tanzania Women's Association (TAWA)  
 Tanzania Youth New Fashion  
 TB/HIV Ruvuma  
 The Ambassadors of Hope Network of People with HIV/AIDS (ANEPHA+)  
 The Eastern Africa National Networks of AIDS Service Organizations (EANNASO)  
 The Life hood of Children and Development Society (LICHIDE)  
 The National Muslim Council of Tanzania (BAKWATA)  
 The Zanzibar Youth Education Environment Development Support Association (ZAYEDESA)  
 University of Oslo  
 Wake Up and Step Out Coalition (WASO)  
 Wake Up Tanzania (AMKA MTANZANIA)  
 Women's Emancipation and Development Agency (WOMEDA)  
 Youth Advisory And Development Council (YADEC)  
 Zanzibar AIDS Commission (ZAC)  
 Zanzibar Association of People Living with HIV/AIDS (ZAPHA+)

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