



UNITED REPUBLIC OF TANZANIA

PRIME MINISTER'S OFFICE



TANZANIA COMMISSION FOR AIDS (TACAIDS)

**GENDER OPERATIONAL PLAN FOR THE HIV RESPONSE
IN TANZANIA MAINLAND
(2010-2012)**

I. FOREWORD

Gender relations, inequality, violence and discrimination have been noted as some of the factors that fuel the spread of HIV in Tanzania. The Tanzania HIV & AIDS indicator surveys of 2003/2004 and 2007/2008 present a reality that in Tanzania HIV prevalence among adult population aged 15-49 has dropped from 7.0% to 5.7% with women being more affected at 6.6% compared to 4.6% for men. Between the two household surveys the reduction in prevalence has been from 6.3% and 7.7% for males and females respectively to 4.6% and 6.6% for males and females respectively. This indicates the need for a gender focus in the implementation of priority thematic areas of the National Multisectoral Strategic Framework on HIV & AIDS which include: Prevention of HIV transmission, Treatment, care and support, Impact mitigation and the creation of an enabling environment for the management of the national HIV & AIDS response.

Subsequently, the Tanzania Commission for AIDS, as the coordinating body for the national HIV & AIDS response, has developed this “Gender and HIV Operational Plan” to guide stakeholders on how to ensure that gender is catered for in all their HIV & AIDS interventions. This Operational Plan proposes activities that are to be undertaken by HIV & AIDS stakeholders in Tanzania Mainland while bearing in mind gender barriers, issues, gaps and challenges that increase the vulnerability of women, men, girls and boys to being infected with or affected by HIV & AIDS.

This Operational Plan was developed based on substantial literature on gender and HIV & AIDS in Tanzania. Reference was also made to global documents, informal discussions with citizens in communities and technical consultative meetings. The Tanzania National Multisectoral Strategic Framework for HIV & AIDS 2008-2010 and the Joint United Nations Programme on HIV & AIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV 2010 that Tanzania was fortunate to contribute to its creation, were instrumental in the development of this Operational Plan. Various stakeholders’ opinions, views and input on the provisions of the Operational Plan to address gender and HIV & AIDS related issues, gaps and challenges were obtained and documented. The activities proposed in this Operational Plan will lead to women, men, girls and boys equally accessing and participating in HIV prevention, treatment, care, support and impact mitigation activities within the communities and workplaces.

Tanzania Commission for AIDS is pleased to develop and publish this Gender Operational Plan for the HIV Response in Tanzania Mainland. It will assist HIV & AIDS stakeholders to undertake HIV & AIDS interventions with gender transformative perspectives which influence equity, empowerment, responsibility and access to HIV & AIDS services. This Operational Plan will also guide the HIV & AIDS stakeholders to contribute to the national efforts on implementing the United Nations’ third and sixth Millennium Development Goals, which focus on gender equality, human rights and combating the HIV & AIDS epidemic.

Thank you

Dr Fatma Mrisho
Executive Chairman
Tanzania Commission For AIDS

II. ACKNOWLEDGEMENTS

Many individuals deserve recognition for taking part in the production of this document, the “Gender Operational Plan for HIV Response in Tanzania Mainland”. First and foremost, I acknowledge the financial and technical contribution of United Nations Joint Programme on HIV & AIDS towards the process of developing this document. I extend my gratitude to all HIV & AIDS stakeholders, Government Authorities, Development partners, Public Sectors Institutions, Civil Society Organizations and Community Based Organizations for their contribution to this Operational Plan.

My sincere thanks to Dr Fatma Mrisho the Executive Chairman The Tanzania Commission for AIDS, Dr Jerome Kamwela the Tanzania Commission for AIDS (TACAIDS) Director of M&E, Dr Raphael Kalinga the TACAIDS Director of Policy and Planning, Ms Rustica Tembele the TACAIDS Director of National response, Mr Geoffrey Majengo the TACAIDS Director of Advocacy and Information, Ms Beng’ Issa TACAIDS Director of Finance and Administration and Resource Mobilization, Dr Bernet Fimbo of National AIDS Control Programme, Dr Calista Simbakalia Commissioner TACAIDS, Dr Subilaga Kasesela Kaganda TACAIDS National Programme Coordinator, Ms Salome Anyoti of United Nations Development Fund for Women, Ms Emebet Admassu of Joint United Nations programme on HIV & AIDS, Dr Inge Baumgarten of German Technical Cooperation, Achilles Ndyalusa of the Ministry of Community Development, Gender and Children for their technical advice and input to the team of developers.

The process of development was managed by Ms Betty Malaki and Ms Vera Mdai, while working with task force members. The document was developed with technical consultants Ms Julie Tumbo, Mr Geoffrey Chambua and Mr Jackson Marcel Kwingwa. Consultant Margaret Kasembe also conducted the Gender Audit that provided the background information for developing this plan. My special thanks go to individual citizens and People Living with HIV & AIDS (PLHIV) in Pwani, Dar es Salaam and Tabora for their input; this document could not have been developed if the citizens were not ready to provide personal experiences and ideas regarding gender related issues.

In conclusion, let me thank you for your interest and commitment to this Gender Operational Plan for HIV Response in Tanzania Mainland and for sharing TACAIDS commitment to transforming HIV & AIDS response to the gender sensitive approach. I hope you will continue providing support to HIV & AIDS stakeholders at all levels to implement interventions contained in this plan. This plan should engender positive changes and contribution towards elimination of the negative impacts of HIV & AIDS on the lives of women, men, youth, children and the elderly people in Tanzania.
God bless Tanzania.

Thank you

Permanent Secretary
Ministry of Community Development, Gender and Children

III. TABLE OF CONTENTS	PAGE
i. Foreword	2
ii. Acknowledgements	3
iii. Table of contents	4
iv. Abbreviations used in the Operational Plan	5
v. Definition of key words used in Operational Plan	7
vi. Executive Summary	8
1. Introduction and background information	10
2. The gender Operational Plan for HIV response in Tanzania Mainland	11
3. The gender and HIV & AIDS strategy for Tanzania Mainland	16
3.1. Thematic area: Prevention of HIV transmission	16
3.2. Thematic area: Care, treatment and support	25
3.3. Thematic area: Impact mitigation	26
3.4. Thematic area: Enabling environment	29
4. Operational work plan of gender sensitive HIV & AIDS activities	34
5. Management and institutional framework	60
6. Monitoring and evaluation	63
7. Foreseen risks and mitigation strategies	64
8. Conclusions and way forward	65
 Annexes:	
Annex A: List of contributing organizations	66
Annex B: List of contributing technical task team members	67
Annex C: List of references	68

IV. ABBREVIATIONS USED IN THE OPERATIONAL PLAN

• ABCT	AIDS Business Coalition of Tanzania
• AIDS	Acquired Immuno Deficiency Syndrome
• ART	Anti Retroviral Drugs
• CBO	Community Based Organization
• CCHP	Council Comprehensive Health Plan
• CEDAW	Convention for Elimination of all forms of Discrimination Against Women
• CHAC	Council HIV & AIDS Coordinator
• CMAC	Council Multisectoral AIDS Committee
• CSO	Civil Society Organization
• DC	District Commissioner
• DMO	District Medical Officer
• DPG-AIDS	Development Partners Group for HIV & AIDS
• DSW	Department for Social Welfare
• FBO	Faith Based Organization
• FGD	Focused Group Discussions
• GBV	Gender Based Violence
• GDP	Gross Domestic Product
• GTZ	German Technical Cooperation
• HBC	Home Based Care
• HCT	HIV Counseling and Testing
• HF	Health Facility
• HIV	Human Immune Deficiency Virus
• HIV-MES	Tanzania National Multisectoral HIV M&E System (HIV-MES)
• HLI	Higher Learning Institutions
• HSSP	Health Sector Strategic Plan
• ICPR	International Convention on Civil and Political Rights
• LGAs	Local Government Authorities
• LHRC	Legal and Human Rights Centre
• M&E	Monitoring and Evaluation
• MAFC	Ministry of Agriculture, Food and Cooperatives
• MCDGC	Ministry of Community Development, Gender and Children
• MDA	Ministries Departments and Agencies
• MES	Monitoring and Evaluation System
• MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
• MOJCA	Ministry of Justice and Constitutional Affairs
• MOEVT	Ministry of Education and Vocational Training
• MOFEA	Ministry of Finance and Economic Affairs
• MOHSW	Ministry of Health and Social Welfare
• NACOPHA	National Council for PLHIV
• NACP	National AIDS Control Program
• NBS	National Bureau of Statistics
• NGO	Non Governmental Organization
• NHACAS	National HIV & AIDS Communication and Advocacy Strategy

- NMSF National Multisectoral Strategic Framework for HIV & AIDS
- NPS National Prevention Strategy
- NSGRP National Strategy for Growth and Reduction of Poverty
- OMVC Orphans and Most Vulnerable Children
- OVC Orphans and Vulnerable Children
- PEP Post Exposure Prophylaxis
- PLHIV People Living with HIV & AIDS
- PMO Prime Minister's Office
- PMORALG Prime Ministers Officer, Regional Administration and Local Government
- PMTCT Prevention of Mother to Child Transmission of HIV
- POPSM President's Office Public Service Management
- PSI Population Services International
- RAS Regional Administrative Secretariat
- RC Regional Commissioner
- RCH Reproductive and Child Health
- RFE Rapid Funding Envelope
- RH Reproductive Health
- RS Regional Secretariat
- SMG Social Marketing Group
- SOP Standard Operating Procedures
- SRHR Sexual and Reproductive Health
- STI Sexually Transmitted Infection
- SW Sex Workers
- TACAIDS Tanzania Commission for AIDS
- TASAF Tanzania Social Action Fund
- TB Tuberculosis
- TBS Tanzania Bureau of Standards
- THMIS Tanzania HIV & AIDS and Malaria Indicator Survey
- TMARC Tanzania Marketing and Communication
- TOR Terms of Reference
- TOT Training of Trainers
- TWG Technical Working Group
- UNAIDS Joint United Nations Programme on HIV & AIDS
- UDHR Universal Declaration of Human Rights
- UNFPA United Nations Population Fund
- UNGASS United National General Assembly Special Session (on HIV & AIDS)
- UNIFEM United Nations Fund for Women
- VCT Voluntary Counseling and Testing
- VMACs Village Multisectoral AIDS Committee
- WHO World Health Organization
- WMACs Ward Multisectoral AIDS Committee
- WLHIV Women Living with HIV

V. DEFINITION OF KEY WORDS USED IN OPERATIONAL PLAN

Gender:	Refers to the social conceptualization of man and woman based on social differences and relations between them that are learnt, changeable over time and have wide variations across cultures. They are context-specific and can be modified.
Gender issues:	Gender dimensions, components, concepts that arise from men's and women's differentiated needs.
Gender Audit:	Is a systematic social and quality audit that enables organizations to measure the extent to which they live up to "the shared values and objectives on gender issues" to which they are committed by allowing the organizations to build on existing documentation and reports as a means of accounting for their gender mainstreaming performance in order to draw up an action plan for improving on that performance.
Gender Based Violence:	Physical, sexual or psychological violations which are inflicted by man or woman on a member of the opposite sex.
Gender Blindness:	Describes social situations that do not explicitly recognize existing gender differences that concern both productive and reproductive roles of men and women.
Gender responsive:	The perception or realization of the differentiated specific social needs of males and females. This also implies ensuring and recognizing the differentiated representation of males and females in a certain situation. It is the recognition of the differentiated needs of men and women and making provisions in plans and implementation taking into account their specific social differences and roles.
Gender Equality:	Entails the concept that all human beings, both men and women, are free to make or develop their personal abilities and make choices without limitations set by stereotypes, rigid gender roles and prejudices; so that their rights, responsibilities and opportunities do not depend on whether they are male or female.
Gender Equity:	Fairness of treatment of females and males according to their respective needs in terms of rights, benefits, obligations and opportunities. Equity is the means to reach equality.
Gender Gap:	The difference existing in a certain situation where inequality is experienced by either males or females leading to less levels of participation, access to resources, rights, power and influence, remuneration and benefits.
Gender mainstreaming:	It is a process of making women's, as well as men's, concerns and experiences an integral dimension of design, implementation, monitoring and evaluation of policies, programs in all political, economical and societal undertakings so that women and men benefit equally with the ultimate goal of achieving gender equality in all planning, implementation, monitoring and evaluation of all programs.
Gender sensitivity:	Being aware that men and women within the society are affected in different and often unequal ways and therefore consequently call for differentiated treatment of their conflicting need, interests and priorities.
Gender Sensitization:	Mobilization of men and women with intention of building awareness to gender sensitivity.
Human Rights:	The universally agreed upon rights with regard to the right to life, social and economic welfare, which should be enjoyed by all human beings irrespective of their sex, colour or creed.

VI. EXECUTIVE SUMMARY

The United Republic of Tanzania is located along the Indian Ocean in East Africa with a total area of 945,090 square kilometers inhabited by over 40 million persons, most of whom reside in the rural areas. The first cases of HIV & AIDS were reported in Tanzania Mainland in 1983, since then AIDS related complications have claimed lives of thousands of women, men, girls and boys in the country. In 2007/2008 HIV prevalence among the general population aged 15-49 in Tanzania was 5.7% with women being more affected at 6.6% compared to 4.6% for men. Within the country, married couples have reported higher HIV infection rates as compared to unmarried persons. HIV & AIDS has caused deaths, illness, psychological distress, poverty, destitution and other socio-economic challenges for women, men, girls and boys in Tanzania Mainland.

Among the main factors which fuel the spread and enhance negative impacts of HIV & AIDS in Tanzania Mainland includes gender inequality, poverty, mobility, inadequate legal or policy framework, and harmful socio-cultural beliefs and practices. Subsequently the Tanzania Commission for AIDS has led various organizations to develop this Operational Plan to guide all HIV & AIDS stakeholders in the provision gender sensitive interventions at all levels. It outlines how the country addresses gender in the thematic priority areas of the national HIV & AIDS response, specifically, Prevention of HIV transmission, Treatment, care and support, Impact mitigation and the creation of an enabling environment for the management of the national HIV & AIDS response.

The vision of this Operational Plan is 'Tanzania is united in its efforts to reduce the spread of HIV and provide the best available care for women, men, girls and boys infected with or affected by the virus.' While its mission is 'Guiding and safeguarding the intensification and scaling up of gender sensitive quality HIV & AIDS prevention, care, treatment, support and impact mitigation programs and interventions within a framework of a well coordinated national multisectoral response programme led by Central Governments, anchored at the LGAs, rooted in communities and actively supported by partnership with all stakeholders.'

The desired impact results of this Operational Plan are aligned to the thematic priority areas of the National Multisectoral Strategic Framework on HIV & AIDS. Subsequently its impact results are as follows: (R1) HIV transmission facilitated by gender related factors among women, men, girls and boys in the country reduced. (R2) Strengthened HIV prevention efforts for women and girls through the protection and promotion of human rights and increased gender equality. (R11) Morbidity and mortality among women, men, girls and boys due to gender related HIV & AIDS facilitating factors reduced. (R14) Quality of life and social well-being of women, men, girls and boys living with or directly affected by HIV & AIDS improved. (R18) An enabling environment which addresses needs of women, men, boys and girls in the implementation of the National Response to HIV & AIDS improved. Each of the impact results is accompanied by outcome and output level results which are in line with the sub-themes of the National Multisectoral HIV & AIDS Strategic Framework.

This Operational Plan was developed through a process of consultation with citizens in communities, review of already existing literature, and involvement of various stakeholders through workshops and meetings. It was based on the National Multisectoral Strategic Framework for HIV and AIDS 2008 - 2010 and harmonized with the Joint United Nations Programme on HIV and AIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV 2010 that Tanzania was fortunate to contribute to its creation. It contains: Background information on gender and HIV & AIDS; A strategy which outlines key issues, thematic areas with sub themes and results which address gender sensitive HIV & AIDS interventions; An operational work plan of gender sensitive activities to

with clear principles and approaches; Management, monitoring and evaluation framework for the gender sensitive activities as well as possible risks in implementing the plan with their mitigation strategies.

This Operational Plan is implemented within well coordinated, effective, transparent, accountable, sustainable leadership and management structures based on 'Three Ones' principles at central, regional and Local Government levels which involves public and civil society stakeholders in the national HIV & AIDS response. TACAIDS manages the implementation of activities contained within this Operational Plan in collaboration with different organizations and structures at various levels.

The activities contained in this Operational Plan are monitored, evaluated and reported within the framework of the Tanzania National Multisectoral HIV M&E System. This monitoring and evaluation is aligned to the goal of the National Monitoring and Evaluation system which is to 'To use relevant and comprehensive evidence provided in a timely manner in HIV-related planning and decision-making.'

This Operational Plan is to be implemented from the year 2010 to 2012 as a tool for TACAIDS and its partners to enhance coordination and supervision of gender sensitive HIV & AIDS activities being undertaken by various stakeholders at national levels down to community service delivery points. The Operational Plan will be reviewed and a second edition developed by 2013 when aligned to the third generation NMSF which will have been developed by then.

1. INTRODUCTION AND BACKGROUND INFORMATION

1.1 The United Republic of Tanzania

The United Republic of Tanzania is located in East Africa facing the Indian Ocean to the East. It comprises Tanzania Mainland and Zanzibar with a total area of 945,090 square kilometers. The United Republic of Tanzania is bordered by Kenya and Uganda on the north, the Democratic Republic of Congo, Rwanda and Burundi on the West and Malawi, Mozambique and Zambia to the south.

The Population of Tanzania Mainland was estimated to be 37.5 million people as at July 2007. Of these, 51% were women with 75% of the population residing in rural areas. Tanzania Mainland is divided into 25 Administrative regions which are further divided into several districts in each region. By June 2009 there were 7 women Ministers, 3 women Regional Commissioners and 33 women District Commissioners. Agriculture contributes more than 40% of Tanzania's Gross Domestic Product (GDP) and employs up to 80% of the population, the majority being women. Tanzania has a diversity of cultures with 120 tribes in the country united by Kiswahili, the national language.

1.2 Overview of gender and HIV & AIDS responses in Tanzania Mainland

For more than two decades Tanzania has been controlling the HIV & AIDS epidemic which has claimed thousands of lives of women, men, boys and girls and threatened the national social and economic development efforts. The Tanzania HIV & AIDS and Malaria Indicator Survey (THMIS) of 2008 reported a prevalence of HIV among the general population aged 15-49 at 5.7% with women being more affected at 6.6% compared to 4.6% for men; with married persons reporting a higher prevalence rate as compared to the unmarried.

Since 1983, when the first three AIDS cases were reported, combating HIV & AIDS ranks high among the top priorities in government plans, policies and budgets. It is an integral part of poverty reduction strategies like National Development Vision (Vision 2025), National Strategy for Growth and Reduction of Poverty (NSGRP/MKUKUTA).

In 1999, the immediate former President of Tanzania, H.E. Benjamin William Mkapa declared AIDS a national disaster signifying the Government commitment to HIV & AIDS as a priority area at all levels and in all sectors. Tanzania Commission for AIDS (TACAIDS) was subsequently established in 2000 to manage and coordinate the national multisectoral response to HIV & AIDS. The National Policy on HIV & AIDS was formulated in 2001. It set the context for the 2003-2007 and 2008-2012 National Multi-Sectoral Strategic Frameworks for HIV & AIDS.

The effect of the epidemic is compounded by other conflicting global priorities like climate change, food insecurity, economic instability and conflict. Addressing gender equity and equality is possibly the most effective strategy for reducing vulnerability to HIV & AIDS among men, women, boys and girls; and for enhancing the capacity of individuals, households and communities to handle the consequences of the disease. The Tanzanian government and various stakeholders have responded in several ways to address gender and HIV & AIDS.

In 2003, a community based strategic framework for protection of women and children against HIV & AIDS was developed. In that year, there was a national public campaign to break the silence on the

¹LHRC, Tanzania Human Rights Report, 2007

²Civil Service data by June 2009

linkages between HIV & AIDS, resources and gender. Gender is mainstreamed in some HIV & AIDS plans, policies and strategies. The essential minimum package and budget guidelines for planning HIV & AIDS interventions of Local Government Authorities (LGAs) and Government Ministries Departments and Agencies (MDAs) sets clear targets for gender and HIV & AIDS. Various gender sensitive HIV & AIDS capacity strengthening packages have also been developed and implemented by stakeholders over the years. This operational plan has considered all of those issues and provides a means of reaching the targets and strategies indicated in the above mentioned documents.

2. THE GENDER OPERATIONAL PLAN FOR THE HIV RESPONSE IN TANZANIA MAINLAND

2.1 The vision, mission and purpose of this plan

Vision

Tanzania is united in its efforts to reduce the spread of HIV and provide the best available care for women, men, girls and boys infected with or affected by the virus.

Mission

Guiding and safeguarding the intensification and scaling up of gender sensitive quality HIV & AIDS prevention, care, treatment, support and impact mitigation programs and interventions within a framework of a well coordinated national multisectoral response programme led by Central Governments, anchored at the LGAs, rooted in communities and actively supported by partnership with all stakeholders.

Purpose

The purpose of the Gender Operational Plan for the HIV Response in Tanzania Mainland is to guide TACAIDS and HIV & AIDS stakeholders at all levels in the provision of strategic interventions on HIV & AIDS with focus on gender issues.

2.2 Priorities, approaches and guiding principles of the Operational Plan

Priorities

The priorities of the Gender Operational Plan for the HIV Response in Tanzania Mainland are aligned to the priority thematic areas contained within the Tanzania National Multisectoral Strategic Framework for HIV & AIDS (NMSF 2008-2012) namely: (a) Prevention of transmission of HIV (b) HIV & AIDS care, treatment and support (c) Social and economic impact mitigation and (d) An enabling environment for HIV & AIDS interventions.

Approaches

The following approaches will be applied in the implementation of this Operational Plan:

- i. Using the Operational Plan as a tool to guide coordination and supervision of gender sensitive HIV & AIDS interventions in all sectors at all levels.
- ii. Integrating and implementing gender sensitive and a human rights based approach as a cross cutting issue within the NMSF thematic priority areas.
- iii. Implementing activities contained in this Operational Plan through already existing structures.
- iv. Mainstreaming Gender, Human Rights and HIV & AIDS issues into national and sub-national level plans, policies, strategies, budgets and training packages.

Guiding principles

The following guiding principles govern the planning and implementation of activities contained in this Gender Operational Plan for the HIV Response in Tanzania Mainland:

- A. Upholding human rights and ethics:** Violation of human rights and ethical standards facilitates the spread of HIV and its negative impacts. This operational plan is aligned to global and regional commitments to human rights. The plan provides for structures, processes, policies and activities which uphold human rights, non discrimination and participation. Stakeholders are held accountable and responsible for protecting and promoting the rights of women, men, girls and boys while recognizing their unique needs and levels of HIV risk and vulnerability.
- B. Enhancing universal access:** Limited access to HIV & AIDS services and information facilitates the spread of HIV in communities. This operational plan facilitates the achievement of universal access to timely and high quality HIV & AIDS services and information which meet the unique needs of women, men, girls and boys. The services are user-friendly, affordable, easily reachable and appropriate to reduce the spread and impact of HIV & AIDS.
- C. Strengthening participation:** Isolation of most affected, marginalized and/or at risk groups constrains achievement of a gender sensitive national HIV & AIDS response. This operational plan ensures inclusion, equal participation and meaningful involvement of all groups of key stakeholders to contribute their experience and expertise in the national AIDS response. These constituency groups include People Living with HIV & AIDS (PLHIV), men and women prisoners, drug users, male and female Sex Workers (SWs), girl and boy child labourers, Men Having Sex with other Men (MSM), females having anal sex, Orphans and Most Vulnerable Children (OMVC), women employees in informal sector, women and child survivors of Sexual and Gender Based Violence (SGBV), women and men with disabilities and others.
- D. Meaningful involvement of PLHIV:** It is critical to ensure that women, men, girls and boys who are living with or affected by the epidemic are in the forefront in meaningfully participating in decision making and implementing activities in the operational plan. Some actions and strategies in this plan fulfill the realization of the commitment to Greater involvement of people living with HIV & AIDS (GIPA) which was agreed to by nations at the Paris AIDS Summit in 1994, as a critical principle to ethical and effective national responses to the epidemic.
- E. Sustaining partnerships:** HIV & AIDS cannot be effectively addressed without Government partnership with stakeholders from all sectors and disciplines. This operational plan therefore proposes strategies which build networks and working relationships among various state and non-state stakeholders including development partners, PLHIV support organizations, human rights organizations, various MDAs and private sector. The diverse stakeholders pull in experiences, technical expertise and needed resources to address the spread and impact of HIV & AIDS in a gender sensitive manner.
- F. Supporting bold and committed leadership:** Realizing the aim of a gender sensitive national AIDS response would be futile without a bold and committed leadership at all levels. This operational plan therefore commits to strengthen commitment of leaders through: Advocating with leaders so that they make gender central and address unique gender related needs in everything they do, Convincing leaders to allocate adequate resources for gender sensitive interventions at all levels, Enhancing knowledge and skills of leaders to design and implement activities then make decisions which respond to unique needs and circumstances of women, men, girls and boys.

- G. Engaging men and boys:** Some harmful traditional roles and norms, at times, limit the meaningful engagement of men and boys in controlling the spread and mitigating impact of HIV & AIDS in communities. This operational plan is committed to facilitate: Increased male involvement in HIV & AIDS prevention and impact mitigation programs; More men seeking and accessing treatment, care and support services; Changing men's attitudes, practices and behavior to eradicate harmful definitions of masculinity which increase HIV risk.
- H. Applying evidence in decision-making:** The vision to plan and implement a gender sensitive national HIV & AIDS response cannot be achieved without recognizing that HIV & AIDS related needs of women, men, girls and boys are unique, different and context specific. This operational plan promotes generating of strategic information on epidemiological, economic, social, cultural and political contexts together with the extent to which these influence the spread and impact of HIV & AIDS among women, men, girls and boys. The strategic information is obtained in an ethical manner that does no harm to anyone and is applied in making decisions relating to programming, policy, resource allocation and learning.
- I. Strengthening institutional capacity:** It is critical that all institutions charged with responsibilities of ensuring a gender sensitive national AIDS response have adequate knowledge, skills, systems, policies and resources. This operational plan therefore proposes activities to strengthen institutional capacity of key organizations involved in managing, coordinating and implementing gender sensitive HIV & AIDS interventions.

2.3 How the Gender Operational Plan relates to other key policies, plans and strategies

This Gender Operational Plan for the HIV Response in Tanzania Mainland has been realigned and harmonized to a number of key developmental policies, plans and strategies at international, national and sub-national levels. Among the main policies, plans and strategies which have informed this Operational Plan are as follows:

- A.** The NMSF forms the core skeleton of this Operational Plan. The format, thematic focus, results, strategic issues and strategies contained in this Operational Plan are mostly aligned to the NMSF.
- B.** This Operational Plan has been developed as one of the recommendations from the Gender Audit on Tanzania National Response to HIV & AIDS, which was undertaken by TACAIDS and stakeholders in the year 2008/09
- C.** Some gender and HIV & AIDS related strategies and activities have been drawn from the National Strategy for Gender Development.
- D.** This Operational Plan is aligned to the NSGRP/MKUKUTA strategies for gender equality and economic empowerment. HIV & AIDS related strategies within the NSGRP/MKUKUTA are also captured in the Operational Plan.
- E.** Additional strategies which address gender and HIV & AIDS issues in this plan are in line with the National Multisectoral HIV Prevention Strategy 2010-2012 and the National HIV & AIDS Communication and Advocacy Strategy.

- F.** Some activities contained in this Operational Plan have been aligned to activity plans of stakeholders including: Sector Ministries, LGAs and Civil Society Organizations (CSOs).
- G.** This Operational Plan is aligned to principles, results and activities listed within the Joint United Nations Programme on HIV & AIDS (UNAIDS) Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV & AIDS 2010-2014.
- H.** The framework for Monitoring and Evaluation (M&E) of the implementation of this plan is aligned to the national HIV M&E system. Supporting data for issues raised in this Operational Plan were mainly obtained from the THMIS 2008. As such the priority regions of implementation are influenced by the THMIS 2007-08 findings and routine monitoring system of the Ministry of Health and Social Welfare (MOHSW).
- I.** The costing of the NMSF also provided information used to establish indicative budgets for activities contained within this Operational Plan.
- J.** The general principles, approaches and values reflected in the Operational Plan are in line with the clauses of the international and national laws, policies, conventions, protocols and commitments which Tanzania as a country is committed to.

³The commitments include CEDAW, UNGASS, Abuja Declaration, UDHR, ICPR and others

3. THE GENDER AND HIV & AIDS STRATEGY FOR TANZANIA MAINLAND

This section contains the gender and HIV & AIDS strategy as outlined in the NMSF 2008-2012 as well as key plans, policies and guidelines of various stakeholders in Tanzania Mainland. This strategy outlines thematic areas with sub themes and results which address gender sensitive HIV & AIDS interventions in Tanzania Mainland. Strategic issues, results, strategies for each of the sub themes are outlined.

3.1 THEMATIC AREA: PREVENTION OF HIV TRANSMISSION

Thematic results

- R1: HIV transmission facilitated by gender related factors among women, men, girls and boys in the country reduced.
- R2: Strengthened HIV prevention efforts for women and girls through the protection and promotion of human rights and increased gender equality.

SUB THEME 2: REDUCTION OF RISK OF HIV INFECTION AMONG MOST VULNERABLE POPULATIONS

Strategic issues for women and girls

- Some men take advantage of their physical strength and sexual decision making authority to coerce women into sex. Violence tends to make women unable to negotiate safer sex or leave the dangerous relationships they have with these men.
- Cases of rape and sexual abuse of both women and girls are increasingly coming to light. Some women, young house maids, girls with disabilities, as well as orphans have suffered sexual abuse and rape which can expose them to HIV infection.
- Early sexual debut or early marriage exposes young women to HIV infection since their biological features are not fully developed.
- HIV prevalence among women aged 15-49 is higher at 6.6% compared to 4.6% for men; at ages 20-24, infection rate is 2% and 6% for males and females respectively.
- Young women at times remain ignorant about sexual matters as this is often viewed as a sign of purity and innocence. THMIS 2007-08 reported that women have lower exposure to media HIV & AIDS information and hence fewer women have heard of HIV & AIDS as compared to men.
- Fewer women support positive attitudes for women to negotiate safer sex as compared to men. Women may be aware of HIV risk reduction measures but often lack negotiation skills and are less inclined to protect themselves.
- Patriarchy and male dominance cause unequal power-relations and give women a subordinate position. This makes them socially dependent on male family members. These women lack confidence to say 'No' and are in a weaker position to control when, with whom or in what safe circumstances they have sex.

- Poor economic position can compel women to exchange sex for money or favour. Bar-maids or women SWs are rarely in a position to negotiate safe sex or prevent violence.
- Young girls engaged in cross-generational sexual relationships, often, motivated by money, gifts, prestige or fashion which is peer-pressure based are often exploited and unable to negotiate safe sex.
- Some existing customary norms, morals and practices prevent women and young girls from discussing sexuality. In the same vein, some women shy off from open communication about sex and sexuality.
- Sexual coercion has been frequently cited among females seeking employment
- Traditional practices like female genital mutilation, early marriages, widow inheritance, rape, dry sex, widow cleansing, wife sharing, polygamy, practices to manage infertility, violation of women's reproductive health and rights, 'Unyago' and 'Jando' increase risk and vulnerability of women to HIV infection.

Strategic issues for men and boys

- Men in rural areas often have lower HIV & AIDS knowledge as compared to their urban counterparts.
- Some men who pay for or provide favours for sex but do not practice safer sex place themselves and their sex partners at higher risk of HIV. THMIS 2007-08 reported that 8.5% of men paid for sex in the last 12 months of which 40% did not use condoms.
- Men who are disempowered due to unemployment, idleness and frustration lose self esteem and may disregard their sexual health as well as HIV prevention.
- Men who migrate from home for extended periods of time for employment and business trips may be tempted to high risk or casual sex which predisposes them and partners to HIV.
- Men who have anal sex with men or women have a high risk of contracting the virus from an infected partner or infecting him/ her if sex is not practiced safely.
- There is inadequate knowledge known about men's attitudes to sex and sexuality which predisposes them to HIV infection.
- In some cultures men share wives or male relatives are compelled to marry the widows of deceased male relatives - this places them at risk of HIV infection.
- Cases of rape and sexual abuse of boys are also increasingly coming to light. Some boys with disabilities as well as orphans have suffered rape, sexual abuse and molestation.
- Beliefs in masculinity and some normative values for raising of boys propagate widespread

acceptance of multiple sexual partnering, casual sexual relationships, condoning of violence, substance abuse, risk-taking, aggression and disregard for or non commitment to sexual safety to prove manhood.

- For older men, society does not discourage trans-generation sex, placing older men and their sexual partners at high risk of HIV infection.

Result

- R3: The risk of HIV infection among the most vulnerable women, men, girls and boys due to Gender Based Violence (GBV), gender inequality and harmful socio-cultural practices reduced.

Strategies

- S1: Promote open discussion, increase knowledge and awareness that GBV increases vulnerability to HIV & AIDS.
- S2: Collect, analyze and report data on violence against women and girls.
- S3: Integrate interventions to address and respond to violence against women including access to emergency contraception, Post Exposure Prophylaxis (PEP) and other interventions.
- S4: Facilitate the promotion and development of life skills among girls and boys on Sexual and Reproductive Health Rights (SRHR).
- S5: Enhance the capacity of traditional, religious and opinion leaders on gender so as to advocate against the harmful and reinforce the positive cultural beliefs and practices.

SUB THEME 3: EXPANSION OF WORKPLACE INTERVENTIONS

Strategic issues for women and girls

- Fewer women than men are employed at formal workplaces in Tanzania; therefore HIV & AIDS programs are mainly reaching out to male employees and the few women employees at formal workplaces.
- Sexual harassment takes place in the formal and informal sectors where mostly women are coerced into sexual intercourse in exchange for favours and employment exposing them to the risk of HIV infection.

Result

- R4: The proportion of public and private sectors, formal and informal sector operators developing and implementing gender sensitive HIV & AIDS workplace interventions targeting women, men, girls and boys in an equitable manner increased.

Strategies

- S6: Ensure HIV workplace programs include workers and their families in formal and informal sectors.
- S7: Advocate for basic knowledge and protection of employees' rights on sexual harassment issues.

SUB THEME 4: PREVENTION, TREATMENT AND CONTROL OF SEXUALLY TRANSMITTED INFECTIONS (STI)

Strategic issues for women and girls

- STI detection among women can be without symptoms, hence may not be detected early by self and health workers; late thereby exposing them to risk of HIV infection. Furthermore, some women and girls are reluctant to test and seek STI treatment fearing stigma and judgment.

Result

- R5: Quality, gender responsive (women and girls friendly) SRHR services including counseling and testing, as well as condom promotion at health facilities and work places expanded.

Strategy

- S8: Strengthen women friendly SRHR services in health facilities.

SUB THEME 5: PROMOTION AND EXPANSION OF HIV TESTING AND COUNSELLING (HCT) SERVICES

Strategic issues for men and boys

- There is a lower HCT coverage for men coupled with men's reluctance to undertake HCT. 27% of men compared to 37% of women in Tanzania have tested for HIV and received their result.

Result

- R6: Available HCT services improved and the number of men and boys friendly HCT centres in urban and rural areas increased.

Strategy

- S9: Strengthen and build capacity for quality HCT service provision which catalyzes men's uptake.

SUB THEME 6: PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT)

Strategic issues for women and girls

- Due to fear of stigma and discrimination by community members, some women do not attend clinic and access PMTCT services so as not to disclose their HIV status.
- There is inadequate quality health services especially for women during child delivery in rural areas, there are inadequate numbers of professional and trained traditional midwives, limited accessibility of basic health supplies like gloves cotton, antiseptic and milk formula for infants born by Women Living with HIV & AIDS (WLHIV).

Strategic issues for men and boys

- There is inadequate understanding and appreciation of the importance of participating in PMTCT among some men, coupled with their low involvement in Reproductive and Child Health (RCH) services.

Result

- R7: Friendly RCH services to enhance women and men involvement in PMTCT strengthened.

Strategies

- S10: Advocate and sensitize communities to reduce PMTCT related stigma and improve friendliness of PMTCT services.
- S11: Strengthen friendliness and quality of PMTCT services to catalyze increased uptake for women and men.

SUB THEME 7: PROMOTION AND DISTRIBUTION OF CONDOMS

Strategic issues for women and girls

- Women have inadequate capacity to negotiate condom use: therefore during sexual intercourse they are often unable to either control or insist on proper and consistent use of condom.
- Female condoms are less promoted, rarely readily available, relatively expensive and cumbersome to use. As a result the uptake of female condom is low although it is the best women controlled HIV prevention method.

Strategic issues for men and boys

- Some men reject the condom arguing it reduces the pleasure of sex. Other men and their sexual partners may view use of condom as a sign of promiscuity. Such men do not use condoms to prevent HIV/STI infection or pregnancy.

Result

- R8: Promoted and expanded access to and usage of men and women condoms for dual protection.

Strategies

- S12: Expand access to quality men and women condoms as a dual protection method.
- S13: Promote acceptability of usage of men and women condoms as a dual protection method.

SUB THEME 8: PREVENTION OF HIV TRANSMISSION THROUGH CONTAMINATED INSTRUMENTS

Strategic issues for men and boys

- Contaminated equipment shared during invasive practices like injecting drug use, circumcision, and piercing, scarring and tattooing and traditional rites to signify brotherhood increases men's risk of HIV infection.

Strategic issues for women and girls

- Contaminated equipment shared during invasive practices like injecting drug use, women genital mutilation, piercing, scarring and tattooing, delivery and sisterhood rites increases women's risk of HIV infection.

Result

- R9: Risk of HIV transmission among men and women through contaminated instruments reduced.

Strategies

- S14: Provide appropriate information to communities on the risks of HIV infection through contaminated piercing instruments.
- S15: Support and orient the community based health workers and traditional practitioners to use sterilized equipment.

SUB THEME 9: MEN AND BOYS CIRCUMCISION

Strategic issues for men and boys

- Circumcision of men has a protective effect against the spread of HIV/STI, 65.8% of Tanzanian men are circumcised (THMIS 2007-08).
- Appropriate information on the prevention benefits of male circumcision has not yet reached most of the Tanzanian community

- Some traditional ways of circumcision are done by shared equipments

Result

- R10: Safe circumcision of men and boys promoted and HIV/ STI infection reduced.

Strategy

- S16: Promote social-acceptability of men circumcision as an HIV protection method.

3.2 THEMATIC AREA: CARE, TREATMENT AND SUPPORT

Thematic Result

- R11: Morbidity and mortality among women, men, girls and boys due to gender related HIV & AIDS facilitating factors reduced.

SUB THEME 1: CONTINUUM OF CARE, TREATMENT AND SUPPORT

Strategic issues for women and girls

- Women in rural areas can and do access anti retroviral drugs. However some of them face GBV at home and are forced to share drugs with their husbands who do not go for treatment.

Strategic issues for men and boys

- More women than men are on Anti Retroviral Treatment (ART) mainly because women visit health facilities more than men for RCH services and therefore are promptly diagnosed and placed on ART.

Result

- R12: Equitable access for women, men, girls and boys living with HIV to a continuum of care, treatment and support increased.

Strategies

- S17: Enhance gender sensitivity and friendliness of HIV & AIDS treatment and care which promotes men uptake.
- S18: Promote greater involvement of men in enrolling for HIV & AIDS care and treatment services.

SUB THEME 3: HOME BASED CARE (HBC) AND SUPPORT

Strategic issues for women and girls

- Some women especially in the rural areas care for PLHIV patients without adequate knowledge, skills and supplies for protecting service providers from HIV infection.
- In some places, elderly women raise grandchildren care for PLHIV relatives but without appropriate prevention and information, hence they stand a higher risk of infection.
- There is a limited recognition and underestimation of the heavy HBC work load borne by women and girls in communities and households.

Strategic issues for men and boys

- There is low involvement of men in providing care for PLHIV patients. This leads to disproportionate burden of care placed upon women and girls.

Result

- R13: HBC service provision and resource mobilization strengthened and women and girls burden of care reduced.

Strategies

- S19: Improve capacity of women and men including the elderly women and men who provide HBC services at community and household settings.
- S20: Promote greater involvement of men in planning and providing HBC services.

3.3 THEMATIC AREA: IMPACT MITIGATION

Thematic result

- R14: Quality of life and social well-being of women, men, girls and boys living with or directly affected by HIV & AIDS improved.

SUB THEME 1: ORPHANS AND MOST VULNERABLE GIRLS AND BOYS

Strategic issues for girls and boys

- Girls and boys from disadvantaged homes often drop out of school to look after sick relatives, to work and earn income or generate food, due to lack of school fees or even to get married to men who take care of them.

- Some OMVC among girls and boys are subjected to child abuse, child labour and child trafficking from rural to urban areas.

Result

- R15: Multisectoral, gender sensitive community based support and service delivery for OMVC girls and boys enhanced.

Strategy

- S21: Strengthen capacity of families and communities to recognize and provide psycho-social support and child care for OMVC girls and boys.

SUB THEME 2: THE AFFECTED BY HIV & AIDS

Strategic issues for women, men, girls and boys

- Women and girls often bear most of the burden of caring for their ill family member. Likewise when the family member dies, women, men, girls and boys in the family tend to suffer emotional and economic problems within their households.
- Half of women who have lost a spouse, lose their property to relatives, often relatives of the late spouse

Result

- R16: The capacity of individuals, families and communities to respond to the gender related impacts of HIV & AIDS strengthened.

Strategies

- S22: Strengthen capacity of communities to recognize and provide support to families directly affected by HIV & AIDS.
- S23: Enhance coping capacity of families directly affected by HIV & AIDS.

SUB THEME 3: PEOPLE LIVING WITH HIV & AIDS

Strategic issues for women and men

- Stigma facing WLHIV reinforces prejudices, discrimination and inequalities related to access to services and increases poverty. Other WLHIV have reported violence as well as judgment for not breastfeeding their children.
- Some widowed WLHIV have been stigmatized and blamed for their husband's death leading to property dis-inheritance with loss of social security.

- The rights of some WLHIV have been violated through forced inheritance and cleansing rituals.

Result

- R17: Human rights of WLHIV protected, fulfilled and respected.

Strategy

- S24: Support the operationalization of HIV & AIDS (Prevention and Control) Act No 28 of 2008 to reduce all forms of stigma and discrimination.

3.4 THEMATIC AREA: ENABLING ENVIRONMENT

Thematic result

- R18: An enabling environment which addresses needs of women, men, boys and girls in the implementation of the National Response to HIV & AIDS improved.

SUB THEME 1: MAINSTREAMING GENDER AND HUMAN RIGHTS INTO NATIONAL HIV & AIDS RELATED LAWS, POLICIES, PLANS, PLANNING TOOLS, TRAINING PACKAGES AND INSTITUTIONAL STRUCTURES

Results

- R19: Policy and decision makers commitment, transparency, accountability and support for HIV & AIDS interventions using human rights and gender sensitive approaches enhanced.
- R20: Women and girls have universal access to integrated multisectoral services for HIV & AIDS, Tuberculosis (TB), SRHR and harm reduction, including services addressing GBV.

Strategic issues

- There is inadequate inclusion of gender dimensions in HIV & AIDS related laws, policies, plans, planning tools, training packages and institutional structures of Government MDAs, LGAs, CSOs and Private sector programs.
- SRHR services and HIV & AIDS services are not fully linked and integrated. Therefore clients get inadequate services for male and female condoms, referrals for post exposure prophylaxis, treatment of HIV co-infections and contraceptives.

Strategies

- S25: Ensure that all HIV & AIDS related laws and policies are gender sensitive and conform to human rights principles and approaches.
- S26: Ensure all HIV & AIDS related plans and planning tools are gender sensitive and conform

to human rights principles and approaches.

- S27: Ensure all national HIV & AIDS related training packages are gender sensitive and conform to human rights principles and approaches.
- S28: Ensure all key institutional structures respond to gender and HIV & AIDS mainstreaming.

SUB THEME 2: RESOURCES FOR MAINSTREAMING GENDER AND HIV & AIDS

Result

- R21: Adequate resources for gender equality and human rights mainstreaming into HIV & AIDS interventions mobilized.

Strategic issues

- While efforts to mainstream gender into HIV & AIDS related interventions have taken place in many public and private organizations, these efforts at times lack comprehensiveness due to insufficient financial, human and material resources.
- Budgets and efforts to address gender equality are rarely tracked in ways that make accountability for interventions easy.

Strategy

- S29: Advocate for resource mobilization by MDAs, CSOs, Private Sector and Development Partners for mainstreaming gender into HIV & AIDS interventions.

SUB THEME 3: CAPACITY STRENGTHENING FOR GENDER AND HIV & AIDS

Results

- R22: Institutional and human capacity of service providers to deliver gender sensitive HIV & AIDS services strengthened.
- R23: Strong, bold and diverse leadership for women, girls and gender equality for strengthened HIV & AIDS responses realized.
- R24: Women, men, girls and boys empowered to drive transformation of social norms and power dynamics, with the engagement of men and boys working for gender equality, in the context of HIV & AIDS.

Strategic issues

- There is inadequate awareness and knowledge among policy makers, decision makers and communities on how gender issues accelerate HIV & AIDS spread and negatively affects women, men, girls and boys in a differential manner.

- Inadequate levels of gender perceptions, understanding, expertise and vision among program planners and HIV service delivery staff curtails the extent to which gender is mainstreamed in HIV & AIDS interventions.
- There is inadequate knowledge and skill to effectively integrate issues on gender equality within HIV & AIDS programs in a sustainable manner.
- There is inadequate translation and implementation of national, regional and international commitments, policies, laws and strategies into scaled up action to address the rights and needs of women, men, girls and boys.
- The National Strategy for Gender Development, Women and Gender Development Policy exists but is not yet fully implemented.

Strategies

- S30: Build capacity of key organizations and staff in the national HIV & AIDS response on gender.
- S31: Advocacy for stronger accountability to move from commitments to action through increased financial resources and implementation of existing policies and laws.

SUB THEME 4: RESEARCH, M&E AND REPORTING FOR GENDER AND HIV & AIDS

Results

- R25: Timely evidence exists on the specific needs, risks and impacts on women, men, girls and boys in the context of HIV & AIDS to better inform the implementation of effective policies, programs and resource allocations that promote and protect their rights and needs.
- R26: Harmonized gender equality indicators are used to better capture the socio-cultural, economic and epidemiological factors contributing to women's and girls' risk of and vulnerability to HIV.

Strategic issues

- Gender has not been fully mainstreamed into the national HIV & AIDS related routine monitoring and evaluation systems.
- There is inadequate understanding and responding to the particular and various effects of the HIV epidemic on women, men, girls and boys as well as the types and magnitude of human rights violations.
- There is shortage of critical information based on national level research, surveys and surveillance on interrelationship between the spread and impact of HIV & AIDS and gender issues.
- There is limited use of data for gender sensitive HIV & AIDS planning, policies, programming,

resource allocation and communication.

Strategies

- S32: Develop and use harmonized gender equality indicators to better capture the socio cultural, economic and epidemiological factors contributing to women's and girls' risk and vulnerability to HIV & AIDS.
- S33: Mainstream gender into all HIV & AIDS M&E activities at all levels.
- S34: Generate quantitative and qualitative evidence on the specific needs, risks of and impacts of women and girls in the context of HIV & AIDS.
- S35: Include analysis of how the epidemic affects women and girls as part of the Joint review of the national response and use the strategic information for development of national strategic plans, communication and learning.

4. OPERATIONAL WORK PLAN OF GENDER SENSITIVE HIV & AIDS ACTIVITIES

The work plan below is the operational work plan of gender sensitive HIV & AIDS activities which are already being or should be implemented by various stakeholders at all levels of the HIV response in Tanzania Mainland. In alignment with the NMSF, the work plan specifies the results (R), names the strategies (S), then provides a listing of activities which are matched to each strategy. The work plan outlines the proposed fast track areas which are prioritized for activities to take place, as well as stakeholders charged with primary responsibility to ensure the activities actually happen. The time frame as well as the indicative annual budgets of the activities is also specified. The work plan includes level at which each activity is implemented and whether the activity is already ongoing in the national HIV response or is a newly proposed intervention.

Key: *HH* = Household levels, *V* = Village levels, *HF* = Health Facility levels,
W = Workplace levels, *D* = District levels, *R* = Regional levels,
N = National levels, *I* = International levels, *N* = New, *O* = Ongoing

THEMATIC AREA 1: PREVENTION OF HIV TRANSMISSION						
Activity No	Activity	Level	Proposed fast track areas	Responsible	Time frame	Status
	<ul style="list-style-type: none"> R1: HIV transmission facilitated by gender related factors among women, men, girls and boys in the country reduced R2: Strengthened HIV prevention efforts for women and girls through the protection and promotion of human rights and increased gender equality 					Indicative annual budget
SUB THEME 2: REDUCTION OF RISK OF HIV INFECTION AMONG MOST VULNERABLE POPULATIONS						
	<ul style="list-style-type: none"> R3: The risk of HIV infection among the most vulnerable women, men, girls and boys due to Gender Based Violence (GBV), gender inequality and harmful socio-cultural practices reduced 					
S1: Promote open discussion, increase knowledge and awareness that GBV increases vulnerability to HIV & AIDS						
1	Conduct Training of Trainers (TOT) training workshop for Council Multisectoral AIDS Committee (CMACs) and District GBV Focal persons on GBV that increases vulnerability in HIV & AIDS	D	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	TACAIDS, CSOs	2011	0
						Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 7 regions = 210,000\$

2	Conduct orientation workshop for change makers on GBV that increases vulnerability in HIV & AIDS among Ward Multisectoral AIDS Committee (WMACs), Village Multisectoral AIDS Committee (VMACs) and GBV representatives in zones, wards and village	D	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	Trained TOTs	2011	0	Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 7 regions = 210,000\$
3	Launch and conduct 'UNiTE to end violence against women' campaign and support its implementation at national level	N	National	TACAIDS, MCDGC, MDAs, CSOs	2011	N	Stakeholder meetings, consultants and media airtime costs = 100,000\$
4	Conduct community dialogue to raise awareness on GBV as a cause and consequence of HIV transmission, among opinion leaders, religious and traditional leaders in every village	V	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	CMACs, Neighborhood watch clubs	2011	N	Travel, accommodation, facilitators and allowances for community dialogue 3,000\$x4dialogue meetings x 7 regions = 84,000\$
5	Undertake door to door outreach for Social Communication Change (SCC) on GBV and HIV related issues in villages	V	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	Change makers	2011	N	Allowance for facilitators, travel and communication costs at 12,000\$x7regions = 84,000\$
S2: Collect, analyze and report data on violence against women and girls							
6	Include a national assessment on GBV status and related practices that increases vulnerability to HIV & AIDS in THMIS (establish national data collection, analysis and reporting systems on GBV)	N	National	TACAIDS, MOHSW, MCDGC, WHO	2011	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
7	Establish neighborhood watch clubs of change makers who monitor, report and take action on GBV in every village	V	Iringa, Dar Es Salaam, Mbeya, Pwani, Manyara	Change makers, District GBV Focal person	2011	0	Travel, accommodation, meeting refreshments and allowances for watch clubs at 12,000\$x7regions = 84,000\$
8	Undertake routine monitoring of type and extent of GBV cases using a free of charge telephone hotline service	N	National	TACAIDS, Social Monitoring Group (SMG)	2011-12	N	Telephone costs and staff operating phones = 100,000\$

S3: Integrate interventions to address and respond to violence against women including access to emergency contraception, Post Exposure Prophylaxis (PEP) and other interventions						
9	Develop SOP to integrate SRHR and HIV & AIDS programs to address and respond to GBV within HIV services including access to emergency contraception and post-exposure prophylaxis	N	National	MOHSW, TACAIDS, PMORALG	2011-2012	0 Stakeholder meetings and consultants costs = 50,000\$
10	Establish district network of service providers including police, lawyer, medical practitioners, religious leader to handle and provide free services for GBV cases	D	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	TOTs, District GBV Focal person	2011	0 Communication and allowance for network members at 12,000\$x7regions = 84,000\$
11	Open up a free telephone hotline service to monitor, document and then link survivors of GBV with their district network of police, lawyer, medical practitioners, religious leader to receive free of charge services including emergency contraception and post exposure prophylaxis	N	National	TACAIDS, SMG	2011	N Telephone costs and staff operating phones = 100,000\$
S4: Facilitate the promotion and development of life skills among girls and boys on Sexual and Reproductive Health Rights (SRHR)						
12	Conduct Focused Group Discussions (FGDs) in schools to identify gender related SRHR issues which facilitate HIV infection among girls and boys in schools	R	Rukwa, Singida, Iringa, Ruvuma, Mbeya, Mwanza	MOEVT, TACAIDS, MOHSW, MCDGC, NBS	2011-12	N Allowance for facilitators, travel and communication costs at 12,000\$x6regions = 72,000\$
13	Review and include the gender related SRHR issues into the life skills training package for schools	N	National	MOEVT, Taasisi ya Mitaala, TACAIDS, MOHSW, MCDGC, NBS	2011	N Stakeholder meetings and consultants costs = 50,000\$
14	Design and launch mass media national campaigns to reach parents, in and out-of school youth and the general public with messages about comprehensive sexuality education and gender equality	N	National	TACAIDS, MOEVT, MOHSW, CSOs	2011-2012	N Stakeholder meetings, consultants and media airtime costs = 100,000\$

S5: Enhance the capacity of traditional, religious and opinion leaders on gender so as to advocate against the harmful and reinforce the positive cultural beliefs and practices						
15	Undertake opinion polls to monitor and measure public position on and prevalence of harmful cultural beliefs and practices including using free mobile telephone sms services	N	National	TACAIDS, SMG, Mobile phone companies	2011-12	N Telephone costs and staff operating phones = 100,000\$
16	Conduct training needs assessment among traditional, religious and opinion leaders on advocacy and gender related cultural beliefs and practices	N	National	TACAIDS, MCDGC, MOHSW, CHACs	2011	N Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
17	Develop advocacy training package for training traditional, religious and opinion leaders as change makers advocating against harmful cultural beliefs and practices and reinforcing positive ones	N	National	TACAIDS, MCDGC, MOHSW, CHACs, Higher Learning Institutions (HLI), CSOs	2011	N Stakeholder meetings and consultants costs = 50,000\$
18	Train traditional, religious and opinion leaders as change makers to advocate against harmful and reinforce positive cultural beliefs and practices using radio and television spots	D	Mbeya, Mara, Shinyanga, Manyara, Dodoma, Lindi	CHACs, Mass media companies	2011	N Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 6 regions = 180,000\$
19	Conduct door to door outreach visits to explore socially acceptable alternatives and advocate against women's genital mutilation, early marriages, Unyago, Jando, widow inheritance, widow cleansing and wife sharing	D	Mbeya, Mara, Shinyanga, Manyara, Dodoma, Lindi	Change makers among traditional, religious and opinion leaders	2011-12	N Allowance for facilitators, travel and communication costs at 12,000\$x6regions = 72,000\$
SUB THEME 3: EXPANSION OF WORKPLACE INTERVENTIONS						
<ul style="list-style-type: none"> R4: The proportion of public and private sectors, formal and informal sector operators developing and implementing gender sensitive HIV & AIDS workplace interventions targeting women, men, girls and boys in an equitable manner increased 						
S6: Ensure HIV workplace programs include workers and their families in formal and informal sectors						
20	Undertake research to identify gender related HIV facilitating factors in formal and informal workplaces within the country	N	National	POPSM, ABCT, TACAIDS, MOHSW, MCDGC	2011	N Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$

21	Mainstream gender and include families in minimum package for planning and budgeting for HIV & AIDS interventions for the Districts, MDAs and private sector	N	National	POPSM, ABCT, TACAIDS, MOHSW, MCDGC	2011	N	Stakeholder meetings and consultants costs = 50,000\$
22	Conduct focus group discussions in formal and informal sector workplaces to discuss and propose actions to address gender facilitating factors for HIV & AIDS among house girls, barmaids, mama lische, sex workers, child labourers, taxi/piki piki/ bajaj drivers, fishermen, miners	W	Iringa, Dar Es Salaam, Mbeya, Mara, Mwanza Shinyanga, Dodoma, Manyara, Tanga	CSOs, Workers Unions	2011	N	Travel, accommodation, facilitators and allowances for community dialogue 3,000\$ x 4 dialogue meetings x 7 regions = 84,000\$
S7: Advocate for basic knowledge and protection of employees rights on sexual harassment issues							
23	Identify type and extent of sexual harassment in formal and informal workplaces using the free telephone hotline services	N	National	TACAIDS, MCDGC, POPSM, SMG, MOJCA	2011-12	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
24	Develop and distribute Standard Operating Procedures (SOPs) to deal with sexual harassment in formal and informal workplaces	N	National	TACAIDS, MCDGC, POPSM, MOJCA	2011	N	Stakeholder meetings and consultants costs = 50,000\$
25	Develop and distribute posters to advocate against sexual harassment in formal and informal workplaces	R	Iringa, Dar Es Salaam, Mbeya, Mara, Mwanza Shinyanga, Dodoma, Manyara, Tanga	TACAIDS, MCDGC, POPSM, MOJCA	2011-12	N	Stakeholder meetings, consultants and printing costs = 100,000\$
26	Develop and air radio and television spots against sexual harassment in formal and informal workplaces on radio and television	N	National	TACAIDS, MCDGC, POPSM, MOJCA, Mass media companies	2011-12	N	Stakeholder meetings, consultants and media airtime costs = 100,000\$

SUB THEME 4: PREVENTION, TREATMENT AND CONTROL OF SEXUALLY TRANSMITTED INFECTIONS (STI)						
<ul style="list-style-type: none"> R5: Quality, gender responsive (women and girls friendly) SRHR services including counseling and testing, as well as condom promotion at health facilities expanded 						
S8: Strengthen women friendly SRHR services in health facilities						
27	Monitor friendliness of sexual STI services using self operated client feedback machines and undertake client exit interviews with mystery clients to triangulate and validate findings	HF	Rukwa, Tabora, Morogoro, Mara, Mbeya, Dodoma, Dar Es Salaam	NACP, PLHIV networks	2011-12	N Allowance for facilitators, travel and communication costs, and monitoring machines at 20,000\$x6regions = 120,000\$
28	Undertake dialogue with health facilities to discuss feedback from service monitoring activities findings and approaches to adopt	N	Rukwa, Tabora, Morogoro, Mara, Mbeya, Dodoma, Dar Es Salaam	NACP, TACAIDS	2011-12	0 Travel, accommodation, facilitators and allowances for community dialogue 3,000\$x4dialogue meetings x 7 regions = 84,000\$
SUB THEME 5: PROMOTION AND EXPANSION OF HIV TESTING AND COUNSELLING SERVICES						
<ul style="list-style-type: none"> R6: Available HCT services improved and the number of men and boys friendly HCT centres in urban and rural areas increased 						
S9: Strengthen and build capacity for quality HCT service provision which catalyzes men's uptake						
29	Undertake research to determine reasons for lower men enrolment in HCT and propose actions to address factors that impede men's HCT uptake	R	Mtwara, Kagera, Shinyanga, Manyara, Dodoma, Rukwa	NACP, TACAIDS, NBS	2011	N Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
30	Work with men and boys to develop and operationalize strategies addressing social norms around gender and sexual relationships	N	National	TACAIDS, NACP, CSOs	2011-2012	N Stakeholder meetings, consultants costs and activities= 100,000\$
31	Develop SOPs for providing socially acceptable and men friendly HCT services	N	National	NACP, TACAIDS, NBS	2011	N Stakeholder meetings and consultants costs = 50,000\$
32	Update national Voluntary Counseling and Testing (VCT) training curriculum and VCT policy using SOPs to provide socially acceptable and men friendly quality HCT services	N	National	NACP, TACAIDS, NBS	2011	N Stakeholder meetings and consultants costs = 50,000\$
33	Conduct workshops to orient staff SOPs for delivering socially acceptable and men friendly HCT services	N	Mtwara, Kagera, Shinyanga, Manyara, Dodoma, Rukwa	NACP, TACAIDS, NBS	2011-12	N Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 6 regions = 180,000\$

34	Develop and air radio and television spots to campaign for men enrolment in HCT	N	National	NACP, TACAIDS, Mass media companies	2011-12	0	Stakeholder meetings, consultants and media airtime costs = 100,000\$
35	Develop and disseminate mobile telephone sms communication messages to encourage men to undertake HCT	N	National	NACP, TACAIDS, Mass media companies, Mobile phone companies	2011-12	N	Telephone costs and staff operating phones = 100,000\$
SUB THEME 6: PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV							
<ul style="list-style-type: none"> R7: Friendly RCH services to enhance women and men involvement in PMTCT strengthened 							
S10: Advocate and sensitize communities to reduce PMTCT related stigma and improve friendliness of PMTCT services							
36	Assess magnitude and impact of stigma related to PMTCT in communities	N	National	NACP, MOHSW, TACAIDS, MCDGCG	2011	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
37	Undertake community dialogue to sensitize and advocate against PMTCT related stigma and the rights of PLHIV	V	Shinyanga, Mara, Rukwa, Mwanza, Dodoma, Mtwara	VMAC, CHAC	2011-12	0	Travel, accommodation, facilitators and allowances for community dialogue = 3,000\$ 4dialogue meetings x 7 regions = 84,000\$
38	Develop and air radio and television spots to campaign for increased men enrolment in PMTCT and address gender related practices and beliefs that impede men's enrolment	N	Shinyanga, Mara, Rukwa, Mwanza, Dodoma, Mtwara	NACP, TACAIDS, NBS, Mass media companies	2011-12	0	Stakeholder meetings, consultants and media airtime costs = 100,000\$
S11: Strengthen friendliness and quality of PMTCT services to catalyze increased uptake for women and men							
39	Conduct open dialogue between PLHIV representatives and health facility staff on friendliness of services and the rights of PLHIV	HF	Shinyanga, Mara, Rukwa, Mwanza, Dodoma, Mtwara	HF In-Charge, Health workers, PLHIV	2010-12	N	Travel, accommodation, facilitators and allowances for community dialogue = 3,000\$ 4dialogue meetings x 7 regions = 84,000\$
40	Develop SOPs to guide provision of socially acceptable women and men friendly quality PMTCT services	N	National	NACP, TACAIDS	2011	N	Stakeholder meetings and consultants costs = 50,000\$
41	Conduct workshops to orient health staff on SOPs for socially acceptable women and men friendly RCH services	R	Shinyanga, Mara, Rukwa, Mwanza, Dodoma, Mtwara	NACP, TACAIDS, NBS	2011	0	Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 6 regions = 180,000\$

42	Assess extent to which women's rights to health services as stipulated in national policies and laws are being provided during delivery	R	Shinyanga, Mara, Rukwa, Mwanza, Dodoma, Mtwara	NACP, TACAIDS, CSOs	2011	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
43	Conduct meetings with policy planners to discuss regulations and increase health budget and tax concessions for improving quality of care during delivery - supplies, equipment, staff, infrastructure for women's delivery	N	National	NACP, TACAIDS, MOFEA, CSOs	2011	0	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$
SUB THEME 7: PROMOTION AND DISTRIBUTION OF CONDOMS							
<ul style="list-style-type: none"> R8: Promoted and expanded access to and usage of men and women condoms for dual protection 							
S12: Expand access to quality men and women condoms as a dual protection method							
44	Undertake condom quality and availability survey for male and female condoms	N	National	NBS, MOHSW, TACAIDS, SMG, TBS	2011	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
45	Set up the multisectoral National condom Technical Working Group (TWG) linked to the prevention technical working committee to advocate on condom programming, access and usage	N	National	TACAIDS, MOHSW, NBS, SMG	2011	N	Quarterly meetings travel, accommodation and supplies costs 20,000\$x4 = 80,000\$
46	Place adequate numbers of condoms in strategic community stock points, mobile Automated Teller Machines (ATMs) for condoms, supermarket approach	V	Manyara, Singida, Mtwara, Kigoma, Rukwa, Arusha	TACAIDS, MOHSW, NBS, SMG	2011-12	0	Condom procurement, distribution and human resource costs 36,000\$
47	Deploy community distributors to provide condoms in homes, workplaces and recreational joints like bars, lodges, sports grounds, beaches	HF	Manyara, Singida, Mtwara, Kigoma, Rukwa, Arusha	MOHSW, HF	2011-12	0	Condom procurement, distribution and human resource costs 36,000\$

S13: Promote acceptability of usage of men and women condoms as a dual protection method						
48	Undertake research to identify factors that impede the usage of condoms among women and men	N	National	TACAIDS, MOHSW, NBS, SMG	2011	0 Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
49	Organize community dialogue to address socio-cultural barriers to women and men condom use as a dual protection method	V	Manyara, Singida, Mtwara, Kigoma, Rukwa, Arusha	VMAC	2011-12	0 Travel, accommodation, facilitators and allowances for community dialogue 3,000\$ 4dialogue meetings x 6 regions = 72,000\$
SUB THEME 8: PREVENTION OF HIV TRANSMISSION THROUGH CONTAMINATED INSTRUMENTS						
<ul style="list-style-type: none"> R9: Risk of HIV transmission among men and women through contaminated instruments reduced 						
S14: Provide appropriate information to communities on the risks of HIV infection through contaminated piercing instruments						
50	Conduct research on risk of HIV infection through contaminated equipment shared during: injecting drug use, circumcision, piercing, scarring and tattooing, and brother/sister-hood rites, women genital mutilation	N	National	MOHSW	2011	N Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
51	Conduct FGDs to discuss risk of HIV infection through contaminated products and tools among people involved in: injecting drug use, circumcision, piercing, scarring and tattooing, and brother/sister-hood rites, women genital mutilation	V	Mbeya, Mara, Shinyanga, Manyara, Dodoma, Lindi	VMACs, HFs	2011-12	N Travel, accommodation, facilitators and allowances for community dialogue 3,000\$ 4dialogue meetings x 6 regions = 72,000\$
S15: Support and orient the community based health workers and traditional practitioners to use sterilized equipment						
52	Conduct in service training for community based health workers and traditional practitioners on use of sterilized equipment	N	National	MOHSW	2011-12	0 Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 6 regions = 180,000\$
53	Develop and implement a feasible and affordable plan to provide piercing instruments, sterilizing instrument and supplies for community based health workers and traditional practitioners	V	Mbeya, Mara, Shinyanga, Manyara, Dodoma, Lindi	MOHSW	2011-12	0 Procurement, distribution and human resource costs 20,000\$ x6 regions = 120,000\$

SUB THEME 9: MEN AND BOYS CIRCUMCISION							
<ul style="list-style-type: none"> R10: Safe circumcision of men and boys promoted and HIV/ STI infection reduced 							
S16: Promote social-acceptability of men circumcision as an HIV protection method							
54	Identify factors that impede the men circumcision in selected areas	R	Shinyanga, Rukwa, Iringa, Mbeya, Tabora, Kagera	TACAIDS, MOHSW, MCDGC	2011	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
55	Organize community dialogue to address socio-cultural barriers to men circumcision	V	Shinyanga, Rukwa, Iringa, Mbeya, Tabora, Kagera	VMACs, HF's, CSOs	2011-12	0	Travel, accommodation, facilitators and allowances for community dialogue 3,000\$ 4dialogue meetings x 6 regions = 72,000\$
THEMATIC AREA 2: CARE, TREATMENT AND SUPPORT							
<ul style="list-style-type: none"> R11: Morbidity and mortality among women, men, girls and boys due to gender related HIV & AIDS facilitating factors reduced. 							
SUB THEME 1: CONTINUUM OF CARE, TREATMENT AND SUPPORT							
<ul style="list-style-type: none"> R12: Equitable access for women, men, girls and boys living with HIV to a continuum of care, treatment and support increased 							
S17: Enhance gender sensitivity and friendliness of HIV & AIDS treatment and care which promotes men uptake							
56	Monitor women and men friendliness of care and treatment services in health facilities using self operated client feedback machines and undertake client exit interviews with mystery clients to triangulate and validate findings	HF	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	NACP, HF In-Charge, Health workers, PLHIV	2011-12	N	Allowance for facilitators, travel and communication costs, and monitoring machines at 20,000\$ 7regions = 140,000\$
57	Conduct open dialogue between PLHIV representatives and health facility staff on client feedback about friendliness of services and the rights of PLHIV	HF	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	NACP, HF In-Charge, Health workers, PLHIV	2011-12	N	Travel, accommodation, facilitators and allowances for community dialogue 3,000\$ 4dialogue meetings x 7 regions = 84,000\$
58	Develop SOPs to guide provision of socially acceptable men friendly quality care and treatment services	N	National	NACP, HF's, TACAIDS	2011	N	Stakeholder meetings and consultants costs = 50,000\$

59	Conduct workshops to orient health practitioners on SOPs for socially acceptable men friendly care and treatment services	R	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	NACP, TACAIDS, HFs	2011-12	0	Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 7 regions = 210,000\$
S18: Promote greater involvement of men in enrolling for HIV & AIDS care and treatment services							
60	Undertake research to determine reasons for and suggest solutions to low men uptake of HIV & AIDS treatment and care services	N	National	NACP, TACAIDS	2010	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
61	Undertake TOT to train men champions who advocate for men to enroll for HIV treatment and care	D	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	CMACs, CSOs	2011-12	0	Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 7 regions = 210,000\$
62	Establish networks for men champions who advocate with men to enroll for HIV treatment and care through: peer education schemes, dialogue in men's clubs and recreational facilities, meetings before football matches, counseling sessions	V	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	Champions networks	2011-12	0	Allowance for facilitators, travel and communication costs at 12,000\$x7regions = 84,000\$
SUB THEME 3: HOME BASED CARE AND SUPPORT							
<ul style="list-style-type: none"> R13: HBC service provision and resource mobilization strengthened and women and girls burden of care reduced 							
S19: Improve capacity of women and men including the elderly women and men who provide HBC services at community and household settings							
63	Undertake capacity and training needs assessment of men and women HBC providers	R	Rukwa, Iringa, Sinyanga, Singida, Mwanza, Ruvuma	NACP, CSOs	2011	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
64	Update national training manuals for HBC to address the capacity gaps and training needs of HBC service providers	N	National	NACP, TACAIDS, CSOs	2011	N	Stakeholder meetings and consultants costs = 50,000\$
65	Orient national TOTs using updated training manual	N	National	NACP	2011-12	N	Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 7 regions = 210,000\$
66	Mentor HBC service providers using updated training manual	N	Rukwa, Iringa, Sinyanga, Singida, Mwanza, Ruvuma	DMO, HBC Coordinator, TOTs	2011-12	N	Mentorship sessions travel, communication, materials and facilitators costs = 30,000\$ x 7 regions = 210,000\$

67	Conduct Sensitization meetings for communities and LGAs to solicit funds and mechanism for HBC providers' remuneration	V	Rukwa, Iringa, Sinyanga, Singida, Mwanza, Ruvuma	PLHIV networks, HF	2011-12	N	Travel, accommodation, facilitators and allowances for community dialogue 3,000\$ 4dialogue meetings x 7 regions = 84,000\$
68	Conduct policy dialogue meetings to advocate for budget allocations to provide adequate gloves, detergents, infant milk formula and supplies required for HBC	N	National	NACP, TACAIDS, DSW, MOFEA	2011-12	0	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$
S20: Promote greater involvement of men in planning and providing HBC services							
69	Undertake study to gauge the cost of unpaid work provided by women, men, girls and boys in the context of HIV & AIDS	N	National	NACP, TACAIDS, PLHIV networks, CSOs	2011	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
70	Organize FGDs to sensitize national HBC TOTs and District HBC Coordinators on workload and participation of women and men in providing HBC services within communities and households	N	National	NACP	2011-12	N	Stakeholder meetings and consultants costs = 50,000\$
71	Organize FGDs to sensitize HBC service providers and families and advocate for equal workload and participation of women and men in providing HBC services the household	H	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	National HBC TOTs	2011-12	N	Travel, accommodation, facilitators and allowances for FGD meetings 3,000\$ 4dialogue meetings x 7 regions = 84,000\$
72	Undertake community dialogue to advocate for equal workload and participation of women and men in providing HBC services within communities	V	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	Service providers, VMAC, HF	2011-12	N	Travel, accommodation, facilitators and allowances for community dialogue 3,000\$ 4dialogue meetings x 7 regions = 84,000\$
THEMATIC AREA 3: IMPACT MITIGATION							
<ul style="list-style-type: none"> R14: Quality of life and social well-being of women, men, girls and boys living with or directly affected by HIV & AIDS improved 							
SUB THEME 1: PROVIDING BASIC SUPPORT TO MOST VULNERABLE GIRLS AND BOYS							
<ul style="list-style-type: none"> R15: Multi sectoral, gender sensitive community based support and service delivery for OMVC girls and boys enhanced 							
S21: Strengthen capacity of families and communities to recognize and provide psycho-social support and child care for OMVC girls and boys							

73	Review and update the Department of Social Welfare minimum package for providing support to OMVC to become gender sensitive including advocating for the provision of supplies like sanitary pads to girls as part of educational materials	N	National	DSW, MOEVT, MOHSW, TACAIDS	2011	0	Stakeholder meetings and consultants costs = 50,000\$
74	Organize community meetings to mobilize food, clothing and a place to live for OMVC girls and boys	V	Mara, Ruvuma, Manyara, Rukwa, Mbeya, Mtwara	DSW, VMAC	2011-12	0	Travel, accommodation, facilitators and allowances for community meetings 3,000\$x4 meetings x 6 regions = 72,000\$
75	Advocate with Village Land Council to provide and secure land for OMVC girls and boys	V	Mara, Ruvuma, Manyara, Rukwa, Mbeya, Mtwara	DSW, VMAC	2011-12	N	Travel, accommodation, facilitators and allowances for advocacy activities 3,000\$x4activities x 6 regions = 72,000\$
76	Advocate with Councils to allocate adequate ring-fenced budgets for OMVC girls and boys basic needs as a priority	V	Mara, Ruvuma, Manyara, Rukwa, Mbeya, Mtwara	DSW, VMAC	2011-12	N	Travel, accommodation, facilitators and allowances for advocacy activities 3,000\$x4activities x 6 regions = 72,000\$
77	Strictly monitor lives of OMVC girls and boys on a day to day basis so as to ensure their human rights are protected in a gender sensitive manner	V	Mara, Ruvuma, Manyara, Rukwa, Mbeya, Mtwara	DSW, VMAC	2011-12	N	Travel, accommodation, facilitators and allowances for monitoring activities 3,000\$x4activities x 6 regions = 72,000\$
78	Provide psycho-social support including counseling and recreational facilities for OMVC girls and boys	V	Mara, Ruvuma, Manyara, Rukwa, Mbeya, Mtwara	FBOs, CSOs	2011-12	0	Travel, accommodation, facilitators and allowances for psychosocial support activities 3,000\$x4activities x 6 regions = 72,000\$
SUB THEME 2: STRENGTHENING SUPPORT AND COPING CAPACITY OF AFFECTED FAMILIES							
<ul style="list-style-type: none"> R16: The capacity of individuals, families and communities to respond to the gender related impacts of HIV & AIDS strengthened 							
S22: Strengthen capacity of communities to recognize and provide support to families directly affected by HIV & AIDS							
79	Assess the strategic and practical gender needs with problems of families who care for PLHIV and/or OMVC	N	National	DSW, MOEVT, MOHSW, TACAIDS	2011	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
80	Review existing community structures to support families of affected PLHIV and/or OMVC and adopt a reorganized gender sensitive support structure	N	National	DSW, MOEVT, MOHSW, TACAIDS	2011	N	Stakeholder meetings and consultants costs = 50,000\$

81	Advocate for tax concessions and increases in salary as motivation tokens for nursing staff and people to take care of PLHIV, OMVC, cancer patients, mentally ill people and other terminally ill patients	N	National	CSO, PLHIV networks, MOFEA, DSW	2011-12	N	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$
82	Advocate for cash transfers as a motivation for 'mama mkubwa' and families caring for OMVC	V	Mara, Ruvuma, Manyara, Rukwa, Mbeya, Mtwara	DSW, VMAC	2011-12	N	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$
S23: Enhance coping capacity of families directly affected by HIV & AIDS							
83	Review and update annual operational plans and budgets of councils for Kilimo Kwanza and cooperatives to be HIV & AIDS gender sensitive	N	National	MAFC, DSW, TACAIDS, MOHSW, CSOs	2011	N	Stakeholder meetings and consultants costs = 50,000\$
84	Organize meetings with Kilimo Kwanza initiatives and cooperatives to give priority and ring fence quotas for social support groups of affected families of PLHIV and OMVC	V	Mara, Ruvuma, Manyara, Rukwa, Mbeya, Mtwara	MAFC, DSW, VMAC	2011-12	N	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$
85	Organize meetings with financing groups like village community banks, commercial banks, TASAFA, SACCOS, SATF, RFE, Cooperatives to give priority and ring fence quotas for self initiated IGA groups of PLHIV, OMVC or their families	V	Mara, Ruvuma, Manyara, Rukwa, Mbeya, Mtwara	DSW, MAFC, VMAC	2011-12	N	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$
86	Advocate for finalization and implementation of the National Social Protection Framework under MCDGC	N	National	TACAIDS, MCDGC, MOHSW	2011	0	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$
87	Advocate for grants availability to implement social protection framework and avail micro-finance services to mitigate the impact of HIV on caregivers and women, men, girls and boys living with HIV	N	National	TACAIDS, MCDGC, MOHSW	2011-2012	0	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$

88	Organize meetings with LGAs, FBOs, CBOs, NGOs and social support groups to support families of PLHIV and/or OMVC who are directly affected by HIV & AIDS	V	Mara, Ruvuma, Manyara, Rukwa, Mbeya, Mtwara	DSW, VMAC	2011-12	N	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$
SUB THEME 3: STIGMA AND DISCRIMINATION OF PLHIV AND AFFECTED FAMILIES							
<ul style="list-style-type: none"> R17: Human rights of WLHIV protected, fulfilled and respected 							
S24: Support the operationalization of HIV & AIDS (Prevention and Control) Act No 28 of 2008 to reduce all forms of stigma and discrimination							
89	Translate the entire Act into Swahili	N	National	TACAIDS, MOJCA	2011	N	Stakeholder meetings and consultants costs = 50,000\$
90	Develop simplified version of the sections of Act which address stigma and discrimination	N	National	TACAIDS, MOJCA	2011	N	Stakeholder meetings and consultants costs = 50,000\$
91	Print and disseminate copies of the simplified Act sections which address stigma and discrimination	N	National	TACAIDS, MOJCA	2011	N	Printing costs 20,000\$
92	Conduct awareness forums to sensitize on and advocate against stigma and discrimination as stipulated in the Act	V	Singida, Tabora, Mtwara, Dodoma, Tanga, Iringa	TACAIDS, MOJCA	2011-12	N	Travel, accommodation, facilitators and allowances for community dialogue 3,000\$x4dialogue meetings x 6 regions = 72,000\$
93	Undertake national dialogue to develop strategies to stigma and discrimination and uphold rights of women, men, girls and boys	N	National	TACAIDS, MCDGC, CSOs	2011-2012	N	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$
THEMATIC AREA 4: ENABLING ENVIRONMENT							
<ul style="list-style-type: none"> R18: An enabling environment which addresses needs of women, men, boys and girls in the implementation of the National Response to HIV & AIDS improved 							
SUB THEME 1: MAINSTREAMING GENDER INTO NATIONAL HIV & AIDS RELATED LAWS, POLICIES, PLANS, PLANNING TOOLS, TRAINING PACKAGES AND INSTITUTIONAL STRUCTURES							
<ul style="list-style-type: none"> R19: Policy and decision makers commitment, transparency, accountability and support for HIV & AIDS interventions using human rights and gender sensitive approaches enhanced R20: Women and girls have universal access to integrated multisectoral services for HIV & AIDS, Tuberculosis (TB), SRHR and harm reduction, including services addressing GBV 							
S25: Ensure that all HIV & AIDS related laws and policies are gender sensitive and conform to human rights principles and approaches							

94	Analyze how HIV-related policies affect women and girls with specific focus on socio-cultural factors, stigma and discrimination and economic barriers that hamper women and girls to exercise their human rights. (HIV policy, MKUKUTA, NMSF, HSSP)	N	National	TACAIDS, NACOPHA, Networks of WLHA and women's rights groups	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
95	Review gaps and recommend specific actions to make the following gender sensitive: National HIV & AIDS Policy, National HIV policies for HBC/VCT/PEP/OMVC, Sector policies, National Women and Gender policy of 2000, Children's policy, Education policy	N	National	TACAIDS, NACP, MCDGCG, PMOs Office, MOJCA	2011-11	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
96	Review gaps and recommend specific actions to make the following gender sensitive: HIV & AIDS (Prevention and Control) Act of 2008, Occupational Safety and Health Act (OSHA) Act, Labour laws, Security of employment act, Property and inheritance Act - Education Act	N	National	Law reform commission, TACAIDS, NACP, MCDGCG, PMOs	2011-11	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
97	Undertake 'know your rights' campaign which also provide free and accessible legal aid services for women, men, girls and boys (World AIDS Day, women's day)	N	National	TACAIDS, NACOPHA, TAWLA, networks of WLHIV, human rights organizations	2011-2012	N	Stakeholder meetings, consultants and media airtime costs = 100,000\$
98	Conduct policy dialogue meetings with decision makers to discuss gaps and implement recommendations to make the policies and laws gender sensitive	N	National	TACAIDS, NACP, MCDGCG, PMOs Office, MOJCA, Law reform commission	2011-11	0	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$
99	Conduct dialogue with decision makers to advocate for formulation and enactment of specific law on domestic violence by 2012	N	National	Law reform commission TACAIDS, NACP, MCDGCG, PMOs Office, MOJCA	2011-11	0	Travel, accommodation, facilitators and allowances for policy dialogue meetings = 84,000\$

100	CSOs advocate with regional bodies (East African Community/Southern Africa Development Corporation) for the review/ amendment of gender discriminatory national HIV related legislation which fails to protect the rights of women, men, girls and boys	I	International	Law reform commission TACAIDS, NACP, MCDGCG, PMOs Office, MOJCA, EAC, SADC	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
S26: Ensure all HIV & AIDS related plans and planning tools are gender sensitive and conform to human rights principles and approaches							
101	Review gaps and recommend specific actions to make the following gender sensitive: NSGRP/MKUKUTA, TACAIDS plans, NACP plans, MCDGCG plans, sector MTEF plans, Regional and district HIV & AIDS plans, CCHP, National budgets, Minimum package for planning and budgeting for councils and sectors	N	National and Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani	TACAIDS, NACP, MCDGCG, MOFEA, Regions, Sectors, Councils	2011-11	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
102	Update plans and tools to make them gender sensitive based on the recommended actions	N	National and Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani	TACAIDS, NACP, MCDGCG, MOFEA, Regions, Sectors, Councils	2011-11	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
103	Orient service providers on updated plans and planning tools	N	National and Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani	TACAIDS, NACP, MCDGCG, MOFEA, Regions, Sectors, Councils	2011-11	0	Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 7 regions = 210,000\$
S27: Ensure all national HIV & AIDS related training packages are gender sensitive and conform to human rights principles and approaches							
104	Review gaps and recommend specific actions to make the HIV & AIDS related training packages for the following professionals gender sensitive: HIV service providers in all interventions, Health workers, Police, Judiciary, Teachers, MDAs staff, LGAs staff, Universities staff and Parliamentarians	N	National	TACAIDS, MOHSW, MOEVT, PMORALG, POPSM	2011-11	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$

105	Update national in-service and pre-service training packages to make them gender sensitive based on the recommended actions	N	National	TACAIDS, MOHSW, MOEVT, PMORALG, PPSM	2011-11	0	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
106	Review, monitor and evaluate gender-sensitive adolescent and youth friendly curricula, with the participation of adolescents and young people	N	National	MOEVT, TACAIDS, MOHSW	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
107	Orient service providers on updated training modules	N	National and Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani	TACAIDS, MOHSW, MOEVT, PMORALG, PPSM	2011-11	0	Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 7 regions = 210,000\$
S28: Ensure all key institutional structures respond to gender and HIV & AIDS mainstreaming							
108	Assess and document efficacy of existing partnerships of civil society groups with eminent political and religious leaders for addressing women, girls and gender equality in the context of HIV & AIDS	N	National	TACAIDS	2011	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
109	Launch and publicize the existence of the national GBV network	N	National	MCDGC	2011	0	Stakeholder meetings and consultants costs = 50,000\$
110	Review Terms of Reference (TOR) to make the sectoral gender focal person become the HIV focal person the same person in each sector	N	National	PPSM, TACAIDS, MCDGC	2011	N	Stakeholder meetings and consultants costs = 50,000\$
111	Develop TOR and appoint members of community network including a Lawyer, Magistrate, Policeman/woman, Spiritual leader and Health personnel to be on call and provide free of user charges professional support to gender related cases	V	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	MCDGC, CMACs, VMACs	2011	N	Stakeholder meetings and consultants costs = 50,000\$
112	Review and update TORs for CMACs, WMACs, VMACs and Ministerial Technical AIDS Committees to include specific gender mainstreaming roles	N	National	TACAIDS, CHACs	2011	N	Stakeholder meetings and consultants costs = 50,000\$

113	Establish community networks of men champions who advocate for more men participation and involvement in HIV & AIDS interventions	V	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	CMACs, VMACs	2011-11	0	Allowance for champions, travel and communication costs at 12,000\$/7regions = 84,000\$
114	Develop TOR, appoint members and establish a National steering committee to coordinate activities of 'The Gender Operational Plan for HIV response in Tanzania Mainland'	N	National	NACP, MOHSW, PMO, PMORALG, TACAIDS, MCDGC, NBS	2011	N	Travel, accommodation, facilitators and allowances for steering committee 4,000\$/4meetings = 16,000\$
115	Include two members of the gender macro group to provide technical guidance on gender in all HIV & AIDS TWGs	N	National	TACAIDS, NACP, CSOs	2011	N	Stakeholder meetings and consultants costs = 50,000\$
116	Develop, harmonize, implement and monitor utilization of a national minimum package of integrated services for HIV & AIDS/TB/SRHR	N	National	MOHSW, TACAIDS	2011-2012	0	Stakeholder meetings and consultants costs = 50,000\$
117	Develop SOPs and orient service providers to strengthen referral system and linkages between communities (informal system) and Health facilities (formal system)	N	National and Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	TACAIDS, NACP	2011	N	Stakeholder meetings and consultants costs = 50,000\$
118	Conduct policy dialogue meetings to plan for the establishment of the family court by 2012	N	National	MCDGC, MOJCA, MOHSW, TACAIDS	2011-	N	Travel, accommodation, and allowances for policy dialogue meetings = 84,000\$
SUB THEME 2: RESOURCES FOR MAINSTREAMING GENDER AND HIV & AIDS							
<ul style="list-style-type: none"> R21: Adequate resources for gender equality and human rights mainstreaming into HIV & AIDS interventions mobilized S29: Advocate for resource mobilization by MDAs, CSOs, Private Sector and Development Partners for mainstreaming gender into HIV & AIDS interventions. 							
119	Undertake meetings to advocate for adequate gender and HIV budgets in national, sector, regional, Council, CSOs budgets	N	National and Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	TACAIDS, MCGDC, NACP, MOFEA, PMORALG	2011-12	0	Travel, accommodation, and allowances for policy dialogue meetings = 84,000\$
120	Mobilize resources within MDAs to prioritize gender equality and rights of women and girls in operational plans and budgets in line with key global commitments	N	National	TACAIDS, MCDGC, MOFEA	2011-2012	0	Stakeholder meetings and consultants costs = 50,000\$

121	Establish a 'basket fund' at national level to address the needs of women, men, girls and boys living with HIV	N	National	TACAIDS, NACOPHA	2011-2012	N	Stakeholder meetings and consultants costs = 50,000\$
122	Mobilize financial and technical support to continue advancing HIV prevention by incorporating gender equality into HIV prevention policies and programs	N	National	TACAIDS, MCDGC, MOFEA	2011-2012	N	Stakeholder meetings and consultants costs = 50,000\$
123	Raise funds for undertaking gender sensitive HIV & AIDS interventions through soliciting from subscribers who voluntarily make donations by sending sms which are charged at 250/- each	D	National	TACAIDS, Mobile phone companies	2011-12	N	Telephone costs and staff operating phones = 100,000\$
124	Deploy a Gender Officer in TACAIDS and NACP	N	National	TACAIDS, NACP	2011-	N	Human resource costs 2,500\$x12months = 30,000\$
SUB THEME 3: CAPACITY STRENGTHENING FOR GENDER AND HIV & AIDS							
<ul style="list-style-type: none"> R22: Institutional and human capacity of service providers to deliver gender sensitive HIV & AIDS services strengthened R23: Strong, bold and diverse leadership for women, girls and gender equality for strengthened HIV & AIDS responses realized R24: Women, men, girls and boys empowered to drive transformation of social norms and power dynamics, with the engagement of men and boys working for gender equality, in the context of HIV & AIDS 							
S30: Build capacity of key organizations and staff in the national HIV & AIDS response on gender							
125	Disseminate the Gender Operational Plan to key stakeholders, conduct training and supportive supervision to mentor MDAs, Councils, Regions, All TACAIDS staff including the Regional Coordinators (RCT), NACP, MOHSW, NBS, MCDGC, ABCT, CSO umbrella organizations on gender mainstreaming into HIV & AIDS interventions	N	Iringa, Dar Es Salaam, Mbeya, Mara, Shinyanga, Pwani, Manyara	TACAIDS, NACP, MCDGC	2011-12	N	Mentorship sessions travel, communication, materials and facilitators costs = 30,000\$ x 7 regions = 210,000\$
126	Mentor Government MDAs to lead stakeholders to collect and analyze epidemiological and qualitative data disaggregated by age, sex and geographical location	N	National	TACAIDS, MOHSW, MCDGC	2011-2012	0	Consultants costs = 50,000\$

127	Prepare training package and train stakeholders on prioritizing gender mainstreaming into HIV & AIDS interventions	N	National	TACAIDS, MCDGC, MOHSW	2011-2012	0	Stakeholder meetings and consultants costs = 50,000\$
128	Prepare training package and train the following on prioritizing gender mainstreaming into HIV & AIDS interventions: HIV service providers, Police, Judiciary, lawyers, Health workers, traditional leaders and practitioners, Religious leaders, HIV & AIDS focal persons and Gender focal persons, Parliamentary committees, Planners in MDAs in line with key global and regional commitments	N	National	TACAIDS, NACP, MCDGC	2011-12	0	Stakeholder meetings and consultants costs = 50,000\$
129	Provide grants to support leadership development programs for women and girls living with HIV	N	National	TACAIDS	2011-2012	N	Training workshop accommodation, travel and materials, facilitators = 30,000\$ x 6 regions = 180,000\$
S31: Advocacy for stronger accountability to move from commitments to action through increased financial resources and implementation of existing policies and laws							
130	Identify and develop inventory of women groups and networks of WLHIV	N	National	TACAIDS, NACOPHA	2011	N	Stakeholder meetings and consultants costs = 50,000\$
131	Equip and support women's groups and networks of WLHIV to monitor and evaluate from a human rights perspective <ul style="list-style-type: none"> - Needs assessment - Develop action plan based on needs assessment recommendations - Implement the action plan: e.g. training, equipment, TA, finances, M&E 	N	National	TACAIDS	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
132	Train women's groups and networks of WLHIV to demand respect for women's, men's, girls and boys rights to increased access to SRHR and HIV&AIDS education, services and supplies	N, D	National, Districts	TACAIDS	2011-2012	N	Stakeholder meetings and consultants costs = 50,000\$

SUB THEME 4: RESEARCH, M&E AND REPORTING FOR GENDER AND HIV & AIDS

- R25: Timely evidence exists on the specific needs, risks and impacts on women, men, girls and boys in the context of HIV & AIDS to better inform the implementation of effective policies, programs and resource allocations that promote and protect their rights and needs
- R26: Harmonized gender equality indicators are used to better capture the socio-cultural, economic and epidemiological factors contributing to women's and girls' risk of and vulnerability to HIV

S32: Develop and use harmonized gender equality indicators to better capture the socio cultural, economic and epidemiological factors contributing to women's and girls' risk and vulnerability to HIV & AIDS

133	Undertake information needs assessment for gender sensitive HIV & AIDS programming at national, sectoral, regional, district, health facility and community levels	N	National	TACAIDS, NACP, MCDGC	2011	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
134	Review and update database of core indicators within the national M&E system documents, plans and tools in Tanzania Output Monitoring System for HIV & AIDS (TOMSHA) and MOHSW to be gender sensitive	N	National	TACAIDS, NACP, MCDGC	2011	N	Stakeholder meetings and consultants costs = 50,000\$
135	Conduct a baseline survey to determine the values of gender sensitive HIV & AIDS indicators at national levels and modify and/or develop harmonized gender equality indicators to better capture the socio cultural, economic and epidemiological factors contributing to women's and girls risk and vulnerability to HIV	N	National	TACAIDS, NACP, MCDGC	2011	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
136	Develop performance targets 2010-2012 for each of the gender sensitive HIV & AIDS indicators at national levels	N	National	TACAIDS, NACP, MCDGC	2011	N	Stakeholder meetings and consultants costs = 50,000\$
137	Update HIV & AIDS indicators, M&E plans and tools of sectors, regions, districts, health facilities, community based health information system, private sector and CSO umbrella organizations to become gender sensitive	D, R, S, HF	National	TACAIDS, NACP, MCDGC, RAS, CMACs, DMO, ABCT, CSO umbrella organizations	2011	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$

S33: Mainstream gender into all HIV & AIDS M&E activities at all levels							
138	Develop and implement an M&E plan based on routine monitoring, evaluation and research activities listed in the Gender Operational Plan for The HIV response in Tanzania Mainland	N	National	TACAIDS	2011	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
139	Establish national data collection, analysis and reporting systems on GBV	N	National	TACAIDS, MCDGC, MOHSW, Law enforcers	2011-	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
140	Establish national repository on linkages between HIV and different forms of gender based violence against women, men, girls and boys to inform national policies and programs	N	National	TACAIDS, MCDGC, MOHSW, Law enforcers	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
S34: Generate quantitative and qualitative evidence on the specific needs, risks of and impacts of women and girls in the context of HIV & AIDS							
141	Women's organizations and networks of WLHIV collaborate with Government to undertake a study and analyze quantitative and qualitative evidence on the specific needs, risks of and impacts of women and girls in the context of HIV (as part of the Joint Review of the National HIV & AIDS Response and the development of new strategic plans)	N	National	TACAIDS, NACP, MCDGC	2011	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
142	Assess impact on women of prevention approaches namely (i) male circumcision and (ii) continued research on women controlled prevention methods	N	National	TACAIDS, Networks of WLHIV, rights groups, MDAs	2011-	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
143	Networks of WLHIV maps and assesses progress in international gender equality and women's and girl's human rights commitments as input to Millennium Development Goals (MDG) reporting	N	National	TACAIDS, Networks of WLHIV, rights groups, MDAs	2011	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$

144	Undertake ethical participatory research on vulnerabilities and specific needs of key populations (female sex workers, drug users, sexual minorities, hawkers, migrant workers, long distance truck drivers, displaced, fishermen, informal sector workers)	N	National	TACAIDS, Networks of WLHIV, rights groups, MDAs	2011	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
145	Track expenditure on resources allocated to programs for women, girls, gender equality and HIV through a gender sensitive National AIDS Spending Assessment (NASA)	N	National	TACAIDS, Networks of WLHIV, rights groups, MDAs	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
146	Monitor, track and hold dialogue on the percentage of finances that directly reach women from funding provided by financing institutions like RFE, Foundation for Civil Society (FCS) and TASAF	N	National	TACAIDS, Networks of WLHIV, rights groups, MDAs	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 150,000\$
147	Undertake an end term evaluation of the implementation of the Gender Operational Plan for the HIV response in Tanzania Mainland	N	National	TACAIDS	2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 250,000\$
148	Develop an annual gender and HIV & AIDS booklet that has key serial statistics on the issue, using most current available data from latest surveys, surveillance and research activities	N	National	TACAIDS	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 100,000\$
S35: Include analysis of how the epidemic affects women and girls as part of the Joint review of the national response, and use the strategic information for development of national strategic plans, communication and learning							
149	Compile a report on how the epidemic affects women and girls as part of the end-term evaluation of NMSF	N	National	TACAIDS, Networks of WLHIV, rights groups, MDAs	2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 100,000\$
150	Use the report to input into the development of the NMSF3 and HSSP4	N	National	TACAIDS, MOHSW	2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 100,000\$

151	Government, in collaboration with women groups and networks develop report to CEDAW (Government report and women groups – CSOs shadow report)	N	National	TACAIDS, Networks of WLHIV, rights groups, MDAs	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 100,000\$
152	Use data collected to generate strategic information, develop key advocacy messages and evidence-informed responses to GBV	N	National	TACAIDS, MCDGC, NACP	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 100,000\$
153	Monitor, document and share lessons learnt and best practices for the roll-out of comprehensive SRHR education and life skills for youth nationwide	N	National	MOEVT, TACAIDS, MOHSW	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 100,000\$
154	Participate in monitoring, documenting and sharing lessons learnt between governments on the roll-out of comprehensive sexuality education at the regional level	I	EAC, SADC, African Union (AU)	TACAIDS, MCDGC, MOHSW	2011-2012	N	Stakeholder meetings, consultants fees, travel and accommodation = 100,000\$

5. MANAGEMENT AND INSTITUTIONAL FRAMEWORK FOR IMPLEMENTING THE OPERATIONAL PLAN

The management and institutional framework for implementing this Operational Plan is aligned to the existing structures of the national HIV & AIDS response. The Operational Plan provides a well coordinated, effective, transparent, accountable, sustainable leadership and management structure based on 'Three Ones' principles at central, regional and LGA levels to deliver a national HIV & AIDS response which involves public, private and CSO stakeholders. The implementation of activities contained within this Operational Plan is managed by TACAIDS in collaboration with different structures at various levels from development partners, national, regional, council, community and health facility levels.

5.1 The Development Partners Group for AIDS at National Level

The Development Partners Group (DPG) for AIDS and the United Nations Joint Program on HIV & AIDS provide human, financial, material and technical contributions towards the implementation of the activities contained in this Operational Plan as part of the national HIV & AIDS response.

5.2 The national level

At the national level the Prime Minister's Office is the main oversight structure for HIV & AIDS response coordinated by TACAIDS. In line with its mandate, TACAIDS works hand in hand with MOHSW, MCDGC and Prime Ministers Officer, Regional Administration and Local Government (PMORALG) and other stakeholders to undertake the following roles during implementation of this Operational Plan:

- A.** Coordination, planning, mobilizing resources, M&E, reporting and sharing information on implementation of activities contained in this Operational Plan.
- B.** Strengthening linkages and harmonizing roles of gender focal persons and HIV & AIDS focal persons by ensuring that functions are implemented in a synergistic manner.
- C.** Deploying and managing technical support at regional and other sub-national levels.
- D.** Commissioning and disseminating research findings related on Gender and HIV & AIDS response.
- E.** Monitoring and overseeing implementation of gender sensitive HIV & AIDS interventions.

Gender Responsive and sensitive HIV & AIDS strategies and activities contained in this Operational Plan are coordinated in respective TACAIDS Directorates working in close collaboration with the Gender Programme Office in TACAIDS and Gender Focal Person in MCDGC. These Directorates include: National Response, Advocacy and Information, Finance and Resource Mobilization, Policy and Planning, and Monitoring and Evaluation. Since gender is a cross cutting issue, Gender Technical Working Group that is sub - committee of Enabling Environment Thematic Technical Working Group use to oversee and report on the management, implementation and progress of implementing this Operational Plan for the HIV Response in Tanzania Mainland.

5.3 MDAs at central level

MDAs at their central levels strengthen implementation of gendered HIV & AIDS activities within their sectors through:

- A.** Ensuring that gender responsive and sensitive HIV & AIDS activities contained within this plan are included and implemented through their sector plans and budgets as part of internal and external mainstreaming of both gender and HIV & AIDS.

- B.** Reviewing, strengthening and harmonizing roles and functions of gender and of HIV & AIDS technical committees and teams within the sectors to avoid duplication of efforts and enhance synergy.
- C.** Mobilizing financial, technical and material support for gender sensitive HIV & AIDS intervention.
- D.** The MOHSW and its programs and structures provide specialized skills and technical oversight, capacity strengthening, research, surveys and surveillance on medical aspects of gender sensitive HIV & AIDS issues.
- E.** The MCDGC and its programs and structures provide specialized skills and technical oversight and capacity strengthening on gender issues.
- F.** Institutions of higher learning, coordinated by TACAIDS, provide technical assistance to stakeholders in implementing activities contained in this Gender Operational Plan for the HIV Response in Tanzania Mainland.

5.4 Regional Administrative Secretariats

Regional Administrative Secretariats (RASs) are critical in coordinating implementation of activities in this Operational Plan at regional and LGA levels. The RASs responsibilities in implementing this Operational Plan include:

- A.** Coordination of gender sensitive HIV & AIDS interventions.
- B.** Advising district stakeholders on gender and HIV & AIDS issues.
- C.** Sharing information on sound gender sensitive HIV & AIDS practices across districts.
- D.** Ensuring that relevant gender sensitive HIV & AIDS activities are included in Council Comprehensive Health Plans (CCHPs).
- E.** Providing districts with guidelines and policies to use in planning and implementing gender sensitive HIV & AIDS interventions.
- F.** M&E of implementation of gender sensitive HIV & AIDS interventions by districts.

5.5 Local Government Authorities

District Executive Directors work with the respective gender and HIV & AIDS coordination structures at their levels to coordinate and oversee planning and implementation of gender sensitive HIV & AIDS interventions within their jurisdiction. HIV coordinating structures under LGAs like Village Multisectoral AIDS Committees (VMACs), Ward Multisectoral AIDS Committees (WMACs), and Council Multisectoral AIDS Committees (CMACs) coordinate and lead gender sensitive HIV & AIDS interventions within their respective areas.

5.6 CSOs including Non Governmental Organizations (NGOs), Faith Based Organizations (FBOs) and Community Based Organizations (CBOs)

CSOs including NGOs, FBOs and CBOs complement Government in implementing gender sensitive HIV & AIDS interventions coupled with monitoring and advocating for existing and emerging gender related HIV & AIDS policy issues. Other CSOs and members of the Gender Macro Group provide technical advice to the policy monitoring and advocacy activities. In implementing gender sensitive HIV & AIDS interventions contained in this plan, the CSOs are coordinated and provided technical support by their respective umbrella organizations as well as the Government coordinating units at all levels. PLHIV support groups and networks among the CSOs play a particular role in monitoring and

advocating for gender related HIV & AIDS human rights and policy issues.

5.7 The Private Sector

In support of implementing the gender responsive and sensitive HIV & AIDS activities in this plan, the business sector under coordination of the AIDS Business Coalition of Tanzania (ABCT) continues to: Avail resources for treatment and care activities, Provide gender and HIV & AIDS related information and technical experts and Open up communication channels to support monitoring, information sharing for gender related HIV & AIDS issues. The informal sector also works closely with the Ministry of labour to implement activities contained in this Operational Plan.

6. MONITORING AND EVALUATION OF THE IMPLEMENTATION OF THE OPERATIONAL PLAN

The activities contained in this Operational Plan are monitored, evaluated and reported within the framework of the Tanzania National Multisectoral HIV M&E System (HIV-MES). The M&E and reporting activities are aligned to the HIV-MES goal which is to 'To use relevant and comprehensive evidence provided in a timely manner in HIV-related planning and decision-making.' M&E activities for the gender and HIV & AIDS interventions are organized around the twelve components of an effective national M&E system as follows:

- 6.1** The monitoring and evaluation of activities contained in this Operational Plan are coordinated by TACAIDS Directorate for M&E. M&E activities at sectors, sub-national and service delivery levels are undertaken by stakeholders at all levels as agreed upon by TACAIDS and the M&E TWG.
- 6.2** Knowledge and skills in monitoring and evaluating gender sensitive HIV & AIDS activities are strengthened at national, sub-national and service delivery level. This human capacity strengthening is done based on HIV-MES capacity assessment and a capacity strengthening plan developed by TACAIDS and stakeholders.
- 6.3** The M&E TWG incorporates gender and HIV & AIDS M&E among its main areas of focus and includes representation of MCDGC in its membership. The M&E TWG coordinates and manages the gender related HIV & AIDS M&E activities at national, sub-national and service delivery level.
- 6.4** The national HIV M&E framework already indicates how gender and HIV & AIDS issues are measured for relevant indicators with their data sources, information products and stakeholders. In addition the TWG identifies strategic gender and HIV & AIDS M&E activities and includes them in the implementation work plans for stakeholders' and TACAIDS.
- 6.5** The M&E TWG continuously advocates for gender responsive M&E plans and activities. In line with this the M&E TWG ensures that surveys and surveillance which are undertaken apply tools and protocols which capture gender and HIV & AIDS issues. Likewise the routine program monitoring tools are also aligned to capture pertinent gender and HIV & AIDS information. All the information generated is captured in the national HIV & AIDS database in TACAIDS.
- 6.6** TACAIDS also strengthens data quality for gender and HIV & AIDS during routine supportive supervision and data auditing. Annually, the M&E TWG and TACAIDS list gender and HIV related research and learning needs as well as priorities. Likewise the M&E TWG and TACAIDS include gender and HIV & AIDS information in the HIV & AIDS reports and information products. These reports and information products are disseminated and stakeholders encouraged in using gender related information for decision making during planning and implementation of gender transformative and sensitive HIV & AIDS interventions.

7. FORESEEN RISKS AND MITIGATION STRATEGIES FOR IMPLEMENTING THE OPERATIONAL PLAN

This Operation Plan may carry some inherent risks and assumptions including the possibility of: inadequate leadership support for implementation, limited implementation capacity, insufficient cooperation of stakeholders and delays or inadequate funding for interventions. TACAIDS and other stakeholders have planned actions to mitigate these risks as follows:

- 7.1** The probability of inadequate leadership support for implementation is low as the Government MDAs, CSOs, private sector and all stakeholders are committed to combating HIV & AIDS in a gender sensitive manner. However the impact, if it occurs, would be significant. TACAIDS and stakeholders will continue to maintain and encourage regular discussions among partners at all levels to sustain leadership support for implementing activities in this Operational Plan.
- 7.2** The probability of limited implementation capacity is medium as various implementers have received significant capacity strengthening in aspects of gender and HIV & AIDS interventions. If the capacity is not sustained or retained then the quality of interventions could be compromised. HIV & AIDS Development Partners, TACAIDS and other stakeholders will continue to provide sustained technical assistance and capacity strengthening to implementers of activities contained in this Operational Plan.
- 7.3** The probability of insufficient cooperation of stakeholders is low since initial discussions and previous working arrangements have proved that stakeholders are willing to continue to collaborate closely across sectors to plan and implement gender sensitive HIV & AIDS interventions. TACAIDS will continue to work closely with stakeholders to step up joint coordination structures and mechanisms for implementing activities contained in this Operational Plan.
- 7.4** The possibility of delays or inadequate funding for interventions contained in this Operational Plan is medium. There is funding at national levels for coordinating and managing gender sensitive HIV & AIDS interventions. However, Tanzania is a vast country and it may be difficult to raise sufficient funds to implement activities contained in this plan in all districts and villages. Delays or inadequate funding could lead to some activities not being implemented as planned. TACAIDS will continue to work with stakeholders to advocate for adequate commitment and timely disbursements of funding for implementing activities contained in this Operational Plan.

8. CONCLUSIONS AND WAY FORWARD

This Operational Plan for the HIV Response in Tanzania Mainland is to be implemented from the year 2010 to 2012 as a tool for TACAIDS and its partners to enhance coordination and supervision of gender sensitive HIV & AIDS activities being undertaken by various stakeholders at national levels down to community service delivery points. The Operational Plan will be reviewed and a second edition developed by 2013 when aligned to the third generation NMSF which will have been developed by then.

TACAIDS ensures that adequate resources are mobilized and the organizations responsible for implementing activities contained in this Operational Plan undertake activities to an optimum level. TACAIDS provides supportive supervision where need be to solve issues and challenges encountered in the implementation of activities contained in this plan.

Annually TACAIDS organizes stakeholders meeting to review implementation of activities in this Operational Plan. This annual meeting provides solutions to challenges and proposed activities to enhance the implementation of gender sensitive HIV & AIDS activities.

The implementation of activities contained in this Operational Plan for the HIV Response in Tanzania Mainland leads to stakeholders addressing gender related HIV & AIDS differences, inequalities, issues and needs of communities within Tanzania Mainland.

Annex A:

LIST OF CONTRIBUTING ORGANIZATIONS

By alphabetical order, the list of contributing organizations:

- AIDS BUSINESS COALITION OF TANZANIA (ABCT)
- BAKWATA MUSLIM COUNCIL
- CAMFED TANZANIA
- CENTRE FOR ADVOCACY AND EMPOWERMENT (CADEM)
- CHRISTINA SOCIAL SERVICES COMMISSION (CSCC/TEDG)
- ENGENDER HEALTH CHAMPION
- EMBASSY OF IRELAND
- ECONOMIC AND SOCIAL RESEARCH FOUNDATION (ESRF) TANZANIA
- FAMILY HEALTH INTERNATIONAL (FHI)
- GENSAT
- GERMAN DEVELOPMENT COOPERATION/TANZANIA GERMAN PROGRAMME FOR SUPPORT TO HEALTH (GTZ/TGPSH)
- HEALTHSCOPE TANZANIA
- ILALA DISTRICT COMMISSIONER
- JOHNS HOPKINS UNIVERSITY (JHU)
- KIMARA PEER EDUCATORS
- KIMARA YOUTH PREVENTION SERVICE
- KINONDONI MUNICIPAL COUNCIL
- LEGAL AND HUMAN RIGHTS CENTRE (LHRC)
- MINISTRY OF COMMUNITY DEVELOPMENT, GENDER AND CHILDREN (MCDGC)
- MINISTRY OF EDUCATION AND VOCATIONAL TRAINING (MOEVT)
- MOLO SAYUNI
- MUFINDI DISTRICT COMMISSIONER
- NATIONAL COUNCIL FOR PEOPLE LIVING WITH HIV & AIDS (NACOPHA)
- NATIONAL AIDS CONTROL PROGRAMME (NACP)
- TANZANIA COMMISSION FOR HIV & AIDS (TACAIDS)
- TANZANIA GENDER NETWORKING PROGRAMME (TGNP)
- Tanzania Women of Impact Foundation (TAWIF)
- Tanzania Women Lawyers Association (TAWLA)
- TEMEKE MUNICIPAL COUNCIL
- TEMEKE District Council
- Tanzania Marketing and Communications Company Ltd (T-MARC)
- Tanzania Network of Women Living with HIV & AIDS (TNW+)
- TANZANIA German Programme for Support Health / Prevention and Awareness in Schools of HIV/AIDS/ Ministry of Education and Vocational Training (TGPSH/PASHA/MOEVT)
- UKONGA
- UNITED NATIONAL FUND FOR WOMEN (UNIFEM)
- JOINT UNITED NATIONS PROGRAM ON HIV & AIDS (UNAIDS)
- UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) TANZANIA
- Youth Parent Crisis Counseling Centre (YOPAC)

Annex B:

LIST OF CONTRIBUTING TECHNICAL TASK TEAM MEMBERS

By alphabetical order, the list of task force members:

1. Achilles Ndyalusa	MCDGC
2. Andulile Kanza	AMREF
3. Annmarie Mavenjina	TAWLA
4. Ben Awinda	Editor
5. Betty Malaki	TACAIDS
6. Bruno Masumbuko	GTZ
7. Eliazary Nyagwaru	TACAIDS
8. Emebet Admassu	UNAIDS
9. Fatma Mrisho	TACAIDS
10. Geoffrey Chambua	Consultant
11. Jackson Marcel Kwingwa	CADEM
12. James Wandera Ouma	TNW+
13. Japhace T Daudi	TACAIDS
14. Jerome Kamwela	TACAIDS
15. Julie Tumbo	Consultant
16. Juster K Rutabba	Nurse Kigoma
17. Lena Mfalila	NACP
18. Neema Duma	TGNP
19. Pili Mtauchila	Temeke Municipal Council
20. Raphael Kalinga	TACAIDS
21. Benedict Raymond Mangulu	MOEVT/PASHA
22. Sakina Othman	TACAIDS
23. Salome Anyotti	UNIFEM
24. Subilaga Kasesela Kaganda	TACAIDS
25. Steven Wandella	TACAIDS
26. Vera Mdai	TACAIDS
27. Vida Mwasalla	GTZ
28. Laura Skolnik	PEPFAR
29. Ludovica Tarimo	USAID

Annex C:

LIST OF REFERENCES

- AMREF consortium, GFR9 concept note, 2009
- Civil Service data, June 2009
- LHRC, Tanzania Human Rights Report, 2007
- Ministry of Health and Social Welfare, The National Road Map Strategic Plan, Plan One, April 2008
- Norwegian working group on HIV & AIDS and gender, HIV & AIDS awareness raising folder, 2001
- TACAIDS, Gender Audit on Tanzania National response to HIV & AIDS, 2009
- TACAIDS, HIV prevention strategy for Tanzania Mainland, 2009
- TACAIDS, NMSF, 2008-2012
- TACAIDS et al, Tanzania HIV & AIDS and Malaria Indicator Survey (THMIS), 2007-2008
- UNAIDS, Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, 2010
- URT, Analytical Report for Integrated Labour force Survey (ILFS), 2006