

United Republic of Tanzania

Children and AIDS

Global Thematic MTSP 2014-2017 Outcome 2: HIV/AIDS

January - December 2016 Report



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Table of Contents

Table of Contents.....	2
Abbreviations and acronyms	3
1. Executive Summary.....	4
2. The Children and HIV Strategic Context of 2016	5
3. Results in the Children and HIV Outcome Area	8
4. Financial Analysis	11
5. Future Work Plan – Priority Actions for 2017-2018	14
6. Expression of Thanks.....	15
Annex 1. Human Interest Story.....	16
Annex 2. Donor Feedback Form	19

Abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALHIV	Adolescents Living with HIV
ART	Antiretroviral Treatment
ARV	Antiretroviral
CLHIV	Children Living with HIV
CSE	Comprehensive Sexuality Education
CTC	Care and Treatment Centre
DFID	Department for International Development
DPG	Development Partner Group
eMTCT	Elimination of Mother to Child Transmission of HIV
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
KP	Key Population
LGAs	Local Government Authorities
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
M&E	Monitoring and Evaluation
NACP	National AIDS Control Program
NGO	Non-Governmental Organization
NMSF	National Multi-Sectoral Strategic Framework
PASADA	Pastoral Activities and Services for People with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PORALG	President's Office Regional and Local Government
PSI	Population Services International
PSS	Psycho Social Support
PSSN	Productive Social Safety Net
RHASP	Regional HIV/AIDS Strategic Plan
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
TACAIDS	Tanzania Commission for AIDS
TASAF	Tanzania Social Action Fund
THIS	Tanzania HIV Indicator Survey
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
US	United States
ZAC	Zanzibar AIDS Commission
ZAPHA+	Zanzibar Association of People Living with HIV/AIDS

1. Executive Summary

Tanzania is home to 1.4 million people living with HIV with only 64 per cent having access to HIV treatment. The country also saw 54,000 new HIV infections in 2015 (UNAIDS 2016), many in adolescent girls and young women, suggesting that HIV prevention efforts need to be further improved.

To address bottlenecks in the HIV response related to children, adolescents and their families, UNICEF Tanzania supports the government in the implementation of the third National Multi-Sectoral Strategic Framework (NMSF-III, 2013/14–2017/18), which focuses on four aspects of HIV: prevention, care, treatment and protection. UNICEF Tanzania adopts an integrated approach to its HIV programme, organized around the first and second decades of life and grounded in the principles of equity, gender equality and human rights. It aims to locate and link HIV-positive or at-risk infants, children, adolescents, pregnant women and breastfeeding mothers with services and care, prevent new HIV infections, and to ensure that those living with HIV are treated and stay on treatment. Through advocacy, partnership and direct support, UNICEF in Tanzania contributed to improving and scaling up effective services for the prevention of mother to child transmission of HIV (PMTCT); in improving access to early infant diagnosis and paediatric treatment; and in mobilizing data and action around adolescents and HIV.

Critical challenges in the country include limited success to locate, treat and retain adolescents living with HIV, as well as still limited disaggregated data on adolescents and HIV, limited knowledge and demand for services among adolescent boys and girls, and the need to further improve HIV prevention efforts. Access to services for key populations has also become increasingly challenging and the age of consent for HIV testing contributes to the poor access to health services by adolescents and young people.

To address these challenges, UNICEF Tanzania focused on using the Global Thematic HIV Funds in 2016 on reducing these bottlenecks and accelerating results for adolescents 10-19. During 2016 specific achievements accomplished with UNICEF support included:

- Enhanced availability of data on adolescent and HIV through an 'ALL IN' assessment and data abstraction exercise.
- Developed and expanded coverage of psycho social support services, disclosure support and treatment adherence to adolescents living with HIV to ensure support for 37 per cent of adolescents living with HIV in the UNICEF supported regions in Mainland, and 35 per cent of adolescents living with HIV.
- A new programme model was developed with the Tanzania Social Action Fund to enhance the current cash transfer programme with livelihoods, HIV and Sexual and Reproductive Health (SRH) education and linkages to services as well as improved HIV prevention efforts.
- 3.4 million young people in Tanzania were reached with the innovative radio show "Shuga" to learn and discuss SRH, HIV and growing up more safely.
- Under the leadership of TACAIDS, a national coordination mechanism on adolescents and young people was supported, which provided the platform for multi sectoral knowledge exchange, including how to better tackle persistent gender inequality issues.
- The Ministry of Health, Community Development, Gender, Elderly and Children was supported to develop national key population guidelines.
- Policy advocacy took place to lower the age of consent for HIV testing from the current 18 years.

During the next phase of the Country Programme, UNICEF Tanzania's HIV programme will focus on further improving the demand side, quality of services and a more enabling environment for children and adolescents, especially those living with HIV or at risk of infection. Strong emphasis will continue to be placed on adolescent girls.

2. The Children and HIV Strategic Context of 2016

Tanzania has reduced new HIV infections by 20 percent between 2010 and 2015, to 54,000 according to the UNAIDS 2016 Estimates. However, the country is home to 1.4 million people living with HIV, including 91,000 children aged 0–14 years, and 790,000 AIDS related orphans.

HIV prevalence varies in the country, with 4.7 per cent nationally among adults aged 15–49, and 1 per cent in Zanzibar. HIV prevalence further varies dramatically from region to region. For instance, Njombe has a high prevalence of 14.8 per cent, and Dar es Salaam and Mbeya shoulder an estimated one third of the total number of HIV cases among adults. As in other countries in the East Africa, the prevalence continues to be higher in women (5.6 per cent) compared to men (3.7 per cent), with even higher prevalence in young women aged 15–24 in Njombe (9 per cent) and Iringa (7 per cent). Of further note is that while the HIV prevalence among adults has decreased from 7 per cent in 2004 to 4.7 per cent in 2015, the prevalence among 15 to 19 year old adolescent boys and girls in Tanzania has not decreased since 2008.

In Zanzibar, the epidemic is concentrated in key populations: sex workers (19.3 per cent), men who have sex with men (2.6 per cent) and people who inject drugs (11.3 per cent).

In terms of prevention of mother to child transmission of HIV, good progress has been noted and the country has expanded coverage of ARVs for pregnant women to 86 percent.

Looking at adolescents, about 80,000 adolescent boys and girls are living with HIV in Tanzania, which equates to 4.5 per cent of the global burden. More than 5,500 adolescents were newly infected in 2015. This is compounded by the fact that 27 per cent of girls aged 15 to 19 are pregnant or have had a child, and an increase from 23 per cent in 2010. Yet, adolescent-friendly sexual and reproductive health services are still very limited. It is not known how many adolescents living with HIV in Tanzania are accessing HIV treatment, care and support services due to a lack of disaggregated programme data. However, in 2015, 2,300 adolescents died from AIDS, suggesting significant challenges in identification, enrolment and retention in HIV treatment programmes.

Key drivers of the epidemic among young people include having the first sexual experience at a young age, early and often forced marriage, limited access to information and services on sexual reproductive health and HIV prevention,

violence and abuse. Other risk-taking behaviours may be fuelled by economic factors. Adolescents and young people, particularly girls, may practice unsafe behaviours, such as transactional sex and age-disparate sex, to help with daily needs. However, only 37% of adolescent girls age 15-19 have comprehensive knowledge about HIV, and only 37% used a condom at last sexual intercourse. All adolescents have the right to the information, skills, social support and services that empower them to protect themselves from HIV and sexual and reproductive health problems such as teenage pregnancy. Children and adolescents living with HIV, just like adults, deserve high-quality psychosocial support, which enables them to stay healthy and keep taking their medicine; to access age-appropriate information and skills to deal with disclosure; and to negotiate safe sexual relationships as they face the transition to adulthood.

Adolescents and HIV

- 81,000 adolescents (age 10-19) are living with HIV
- 5,500 newly infected adolescents (age 10-19) in 2015; 69% were girls
- 2,300 adolescents (age 10-19) died from AIDS in 2015, which is 6% of total AIDS-related deaths
- Only 37% of adolescent girls (age 15-19) have comprehensive knowledge about HIV
- 13% of adolescent girls (age 15-19) have had first sexual intercourse by age 15
- 37% of adolescent girls (age 15-19) and 35% of adolescent boys used a condom at last sexual intercourse

Source: UNAIDS 2015 HIV and AIDS estimates, Tanzania AIS 2011/12, TDHS MIS 2015-2016

To address these manifold challenges, UNICEF Tanzania supports the government in the implementation of the third National Multi-Sectoral Strategic Framework (NMSF-III, 2013/14–2017/18), which focuses on four aspects of HIV: prevention, care, treatment and protection. UNICEF Tanzania adopts an integrated approach to its HIV programme, organized around the first and second decades of life and grounded in the principles of equity, gender equality and human rights. It aims to locate and link HIV-positive or at-risk infants, children, adolescents, pregnant women and breastfeeding mothers with services and care, prevent new HIV infections, and to ensure that those living with HIV are treated and stay on treatment. Through advocacy, partnership and direct support, UNICEF in Tanzania contributed to improving and scaling up effective services for the prevention of mother to child transmission of HIV (PMTCT); in improving access to early infant diagnosis and paediatric treatment; and in mobilizing data and action around adolescents and HIV.

UNICEF is working with partners in Tanzania to prevent HIV infections and to keep adolescents living with HIV (ALHIV) alive and healthy. UNICEF has demonstrated leadership in providing technical support and generating strategic information for evidence-based HIV policy and programming across sectors. In 2015, together with the Tanzania Commission for AIDS (TACAIDS) and the Zanzibar AIDS Commission (ZAC), UNICEF Tanzania led a secondary analysis of the Tanzania Demographic Health Survey (2010), Tanzania HIV/AIDS and Malaria Indicator Survey (2011) and the Violence Against Children Study (2009) to better understand the vulnerabilities of young people aged 10–24 years in Tanzania. This guided the actions of policy makers and helped the implementation of programmes and establishment of linkages across the HIV, Health, Education, Nutrition, Child Protection and Social Protection sectors. Furthermore, UNICEF provided technical support for the coordination and implementation of an effective and more sustainable national HIV response, with a focus on HIV prevention for adolescent girls, adolescents living with HIV, and adolescent key populations. UNICEF is working with partners in five selected high HIV-prevalence regions in Mainland Tanzania and in Zanzibar to create demand for high impact interventions and to increase the uptake of key HIV services. Working with NGO and government partners, UNICEF is developing sustainable models to support adolescents, including adolescent living with HIV.

A year after the launch of the SDGs, UNICEF is supporting the government of Tanzania to roll out the SDG agenda in the country, providing tremendous opportunities for a more comprehensive approach to preventing and treating HIV in children, adolescents and their families, as well as overall strengthening of health and community systems. However, the continued disease specific funding streams on HIV pose a challenge to advance more integrated and sustainable approaches. Not only does the country continue to significantly rely on external donor funding, also the new funding tends to focus on HIV treatment, with far less investments going into HIV prevention. Further key challenges in the country include limited capacity of local civil society organizations, limited success to locate, treat and retain adolescents living with HIV, as well as increased but still limited disaggregated data on adolescents and HIV. Access to services for key populations has become increasingly challenging with new guidelines not being launched and selected service centres for key populations closed. The UN together with other key stakeholders have been engaging with government in a constructive dialogue to promote that key and vulnerable populations remain essential partners in the national response to the epidemic. Further, age of consent for HIV testing and stigma and discrimination continue to contribute to the poor access to health services by adolescents and young people, with efforts under way in 2016 to reduce age of consent and to disseminate policies and guidelines that promote adolescent SRH and rights.

To increase domestic financing, UNICEF positioned itself in recent years as an active partner informing the development of the national HIV trust funds. The Trust Fund, however, has to be yet operationalized. In terms of programmatic challenges, UNICEF has used the extremely important global thematic resources to develop new sustainable models and expand coverage and quality of services to better prevent and treat HIV in children, adolescents and their

families. UNICEF further uses its technical influence to guide the development of HIV programmes funded through the US Government and the Global Fund to fight HIV, TB and Malaria (GFATM). To build capacity of local organizations and promote knowledge sharing, UNICEF has supported the establishment of a national coordination mechanism, the Adolescent and Young Adult Technical Working Group, chaired by TACAIDS. To scale up evidence based services for children and adolescents, UNICEF joined other UN agencies in supporting the MOHCDGEC to develop new ART treatment guidelines as well as a new package of care for adolescents, which is expected to be completed in early 2017.

UNICEF's HIV programme works with a range of partners. Below table provides an overview.

Table 1. UNICEF HIV Programme Partnerships in 2016

Partners	Partner Type	Purpose of the Partnership	Partner Role	UNICEF Role
Ministry of Health, Social Welfare, Gender, Elderly and Children Tanzania Commission for AIDS Ministry of Education Science and Technology Tanzania Social Action Fund (TASAF) President's Office-Regional Administration and Local Government Ministry of Health Zanzibar, Zanzibar AIDS Commission	Government	Policy, strategies, guidelines, supervision and capacity building, oversight of 'Cash Plus' programme	Provide policy guidance on HIV; National and sub national coordination on HIV; Oversight, planning, budgeting and monitoring of national and sub national HIV results for children, adolescents and their families; Capacity building of health workers, teachers and social workers	Technical advice, Advocacy, Policy dialogue; Support to programme development, funding, technical assistance, monitoring and management Documentation and sharing of lessons learned
District Councils in selected districts of Mbeya, Njombe, Iringa, Songwe and Dar es Salaam regions	Government	Overall project support and long-term sustainability	Support and oversee NGO in the planning and implementation process Supporting and monitoring work of the NGOs and follow up	Funding, technical assistance, monitoring and management Technical Assistance and documentation

Partners	Partner Type	Purpose of the Partnership	Partner Role	UNICEF Role
Pastoral Activities and Services for People with HIV (PASADA) Baylor College of Medicine Children's Foundation TAMASHA, Technoserve Sauti NGO PSI Children's Investment Fund Foundation National Council of People living with HIV ZAPHA+	NGOs	Implementation Advocacy, Resource mobilization	Service provision, community facilitation, training and documentation; Joint Advocacy	Advocacy, technical support and leadership, Programme development, funding, monitoring and management; documentation; sharing of lessons learned
UN Agencies, US Government GFATM Dutch and other European Governments, DFID	Development partners	Advocacy; Strategic Planning; Policy Dialogue	DPG-AIDS and DPG-Health; Financing, advice and monitoring of HIV programmes	Policy advocacy, technical facts and latest data, resource leveraging, support coordination with UN agencies

3. Results in the Children and HIV Outcome Area

UNICEF's Country Programme Outcome on HIV seeks to achieve improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions. Efforts in 2016 focused on scaling up models for effective health facility and community approaches to strengthen identification, linkages and retention of children and adolescents living with HIV into care, treatment and support services. Through partnerships with government, NGOs and faith based organizations, over 4,052 adolescents living with HIV (ALHIV), which is 37 per cent of ALHIV in UNICEF program regions (5 per cent countrywide), were reached with psychosocial support services, sexual and reproductive health (SRH) and life skills education, and treatment literacy improving disclosure of HIV status and retention in treatment and care. Plans are underway to support government to strengthen sustainable community-facility based models to scale up psychosocial and peer support in order to reach 10,000 adolescents living with HIV by 2021 within the 6 UNICEF supported regions. During 2016, in Zanzibar, 35 per cent of all children and adolescents living with HIV received psychosocial support (PSS) and life skills education through UNICEF support. The strong PSS and life skills provided by trained facilitators through children's clubs has helped CLHIV to develop self-assertiveness that makes them live confidently within their communities. ZAPHA+ plans to reach at least 90 per cent of adolescent and CLHIV through clubs by the end of 2019. This can be achieved by enhancing and scaling up the capacity and the services offered by the clubs to reduce and ultimately eliminate stigma and discrimination against adolescent and CLHIV.

Furthermore, UNICEF galvanized the UN, government and other key stakeholders, to advocate for the design, implementation and scale up of high impact interventions to reduce HIV transmission and vulnerability among adolescents. Of note in 2016 is the first national meeting convened by UNICEF, which brought together key stakeholders from government

and non-government to review how social protection, health and other social services could be bundled into a comprehensive programme for adolescents from poor households. The consensus meeting unleashed the development of Tanzania's first "Cash Plus" programme, where UNICEF supports TASAF to develop and integrate Cash Plus into its existing government cash transfer programme component with the baseline to be completed in early 2017.

To strengthen national and subnational capacity regarding data on adolescents, including data collection, disaggregation and use, UNICEF continued in 2016 to provide leadership in supporting the generation and analysis of new disaggregated data to understand bottlenecks. This included UNICEF's support to TACAIDS and in close collaboration with other partners to conduct a rapid assessment of data on adolescents and HIV (ALL IN Data Assessment) in Mainland and Zanzibar. The assessment highlighted data gaps such as lack of data on adolescents aged 10-14 years, data on adolescents of key populations and lack of age-disaggregated data at the facility level. The ALL IN initiative was catalytic in galvanizing high level government support and in identifying priority actions and opportunities for advancing the focus on adolescents across sectors including strengthening multi-sectoral coordination, national monitoring and evaluation systems and data on adolescents, and implementation of evidence based programmes.

In order to estimate national, age-disaggregated HIV and SRH service coverage rates for adolescents and establish retention in HIV care and outcomes at 6 and 12 months among adolescents living with HIV, with UNICEF support, a retrospective data abstraction and analysis exercise was conducted between February and April 2016. Findings reinforced the case for revision of national data collection and reporting tools and adjustment of policies to improve HIV service coverage and quality for adolescents.

To strengthen government, private sector and communities' leadership for a sustainable HIV response, including reduction of stigma and discrimination, UNICEF Tanzania continued to play an important policy, advocacy and technical role in various coordination and planning mechanisms, including but not limited to Development Partner Group (DPG), the UN HIV Programme Working Group, the various Technical Working Groups (TWGs) including PMTCT, Paediatric HIV, HIV Prevention, Adolescents and Young Adults, and TASAF Livelihoods Enhancement committee. As a result of this engagement, UNICEF contributed to the review and development of key national strategic documents, including the review of the 2012-2015 eMTCT plan, development of the National HIV Prevention Operational Plan, and the Livelihoods Enhancement Strategy of the PSSN programme. Together, the implementation of these key strategies and plans, grounded in evidence, will contribute to the reduction of new HIV infections, morbidity and mortality, and the attainment of Tanzania's goal of an AIDS-free generation.

During the year, UNICEF continued to play a key role in supporting multi-sectoral coordination of the HIV response at the sub-national level with technical support provided to four high HIV prevalence regions in implementation, monitoring and reporting of the Regional HIV/AIDS Strategic Plans (RHASPs). Through bi-annual stakeholder meetings RHASPs were reviewed and updated, with progress against indicators provided. In 2016, 20 district councils within UNICEF supported regions were oriented on the RHASPs and the revised monitoring and evaluation tools, and they are progressively reporting on HIV and demonstrating improved quality of data and reports.

To increase adolescent and young key populations access to quality HIV prevention, care, treatment and support services in four high HIV prevalence regions (Dar es Salaam, Mbeya, Iringa, Njombe), UNICEF supported the implementation of high impact HIV interventions for adolescents and young people, including those living with HIV. Through partnerships with government, NGOs and faith based organizations, UNICEF reached over 4,052 adolescents living with HIV with psychosocial support services, SRH, life skills education, and treatment literacy improving attendance to CTCs, disclosure and retention into treatment and care. In

Zanzibar, 35 per cent of children and adolescents living with HIV received psychosocial support (PSS) and life skills education. The strong PSS and life skills provided by trained facilitators through children's clubs has helped CLHIV to develop self-assertiveness that makes them live confidently within their communities. With support from UNICEF, the NGO's plan to reach at least 90 per cent of the adolescents and CLHIV through clubs by enhancing and scaling up the capacity and the services offered by the clubs to reduce and ultimately eliminate stigma and discrimination against adolescent and CLHIV. UNICEF supported the planning with government and development partners of the design of a 'cash plus'/HIV sensitive social protection programme to address the multiple deprivations experienced by vulnerable adolescents and youth. It builds from a poverty reduction platform but adds interventions around livelihoods and sexual and reproductive health to improve economic, health and protection outcomes.

Further, to improve demand and reduce stigma and discrimination, in close collaboration with government and partners, phase II of "Shuga" radio drama series that promotes HIV testing and Counselling (HTC) and condom use was finalized. Based on feedback from the first phase, the focus on adolescent girls was strengthened with episodes addressing prevention of HIV, sexual violence and teen pregnancy. The Global Thematic Funds allowed UNICEF Tanzania that this important programme broadcasted in Tanzania Mainland and Zanzibar reached over 3,300,000 people, and that it contributed to increased awareness and knowledge on HIV, violence and pregnancy and uptake of services.

During the end of the previous country programme, which concluded mid-2016, UNICEF Tanzania's HIV programme experienced a staff shortage during the year. However, recruitments for key positions have been completed and staff have come on board, including a new Chief as well as a Junior Professional Programme Officer.

UNICEF Tanzania immensely benefited from the Global HIV Thematic Funds, which allowed the team to cover core staff costs to achieve results for children and ensure professional technical assistance. Global Thematic Funds continue to be an important resource for UNICEF Tanzania given the global declining resources as well as the limited HIV fund raising opportunities for the Country Office.

Results Assessment Framework

Table 2. Results Assessment Framework for CPD Children and AIDS Outcome

Children and AIDS Outcome in CPD: Improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions for children, adolescents and their families.			
Through advocacy, partnership and direct technical and financial support, UNICEF Tanzania contributed to improving and scaling up effective services for the prevention of mother to child transmission of HIV (PMTCT); in improving access to early infant diagnosis and paediatric treatment; and in mobilizing data and action around adolescents and HIV.			
Outcome indicators	Baseline (2016) (text, % and/or #)	Target (2021) (text, % and/or #)	Progress (text, % and/or #)
Percentage of adolescent boys and girls aged 15-19 years who reported use of a condom the last time they had sex with any	Female 37.7%; Male 45.2% (2012)	75 % Male and Female (MoV THIS)	Tanzania HIV Impact Survey (THIS) data collection completed in Zanzibar and in Q2 for Mainland. UNICEF in

partner among those who had more than one sexual partner in the past 12 months			Steering Committee and results expected in Q3/4.
Adolescents aged 15-19 years having comprehensive knowledge about HIV and AIDS (Disaggregated by sex)	Female 37%; Male 42% (2012)	40% Male and Female (MoV THIS)	Tanzania HIV Impact Survey (THIS) data collection completed in Zanzibar and in Q2 for Mainland. UNICEF in Steering Committee and results expected in Q3/4
Adolescent females and males aged 15-19 years who received an HIV test and know the results in the past 12 months	21% (female); 13% (male) (2012)	40% (MoV THIS)	Tanzania HIV Impact Survey (THIS) data collection completed in Zanzibar and in Q2 for Mainland. UNICEF in Steering Committee and results expected in Q3/4
Constraints and actions taken	<p>Challenges included negative declarations and actions against organizations working with key populations, which have raised concerns regarding the ability of this group to access HIV-related services. Continued age of consent related barriers to access services. High reliance on external funding.</p> <p>Actions Taken: UNICEF supported UN and other key stakeholders who have been engaging with government in a constructive dialogue to ensure that key and vulnerable populations remain essential partners in the national response to the epidemic. Policy advocacy was critical to initiate a discussion at national level to review the age of consent for HIV testing. To address declining resources for HIV/AIDS and the fact that the national response is heavily dependent on external resources, UNICEF jointly with other partners supported the development of an AIDS Trust Fund.</p>		

4. Financial Analysis

Below follows a financial analysis for 2016 of the HIV & AIDS Outcome Area of the Country Programme. It outlines the planned and funded budget for the HIV & AIDS outcome area (table 3), expenditure for the outcome area (table 4), thematic expenses for the outcome area (table 5), and expenses by specific intervention codes for the outcome area (table 6).

Table 3. Planned and funded budget for HIV & AIDS (US\$)

Intermediate Results	Funding Type	Planned Budget
02-05 HIV General	RR	600,000
	ORR	520,800
Total Budget		1,120,800

Table 4. Expenditure for HIV & AIDS (US\$)

Organizational Targets	Expenditure Amount		
	Other Resources - Regular	Regular Resources	All Programme Accounts
02-01 PMTCT and Infant male circumcision	338,289	307,848	646,137
02-02 Care and Treatment of children affected by HIV and AIDS	340,655	79,766	420,421
02-03 Adolescents and HIV/AIDS	136,582	541,355	677,936
02-04 Protect, care and support children and families affected by	160	62,017	62,176
02-05 HIV # General	114,195	950,820	1,065,015
Total Budget	929,880	1,941,806	2,871,685

Table 5. Thematic expenses for HIV & AIDS (US\$)

	Funding Type	Expenditure
02-03 Adolescents and HIV/AIDS	ORR	61,201
02-05 HIV # General	ORR	111,366
Grand Total		172,567

Table 6. Expenses by specific intervention codes for HIV & AIDS (US\$)Error! Not a valid link.[ExpendituresbyProgArea](#)

5. Future Work Plan – Priority Actions for 2017-2018

UNICEF plans to continue to support the Government of the United Republic of Tanzania through Tanzania Commission for AIDS (TACAIDS), Ministry of Health Community Development, Gender, Elderly and Children (MoHCDGEC), Zanzibar AIDS Commission (ZAC) and Local Government Authorities (LGAs) to promote and implement high impact HIV and AIDS prevention, care and treatment interventions. These interventions are organised in two categories, the first and second decade of life, focusing on three main target groups: infants and children, pregnant women/mothers, and adolescents, including key populations (KPs). Specifically, the focus will be on:

1. Support harmonization of M&E systems to better monitor elimination of MTCT including tracking of infant mother pairs, tracking from delivery to 18 months, assessment of M&E systems for PMTCT from service delivery to national level, including the issue of harmonization of option B+ and care and treatment systems;
2. Technical assistance and advocacy for timely production of common data sets for PMTCT and real time reporting on PMTCT patient flow;
3. Support and advocate for the generation of age and sex-disaggregated data for advocacy and use in policies and programs. UNICEF will strategically participate in all processes of the ongoing national Tanzania HIV Indicator Survey (THIS) to ensure that the adolescent module is well implemented through from data collection and processing to analysis and reporting;
4. Conduct identification and referral of children and adolescents living with HIV (ALHIV) using high yielding strategies and linking with health facilities in five high prevalence regions: Mbeya, Njombe, Iringa Songwe and Dar es Salaam;
5. Strengthen sustainable models (health facility/community) to deliver psychosocial support and improve ART retention among children and adolescents living with HIV (ALHIV) in Dar es Salaam, Mbeya, Njombe, Iringa and Songwe regions;
6. Support demand creation interventions for high impact HIV prevention and treatment services, sexual and reproductive health through mass and new media, and interpersonal communication;
7. Develop guidelines for the operationalization of a service package for key populations (including adolescent key populations);
8. Development and implementation of a Standard Package of Services for Adolescents Living with HIV and job aids for health workers;
9. Implement, document best practices and rigorously evaluate implementation of a Cash Plus intervention in two pilot districts of Mufindi and Rungwe. This is an initiative comprising both intervention and evaluation using a randomized control trial research method. It aims to test the efficacy of additional support on livelihoods enhancement and sexual reproductive health including HIV for adolescents from households receiving cash transfers from the Productive Social Safety Net program in Tanzania in order to break the intergenerational cycle of poverty and promote a safe, productive and healthy transition to adulthood.
10. Support national and subnational multi-sectoral coordination and planning, focusing on adolescents/youth/key populations.

In order to provide support to implement these activities, UNICEF requires additional resources, especially for the provision of technical assistance and scale up of HIV prevention and treatment for adolescents and young people.

6. Expression of Thanks

UNICEF in collaboration with the national partners (TACAIDS, ZAC, MoHCDGEC, National AIDS Control Program (NACP), Implementing Partners as well as the beneficiaries of this support would like to thank the National Committee of the Netherlands for supporting the improvement of access to and utilization of HIV prevention, care and treatment services for infants, children and adolescents in Tanzania. This support contributed significantly to the successful implementation of these activities.

The impact of your support has been significant in responding to the rapidly increasing need of identifying and linking children and adolescents with testing and care as well as retaining adolescents in treatment.

UNICEF Tanzania sincerely appreciates the generous contribution by the National Committee of the Netherlands and is committed to continue supporting the response to HIV and AIDS targeting children, adolescents, pregnant and breastfeeding women, and ensure that no one is left behind.

Annex 1. Human Interest Story

Disclosure: How it leads to improvement and retention of adolescents in HIV and AIDS treatment and care

Author: Tulanoga Matimbwi, HIV/AIDS Specialist UNICEF Tanzania

19 year old Witness Nakanje is a beautiful, intelligent, open-minded young woman. She looks like any other teenager about to take on the world as a young adult in a few months. However, looks can be deceiving when you talk to Witness and find out that she has not had an easy life with a step mother who stigmatized and discriminated against her because of her HIV positive status. This experience has only made her stronger and eager to help other young people living with HIV get the support they need.



During some clinic days, she is asked to have a blood sample taken. Photo credit: UNICEF/2016/Hoerder

Witness receives her ART at a health clinic supported by PASADA, a faith based organization supported by UNICEF. PASADA has 20 health facilities in Dar es Salaam, implementing various HIV testing and counselling (HTC) strategies, and referring HIV-positive clients for care, treatment and support, according to national norms and guidelines.

Currently on antiretroviral (ARV) treatment, Witness lives a normal life attending the Institute of Finance Management and studying accounting. She found out about her HIV status from her late mother when she was 8 years old, and only after she repeatedly enquired why they needed treatment services at a clinic. “At that age I could read and write so I was reading all posters at PASADA clinic talking about HIV and even seminars given to patients were all about HIV. My mother explained that I got it from her during breastfeeding.”

“Although I was young I knew the consequences of HIV and I was worried. I cried a lot after knowing that I was HIV positive. I was worried because I heard bad stories about HIV and AIDS and mostly I was scared of death,” she said.



Witness is being counselled by a PASADA counsellor. Photo credit: UNICEF/ 2016/ Hoerder

PASADA provided counselling and support to Witness and her mother and in recent years had Witness enrolled into a post-test teen club, where she has learned more about living positively as an adolescent. She explained that the post-test teen clubs have been very useful to her. In particular, it has made her build confidence because she met other young people who are living with HIV, who shared their experiences about living positively, as well as how to manage stigma and discrimination in their homes and community at large. “Through teen clubs I learnt about issues related to life skills, gender, sexual and reproductive health, and HIV prevention, care and treatment. Being a peer educator has also contributed to increasing my confidence and decision making on issues affecting my life.”

“Being in the post-test clubs organized by PASADA made me bold enough to disclose my HIV status to relatives, friends and publicly through a radio station. It was ground-breaking for me, of letting people know my status,” she said. But it was not an easy process as some relatives and friends had mixed feelings. While some were supportive, others started discriminating against her, especially her step mother.

Witness explained that she needed to live a life free from secrecy, to maintain her dignity, achieve her life-long goals and protect others from contracting HIV by spreading the message of prevention. “I wanted to be free to take my medication when I was around my relatives and friends and I wanted them to understand how I live, particularly at times when I needed their support to keep healthy,” she said.

Having been through the process of counselling with PASADA and understanding the issues surrounding people living with HIV, particularly stigma and discrimination, Witness says she doesn’t regret disclosing her status because the benefits outweigh the disadvantages.

“Since I was born, my life depended on ARVs and being open about my status helped to use my medication freely. Through various trainings and conducting my own research, my knowledge about living with HIV has improved. As a peer educator I have been encouraging others to adhere to medication and other aspects of living with HIV. Knowing my HIV status at a very young age helped me to cope and establish a proper path for my life.”

The issue of disclosure of HIV status to children and adolescents by providers and parents is a big challenge globally, and Tanzania is no exception. Parents are sometimes not willing to disclose their children’s HIV status, due to guilt and fear of stigma and discrimination. PASADA recognises that disclosure is very important to children and adolescents.

They sensitize parents and caregivers on the issue, such that primary school age children are told their HIV status incrementally to accommodate their cognitive skills and emotional maturity, in preparation for full disclosure.



Picking up her medication at the PASADA pharmacy. Photo credit; UNICEF/2016/ Hoerder

Talking about what should be done to improve disclosure of children's HIV status, Witness said "From my experience and interaction with other children, I think that PASADA should provide more education and support to parents on the importance and processes of doing it. Counsellors should assist parents who are unable to disclose their children's HIV status, or provide support to calm down children who become very emotional in the process. I think age appropriate disclosure messages should be thought through and drafted so as to not only delay or overload young children with disclosure messages that they are not able to understand and handle."

Witness had some advice for PASADA too- that in order for clubs be even more effective and to increase participation of adolescents, the PASADA counsellor should be sure to stress the objectives and the importance of those clubs from the beginning. She believes if this is done properly many more adolescents will participate which will help them learn and live comfortably with their status.

Dar es Salaam has an estimated HIV prevalence of 4 % among youth (6.3% females; 1% males). Witness is one of the estimated one-quarter of HIV-positive youth (15-24 years) in Tanzania residing in Dar es Salaam. AIDS is the leading cause of death among adolescents in Africa. The "All In" initiative to #ENDadolescentAIDS is a platform for action and collaboration to inspire a social movement to drive better results with and for adolescents through critical changes in programmes and policy. UNICEF and partners work together in order to accelerate reductions in AIDS-related deaths and new HIV infections among adolescents in Tanzania.

Annex 2. Donor Feedback Form

Dear colleagues,

UNICEF works in a spirit of partnership and value all contributions for the realization of children's rights in Tanzania. Good reporting is a critical aspect of our commitment to deliver tangible and effective results for children, while ensuring the transparency of our interventions.

We are constantly trying to enhance the quality of our reports and their relevance towards our partners' expectations. With this in mind, your feedback is important. We would very much appreciate your frank and specific comments on this report.

We will carefully consider your comments, and would be grateful for any suggestion.

Again, thank you very much for your generous support.

Kindly return the completed form back to UNICEF by email to Bertrand Ginet (bginet@unicef.org).

With our warm regards,

UNICEF Team – Tanzania

**SCORING: 5 indicates "highest level of satisfaction" while
0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?
