



United Nations Development Programme
Tanzania Country Office
Project Document

<p>Award ID/Title:</p>	<p>ID: 00061905/ Strengthening Institutional Capacity for Gender and Human Rights Responsive Policies and Strategies to Combat HIV/AIDS in Tanzania Mainland and Zanzibar</p>
<p>UNDAP Outcomes:</p>	<p>UNDP will contribute to the following 4 out of 8 UNDAP Programme outcomes on HIV/AIDS (2011/15):</p> <ol style="list-style-type: none"> 1. Relevant Civil Society Organizations (CSOs) and PLHIV networks effectively coordinate and participate in decision making fora 2. Tanzania commission for AIDS (TACAIDS) and Zanzibar AIDS Commission (ZAC) provide effective guidance to the national HIV/AIDS response, based on evidence and agreed human rights standards 3. Relevant Ministries and Department Agencies (MDAs), local Government Authorities (LGA) and Non-State Actors (NSA) increasingly mainstream HIV/AIDS Workplace Programmes (WPP) 4. MDAs and CSOs reach and mobilize Most At Risk Persons (MARPs) to utilize appropriate user-friendly HIV/AIDS services
<p>UNDAP Outputs:</p>	<p>UNDP according to its mandate and DoL among UN Agencies in the response to HIV/AIDS will contribute to the following outputs that are linked to the above mentioned UNDAP programme outcomes:</p> <ol style="list-style-type: none"> 1.1. Civil Society Organizations (CSOs), including PLHIV umbrella organizations and networks, coordinate their constituencies and operationalize participatory processes 2.1. Existing M&E systems and sector reviews optimised to provide strategic information to decision makers and implementers at all levels for evidence based planning 2.2. TACAIDS and ZAC have appropriate technical capacity to support MDAs, LGAs and NSAs to mainstream Human Rights and Gender considerations in the national response to HIV/AIDS 2.3. Appropriate gender and human rights responsive policies and guidelines for an enhanced HIV/AIDS response are developed and disseminated 2.4. TACAIDS and ZAC mobilise resources and provide leadership, coordination and oversight of recipients and

	<p>stakeholders</p> <p>3.2 Technical AIDS Committees (TACs) and budget committees of selected MDAs and LGAs have the capacity for HIV/AIDS WPP and external mainstreaming in their respective MTEFs</p> <p>7.1 MDAs and CSOs provide user-friendly HIV/AIDS services to MARPs</p>	
Key Results Area (UNDP Strategic Plan):	Responding to HIV/AIDS	
Project Titles: <i>Linked to the UNDAF key actions</i>	Project ID/ Title:	Project ID/ Title:
	78995/ Strengthening Institutional Capacity for Gender and Human Rights Responsive Policies and Strategies to Combat HIV/AIDS in Tanzania Mainland	79403/ Strengthening Institutional Capacity for Gender and Human Rights Responsive Policies and Strategies to Combat HIV/AIDS in Zanzibar
Project Output(s): <i>Those that will result from the project and extracted from the activities under key actions in the UNDAF</i>	<ul style="list-style-type: none"> ➤ Technical and financial assistance to strengthen functional mechanism of CSOs and PLHIV networks to ensure inclusive participation in decision making fora and support coordinated interventions to Most At-Risk Populations (MARPs); ➤ Technical and financial assistance to strengthen capacities for knowledge exchanges around HIV/AIDS at national and regional levels; ➤ Support stakeholders consultations for joint HIV/AIDS sector assessment and review; ➤ Support TACAIDS and ZAC on capacity strengthening of MDAs, LGAs and NSAs on gender and human rights mainstreaming; ➤ Facilitate development and dissemination of user-friendly policies, laws and guidelines to policy makers, parliament and NSAs; ➤ Technical and financial assistance (including deployment of UNVs) to TACAIDS, ZAC, selected MDAs and NSAs for enhanced coordination, leadership, oversight and accountability at national, regional and district levels 	
Implementing Partner: <i>This refers to the key IP(s) indicated in the UNDAF</i>	TACAIDS	ZAC
Responsible Parties: <i>Other partners responsible for project activities under agreement with the IP</i>	PMORALG, MoHSW, MOJCA, MCDGC, LGAs, AMICAALL, Parliament, TAPAC, NACOPHA, NSAs	zMoHSW, zHoR, zNSAs, ZAPHA+, ZGFCCM, zMSWYWCD, zMLEEC, LGAs

Brief Description

This project is formulated within the CCPD/ UNDP's context, which is anchored on MKUKUTA II, MKUZA II, MDG6 and HIV/AIDS National Multisectoral Strategy Framework (NMSF) for Tanzania mainland and Zanzibar National Strategic plan (ZNSP). It intends to support key national institutions particularly TACAIDS and ZAC and other actors involved in the national response to HIV and AIDS (including NSAs and networks of PLHIV), to strengthen their coordination, leadership and implementation capabilities with appropriate mainstreaming of gender and human rights concerns of MARPs, through acquisition of knowledge and skills and enhancing institutional performance systems/processes. The expected key results are listed above as project outputs. The project will be implemented by Tanzania Commission for AIDS (Mainland) and Zanzibar AIDS Commission.

Programme Period:	4 years	Total resources required:	\$ 6,353,000
UNDAP Action ID:	-	Total allocated resources:	\$ 5,580,450
Atlas Award ID:	61905	Regular	\$ 2,900,000
Start date:	July 2011	• Other:	
End Date :	June 2015	○ One UN Fund	\$ 2,285,000
PAC Meeting Date:	16 Nov. 2011	○ Donor	_____
Implementation Modality:	NEX Modality	○ Donor	_____
		○ Government	_____
		Unfunded budget:	\$ 772,550
		Govt: In-kind Contributions	

UNDP and the Implementing Partner (IP) have mutually agreed to implement the Project as part of the UNDP in accordance with UNDP's mandate, rules and regulation and agreed DOL among UN Agencies in support of the national response to HIV and AIDS as well as the Government of Tanzania's norms and procedures for nationally executed projects. UNDP and the IPs hereby understand that the project will be implemented on the basis of an estimated budget as per the cover page over 2011-2015 conditional to the mobilization of resources up to the said amount in the budget. Thus, in the event that resources mobilized do not meet the estimated budget, UNDP and IPs will review project activities with the view to prioritise activities that could maximise delivery of outcomes.

Signatures:

UNDP and IPs mutually agree to the terms above in pursuing effective implementation of the project

Project ID: 78995/ Capacity Strengthening of the national response to AIDS, Tanzania mainland	Tanzania commission for AIDS (TACAIDS) - Mainland	United Nations Development Programme
Project ID: 79403 / Capacity Strengthening of the national response to AIDS in Zanzibar	Zanzibar AIDS Commission (ZAC)	United Nations Development Programme

1. Project Rationale

Introduction

The United Republic of Tanzania is among the least developed countries in the world with a strong commitment to contain the HIV epidemic. The National vision is to have a society in which Tanzanian children grow up free from the threat of HIV and AIDS. It is characterised as having a generalized epidemic with geographical, socio-economic, age and gender disparities and persistent high level of new infections, affecting development and social well-being of the population. In Zanzibar and some parts of Tanzania mainland the epidemic is more concentrated in high risk population groups, mostly men who have sex with men (MSM) and transgender individuals, drug users (particularly IDUs) and sex workers, commonly known as Most At-Risk Populations (MARPs). HIV infection has disproportionately affected more women than men, especially young women between 15 and 24 with HIV prevalence four times higher than their cohorts. There are nearly 1.8 million adults and children in Tanzania living with HIV, over 200,000 new infections occurring every year, and an average of 80,000 AIDS deaths per year and an estimated 2.2 million orphans and vulnerable children of which about 1 million are orphaned as a result of HIV and AIDS.

The Government of the United Republic of Tanzania is a signatory to most international HIV and AIDS instruments including the UNGASS on AIDS (2001) and Universal Access targets (2006) for accelerating HIV prevention, expanding treatment and care and support for affected individuals and communities, and impact mitigation of the epidemic.

The UN General Assembly High Level Meeting in June 2011, at which the national delegation was headed by the Vice President of the United Republic of Tanzania, reaffirmed its commitments to the global fight against AIDS with the target of Getting to Zero by 2015: Zero new infections; Zero discrimination, and Zero AIDS related Deaths. Among the commitments are:

1. The Security Council Resolution 1983 (June 2011) – reaffirming the significance of the epidemic to individuals, nations and global security, respect and promotion of human rights in conflict and post-conflict situations, recognition of the link between HIV and violence against women, and recognition of the contribution of integrating HIV responses in UN peace-keeping operations;

2. Political declarations on HIV/AIDS – intensifying efforts to eliminate HIV/AIDS. Recommitting to 2006 political declaration and 2001 UNGASS Declaration of Commitment, including new global targets for 2015, increase financial resources, a shared responsibility – a new global compact for HIV, Universal Access to HIV related services, specific needs of women and girls, a focus on key populations, and commitment to the UNAIDS Strategy 2011 – 2015.

The UN HLM committed itself to bold new targets for 2015 among them: i) 50 percent reduction in sexual transmission of HIV; ii) 50 percent reduction of HIV among people who inject drugs; iii) 50 percent reduction in TB deaths in people living with HIV; iv) Ensure no children are born with HIV and reduction of HIV-related maternal deaths, and v) Have 15 million people on Antiretroviral treatment.

In June 2010 UNDP and UNAIDS also launched the Global Commission on HIV and the Law with the aim of developing actionable, evidence-informed and human rights-based recommendations for effective HIV responses that promote and protect the human rights of people living with and most vulnerable to HIV. The Commission is intended to address some of the most challenging legal and human rights issues in the context of HIV, that are also important to Tanzania, among others: (1) laws and practices that effectively criminalise people living with and vulnerable to HIV; (2) laws and practices that mitigate or sustain violence and discrimination as lived by women; and (3) laws and practices that facilitate or impede treatment access.

Tanzania mainland passed in 2008 the HIV and AIDS Prevention and Control Act (HAPCA) that includes criminalization of HIV infection and fails to recognise the needs of key populations who are marginalised and most at risk for HIV infection, including sex workers, men who have sex with men, transgender individuals and people who use drugs. Zanzibar has also formulated an AIDS bill, which is to be tabled in the House of Representatives this year. To be able to halt and reverse the spread of HIV, it is important for Tanzania to have in place *rational responses which shrugs off the yoke of prejudice and stigma. Responses which are built on the solid foundations of equality and dignity for all, and which protect and promote the rights of those who are living with HIV and those who are typically marginalised.* Engagement and dialogue has started among Africa decision makers including Tanzania with the Global Commission on HIV and the Law (a meeting was held in South Africa in August 2011). Now the dialogue and discussion of

this subject is required among the decision makers, politicians and stakeholders within the country to resolve issues related to human rights, HIV and the law.

However, Tanzania has reported some success in reducing HIV prevalence in the country and is still focused on strengthening and scaling up prevention, care, treatment and support efforts. The UN and other Development Partners have collaborated and supported the Government efforts both technically and financially. Over the past 4 years from July 2007 to June 2011, under the United Nations Development Assistance Framework (UNDAF) and based on the development goals of MKUKUTA and MKUZA, the UN supported a Joint Programme on HIV/AIDS in line with the medium-term national priorities of the National Multisectoral Strategic Framework (NMSF) for Tanzania mainland and Zanzibar National Strategic Plan (ZNSP) for Zanzibar.

The support of the Joint Programme developed under the spirit of the UN Delivering as One, and for which UNDP was a Managing Agent (MA) on behalf of all other UN Agencies for pooled and One Fund resources, focused on the following thematic areas as outlined in the NMSF for mainland and ZNSP for Zanzibar: (i) Prevention of new HIV infections, (ii) Care and treatment, (iii) Impact mitigation and support, (iv) Monitoring and Evaluation, and (v) Enabling Environment. Integrated and implemented as part of the joint programme and the indicated thematic areas are cross-cutting considerations with focus on gender, human rights and capacity building.

Despite the concerted efforts to attack the epidemic that has led to the overall decline of HIV prevalence from an average of 7.0% in 2004 to 5.7% in 2008, Tanzania's national HIV response and initiatives are still faced with a number of challenges that include the inconsistent alignment of HIV prevention programs to the drivers of the epidemic, including intervention content, geographic and audience targeting, and some of the target groups being side lined and not getting needed information, preventive services, treatment, care and support due to persistent stigma and discrimination, gender inequality and disregard of human rights.

Problem statement

The persistent incidence of new HIV infections in Tanzania is the sign that current prevention, care and treatment and impact mitigation efforts were not enough to reach the desired impact

of – “A Tanzania free of the threat of HIV/AIDS”, and threaten gains made by the roll out of ART, treatment, care and support, and attainment of MDGs and national development goals of MKUKUTA/MKUZA in the country.

UNDP Tanzania as one of the participating UN Organization in the new UNDP programme on HIV and AIDS and in line with its mandate and comparative advantage will focus its attention on capacity strengthening of the National AIDS Commissions (TACAIDS/ZAC) and other national and local actors with particular attention to gender and human rights responsive policies and strategies, enhancing gender equality and Universal Access rights to essential services, especially for Most At-Risk Populations (MARPs).

The main thrust of UNDP’s support under the proposed project will be to strengthen a national coordination and oversight capacity of TACAIDS and ZAC, and of selected MDAs (PMORALG, MOJCA, MCDGC), Parliament, CSO umbrella organizations and PLHIV networks and subsequently develop/adopt gender and human rights mainstreaming tools and mechanisms that can help Tanzania to achieve the MDG6 related to HIV/AIDS, MKUKUTA/MKUZA and UNAIDS Strategy (2011 – 2015) set goals for Zero new infections, Zero discrimination and Zero AIDS related deaths by 2015, through capacity development initiatives and in close partnerships with the wider UN system and development partners.

Situation analysis

The Government of United Republic of Tanzania is a signatory to most international HIV and AIDS instruments including the UNGASS’s Universal Access targets. These include accelerating HIV prevention, with a target of reducing new infections, expanding treatment, care and support for all affected individuals and communities, including impact mitigation of the epidemic.

The Second National Multi - Sectoral Strategic Framework (NMSF) on HIV and AIDS (2008 – 2012) for guiding the national response was completed and published by TACAIDS in 2008. The Framework that has been costed, with a 2-year Action Plan, is a broad national strategy, designed to guide the country’s response as a whole to the epidemic. It calls for scaling up the comprehensive multi-sectoral response in prevention, care and treatment and impact mitigation that is gender responsive; puts strong emphasis on prevention of new HIV infections

with special focus on women, the youth and high risk groups; emphasized on quality continuum of care for AIDS patients and better management of most vulnerable children. It sought a new partnership with all sectors, public, private, faith-based, civil society and community to prepare their own strategic plans and well focused interventions to implement the Framework. In addition a National AIDS Policy that first came into operation in 2001 was in 2010 reviewed and updated, and the Operational Procedures and Standards in respect of the National AIDS Act that was enacted in 2008 were also finalized.

Likewise, Zanzibar has in place a National HIV and AIDS Strategic Plan (ZNSP). With the expiry of the ZNSP I in 2009, a second Zanzibar National Strategic Plan (ZNSP II), has been developed to continue to guide all stakeholders and partners and their investments for the next five years and to capture the new developments that occurred after the development of the first ZNSP. The ZNSP II, which covers the period 2011/12 - 2015/16 is aimed at redefining the key technical priority areas for the national response and make a programmatic shift from a generalized type of response to the one that respond to the concentrated epidemic. Zanzibar is also in the process of finalising the HIV and AIDS Bill which will safeguard the rights of the people infected and affected by HIV and AIDS.

The spread of HIV in Tanzania is fuelled by a set of biological, behavioural, socio-cultural and socio-economic factors that include multiple concurrent sexual partnerships, early sexual debut, transactional and cross-generational sex, sexually transmitted infection (STIs), mobility, mother-to-child HIV transmission, gender inequities, sexual violence, harmful socio-cultural norms, socio-economic factors, low and inconsistent use of condoms, and presence of most at risk populations (MARPs), whose population size has not been determined.

The Tanzania HIV/AIDS Indicator Survey (THIS) of 2003/4 reported the national HIV prevalence at 7.0%. The HIV/AIDS and Malaria Indicator Survey (THMIS) of 2007/8 then provided new evidence of the national HIV prevalence as well as the dynamics of HIV transmission patterns. The THMIS of 2007/08 reported a prevalence of 5.7% for adults aged 15-49 years (6.6% of women and 4.6% of men). About 1.5 million people were reported as currently HIV-infected, with approximately 10% of them being children.

Women are more affected than men at younger ages by the disease and experience higher HIV infection rates at all ages except 35 to 39 years. Among the 15- to 24-year-old age group, females are four times more likely than males to be living with HIV. Among women aged 20 to 49 years, 14 percent reported first sexual intercourse at the age of 15 years while 59 percent reported having sex before the age of 18 years. Among men of the same age group, 8 percent reported having had sexual intercourse before they were 15 years of age and 41 percent before the age of 18 years.

Data on the most-at-risk populations (MARPs) is scanty. However, one study of female sex workers (FSWs) from 19 sites reported an HIV prevalence rate of 29 percent in 2006, while a study targeting women of 16- 35 years working in bars, restaurants and local brew sellers reported an HIV prevalence rate of 32 percent in 2004. The HIV prevalence in Zanzibar is estimated at 0.6 percent in the general population (15 – 49 years), but highly concentrated among MARPs: 12.3 percent among men who have sex with men (MSM), 26.8 percent in Injecting drug users (IDUs) and 10.8 percent among FSWs. High-risk behaviours overlap, with 13.9 percent of MSM reported injecting drugs in the previous three months, and 77.5 percent reported being paid for sex in the past year. Other groups affected by HIV on mainland Tanzania include youth, people living in poverty and mobile populations who are prone to risky sexual behaviours.

HIV prevalence also varies across geographical regions of the country with the lowest prevalence of under 1 percent reported in Zanzibar and on mainland prevalence of 1.2 percent reported in Kigoma and the highest prevalence of 14.7 percent reported in Iringa region. HIV prevalence is high in the regions where male circumcision is low and where gender based violence is high. A recent study done by AMREF on Universal Access for women and girls in Iringa and Dar es Salaam (April 2011) that was supported by UNDP has indicated a high level of Gender Based Violence with increasing risk to HIV infection.

The overall objective of HIV prevention in Tanzania is to reduce the rate of new infections¹. Tanzania's HIV prevention strategies comprise of a number of biomedical and behavioural interventions that target the general population and vulnerable groups. Biomedical interventions include PMTCT, HIV counselling and testing (HCT), blood transfusion safety, STI

¹ No target has been quantified for reduction of the rate of infection

case management, Medical male circumcision and medical infection control among others. Most of the biomedical interventions are based on current evidence and are guided by technical policies and guidelines that are regularly updated. Behavioural interventions include condom promotion and use, Behavioural Change Communication (BCC), school based HIV prevention programmes and peer education approaches among others².

The national HIV sector review and a review of Universal Access in 2010 and the recent gap analysis of HIV/AIDS response in Tanzania and the report of the terminal evaluation of the Joint Programme on HIV/AIDS have documented several achievements in the national HIV/AIDS response as well as challenges/constraints. These have informed the formulation of the current project document. Notable achievements of relevance to the proposed Project are the following:

- HIV/AIDS systematically mainstreamed in the national development and poverty reduction strategies - MKUKUTAI/MKUZA II documents and Poverty Monitoring Master Plan.
- The HIV National Prevention Strategy and 2-year costed plan and the Gender operational plan have been finalized and launched early 2011. An orientation of the National HIV Prevention strategy and the Gender operational plan has already started in 10 regions including 8 regions with high HIV prevalence to develop intervention strategies in line with the drivers of the epidemic.
- Members of Parliament and Zanzibar House of Representatives have been involved in legislative debates and discussions about HIV/AIDS in various Parliamentary sessions and public functions under the auspices of the Tanzania Parliamentarians AIDS Coalition (TAPAC) for Tanzania mainland and UWAKUZA for Zanzibar. Parliament has also formed a Parliamentarian AIDS Standing Committee to play a key role in HIV policy debate and for holding the Government accountable on implementation of the national response.
- The public launching of the voluntary HIV testing campaign by His Excellency, President Jakaya Mrisho Kikwete in July, 2007. Under the popularly known theme of *Tanzania bila Ukimwi Inawezekana* (Tanzania without AIDS is possible) the campaign has since led to over 12 million people accessing Voluntary HIV Counseling and Testing and has galvanized action and demand for quality HIV and AIDS services.

² Thomas M. Maina, et al: Report on Tanzania's programmatic and financial gap analysis, June 2011

- At regional and district level, coordination of HIV and AIDS response has been strengthened through capacity building of TACAIDS Regional Coordinators and establishment of regional capacity building teams, Council Multisectoral AIDS Committees (CMACs), and Ward and Village Committees at lower levels.
- Efforts have been made by the government, private and informal sector, CSOs and FBOs to fight stigma, denial and discrimination through public awareness campaigns. The involvement of PLHIV at coordination and service delivery levels and at scaling up of treatment, care and support services in the country has been enhanced. The institutional capacity of CSOs providing AIDS related services have been assessed and capacity gaps identified that will need to be addressed. Engaging and collaboration with the media in public awareness, education and advocacy is progressing;
- A Stigma Index study was independently carried out in Dar es Salaam and in Zanzibar in collaboration with PLHIV networks. This will allow the development of Stigma reduction package and roll out of appropriate interventions in the future;
- A legal audit of the current legal environment vis-à-vis HIV/AIDS has been carried out in the perspective of the development of AIDS Law in Zanzibar. A draft Bill is ready for presentation in the House of Representatives later this year.

Key HIV challenges faced by the government in both Tanzania mainland and Zanzibar include the following:

- Limited capacity for coordination and program management at national, regional and district level and critical scarcity of human resources for health (including poorly staffed facilities, particularly in districts that suffer from relatively high prevalence of HIV/AIDS) leading to low implementation, slow coverage of quality services, inadequate monitoring and supervision and poor absorption of allocated resources.
- The HIV M&E System suffers from a number of weaknesses that include lack of consolidated information on coverage of most of the HIV interventions, lack of a system for regularly consolidating all information into one national report on a regular basis, and disseminating information to stakeholders. It also suffers from inadequate staffing levels, capacity, funding and accountability mechanisms.
- Tanzania's HIV/AIDS NMSF response has an estimated financing gap of 45.3% that translates to Tshs 2.6 trillion (US\$ 1.73 billion) over the 5-year period between 2012/13 - 2016/17, highlighting a growing gap in the financing of the HIV/AIDS national response

in the years to come. The largest gap of about 60% is for prevention interventions that are likely to impact negatively on the programme, partly because protection of over 94% Tanzanians currently unaffected by the pandemic is critical to curb further spread of the disease.

- The magnitude of MARPs in Tanzania remains principally unknown, despite available evidence on their role as driver of the HIV epidemic. The main weaknesses identified in this area of prevention strategy include: lack of standards, guidelines, communications strategies for behavioural interventions targeting MARPs, limited data on the actual magnitude of the different categories of MARPs, and insufficient coverage and utilization of HIV treatment and prevention services by MARPs and PLHIV due to stigma and coercive laws.
- The utilization of Exchequer System in disbursement of funds contributed to delays in IPs accessing and disbursing funds to responsible partners. Delays in planning and initiation of the activities and reporting of the same at the end of each quarter is another recurring challenge for IPs, other responsible parties and actors in the field;
- Increasing transactional costs to the two National AIDS Commissions (TACAIDS/ZAC) due to separate demands for accountability, monitoring and reporting of activities supported by a number of participating UN organizations, each with its own financial procedures and standards. This leads to over-stretching on available human resources and further delays in implementation and reporting.
- Limited participation in work plan development beside TACAIDS and ZAC by other MDAs and NSAs. The alignment of the work-plan with the MTEF for the public sector implementers apart from TACAIDS and ZAC is still a challenge.

2. Project Description

Strategic considerations

In the preparation of the UNDP programme on HIV/AIDS, the Programme Working Group (PWG) comprising of the UN joint team, government counterparts, CSO/PLHIV and other stakeholders were consulted and jointly agreed on the programme outcomes and outputs that need to be addressed, covering critical challenges and gaps in the national response to HIV/AIDS in prevention, care and treatment, impact mitigation, M&E and enabling environment. Several UN Agencies are jointly contributing to common outcomes and outputs. Each Participating UN

agency identified Key Actions to contribute to the outputs and outcomes, and these do not duplicate but they complement each other. UNDP based on its mandate and comparative advantage is contributing to nine out of the sixty eight agreed Key Actions, with focus on gender and human rights responsive policies and strategies, a rights-based approach for Universal Access to services particularly for MARPs, and institutional capacity strengthening so that TACAIDS, ZAC, affected communities and partners are able to sustain the response.

Development objective

The development objective of UNDP's contribution to the UNDAP HIV/AIDS programme is to create an enabling environment, appropriate policies and strategies and institutional capacity strengthening for a gender responsive and rights-based national response to HIV and AIDS.

Specific objectives

As an opportunity to address the identified key challenges the following specific objectives will be addressed by the proposed UNDP supported Project during the UNDAP programme cycle, from July 2011 to June 2015.

1. To strengthen capacity for implementation of the NMSF and ZNSP to more fully achieve the goals and targets of the HIV/AIDS national response in line with UNDAP by targeting TACAIDS, selected MDAS (PMORALG, MOJCA, MCDGC, Transport and Works), LGAs and CSOs, Networks of PLHIV and organizations working with MARPs, including provision of professional staff and United Nations Volunteers where applicable;
2. To support the gender responsive programming and human rights based approach in the context of HIV and the law, develop/adopt appropriate tools, build capacity of partners and actors involved in the national response; strengthen partnerships and advocacy with decision and policy makers, Parliamentarians, civil society, faith and other community leaders;
3. To develop and support mechanism to expedited disbursements of funds to Implementing Partners in order to improve the NMSF and ZNSP implementation efficiency. Capacity of lead Implementing Partners (IPs) and responsible partners should be strengthened to ensure timely absorption and accountability of allocated resources, reporting of implementation of their activities and alert any fall-outs to funding sources so as to ensure smooth and uninterrupted flow of resources to the national response.

4. To support a mapping study in 2012/13 to track all HIV/AIDS funding in Tanzania from all sources. The study will provide valuable information as to where each funding partner is spending her resources. Support resources mobilization processes of the Governments and National AIDS Commissions, such as establishing an HIV/AIDS Trust Fund to foster sustainability of the national response in view of the anticipated financial gap to meet agreed national targets;
5. To support the Prime Minister's Office for Regional Administration and Local Government (PMORALG) including AMICAALL and the corresponding MDA in Zanzibar as the arm of the government that undertakes the implementation of the NMSF/ZNSP activities within the decentralisation by devolution policy context. In this way develop capacity of the respective institutions to coordinate the activities of the regions and local government agencies (LGAs) as well as supervising and supporting their programs.
6. To prioritize and scale up interventions targeting MARPs by supporting research studies and rolling out of targeted, rights-based and gender-sensitive standard package of interventions for key populations (Men that have sex with men, sex workers, transgender people and people that use drugs) and their sexual partners to prevent the current epidemic from advancing from a concentrated to a more generalized stage.

Specific for Zanzibar:

- Capacity strengthening for ZAC in the area of coordination with public and private partners, and mainstreaming of gender and human rights approaches in HIV/AIDS sector strategies and policies; TA support to the Zanzibar GFCCM,
- Programme management support for the Zanzibar HIV/AIDS National Strategy Plan (ZNSP), AIDS Policy and draft AIDS Bill; including advocacy with Government leaders, CSO/Faith leaders and members of the ZHoR, and
- TA support on addressing the rights of key populations (MSM, sex workers, IDUs and people in correctional institutions) and Universal Access to HIV related services.

To meet the above strategic considerations, UNDP has identified outcomes and outputs and key actions under the UNDAP programme working group on HIV/AIDS that will inform the current Project Multi-Year and Resources Framework from July 2011 to June 2015. Under each Key Action specific activities will be drawn up on a yearly basis to inform the UNDAP Annual Work Plans (AWP). Annualized targets and baseline indicators have been agreed upon by the

Programme working group for each output as well as cross-cutting considerations for key actions to be addressed by UNDP as provided below:

- **Gender equality – Equal representation and capacity building of men and women in equitable manner for leadership and decision making. Women and girls empowerment to protect themselves from HIV infection and benefit equally as men from Universal Access services free of stigma and discrimination.**
- **Human rights – Protect and support human rights of vulnerable and marginalised groups, including people with disabilities and MVC, MARPs (MSM, IDU/SU, CSWs) to access HIV and AIDS services free of stigma and discrimination. Advocate for a supportive AIDS Act that is gender responsive and non-discriminatory to PLHIV and other affected groups.**
- **Capacity development – Abilities and skills of individuals, systems and institutions are developed to counter the negative impact of the HIV epidemic;**
- **Results based management – realization of intended project outputs and outcomes**
- **Environmental protection – ensure project interventions are environmental friendly**

Intended Outcomes and Outputs

UNDP will contribute to the following outcomes and outputs for the UNDP Programme on HIV and AIDS. Key activities are specified under each output:

UNDP Outcome 1

Relevant Civil Society Organizations and PLHIV networks effectively coordinate and participate in decision making fora

UNDP Output:

- 1.1. Civil Society Organizations (CSOs), including PLHIV umbrella organizations and networks, coordinate their constituencies and operationalize participatory processes

UNDP Key Actions

TA and FA to strengthen functional mechanism of CSOs and PLHIV networks to ensure their inclusive participation in decision making fora and to engage and support coordinated interventions for Most At-Risk Persons (MARPs)

UNDP Outcome 2

Tanzania commission for AIDS (TACAIDS) and Zanzibar AIDS Commission (ZAC) provide effective guidance to the national HIV/AIDS response, based on evidence and agreed human rights standards

UNDP Outputs:

- 2.1. Existing M&E systems and sector reviews optimised to provide strategic information to decision makers and implementers at all levels for evidence based planning

UNDP Key Actions:

1. TA and FA to TACAIDS and ZAC for quality assurance system for data management at all levels
2. TA and FA to strengthen capacities (ICT and training) for knowledge exchanges around HIV/AIDS at national and regional levels
3. Support stakeholders consultations for joint HIV/AIDS sector assessment and reviews

- 2.2. TACAIDS and ZAC have appropriate technical capacity to support MDAs, LGAs and NSAs to mainstream Human Rights and Gender considerations in the national response to HIV/AIDS

UNDP Key Action:

4. Support TACAIDS and ZAC to train MDAs, LGAs, Focal persons and NSAs for gender and human rights mainstreaming; Provide TA for adaptation of existing tools for Gender and Human Rights mainstreaming to specific audiences and groups (MARPs)

- 2.3. Appropriate policies and guidelines for an enhanced HIV/AIDS response are developed and disseminated

UNDP Key Action:

5. Facilitate development and dissemination of user-friendly versions of policies, laws and guidelines; Engage and advocate with MoJCA, parliament and NSAs for application of the policies, laws and guidelines

- 2.4. TACAIDS and ZAC mobilise resources and provide leadership, coordination and oversight of recipients and stakeholders

UNDP Key Action:

TA and FA, including deployment of UNVs, to TACAIDS and ZAC for enhanced coordination, leadership, oversight and accountability at national, regional and district levels

UNDAP Outcome 3

Relevant Ministries and Department Agencies (MDAs), local Government Authorities (LGA) and Non-State Actors (NSA) increasingly mainstream HIV/AIDS Workplace Programmes (WPP)

UNDAP Output:

- 3.1. Technical AIDS Committees (TACs) and budget committees of selected MDAs and LGAs have the capacity for HIV/AIDS WPP and external mainstreaming in their respective MTEFs

UNDP Key Action:

Support internal and external mainstreaming of HIV/AIDS in sector plans and strategies including training to local level staff for selected MDAS, LGAs

UNDAP Outcome 7

MDAs and CSOs reach and mobilize MARPs to utilize appropriate user-friendly HIV/AIDS services

UNDAP Output:

- 7.1. MDAs and CSOs provide user-friendly HIV/AIDS services to MARPs

UNDP Key Action

TA and FA to public and non-state actors including media on protection of HR, mitigation of stigma and discrimination and access to information for MARPS with focus on IDUs/SUs, MSM and CSWs

3. (A) Multi Year Results and Resources Framework

Tanzania Mainland

UNDAP Outcome: Relevant Civil Society Organizations and PLHIV networks effectively coordinate and participate in decision making fora(56)				
Expected UNDAP Output: CSOs, including PLHIV Umbrella Organizations and Networks, coordinate their constituencies and operationalise participatory processes				
Key Results (UNDP Strategic Plan): Civil Society Organizations and PLHIV networks have strong institutions to fully participate in decision making fora and to engage and support coordinated interventions for MARPs				
UNDAP Key Action: Provide Technical Assistance and financial support to strengthen functional mechanism of Civil Society Organizations and PLHIV networks to ensure their inclusive participation in decision making fora and to engage and support coordinated interventions for MARPs				
Project Title , Project ID :				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Output 1: Provide TA and financial support to strengthen functional mechanism of Civil Society Organizations and PLHIV networks to ensure their inclusive participation in decision making fora and to engage and support coordinated interventions for MARPs	i. Consultancy to develop advocacy strategy and operational plan for NACOPHA which address gender & HR issues of MARPs	Target (2012) NACOPHA advocacy strategy and operational plan in place	TACAIDS, NACOPHA	\$45,000
Baseline: Limited communication within networks; Limited internal capacities; Limited strategic guidance to	ii. Consultancy to identify and establish an inventory of CSOs working with MARPs	Target (2012) Inventory of CSOs prepared	TACAIDS, CSO, NACOPHA	\$25,000
	iii. Engage a Consultancy firm	Target (2014)	TACAIDS, NACOPHA, AMREF	\$250,000

CSOs	to build capacity of CSO working with MARPs to develop and implement interventions for MARPs	5 CSOs and 3 PLHIV networks trained to address HR and MARPs; 5 groups of MARPs established, have action plans supported		
	iv. Support NACOPHA Annual General Meeting	Target (2015) By 2015 3 AGM held	TACAIDS, NACOPHA	\$80,000
UNDAP Outcome: 2. TACAIDS effectively provide guidance to the national HIV/AIDS response based on evidence and per agreed Human Rights standards (61)				
Expected UNDAP Output: 2.1. Existing M&E systems optimised and information made available to decision-makers and implementers at all levels for evidence-based planning.				
Key Results (UNDP Strategic Plan):				
UNDAP Key Action: 1. Provide Technical Assistance and financial support to TACAIDS for quality assurance system for data management at all levels.				
Project Title , Project ID :				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Output 2. Existing M&E systems optimised and information made available to decision-makers and implementers at all levels for evidence-based planning.	i. Finalize data quality management tool and system (Consultancy, procurement)	Target (2012) Tools and systems for data quality management in place	TACAIDS	\$25,000
Baseline: Revised M&E System established; Less than 50% of M&E FPs trained in data collection tools and Guidelines.	ii. Orient users on the tools and systems once in place (Consultancy for training)	Target (2013) 75 Focal Points trained on use of tools	TACAIDS	\$35,000

	iii. Conduct bi annual joint mentoring visits to newly trained HIV and AIDS implementers on M&E	Target (2015) Monitoring visits done bi-annually	TACAIDS	\$15,000
	iv. Conduct quarterly joint data audit and verification visits to HIV and AIDS implementers reporting through TOMSHA	Target (2012) 85% of LGAs providing TOMSHA reports	TACAIDS	\$30,000
UNDAP Key Action: 2. Provide Technical Assistance & Financial Assistance to strengthen capacities (ICT and training) for knowledge exchanges around HIV&AIDS at national and regional levels.				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Baseline: LGAs and TACAIDS have different non-health HIV/AIDS M&E systems	v. Hire short term consultant to assess the ICT needs and gaps for website management and database upgrading and maintenance B. Procurement of needs C. Training of staff at TACAIDS, LGA (Year 1)	Target (2012) Action plan to upgrade ICT prepared and implemented	TACAIDS	\$75,000
	vi. Support electronic linkage of TOMSHA and LGMD (consultancy/procurement)	Target (2013) 50% of LGAs linked to TOMSHA	TACAIDS	\$35,000
	vii. Provide ICT technical support to LGAs who are reporting TOMSHA data electronically	Target (2015) 75% of LGAs linked to TOMSHA	TACAIDS	\$35,000
	viii. Upgrade TOMSHA database system to accommodate the reviewed TOMSHA data source (consultancy/software procurement)	Target (2012) TOMSHA data system upgraded	TACAIDS	\$25,000
	ix. Strengthen capacity of TACAIDS staff on data analysis	Target (2015) 100% LGAs linked to TOMSHA	TACAIDS	\$30,000

	software and GIS use (ICT unit)			
UNDAP Key Action: 3. Support stakeholders' consultations for joint HIV and AIDS sector assessment and review				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
	x. Conduct Assessment of NMSF Performance to inform NMSF Review (Consultancy)	Target (2012) Terminal evaluation of NMSF done	TACAIDS	\$50,000
	xi. Conduct HIV/AIDS Biannual Sector Review	Target 2013) HIV/AIDS sector review of NMSF done	TACAIDS	\$125,000
Expected UNDAP Output: 2.3 TACAIDS has appropriate technical capacity to support MDAs, LGAs and non-state actors to mainstream Human Rights and gender in national responses to HIV/AIDS				
Key Results (UNDP Strategic Plan):				
UNDAP Key Action: 4. Support TACAIDS to train MDAs & LGAs Focal persons, and non-state actors for gender and human rights mainstreaming. Provide Technical Assistance for the development of effective tools for Gender and Human Rights mainstreaming.				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Output 3. TACAIDS has appropriate technical capacity to support MDAs, LGAs and non-state actors to mainstream Human Rights and gender in national responses to HIV/AIDS	i. Consultancy to identify critical gaps in Gender and HR mainstreaming in selected MDAs, LGAs and NSAs; and development of action plan (Consultancy by a firm)	Target (2012) Consultancy report on gender, HR and HIV/AIDS mainstreaming gaps and Action plan completed	TACAIDS	\$75,000
Baseline: Less than 10% of staff in TACAIDS trained in mainstreaming HR, Gender and key population concerns in strategic plans;	ii. Consultancy to develop tools and M&E plan for gender & HR mainstreaming for selected MDAs, LGAs and NSAs	Target (2013) Gender and HR tools are in place	TACAIDS	\$40,000
	iii. TA for Capacity Building to address gaps and implement the action plan	Target (2015) 80% of staff in TACAIDS and MDA FPs trained in mainstreaming HR, Gender and key population	TACAIDS	\$285,000

		concerns in strategic plans		
Expected UNDAF Output: 2.4 Appropriate policies and guidelines for an enhanced HIV/AIDS response are developed and disseminated				
UNDAF Key Action: 5. Facilitate development/adoption and dissemination of user-friendly versions of policies, laws and guidelines; engage and advocate with MoJ, parliament and non-state actors for application of the policies, Laws and guidelines.				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Output 4. Appropriate policies and guidelines for an enhanced HIV/AIDS response are developed and disseminated	i. Consultancy to translate the National AIDS Policy and HAPCA into Kiswahili	Target (2012) National AIDS policy and AIDS Act translated in Kiswahili	TACAIDS; MOHSW	\$30,000
Baseline: Policy and guidelines regularly developed and reviewed; Minimal dissemination of policies and guidelines to regional and district offices, NSAs and umbrella organizations; National AIDS Act (2008) contains discriminatory clauses and Operational procedures and standards not completed.	ii. Consultancy to develop a user-friendly version of AIDS Policy (including for people with disabilities, children, women, etc)	Target (2012) User-friendly AIDS policy and Act produced	TACAIDS; MOHSW	\$20,000
	iii. Printing and dissemination of the above documents including AIDS Policy	Target (2013) Copies of Policy and Act printed and disseminated to users	TACAIDS; MOHSW	\$50,000
	iv. Awareness raising among MPs on the HIV/AIDS law	Target (2012) 85% of Parliamentarians aware of AIDS policy and guidelines	TACAIDS, Parliamentary Standing Committee (PSC), TAPAC	\$50,000
	v. Conduct a National Dialogue with MPs and other stakeholders to review and amend HAPCA (Parliamentary Committee, TACAIDS, TAPAC)	Target (2013) AIDS Act revised to remove discriminatory clauses Operational procedures completed	TACAIDS, MOHSW, Parliamentary Standing Committee (PSC), TAPAC	\$100,000
	vi. To support media publications and engagement through AJAAT with focus on HAPCA, community awareness, MARPs (AJAAT, other media channels)	Target (2012-5) AIDS information & publications disseminated through media and AJAAT	TACAIDS, AJAAT, other media channels	\$100,000

	vii. Consultancy to develop HIV/AIDS handbook for MPs and Policy makers	Target (2013) HIV/AIDS Handbook produced	TACAIDS	\$30,000
	viii. Training to build capacity of the Parliamentary Standing Committee on HIV/AIDS and TAPAC members on HIV/AIDS policy and related issues	Target (2013) 100% of MP members of PSC and TAPAC trained on HIV/AIDS	TACAIDS, Parliamentary Standing Committee (PSC), TAPAC	\$60,000
	ix. Conduct round table sessions for dialogue between TAPAC/Parliamentary Standing Committee of HIV/AIDS and PLHIV, religious leaders, CSO, Key Population, disabled people (NACOPHA, TAPAC, PSC)	Target (2012-15) 4 round table consultations on HIV/AIDS organised	TACAIDS; Parliamentary Standing Committee (PSC), TAPAC, NACOPHA, CSO/FBOs	\$100,000
	x. Consultancy to assess awareness on policies and laws related to HIV/AIDS among key actors (Year 4)	Target (2015) Assessment report on HIV policy and laws prepared	TACAIDS	\$30,000

Expected UNDP Output: 2.5 TACAIDS able to mobilize resources and to provide leadership, coordination and oversight of recipients and stakeholders for accountability

Key Results (UNDP Strategic Plan):

UNDP Key Action: 6. Provide TA/FA including UNVs to TACAIDS for enhanced coordination, leadership, oversight and accountability at national, regional and district levels

Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Output 5. TACAIDS able to mobilize resources and to provide leadership, coordination and oversight of recipients and stakeholders for accountability	i. TA support on Human Resource capacity; TACAIDS - NPC and 3 UNVs (Coordination, ICT, Finance) – Year 1;	Target (2012) 4 posts to strengthen TACAIDS coordination capacity filled	TACAIDS/ UNDP	\$84,000
	ii. TA through UNVs - Regional (Iringa-5, Dar-3, Mara -4); LCs – Lake Zone (4); AMICAALL Secretariat - 2, NACOPHA Secretariat - 2 , TAPAC	Target (2012) 28 national UNVs recruited to strengthen LGAs and TAPAC	TACAIDS /UNDP, LGAs, AMICAALL, NACOPHA, TAPAC	\$266,000

	Secretariat -2, 25% Municipal Councils in Year 1;			
	iii. Training for national UNVs on CCE, gender, HRs, O&OD, COPTA and TOMSHA/M&E	Target (2012) Training of 28 NUNVs	TACAIDS/UNDP	\$80,000
Baseline: 60% of required human staff not in place in TACAIDS, MDAs and LGAs constraining HIV/AIDS services; % funding of total needs declining annually due to global crisis and dependency on donors; Gender and HR responses not routinely included in LGAs' HIV/AIDS MTEFs	iv. Conduct annual HIV and AIDS forum for research	Target (2013-5) Research agenda on AIDS prepared	TACAIDS	\$40,000
	v. Conduct capacity building in selected CMACs in the Lake Zone including fishing communities to address GBV, human rights and HIV/AIDS as part of RCBT	Target (2012-5) 100% of LGAs in the Lake zone have comprehensive plans to address gender , HR and HIV/AIDS through MTEFs	TACAIDS, LGAs, RCBTs, AMICAALL	\$80,000
	vi. Support Annual regional HIV and AIDS reviews and involving participation of RCBTs, LGAs including CHAC, UNVs, CSOs, PLHIV networks & FBOs (Kagera, Iringa, DSM, Mara, Shinyanga & Mwanza)	Target (2012-5) 100% of LGAs in Iringa, DSM & the Lake zone have comprehensive plans to address gender , HR and HIV/AIDS through MTEFs	TACAIDS, RCBTs, LGAs, AMICAALL	\$80,000
	vii. Procurement of 12 motorcycles and 12 laptops for UNVs placed in LGAs	Target (2012)	UNDP	\$68,000
	viii. Conduct Joint National Response monitoring (with involvement of RCBTs)	Target (2012-5) Annual monitoring visits done	TACAIDS	\$30,000
UNDAP Outcome: 3. Relevant MDAs, LGA and Non State Actors increasingly mainstream HIV/AIDS at workplace and in their plans and budgets (54)				
Expected UNDAP Output: 3.2 Technical AIDS Committees (TACs) and budget committees of selected MDAs and LGAs have the capacity for HIV&AIDS Work Place				

Programs and external mainstreaming in their respective MTEFs (PMO, MOHSW, MoAFSC, MoEVT, MoLEYD, MCDGC, PMORALG)				
Key Results (UNDP Strategic Plan):				
UNDAP Key Action: 3.2.2 Support internal and external mainstreaming of HIV and AIDS within sectoral plans and strategies including training to local level staff for MDAs, LGAs				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Output 6. Technical AIDS Committees (TACs) and budget committees of selected MDAs and LGAs have the capacity for HIV&AIDS Work Place Programs and external mainstreaming in their respective MTEFs (PMO, MOHSW, MoAFSC, MoEVT, MoLEYD, MCDGC, PMORALG) Baseline: Limited number of MDAs, private sector enterprises and informal sector associations address both internal and external impact of HIV/AIDS apart from weak WPP for HIV;	i. Consultancy to conduct situation and response analysis and KAP study for PMORALG and Transport/Works sectors	Target (2012) Assessments for 2 MDAs completed	TACAIDS, UNDP, PMORALG, Transport, TANROADS, MCDGC	\$100,000
	ii. Consultancy to develop a strategy to mainstream HIV/AIDS in relevant MDAs (PMORALG & Transport/Works) in line with study recommendations	Target (2013) Strategies & Action plans for PMORALG and Transport/Works completed	TACAIDS, UNDP, PMORALG, Transport, TANROADS, MCDGC	\$100,000
	iii. Training of relevant MDAs and LGAs to strengthen TAC coordination and institutional capacity	Target (2012-5) Implement activities as per action plans	TACAIDS, UNDP, PMORALG, Transport, TANROADS, MCDGC	\$100,000
	iv. Technical assistance and capacity management support to sectors including Audits & Evaluations	Target (2012) UNDP to assist MDAs through TA to meet their roles	TACAIDS/UNDP	\$97,000
	v. AMICAALL strategic plan resourced and implemented	Target (2012) Consultancy to assist cities/municipal councils to prepare plans focused on KP Target (2013-5) City & municipal activities focused on key populations	TACAIDS/AMICAALL	\$100,000

		identified and supported		
UNDAP Outcome: 7. MDAs and CSOs are able to reach and mobilize MARPs for utilizing appropriate user-friendly HIV/AIDS services (57)				
Expected UNDAP Output: 7.1 MDAs and CSOs are providing HIV&AIDS services that are user friendly for MARPs.				
Key Results (UNDP Strategic Plan):				
UNDAP Key Action: 7.1.4 Provide TA & FA to public and non-state actors including media on protection of HR, mitigation of stigma & discrimination and access to information for MARPs with focus on IDUs/SUs, MSMs and CSWs.				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Output 7. MDAs and CSOs are providing HIV&AIDS services that are user friendly for MARPs.	i. Provide life skills training and IGA support for MARPS	Target (2012-5) 2 Networks of CSW supported	TACAIDS , CSOs, NACOPHA	\$125,000
	ii. Training of HCW at district level to provide appropriate services to MARPs and GBV survivors (Dar & Iringa)	Target (2012) 50 Health care providers from Iringa and DSM trained on GBV/MARPs access to services	TACAIDS , LGAs, NACP, CSOs, AMREF	\$100,000
Baseline: Prevention TWC in place but without adequate planning and monitoring mechanism for MARPs; TACAIDS Regional Coordinator recruited in 26 regions, but lack adequate capacity to address MARPs and GBV	iii. Consultancy to national Drugs Control Commission (DCC) to address HIV, gender and HR issued in their strategy and action plan	Target (2013) DCC HIV/AIDS strategy and action plan on SU/IDU include gender and HR responses	TACAIDS/UNDP , NDCC	\$30,000
	iv. Consultancy to assist TACAIDS to develop a strategy for sex workers and their clients	Target (2012) A strategy and action plan for CSW to address HIV/AIDS developed	TACAIDS/UNDP , LGAs, NACP, CSOs	\$40,000
	v. TA and FA to develop/adopt MARPs IEC materials and disseminate to appropriate groups (CSO networks)	Target (2012-5) Specific IEC materials for MARPs developed and disseminated	TACAIDS/UNDP , LGAs, NACP, CSOs, AJAAT	\$50,000
Total				3,420,000

Project Annual Work Plan (Project ID: 78995)

EXPECTED OUTPUTS <i>And baseline, associated indicators and annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount
Functional mechanisms of CSOs and PLHIV networks strengthened to ensure their inclusive participation in decision making fora and engage and support coordinated interventions for Most At-Risk Persons(MARPs) Baseline: Limited communication within networks; Limited internal capacities; Limited strategic guidance to CSOs	Consultancy to develop advocacy strategy and operational plan for NACOPHA which address gender & HR issues of MARPs	x	x			TACAIDS, NACOPHA	Core One Fund	Consultancy	\$45,000
	Consultancy to identify and establish an inventory of CSOs working with MARPs	x	x			TACAIDS, CSO, NACOPHA	Core One Fund	Consultancy	\$25,000
	Engage a Consultancy firm to build capacity of CSO working with MARPs to develop and implement interventions for MARPs		x			TACAIDS, AMREF, CSO, NACOPHA	Core One Fund	Consultancy Workshops	\$250,000
	Support NACOPHA Annual General Meeting		x	x	x	TACAIDS, NACOPHA	One Fund	Meetings	\$80,000
TACAIDS have in place a quality assurance system for data management at levels and ICT-based knowledge management and exchange tools	Finalize data quality management tools and systems (Consultancy, procurement)	x	x			TACAIDS	One fund	Consultancy Procurement	\$25,000
	Orient users on the tools and systems once in place (Consultancy for training)	x	x			TACAIDS	One Fund	Training	\$35,000

<p>Baseline: Revised M&E System established; Less than 50% of M&E FPs trained on TOMSHA and data collection tools and guidelines.</p> <p>Target (2012) Tools and systems for data quality management in place</p> <p>Action plan to upgrade ICT prepared and implemented</p> <p>Target (2015) 75% of LGAs linked to TOMSHA</p> <p>Target (2014) 75% of M&E Focal Points trained on TOMSHA and use of ICT based tools</p>	<p>Conduct bi annual joint mentoring visits to newly trained HIV and AIDS implementers on M&E</p>		x	x	x	TACAIDS	One Fund	Monitoring	\$15,000
	<p>Conduct quarterly joint data audit and verification visits to HIV and AIDS implementers reporting through TOMSHA</p>		x	x	x	TACAIDS	One Fund	Monitoring	\$30,000
	<p>Hire short term consultant to assess the ICT needs and gaps for website management and database upgrading and maintenance B. Procurement of needs C. Training of staff at TACAIDS & LGAs</p>	x	x			TACAIDS	Core One Fund	Consultancy	\$15,000
								Procurement	\$20,000
								Training of staff	\$40,000
	<p>Support electronic linkage of TOMSHA and LGMD (consultancy/procurement)</p>		x			TACAIDS	Core One Fund	Consultancy	\$10,000
								Procurement	\$25,000
	<p>Provide ICT technical support to LGAs who are reporting TOMSHA data electronically</p>	x	x	x	x	TACAIDS	One Fund	Consultancy	\$35,000
<p>Upgrade TOMSHA database system to accommodate the reviewed TOMSHA data source (consultancy/software procurement)</p>		x			TACAIDS	One Fund	Consultancy	\$10,000	
							Procurement software	\$15,000	

	Strengthen capacity of TACAIDS staff on data analysis software and GIS use (ICT unit)		x	x	x	TACAIDS	One Fund	Consultancy	\$30,000
HIV/AIDS sector thematic reviews are carried out regularly in collaboration with all stakeholders.	Conduct Assessment of NMSF Performance to inform NMSF Review (Consultancy)	x	x			TACAIDS	Core One Fund	Consultancy	\$50,000
Baseline: Sector mid-term review of NMSF done in 2010	Conduct HIV/AIDS Biannual Sector Review		x		x	TACAIDS	Core One Fund	Workshops	\$125,000
TACAIDS has appropriate technical capacity to support MDAs, LGAs and non-state actors to mainstream Human Rights and gender in national responses to HIV/AIDS	Consultancy to identify critical gaps in Gender and HR mainstreaming in selected MDAs, LGAs and NSAs; and development of action plan (Consultancy by a firm)	x	x			TACAIDS	Core One Fund	Consultancy Workshops	\$75,000
Baseline: Less than 10% of staff in TACAIDS and MDAs trained in mainstreaming HR, Gender and key population concerns in strategic plans;	Consultancy to develop tools and M&E plan for gender & HR mainstreaming for selected MDAs, LGAs and NSAs		x	x		TACAIDS	One Fund	Consultancy	\$40,000
	TA for Capacity Building to address gaps and implement the action plan		x	x	x	TACAIDS	Core One Fund	Workshops Trainings	\$285,000
	Consultancy to translate the National AIDS Policy and HAPCA into Kiswahili	x				TACAIDS; MOHSW	One Fund	Consultancy	\$30,000

Target (2013) Gender and HR mainstreaming tools are in place	Consultancy to develop a user-friendly versions (including people with disabilities, children, women, etc	x	x			TACAIDS; MOHSW	One Fund	Consultancy	\$20,000
Target (2013) 100% of MP members of PSC and TAPAC trained on HIV/AIDS	Printing and dissemination of the above documents		x	x		TACAIDS; MOHSW	One fund	Printing & dissemination	\$50,000
	Awareness raising among MPs on the HIV/AIDS law	x	x			TACAIDS, Parliamentary Standing Committee (PSC), TAPAC	Core	Workshops	\$50,000
Target (2015) 80% of staff in TACAIDS and MDA FPs trained in mainstreaming HR, Gender and key population concerns in strategic plans	Conduct a National Dialogue with MPs and other stakeholders to review and amend HAPCA (Parliamentary Committee, TACAIDS, TAPAC)	x	x			TACAIDS, Parliamentary Standing Committee (PSC), TAPAC	Core One Fund	Workshops	\$100,000
	To support media publications and engagement through AJAAT with focus on HAPCA, community awareness, MARPs (AJAAT, other media channels)	x	x	x	x	TACAIDS, AJAAT, other media channels	Core One Fund	Consultancy Trainings	\$100,000
	Consultancy to develop HIV/AIDS handbook for MPs and Policy makers		x			TACAIDS	Core One Fund	Consultancy	\$30,000
	Training to build capacity of the Parliamentary Standing Committee on HIV/AIDS and TAPAC members on HIV/AIDS policy and related issues		x	x		TACAIDS, Parliamentary Standing Committee (PSC), TAPAC	Core One Fund	Trainings	\$60,000

	Conduct round table sessions for dialogue between TAPAC/Parliamentary Standing Committee of HIV/AIDS and PLHIV, religious leaders, CSO, Key Population, disabled people (NACOPHA, TAPAC, PSC)		x	x	x	TACAIDS; Parliamentary Standing Committee (PSC), TAPAC, NACOPHA, CSO/FBOs	Core One Fund	Workshops Trainings	\$100,000
	Consultancy to assess awareness on policies and laws related to HIV/AIDS among key actors					TACAIDS	One Fund	Consultancy	\$30,000
TACAIDS able to mobilize resources and to provide leadership, coordination and oversight of recipients and stakeholders for accountability	2.5.5.1 TA support on Human Resource capacity; TACAIDS - NPC and 3 UNVs (Coordination, ICT, Finance)	x	x			TACAIDS/ UNDP	Core One Fund	Procurement	\$84,000
Baseline: 60% of required human staff not in place in TACAIDS, MDAs and LGAs constraining HIV/AIDS services; % funding of total needs declining annually due to global crisis and dependency on donors; Gender and HR responses not routinely included in LGAs'	TA through UNVs - Regional (Iringa-5, Dar-3, Mara -4); LCs – Lake Zone -4; AMICAALL Secretariat - 2, NACOPHA Secretariat - 2 , TAPAC Secretariat -2 & 25% Municipal Councils	x	x			TACAIDS /UNDP, LGAs, AMICAALL, NACOPHA, TAPAC	Core One Fund	procurement	\$266,000
	Training for national UNVs on CCE, gender, HRs , O&OD, COPTA and TOMSHA/M&E	x				TACAIDS/UNDP		Training	\$80,000
	Conduct annual HIV and AIDS forum for research		x		x	TACAIDS		Workshops	\$40,000

<p>HIV/AIDS MTEFs</p> <p>Target (2012) 4 posts to strengthen TACAIDS and 28 national UNVs for LGAs, AMICAALL and TAPAC recruited and trained on NMSF tools and systems</p> <p>Target (2012-5) 100% of LGAs in Iringa, DSM & the Lake zone have comprehensive plans to address gender, HR and HIV/AIDS through MTEFs</p>	<p>Conduct capacity building in selected CMACs in the Lake Zone including fishing communities to address GBV, human rights and HIV/AIDS as part of RCBT</p>		x	x	x	TACAIDS , LGAs, RCBTs, AMICAALL	Core One Fund	CB workshops	\$80,000
	<p>Support Annual regional HIV and AIDS reviews and involving participation of RCBTs, LGAs including CHAC, UNVs, CSOs, PLHIV networks & FBOs (Kagera, Iringa, DSM, Mara, Shinyanga & Mwanza)</p>		x	x	x	TACAIDS , RCBTs, LGAs, AMICAALL	Core One Fund	CB Workshops	\$80,000
	<p>Conduct Joint National Response monitoring (with involvement of RCBTs)</p>	x	x	x	x	TACAIDS	One Fund	Monitoring	\$30,000
	<p>Procurement of 12 motorcycles and 12 laptops for UNVs placed in LGAs</p>	x				UNDP	One Fund	Procurement	\$68,000
<p>Technical AIDS Committees (TACs) and budget committees of selected MDAs and LGAs have the capacity for HIV&AIDS Work Place Programs and external mainstreaming in their respective MTEFs (PMO, MOHSW, MoAFSC, MoEVT, MoLEYD, MCDGC, PMORALG)</p>	<p>Consultancy to conduct situation and response analysis and KAP study for PMORALG and Transport sectors</p>	x	x			TACAIDS , UNDP, PMORALG, Transport, TANROADS, MCDGC	Core One Fund	Consultancy CB Workshops	\$100,000

<p>Baseline: Limited number of MDAs address both internal and external mainstreaming of HIV/AIDS.</p> <p>Target (2014) Assessments, strategies & Action plans for PMORALG and Transport completed and implemented.</p>	<p>Consultancy to develop a strategy and action plan to mainstream HIV/AIDS in relevant MDAs (PMORALG & Transport) in line with study recommendations</p>		x			<p>TACAIDS, UNDP, PMORALG, Transport, TANROADS, MCDGC</p>	<p>Core One fund</p>	<p>Consultancy CB workshops</p>	<p>\$100,000</p>
	<p>Training of relevant MDAs and LGAs to strengthen TAC coordination and institutional capacity (Year 2-4)</p>		x	x		<p>TACAIDS, UNDP, PMORALG, Transport, TANROADS, MCDGC</p>	<p>Core One fund</p>	<p>CB Workshops Trainings</p>	<p>\$100,000</p>
	<p>AMICAALL contract a Consultant to assist cities/municipal councils to prepare plans focused on KP</p>	x				<p>TACAIDS, AMICAALL</p>	<p>One Fund</p>	<p>Consultancy</p>	<p>\$15,000</p>
	<p>AMICAALL City & municipal activities focused on key populations identified and supported</p>	x	x	x	x	<p>TACAIDS, AMICAALL</p>	<p>One Fund</p>	<p>Capacity Bldg</p>	<p>\$85,000</p>
	<p>Technical assistance and capacity management support to sectors including Audits & Evaluations</p>		x	x	x	<p>TACAIDS/UNDP</p>	<p>One Fund</p>	<p>Procurement</p>	<p>\$97,000</p>
<p>MDAs and CSOs are providing HIV&AIDS services that are user friendly for MARPs.</p>	<p>Provide life skills training and IGA support for MARPS</p>		x	x	x	<p>TACAIDS, CSOs, NACOPHA</p>	<p>One Fund</p>	<p>Capacity Bldg</p>	<p>\$125,000</p>

Baseline: Prevention TWC in place but without adequate planning and monitoring mechanism for MARPs; TACAIDS Regional Coordinator recruited in 26 regions, but lack adequate capacity to address MARPs and GBV.	Training of HCW at district level to provide appropriate services to MARPs and GBV survivors (Dar & Iringa)	x	x	x		TACAIDS , LGAs, NACP, CSOs	One Fund	Training	\$100,000
	Consultancy to national Drugs Control Commission (DCC) to address HIV, gender and HR issued in their policies & strategy					TACAIDS/UNDP , NDCC	Core One Fund	Consultancy	\$30,000
Target (2012) 50 Health care providers from Iringa and DSM trained on GBV/MARPs access to services	Consultancy to assist TACAIDS to develop a strategy and Action plan for sex workers and their clients		x	x		TACAIDS/UNDP , LGAs, NACP, CSOs	One Fund	Consultancy	\$40,000
	TA and FA to develop/adopt MARPs IEC materials and disseminate to appropriate groups (CSO networks)		x	x	x	TACAIDS/UNDP , LGAs, NACP, CSOs	One Fund	Consultancy Printing	\$50,000
Target (2013) DCC HIV/AIDS strategy and action plan on SU/IDU include gender and HR responses									
TOTAL									3,420,000

(B) Multi Year Results and Resources Framework

Zanzibar

UNDAP Outcome 1: Relevant Civil Society Organizations and PLHIV networks effectively coordinate and participate in decision making fora				
Expected UNDAP Output: Civil Society Organizations (CSOs), including PLHIV umbrella organizations and networks, coordinate their constituencies and operationalize participatory processes				
Key Results (UNDP Strategic Plan):				
Project Title , Project ID :				
UNDAP Key Action: TA and FA to strengthen functional mechanism of CSOs and PLHIV networks to ensure their inclusive participation in decision making fora and to engage and support coordinated interventions for Most At-Risk Persons (MARPs)				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Civil Society Organizations (CSOs), including PLHIV umbrella organizations and networks, coordinate their constituencies and operationalize participatory processes	1.2.2.1 Recruit consultant to assist in the design of capacity bldg and advocacy strategy involving MARPs	- Target 2012 Strategy developed	ZAC	\$10,000
	1.2.2.1 Provide tailor made training on leadership, advocacy and lobbying, partnership and networking, conflict management and reporting skills for CSOs and PLHIV networks to increase participation and effective coordination.	- Target 2013 30 CSOs trained by 2013	ZIADA, ABCZ, ZAPHA+, UWAKUZA, PACSO	\$ 24,000
	1.2.2.2 Organise PLHIV Day in Unguja and Pemba to advocate for inclusive participation of PLHIV in national planning processes.	- 4 PLHIV Annual event supported by 2014	ZAPHA+; CSOs	\$ 20,000

	1.2.2.3 Provide financial support for networks to conduct CSOs constituencies' coordination meetings to enforce application of the training provided (1.2.2.1) and coordinate interventions for MARPs.	- 4 CSOs coordination meetings supported annually by 2014	ZAC, ZANGOC, ZAPHA+, ZIADA,ABCZ	\$ 30,000

UNDAP Outcome 2: Zanzibar AIDS Commission (ZAC) provide effective guidance to the national HIV/AIDS response, based on evidence and agreed human rights standards

Expected UNDAP Output: Existing M&E systems and sector reviews optimised to provide strategic information to decision makers and implementers at all levels for evidence based planning

Key Results (UNDP Strategic Plan):

UNDAP Key Action: TA and FA to ZAC for quality assurance system for data management at all levels

Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Existing M&E systems and sector reviews optimised to provide strategic information to decision makers and implementers at all levels for evidence based planning	2.1.3.1 Conduct assessment to identify gaps that reduce the quality of data at health facility, district and national level as well as design a quality assurance system	Assessment report available by the end of 2012	MOH, ZACP, LGAs	\$ 15,000
	2.1.3.2 Implement recommendations from the assessment	By 2014 at least 25% of the recommendations implemented	MOH, ZACP, LGAs	\$ 30,000
	2.1.3.3 Produce Zanzibar annual HIV Report and disseminate to decision makers and implementers to inform annual planning processes on HIV (Calendar year)	Annual reports printed every year	ZAC, MOH, ZACP	\$ 30,000

UNDAP Key Action: TA & FA to strengthen capacities (ICT and training) for knowledge exchanges around HIV&AIDS at national and regional levels.

Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Existing M&E systems and sector reviews optimised to provide strategic information to decision	2.1.6.1 Conduct assessment of knowledge gaps and sources of information that can be	Target 2012 Assessment report	ZAC	\$10,000

makers and implementers at all levels for evidence based planning	accessed and shared through IT			
	2.1.6.2 Train District Surveillance Officers (DSO) in data management, analysis and report generation	60 DSOs trained by 2013 (1 training Y1 and Y3)	ZAC, MOH, LGAs	\$ 25,000
	2.1.6.3 Revive and revise Data Based System for non health HIV interventions in relation to ZNSP II (including training)	Data Base system revised by 2013	ZAC	\$ 25,000
	2.1.6.4. Develop a system to support HIV actors and implementers on ZAPHMOS data collection and reporting	A system in place for collection and reporting of ZAPHMOS data	ZAC	\$ 40,000
	2.1.6.5 Organise national meetings on HIV M & E and ICT to share knowledge and experiences on those areas	1 experience sharing meetings conducted annually	ZAC, ZACP, MOH	\$ 20,000
	2.1.6.6 Support staff to attend regional meetings/visits on the same	2 staff supported annually by 2014	ZAC, ZACP	\$ 30,000
	2.1.6.7 Provide TA to facilitate documentation of best practices of the national response for knowledge and experience sharing	Best practises documented annually	ZAC, ZACP	\$ 35,000
	2.1.6.8 Recruit UNV to strengthen data management system in ZAC	UNV recruited by 2012	ZAC, UNDP	\$ 60,000
UNDAP Key Action: Support stakeholders consultations for joint HIV/AIDS sector assessment and reviews				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Existing M&E systems and sector reviews optimised to provide strategic information to decision makers and implementers at all levels for evidence based planning	2.1.12.1 Hold Annual HIV thematic reviews	1 review meeting held every year for each thematic area	ZAC, ZACP	\$ 40,000
	2.1.12.2 Conduct Mid Term Joint	Mid Term Joint review report	ZAC, ZACP	\$ 50,000

	Review of the ZNSP II	produced by end of 2013		
	2.1.12.3 Conduct Biological and Behavioural Surveillance among fishing communities and transport operators in Zanzibar (or informal traders)	BBS report for fishing communities and transport operators produced by 2013 and 2014 respectively	ZAC, ZACP	\$ 60,000
		-		
Expected UNDP Output: ZAC has appropriate technical capacity to support MDAs LGAs and NSAs to mainstream Human Rights and Gender considerations in the national response to HIV/AIDS.				
Key Results (UNDP Strategic Plan):				
UNDP Key Action: Support ZAC to train MDAs, LGAs, Focal persons, and NSAs for gender and human rights mainstreaming. Provide TA for adaptation of existing tools for Gender and Human Rights mainstreaming to specific audiences and groups (MARPs).				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
ZAC has appropriate technical capacity to support MDAs LGAs and NSAs to mainstream Human Rights and Gender considerations in the national response to HIV/AIDS	2.2.1.1. Adapt gender, human rights and HIV mainstreaming tool	Tool available by the end of 2012	MoSWYWCD, ZAC	\$ 20,000
	2.2.1.2 Conduct ToT on the adapted tool	20 trainers trained by 2013	MoSWYWCD, ZAC	\$ 15,000
	2.2.1.3. Conduct training on Gender and HR mainstreaming in HIV Programs to LGA's and Non-state Actors and MDAs	ToR and training programme developed by Y2. 60 actors trained on the adapted tool by 2014 (30 Y2 and 30 Y4)	ZAC, LGA, ZLSC, MoSWYWCD	\$ 22,000
	2.2.1.4 Sensitization workshop to decision makers on Gender and HR issues as related to HIV issues	60 Decision Makers sensitized on gender and HR by 2014 (30 Y2 and 30 Y4)	MOJ, HOR, ZAC, MoSWYWCD, OFVP	\$ 20,000
	2.2.1.5 Organise national meeting to advocate for the rights and gender issues of the people with disabilities and MARPs in relation to HIV and AIDS	4 National meetings conducted (1/year) by 2014	DDA, ZAC, OFVP	\$ 50,000
	2.2.1.6 Train CCE approach to	Women and Gender Officers	ZAC, MoSWYWCD, MDAs	\$ 15,000

	Women & Gender Officers and relevant NSAs to equip them with skills to work on gender issues related to HIV in communities	trained on CCE, Gender and HRs related to HIV/AIDS		
Expected UNDAP Output: Appropriate policies and guidelines for an enhanced HIV&AIDS response are developed and disseminated				
Key Results (UNDP Strategic Plan):				
UNDAP Key Action: Facilitate development and dissemination of user-friendly versions of policies, laws and guidelines; engage and advocate with MoJ, parliament and non-state actors for application of the policies, Laws and guidelines.				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
	2.3.2.1. Conduct orientation seminar to the Members of the House of Representative on HIV/AIDS Bill and ZNSPII.	80 members of the HoR oriented by 2012	ZAC	\$ 25,000
	2.3.2.2 Engage Zanzibar Legal Service Centre to implement Legal literacy program on HIV Bill through radio and Television	Legal literacy program on HIV Bill implemented annually	ZAC	\$ 30,000
	2.3.2.3 Review HIV Policy to reflect the programmatic shift	HIV Policy reviewed document available 2012	ZAC, CSOs, LGAs, MDAs	\$ 30,000
	2.3.2.4. Develop popular version of the HIV Law	HIV Law popular version available by end of 2012	ZAC, MOJ	\$ 20,000
	2.3.2.5 Develop popular version of the HIV Policy	HIV Policy popular version available by end of 2012	ZAC	\$ 20,000
	2.3.2.6 Hold advocacy meeting with MoJ, HIV Activist, Lawyers Associations and potential CSOs.	Every year Advocacy meetings with key stakeholders and HIV activists carried out	ZAC, MOJ, CSOs, ZAPHA+	\$ 40,000
Expected UNDAP Output: ZAC mobilises resources and provide leadership, coordination and oversight of recipients and stakeholders				
Key Results (UNDP Strategic Plan):				
UNDAP Key Action: TA and FA including deployment of UNVs to ZAC for enhanced coordination, leadership, oversight and accountability at national, regional and district levels				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
	2.4.5.1 Recruit District Support Officers (UNVs in 5 Regions)	5 UNVs recruited by 2012	ZAC, UNDP	\$ 240,000
	2.4.5.2 Training of UNVs on CCE	5 UNVs trained after recruitment	ZAC, UNDP	\$ 5,000

	and new ZNSP II and M&E			
	2.4.5.3 Recruit & support post of National Program Coordinator at ZAC	1 national program coordinator recruited	ZAC, UNDP	\$ 144,000
	2.4.5.4 Support bi annual coordination meetings with stakeholders	10 meetings conducted with 5 constituencies every year (2/constituency)	ZAC	\$ 40,000
	2.4.5.5 Build the capacity of the Standing committees of the HoR on HIV oversight for promoting accountability of public sectors on HIV and AIDS (or members of the HoR)	Institute a system for HIV oversight in the HoR. Capacity of 80 members of the HoR through 7 Standing committees built by end of 2012	ZAC, HOR	\$ 36,000
	2.4.5.6 Provide HACT training to ZAC staff	2 HACT training targeting 10 ZAC staff and 20 actors from sub recipients of UN support conducted (1 in Y2 and second in Y4)	ZAC, UNDP	\$ 24,000
	2.4.5.7 Provide management support to ZAC for the implementation of UNDP - UNDAP program	Management support to ZAC for the implementation of UNDP – UNDAP programme provided annually	ZAC	\$ 50,000
	2.4.5.8 Train and retrain potential HIV Implementers on project proposal writing for resource mobilisation	2 trainings (Unguja and Pemba) conducted. 50 HIV implementers trained by 2013	ZAC, CSOs, LGAs, MDAs	\$ 20,000
	2.4.5.9 Support Commemoration of WADC	WADC events supported annually	ZAC, CSOs, LGAs, MDAs	\$ 60,000
	2.4.5.10 Support ZAC staff and stakeholders to attend regional and international HIV Conferences	Selection criteria for participation developed and shared; 3 staff meeting criteria supported annually	ZAC	\$ 40,000

UNDAP Outcome 3: Relevant MDAs, LGA and NSAs increasingly mainstream HIV/AIDS Workplace Programmes (WPP)

Expected UNDAP Output: Technical AIDS committees (TACs) and budget committees of selected MDAs and LGAs have the capacity for HIV&AIDS WPP and external mainstreaming in

their respective MTEFs				
Key Results (UNDP Strategic Plan):				
UNDAP Key Action: Support internal and external mainstreaming of HIV/AIDS within sectoral plans and strategies including training to local level staff for MDAs, LGAs				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
Technical AIDS committees (TACs) and budget committees of selected MDAs and LGAs have the capacity for HIV&AIDS mainstreaming in their respective sectors and MTEFs	3.2.2.1 Conduct training on mainstreaming of HIV to LGAs and MDAs	60 HIV focal persons trained by 2013	ZAC, MDAs, LGAs	\$ 20,000
	3.2.2.2 Support Ministry responsible for Labour to develop HIV Strategic Plan	Sectoral HIV Strategic Plan developed by mid 2012	ZAC, MOL	\$ 10,000
	3.2.2.3 Support the Department of Occupational Safety and Health to integrate HIV in its core functions and oversee the implementation of WPP in private work settings	HIV integrated in Occupational Safety and Health and operationalised by end of 2012	ZAC, ABCZ, ZANEMA,ZATUC, MOL	\$ 20,000
	3.2.2.4 Orient the new ABCZ leaders and its key stakeholders on the ZNSP II and HIV Bill to speed up private sector response to HIV and AIDS	Orientation seminar for the private sector and stakeholders conducted by Y2 (2012/13)	ZAC, ABCZ	\$ 15,000
	3.2.2.5 Support TAC and DACCOMs coordination meetings and field visits to track implementation of HIV mainstreaming at national and local level	Coordination meetings of TACs and DACCOMs supported Bi annually Field visits to track implementation of HIV mainstreaming at national and local level supported annually	ZAC, MDAs, LGAs	\$ 20,000
UNDAP Outcome 4: MDAs and CSOs reach and mobilize MARPs to utilize appropriate user-friendly HIV/AIDS services				
Expected UNDAP Output: MDAs and CSOs provide user-friendly HIV/AIDS services to MARPs.				

Key Results (UNDP Strategic Plan):				
UNDAP Key Action: TA & FA to public and non-state actors including media on protection of HR, mitigation of stigma & discrimination and access to information for MARPs with focus on IDUs/SUs, MSMs and CSWs.				
Intended Outputs	Indicative Activities	Output Targets (Years)	Responsible Party	Inputs and Budget
	7.1.4.1 Provide financial support to MARPs network to implement HIV prevention program among MSM and CSW	MARPs Networks supported annually	ZAC, MARPs network	\$ 60,000
	7.1.4.2 Orient Sober House Managers on the developed Sober House Guideline	by end of 2013 20 Sober House Managers trained	ZAC, DSAPR	\$ 20,000
	7.1.4.3 Support MARPs network and NGOs working with MARPs to develop information materials for MARPs	Brochures, leaflets produced for MARPs biennially	ZAC, KP Network, CSOs, ZANGOC, ZAYEDES, UMATI	\$ 40,000
	7.1.4.4 Support Department of Substance Abuse to formulate Substance Abuse Policy	Substance Abuse policy formulated by 2012	ZAC, DSAPR, OFVP	\$ 40,000
				\$ 1,765,000

Project Annual Work Plan (Project ID: 79403)

KEY ACTIONS <i>And baseline, associated indicators and annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount
TA and FA to strengthen functional mechanism of CSOs and PLHIV networks to ensure their inclusive participation in decision making fora and to engage and support coordinated interventions for MARPs	Recruit consultant to assist in the design of capacity bldg and advocacy strategy involving MARPs	x				ZAC	One Fund	Consultancy	10,000
	Provide tailor made training on leadership, advocacy and lobbying, partnership and networking, conflict management and reporting skills for CSOs and PLHIV networks to increase	x		x		ZAC, ZIADA, ABCZ, ZAPH A+, UWAKUZA, PACSO	Core	Capacity bldg	24,000.00

<p>Baseline: Limited coordination among PLHIV networks and CSOs</p> <p>Targets: To reach 2 CSOs and 2 networks in year 1</p> <p>Indicators: # of CSO and networks reached with training</p> <p># of networks and CSO reached with financial support for coordinating their constituencies</p>	participation and effective coordination								
	Organise PLHIV Day in Unguja and Pemba to advocate for inclusive participation of PLHIV in national planning processes	x	x	x	x	ZAC, CSOs , ZAPHA+	Core	Meetings	20,000.00
	Provide financial support for networks to conduct CSOs constituencies coordination meetings to enforce application of the training provided and coordinate interventions for MARPs	x	x	x	x	ZAC, ZANGOC,ZAPHA+,	One Fund	Meetings	30,000.00
<p>TA and FA to ZAC for quality assurance system for data management at all levels.</p> <p>Baseline: No data quality assurance system in place</p> <p>Targets: Design data QA system for national level in year 1</p> <p>Indicators: Data QA in place for national level use</p> <p>Zanzibar annual HIV report produced at the end of year 1 (Dec 2011)</p>	Conduct assessment to identify gaps that reduce the quality of data at health facility, district and national level as well as design a quality assurance system	X				ZAC, MOH, ZACP, LGAs	One Fund	Consultancy	15,000.00
	Implement recommendations from the assessment		X	X	X	ZAC, MOH, ZACP, LGAs	Core	Consultancy	30,000.00
	Produce Zanzibar annual HIV Report and disseminate to decision makers and implementers to inform annual planning processes on HIV (Calendar year)	x	X	X	X	ZAC, MOH, ZACP	Core	Consultancy	30,000.00
<p>TA & FA to strengthen capacities (ICT and training) for knowledge exchanges around HIV&AIDS at national and regional levels.</p> <p>Baseline: ICT capacity and knowledge exchange around HIV & AIDS is low</p> <p>Targets:</p> <ul style="list-style-type: none"> • Train 5 DSO in data management 	Conduct assessment of knowledge gaps and sources of information that can be accessed and shared through IT	x				ZAC	One Fund	Consultancy	10,000
	Train District Surveillance Officers (DSO) in data management, analysis and report generation	x		X		ZAC, MOH, LGAs	One Fund	Training	30,000.00
	Revive and revise Data Base System for non health HIV interventions in relation to ZNSP II (including training)		x			ZAC	One Fund	Consultancy	30,000.00

<ul style="list-style-type: none"> Recruit and train 1 UNV in data management for ZAC Indicators: <ul style="list-style-type: none"> # of DSO trained Web-based application in place Best practices in national response documented and shared 	Develop ZAPHMOS Data collection and reporting system	X	x	X	X	ZAC	One Fund	Consultancy	40,000.00	
	Organise national meetings on HIV M & E and ICT to share knowledge and experiences on those areas	x	x	x	x	ZAC, ZACP, MOH	Core	Meetings	20,000.00	
	Support staff to attend regional meetings/visits on the same	x	x	x	x	ZAC, ZACP	Core	Meetings	30,000.00	
	Provide technical assistance (TA) to facilitate documentation of best practices of the national response for knowledge and experience sharing	X	x	X	X	ZAC, ZACP	One Fund	Consultancy	35,000.00	
	Recruit UNV to strengthen data management system in ZAC	x	x	x	x	ZAC, UNDP, UNV	One Fund	TA	60,000.00	
Support stakeholders consultations for joint HIV/AIDS sector assessment and reviews Baseline: Targets: Hold 1 review every year Indicators: Review report in place	Hold Annual HIV thematic reviews	x	x	x	x	ZAC, ZACP	One Fund	Meetings	40,000.00	
	Conduct Mid Term Joint Review of the ZNSP II			x		ZAC, ZACP	One Fund	Meetings	50,000.00	
	Conduct Biological and Behavioral Surveillance among fishing communities and transport operators in Zanzibar (or informal traders/women traders)		x	x			ZAC	One Fund	Consultancy	60,000.00
Support ZAC to train MDAs, LGAs, Focal persons, and NSAs for gender and human rights mainstreaming. Provide TA for adaptation of existing tools for Gender and Human Rights mainstreaming to specific audiences and groups (MARPs). Baseline: Limited # of MDAs adequately mainstream gender & HR Targets: Train 4 MDAs, LGAs and ZAC Indicators: # of MDAs/LGAs	Adapt gender, human rights and HIV mainstreaming tool	X				ZAC, MoSWYWCD, MoJ	One Fund	Consultancy	20,000.00	
	Conduct ToT on the adapted tool		x			ZAC, MoSWYWCD, MoJ	Core	Training	15,000.00	
	Conduct training on Gender and HR mainstreaming in HIV Programs to LGA's and Non-state Actors and MDAs			X		X	ZAC, LGA, ZLSC, MoSWYWCD	One Fund	Training	22,000.00
	Sensitization workshop to decision makers on Gender and HR issues as related to HIV issues	X			X		ZAC, MOJ, HOR, ZAC, MoSWYWCD	Core	Meetings	20,000.00
	Organize national meeting to advocate for the rights and gender issues of the people with disabilities and MARPs in relation to HIV and AIDS	X	X	X	X		ZAC, DDA	One Fund	Meetings	50,000.00

trained	Women and Gender Officers trained on CCE, Gender and HRs related to HIV/AIDS		x			ZAC, LGA, MDAs, MoSWYWCD	Core	Training	15,000.00
Facilitate development and dissemination of user-friendly versions of policies, laws and guidelines; engage and advocate with MoJ, parliament and non-state actors for application of the policies, Laws and guidelines. Baseline: Low dissemination and literacy of policies, laws and guidelines Targets: Reach the public and CSOs, HIV activists with the new HIV Bill Indicators: <ul style="list-style-type: none"> • # of HIV activists and CSOs reached • # of literacy programs to public held 	Conduct orientation seminar to the Members of the House of Representative on HIV/AIDS Bill and ZNSPII.		x			ZAC,	Core	Seminar	25,000.00
	Engage Zanzibar Legal Service Center to implement Legal literacy program on HIV Bill through radio and Television	X	x	X	x	ZAC	One Fund	Consultancy	30,000.00
	Review HIV Policy to reflect the programmatic shift		X			ZAC, CSOs, LGAs, MDAs	Core	Consultancy	30,000.00
	Develop popular version of the HIV Law		x			ZAC, MoJ	One Fund	Consultancy	20,000.00
	Develop popular version of the HIV Policy		x			ZAC	Core	Consultancy	20,000.00
	Hold advocacy meeting with MoJ, HIV Activist, Lawyers Associations and potential CSOs .	x	X	X	x	ZAC	One Fund	Meetings	40,000.00
TA and FA including deployment of UNVs to ZAC for enhanced coordination, leadership, oversight and accountability at national, regional and district levels Baseline: Coordination and accountability capacity at ZAC needs to be strengthened Targets: ZAC effectively leads and coordinate the national HIV&AIDS response Indicators:	Recruit District Support Officers (UNVs in 5 Regions)	x	x	x	x	ZAC, LGAs, UNDP	One Fund, Core	TA	240,000.00
	Training of recruited UNVs on CCE, ZNSP II & M&E		x			ZAC, UNDP	Core	TA	5,000.00
	Recruit National Program Coordinator	x	x	x	x	ZAC, UNDP	Core	TA	144,000.00
	Support Quarterly coordination meetings with stakeholders	x	x	x	x	ZAC, CSOs, LGAs, MDAs	One Fund	Meetings	40,000.00
	Build the capacity of the Standing committees of the HoR on HIV oversight for promoting accountability of public sectors on HIV and AIDS (or members of the HoR)	x		x		ZAC, HOR	One Fund	Consultancy	36,000.00
	Provide HACT training to ZAC staff		x		x	ZAC, UNDP	Core	Consultancy	

<ul style="list-style-type: none"> • # of District Officers in regions • # of quarterly meetings held with stakeholders per year • # of HIV implementers trained by ZAC per year 									24,000.00
	Provide management support to ZAC for the implementation of UNDP - UNDAP program including audit and evaluations	x	x	x	x	UNDP, ZAC	Core	TA	50,000.00
	Train and retrain potential HIV Implementers on project proposal writing for resource mobilization	X		X		ZAC, CSOs, LGAs, MDAs	One Fund	Consultancy, Training	20,000.00
	Support Commemoration of WADC	x	x	x	x	ZAC, CSOs, LGAs, MDAs	One Fund, Core	Advocacy	60,000.00
	Support ZAC staff and stakeholders to attend regional and international HIV Conferences	x	x	x	x	ZAC, UNDP	Core	Meetings	40,000.00
<p>Support internal and external mainstreaming of HIV/AIDS within sectoral plans and strategies including training to local level staff for MDAs, LGAs</p> <p>Baseline: Mainstreaming of HIV at MDA and LGA needs capacity strengthening Targets: HIV mainstreaming training for 3 MDAs in year 2 Indicators: # of MDAs trained</p>	Conduct training on mainstreaming of HIV to LGAs and MDAs		x	x		ZAC, MDAs, LGAs	One Fund	Training	20,000.00
	Support Ministry responsible for Labour to develop HIV Strategic Plan		x			ZAC	One Fund	Consultancy	10,000.00
	Support the Department of Occupational Safety and Health to integrate HIV in its core functions and oversee the implementation of WPP in private work settings		x	x	x	ZAC, ABCZ, ZANEMA, ZATUC	One Fund	Consultancy	20,000.00
	Orient the new ABCZ leaders and its key stakeholders on the ZNSP II and HIV Bill to speed up private sector response to HIV and AIDS		x			ZAC, ABCZ	One Fund	Training	15,000.00
	Support TAC and DACCOCs coordination meetings and field visits to track implementation of HIV mainstreaming at national and local level		x	x	x	ZAC, MDAs, LGAs	One Fund	Consultancy	20,000.00
	TA & FA to public and non-state actors including media on protection of HR, mitigation of stigma & discrimination and access to information for	Provide financial support to MARPs network to implement HIV prevention program among MSM and CSW		X	x	x	ZAC	One Fund, Core	FA
	Orient Sober House Managers on the developed Sober House Guideline		x	x		ZAC, DSAPR	One Fund	Meetings	20,000.00

<p>MARPs with focus on IDUs/SUs, MSMs and CSWs.</p> <p>Baseline: Limited access to information for MARPS</p> <p>Target: MARPS networks are supported</p> <p>Indicators:</p> <ul style="list-style-type: none"> # of MARPS networks supported # of information materials for MARPS developed 	Support MARPs network and NGOs working with MARPs to develop information materials for MARPs		x		x	ZAC, KP Network, CSOS, ZANGOC, ZAYEDESA,UMATI	One Fund, Core	Consultancy	40,000.00
	Support Department of Substance Abuse to formulate Substance Abuse Policy		x			ZAC, OFVP, DSAPR	One Fund, Core	Consultancy	40,000.00
									1,765,000.00
BUDGET SUMMARY									
MAINLAND TOTAL									\$3,420,000
ZANZIBAR TOTAL									\$1,765,000
Induction Plan, J-D 2011									\$235,500
GMS (7%)									\$ 159,950
GRAND TOTAL									\$ 5,580,450

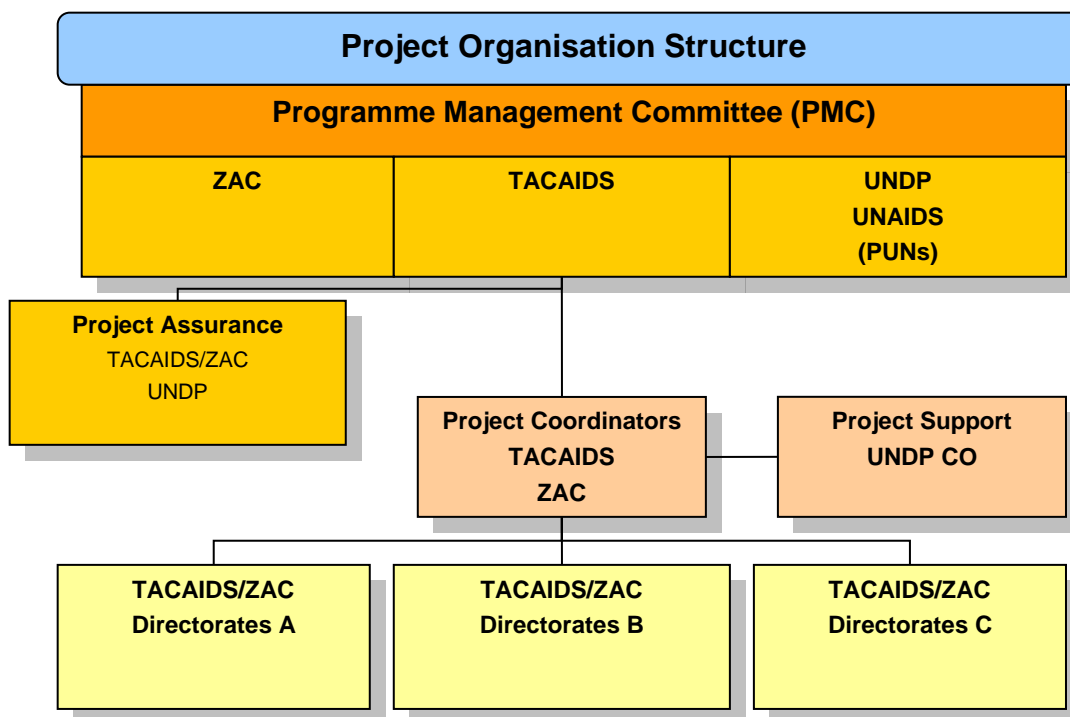
4. Management Arrangement

This Project will be managed and implemented under the National Execution (NEX) modality with TACAIDS for Tanzania Mainland and ZAC for Zanzibar as the main Implementing Partners. Close engagement and collaboration will be forged with UNAIDS and other UN Agencies participating in the UNDP Programme Working Group on HIV/AIDS as well as relevant MDAs, LGAs, private and informal sector, CSOs and network of PLHIV in the field.

The mode of disbursement and reporting for both Regular and One Fund resources will be in accordance with established NEX/NIM standards. Basically resources will go to the IPs through the Exchequer system. Where the IP has to send money to other responsible partners or sub-IPs: say MDAs, LGAs and CSOs, it will be the IPs themselves to agree and sign a MOU with respective partners and copy UNDP for information. This is in conformity with the Three Ones.

UNDP, in accordance with the Standard Operating Policy agreement with the Government of Tanzania will provide management and technical support to the Project Implementing Partners as required. Channeling of funds to IPs for implementation of agreed activities will be done through the Exchequer on quarterly basis based on satisfactory use and accountability of funds provided in the previous quarter.

A Programme Management Committee (PMC) established for UNDP HIV/AIDS Programme composed of TACAIDS, ZAC, UNDP, UNAIDS and PUN will oversee the Project, review project Annual work plans and reports on a semi - annual basis and to provide leadership and policy direction and guidance. The Executive Chairman of TACAIDS and Executive Director of ZAC are members of the Programme Management Committee (PMC) which is the same committee for the UNDP programme on HIV/AIDS. In addition, regularly on a quarterly basis TACAIDS, ZAC and UNDP through established mechanism of HACT/FACE system will constantly ensure quality assurance of the project implementation.



5. Monitoring Framework and Evaluation

5.1 Risk Analysis and Monitoring

This should include an assessment of risks and issues that may affect the overall implementation of the project and particular activities. For each risk/ issue identified, an appropriate mitigation action should be identified; impact monitoring for amelioration should also be appropriate to the probability scale and complexity of the risk/ issue. Use the format below where appropriate:

No.	Risk/Issue (Describe)	Type	Impact/ probability scale 1-5	Mitigating Measures
1	Conducive political environment for engagement of CSOs in HIV/AIDS; Commitment and willingness of umbrella organizations and networks to collaborate.	<i>Environmental, Financial, Operational, Organization, Political, Regulatory, Strategic, Others</i>	1-Low	Functionality and effectiveness of Programme Management Committee (PMC) in coordinating CSO Networks and Umbrella Organizations
2	Sufficient commitment to evidence based programming, including appropriate disaggregation of data and attention to BCC interventions;	Operational Organizational Strategic	3- Moderate	TACAIDS/ZAC, and MDAs Managers (women and men) and district level HIV M&E implementers trained; Research studies available to decision-makers and

	Capacity of media and relevant counterparts to accurately interpret and disseminate data			programme managers;
3	Gender and Human Rights are integrated in policies and strategies; MDAs, LGAs and NSAs prioritize HIV/AIDS interventions; Qualified gender and HIV/AIDS focal persons are in place	Strategic Operational	3- Moderate	Staff in TACAIDS and ZAC trained in mainstreaming HR, Gender and key population concerns in strategic plans. MDAs, LGAs and non-state actors trained to mainstream HR and gender issues in their plans.
4	The legislators have capacity to address Gender and Human Rights in the context of HIV/AIDS; Sufficient human resource capacity amongst partners; TACAIDS and ZAC committed to advocacy and communication interventions	Political Strategic Operational	3- Moderate	Ensure dissemination of the necessary policy and guideline documents (prevention strategy, PMTCT, MC guidelines, global HIV and AIDS policy) to policy makers, MDAs, regional and district offices
5	Timely availability of funds; Capable management teams in place in respective institutions; Effective functioning of the dialogue structure; NACs have legal authority for leadership, coordination and oversight	Financial Organizational Strategic	3 - Moderate	Updated national policy and the TACAIDS Establishment Act being reviewed; IPs and partners trained on HACT, regular PMC meetings.
6	Sufficient political commitment to mainstream HIV/AIDS and compliance with relevant Labour Standards	Strategic	1 - Low	Oversight of the Parliamentary Standing Committee on HIV/AIDS; equipping parliamentarians and decision makers with advocacy skills and appropriate information.
8	Government commitment and support for MARPs including Drugs abuse prevention targeting young people; Partners committed to MARPs related prevention education	Strategic Political	3 - Moderate	The review of the HIV/AIDS Law to address HR concerns of MARPs

5.2 Project Monitoring

The UNDAP is the main document of reference and where outcomes, outputs, expected results and indicators have been agreed by all partners. Rather than repeating the same in this UNDP supported project one is referred to the UNDAP programme on HIV/AIDS for details.

In accordance with the programming policies and procedures outlined in the UNDP User Guide, the project will be monitored through the following:

Within the annual cycle

- On a quarterly basis, a quality assessment shall record progress towards the completion of key results and these will be recorded in the UNDAP Resource Monitoring System (RMS) tool. Main IPs will provide to UNDP on quarterly basis a narrative physical report and FACE report showing progress of the Project.
- An Issue Log shall be activated in Atlas and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change. For consistency, the risk and issues log will be harmonized with the data input into the UNDAP RMS.
- Based on the above information recorded in Atlas and in the UNDAP RMS tool, a Project Progress Reports (PPR) shall be submitted by the Project Manager to the Programme Management Committee through Project Assurance, using the standard report format available in the Executive Snapshot.
- A project Lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project. The lessons learned report will also form a critical input during a terminal evaluation of the project.
- Monitoring Schedule Plan shall be activated in Atlas and updated to track key management actions/events.

Annually

- **Annual Review Report.** An Annual Review Report shall be prepared by the Project Manager and shared with the Programme Coordination Committee. As minimum requirement, the Annual Review Report shall consist of the Atlas standard format for the QPR covering the whole year with updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.
- **Annual Project Review.** Based on the above report, an annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work Plan (AWP) for the following year. In the last year there will be a project terminal evaluation. This evaluation will be driven by the Programme Management Committee and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes. In addition, there will normally be an annual review of progress at the sectoral working group level of which the project contributes to within the UNDAP framework. This will take place at the UNDAP outcome level. The terminal evaluation report will therefore be used as the specific input into the sectoral working group review to which the project award contributes.

6. Legal Context

This document together with the CCPD and UNDAP signed by the Government and UNDP 30th day of May 1978 which is incorporated by reference constitute together a Project Document as referred to in the SBAA and all UNDAP provisions apply to this document.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP's property in the implementing partner's custody, rests with the implementing partner.

The implementing partner shall:

- a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
- b) assume all risks and liabilities related to the implementing partner's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The implementing partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document".

ANNEXES

Agreements: Any additional agreements, such as cost sharing agreements, project cooperation agreements signed with NGOs³ (where the NGO is designated as the “executing entity”) should be attached.

Terms of Reference: TOR for key project personnel should be developed and attached.

Capacity Assessment: Results of capacity assessments of Implementing Partner (including HACT Micro Assessment)

³ For GEF projects, the agreement with any NGO pre-selected to be the main contractor should include the rationale for having pre-selected that NGO.

