THE UNITED REPUBLIC OF TANZANIA

PRIME MINISTER'S OFFICE

TANZANIA COMMISSION FOR AIDS
TACAIDS

NATIONAL GUIDELINES FOR MAINSTREAMING HIV AND AIDS IN THE CORE FUNCTIONS OF INSTITUTIONS

August, 2012

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Foreword

HIV and AIDS are multi-sectoral and multi-discipline in nature since they affect all sectors at all levels and all walks of human life. When it was detected for the first time in the early 80s, it was considered to be a health sector problem to be addressed by the health sector alone. However, experience revealed later that HIV was a problem beyond the boundaries of health sector. At the UN level coordination was shifted from WHO to UNAIDS and likewise most countries followed suit by taking a multi-sectoral approach that saw the establishment of National AIDS Councils [NACs].

In Tanzania the Tanzania Commission for AIDS [TACAIDS] was enacted in 2001 to provide leadership in coordination of multi-sectoral national response to the epidemic. TACAIDS was also mandated to monitor the trend of the epidemic and provide appropriate recommendations, mobilize resources and their use as well as supporting research and informing the public of new developments.

In Tanzania HIV/AIDS epidemic was declared a national disaster in 1999 thus signifying a process for concerted multi-sectoral effort to arrest the situation so as to stop further infections. The process was also aimed at improving care, treatment and support services to the people infected or living with HIV and AIDS [PLHIV and PLHA] respectively and mitigating the social and economic impacts to the most affected populations.

As national disaster and an emergence HIV and AIDS planning was initially undertaken separately as a project outside the main development planning process. Within the context of multi-sectoral response in which many players are called to participate, it is difficult to deal with the inevitable duplication of efforts and resources that are so characterized within the approach. The effort to address duplication of efforts and resources in the multi-sectoral HIV and AIDS planning and implementation approach led to need for mainstreaming HIV and AIDS in the core functions of all participating sectors and institutions.

These guidelines for mainstreaming HIV and AIDS in institutions comes as an attempt to improve involvement of various stakeholders in all sectors in addressing the epidemic without the need for a separate budget line. The rationale

for mainstreaming stems from the need to have a sustainable way of addressing the epidemic in a expanded multi-sectoral approach in the wake of diminishing financial resources. The guidelines are broad in nature as they are based on overall mainstreaming principles. They are meant to guide all sectors and institutions in how best to utilize the sectors' / institutions' comparative advantages which are embedded in their mandates and core functions to achieve the double benefits i.e. the institutional goals and HIV and AIDS control.

I call upon all public and private sector institutions to deliberately tape from these overall guidelines to develop sector and institutional specific guidelines to respond to the struggle against the spread of HIV and AIDS within the process of implementing their mandates and core functions. In this I refer to the major sectors / institutions which include the public sector represented by the Ministries, Departments and Agencies [MDAs]; the private [formal and informal] sectors; the Faith Based Organizations [FBOs] and the Civil Society Organizations [CSOs] which comprise the Non Governmental Organizations [NGOs] and Community Based organizations [CBOs]. It is only in this way that Tanzania can overcome the complex multiple effects brought upon by HIV and AIDS epidemic to realize the universal noble goals of *three zeros* i.e. zero new infection, zero stigma and discrimination and zero HIV and AIDS related deaths.
Tanzania without the scourge of HIV and AIDS is a realistic and achievable ambition if and only if all sectors, institutions and individuals will play an active role in the struggle within the framework of national steering tools herein referred to as National Guidelines and directives.

My hope is that institutions will take advantage of these guidelines to join the struggle against the epidemic by mainstreaming in their core functions not only HIV and AIDS but also gender and human rights since they are closely entangled

Hon. William V. Lukuvi (MP)
Minister of State, Policy and Parliamentary Affaires
Prime Minister's Office

Acknowledgement

The guideline for mainstreaming HIV and AIDS in institutions is a result of combined effort and the work of a number of representatives from key sectors and institutions who came together to review and enrich the initial guideline which was developed by TACAIDS in the early 2007. All of them deserve special acknowledgement.

I am obliged to convey my sincere gratitude to the following representative from MDAs and institutions for the knowledge, experience and time which they committed in the process until these guidelines were completed to the current standard. Those are: Grace Mwangwa [POPSM], Achilles R. Ndyalusa [MCDGC], Ramadhani R. Msafiri [MOW], Juma Motoka [PMO-RALG], Caritas Mushi [LRCT}, Nsajigwa Dick Mwankenja [TPS], Ingrid Mdoe Sanda [MOT], Athasasia P. Kabunyanja [PO-PSC], Meshy Grace [TPSC], Daniel Z. Mwalusamba [PO-SH], Justin K. Mdamila [MOEM], Dorothea M. Taratibu [TRA], Joyce J. Mbutta [MOLE], Salome F. Kahamba [MOHA-Immigration], Joyce Mlowe [MOCLA], Mwalibora Saidy [CHR] and Edda Charles Katikiro [MOHSW]. I would like to acknowledge the commitment and dedication of TACAIDS staff for coordinating the entire process to its final and successful conclusion.

It is inevitable that such kind of work involves more individuals and stakeholders who it may not be possible to mention all of them. We take this opportunity to extend our appreciation to all individuals who directly and indirectly contributed in one way or another in shaping this document into what it is. We thank all of them for their involvement.

Indeed the National Guidelines for Mainstreaming HIV and AIDS in Institutions would not have been completed without the financial support from the UN Joint Planning 3 under the *UNDAF* program. We thank UNDP for this continued collaboration and support.

Dr. Fatma Mrisho
EXECUTIVE CHAIRMAN

Abbreviations And Acronyms

AIDS	**Acquired Immuno-Deficiency**
ART	**Anti Retroviral Therapy**
ARV	**Anti Retroviral Virus**
BCC	**Behavior Change Communication**
CBO	**Community Based Organizations**
CSO	**Civil Society Organization**
CSR	**Cooperate Social Responsibility**
ESRF	**Economic and Social Research Foundation**
FBO	**Faith Based organization**
FGM	**Female Genital Mutilation**
HIV	**Human Immune Deficiency Virus**
IDU	**Injecting/Intravenous Drug Use**
IEC	**Information Education Communication**
KPI	**Key Performance Indicator**
LGA	**Local Government Authority**
MARPs	**Most Vulnerable Populations**
MDA	**Ministries, Departments and Agencies**
MDG	**Millennium Development Goal**
M&E	**Monitoring and Evaluation**
MKUKUTA	**Mpango wa Kukuza na Kupunguza Umasikini Tanzania**
MTCT	**Mother to Child Transmission**
NACP	**National AIDS Control Program**
NHACAS	**National HIV and AIDS Communication Strategy**
NMSF	**National Multi-sectoral Strategic Framework**
NP	**National Policy**
NSGRP	**National Strategy for Growth and Reduction of Poverty**
OWPP	**Out of Workplace Program**
PMO-RALG	**Prime Minister's Office, Regional Admin and LG**
RS	**Regional Secretariat**
PO	**President's Office**

SA	**Situational Analysis**
SADC	**Southern Africa Development Cooperation**
STIs	**Sexually Transmitted Infections**
TAC	**Technical AIDS Committee**
TACAIDS	**Tanzania Commission for AIDS**
THIS	**Tanzania HIV Indicator Survey**
THMIS	**Tanzania HIV and Malaria Indicator Survey**
TOMSHA	**Tanzania Output Monitoring System for HIV/AIDS**
UNGASS	**United Nations General Assembly Special Session**
UNO	**United Nations Organization**
UNDP	**United Nations Development Program**
UNAIDS	**United Nations AIDS unit**
VCT	**Voluntary Counseling and Testing**
WPP	**Workplace Program**

1.0 Introduction And Background

1.1 Overview of HIV and AIDS Current Status

Tanzania Mainland is currently experiencing a mature, generalized and heterogeneous HIV/AIDS epidemic, with the rate and number of new infections exceeding enrolment into antiretroviral therapy (ART). Since the first cases of HIV and AIDS were reported in Tanzania in 1983 and as of December 2010 there were around 2 million adults and children living with HIV. Hitherto, it is estimated that there are over 200,000 new infections and an average of 80,000 AIDS deaths per year, while 2.2 million are orphans and vulnerable children of which about 1 million are orphaned due to HIV and AIDS.

There are signs that the overall national figures are stabilizing and even going down slightly in the last five years. According to Tanzania HIV and AIDS indicator surveys of 2003/2004 (THIS 2003/2004) and the Tanzania HIV and Malaria Indicator survey of 2007/2008 (THMIS 2007/2008) present a reality that in Tanzania HIV prevalence among adult population aged 15-49 has dropped from 7.0% to 5.7% with women being slightly more affected. Between the two household surveys the reduction in prevalence has been from 6.3% and 7.7% and 4.6% and 6.6% for males and females respectively.

Overall HIV prevalence in Tanzania reveals huge variations across geographical areas and among socio-demographic and socio-economic subgroups. According to the THMIS 2007/2008, the average HIV in Tanzania Mainland varies from o.9%

in Kigoma region to 15.7% in Iringa region. The table below shows the average prevalence in the 21 regions:

Region	Average prevalence in %	Region	Average prevalence in %
Arusha	1.4	Morogoro	4.2
Dar es Salaam	8.9	Mwanza	5.0
Dodoma	3.3	Mtwara	3.0
Iringa	15.7	Pwani	5.3
Kagera	3.4	Rukwa	4.5
Kigoma	0.9	Ruvuma	5.4
Kilimanjaro	1.9	Shinyanga	7.6
Lindi	3.9	Singida	2.6
Manyara	1.7	Tabora	6.1
Mara	5.3	Tanga	3.8
Mbeya	7.9	**Overall average**	**5.7**

1.2 The Impact of HIV and AIDS in the Institutions

The exact impact of HIV may be difficult to establish. However, it is true that HIV & AIDS epidemic poses a threat to social and economic stability thus undermining the effort to attain the National Strategy for Growth and Reduction of poverty [NSGRP] goals and Millennium Development goals (MDGs).

With an average prevalence of 5.7% in Tanzania HIV/AIDS is still an epidemic and therefore a national disaster. Stakeholders hold that the impact of HIV and AIDS epidemic is multi-dimensional and multi-disciplinary as it undermines development, security, social and economic growth. HIV and AIDS threaten to dismantle previous achievements and defeat the effort to attain the NSGRP and Millennium Development Goals (MDG).

The impact of HIV and AIDS in different sectors cannot be overlooked as it is generally manifested in reduced service delivery, production and productivity due to ill health of the workforce. Absenteeism, increased workload and increased costs of health service being the more predominant effects. HIV and AIDS affect both the public and the private sectors.

The public and the private sectors undertake key functions that are essential for development and a significant proportion of those with technical skills, professional qualifications and management expertise are employed. Thus, the quality of services in all sectors is dependent on having a sound workforce with the requisite skills, expertise and mental tranquility. The effective functioning of the sectors is threatened by the HIV epidemic as it undermines the stock of human capital while generating more demand for public services, especially in the health sector. Losses of human resources due to HIV & AIDS will thus damage the capacity of sectors to supply essential goods and services, with drastic and broad effects on the rest of the economy.

HIV and AIDS apart from eroding the social fabric of the society they also impair job performance and productivity in all sectors. In the workplaces efficiency has been reduced due to the following factors:

a) High rates of absenteeism and sick leaves
b) Reduced physical capacity of employees
c) Extra workload for others
d) Emotional stress and preoccupation
e) Increased health and welfare costs
f) High staff turnover
g) Loss of skilled and experienced workforce
h) Disrupted relationships of employees, employers, colleagues and peers
i) Increased death rate has affected the pension and provident funds in coping with early and premature end benefits.

The ESRF (2003) sheds light on the impact at different sampled workplaces. Findings from the 31 workplace surveys reveal that 21% of the surveyed companies provided specific medical support to employees living with HIV & AIDS. On average, about Shs 11.76m per company was spent on such services in 2002, with a minimum of Shs 80,250 and maximum of Shs 65m. Further, 86% of the surveyed workplaces provided funeral support for deceased workers.

The main and obvious impact of HIV & AIDS on demography and human resources occur in the sexually active population, which is also the economically active age group. The reduction in population due to AIDS is inevitably damaging to the economy in two ways. On the one hand while planned-parenthood and population programs support the increase of social and human capital, AIDS deaths reduce the size of the economically active population. On the other hand AIDS mortality tends to impose a "shock" to the household economic structure as well as devastating the traditional social safety nets due to increased number of orphans to care for.

It is this characteristic that makes HIV and AIDS epidemic of great concern to economists and planners because it has the potential to reduce the human resources available for production thus affecting the entire productivity and economy as a whole.

1.3 The Means of Transmission

HIV/AIDS transmission is estimated to be about 80% through heterosexual contacts, less than five percent is attributed to Mother to Child Transmission (MTCT) while, less than one percent is related to blood transfusion. Other transmission routes are through Intravenous Drug Use (IDU), professional accidents or through traditional skin pierces and the Female genital Mutilation (FGM).

The dynamics and determinants of the HIV and AIDS infections in the country (Commonly known as risk factors) are multiple. They are largely related to numerous social, cultural and economic factors and are compounded by sexual relations and behavior within the community. Generally, the following are among the more dominant risk factors:

- Low and inconsistent condom use
- Promiscuous sexual behavior.
- Concurrent sexual partners
- Trans-generational sex
- Lack of knowledge of HIV transmission
- Sexual Transmitted Infections [STIs]

- Forced sexual acts
- Uncircumcised male partners
- Female genital mutilation
- Wife inheritance and women cleansing rituals.

1.4 The National Response to the epidemic

HIV and AIDS cases were reported in Tanzania for the first time in 1983 and since then coordination of its control was led by the Ministry of Health under the National AIDS Control Programme (NACP). The Government efforts to facilitate multi-sectoral response started in 1989 when the National AIDS Committee composed of Permanent Secretaries under the Ministry of Health was formed. In 1999 the President of the United Republic of Tanzania declared HIV and AIDS a national disaster and in succession the Tanzania Commission for AIDS (TACAIDS) was established by the Act of parliament No. 22 of 2001. TACAIDS was strategically placed under the Prime Minister's Office to coordinate a multi-sectoral national response to the epidemic through provision of strategic leadership in prevention, advocacy, resource mobilization, research, and monitoring and evaluation of the national response to the epidemic through the existing governing structures which in essence entails provision of guidelines for HIV and AIDS implementers.

1.5 The Main Steering Tools

In Tanzania the struggle against HIV and AIDS is guided by a number of national *guidelines*. The tools include the National Policy (NP); the National Multi-sectoral Strategic Framework (NMSF), the Prevention Strategy and the National HIV and AIDS Communication and Advocacy Strategy (NHACAS).

1.5.1 The National Policy (NP)

HIV and AIDS in Tanzania is generally guided by the National Policy for HIV and AIDS 2012 which calls for a concerted and unprecedented initiatives at the national and global levels to contain it. The national policy sets the overall principles and goals that should be observed by all implementers of in addressing HIV and AIDS. The national policy elaborates on the social and economic impacts of HIV and AIDS, stigma and Discrimination, financing the national response and the importance of political commitment in the struggle. The National Policy

also highlights the overall and specific objectives of the rights of People Living with HIV and AIDS [PLWHIV/AIDS] and the rights of the public. The policy guides on sectoral roles i.e. the public, private, NGOs, faith groups, PLHA, CBOs and the need to strengthen their active participation in the HIV and AIDS struggle.

Furthermore it also guides on the roles of Media Institutions, Community involvement and participation, condom use, prevention and management of STIs, Transmission through blood donors and blood products, donated organs, tissues and body fluids, Transmission through invasive and non invasive skin penetration surgical, dental and cosmetic procedures, use of sterile disposable re-useable Equipment and accidental Injuries, Education for users of cosmetic and health services, Prevention of mother to child transmission (PMTCT) i.e. *Prenatal Transmission, Intra-partum Transmission and Postnatal Transmission.*
The Policy guides on HIV testing, Care for the PLHIV, Protection of Health Care workers, the Gender Issues in Relation to HIV and the social-cultural factors and the Support services such as: *Research, Sectoral roles and financing as well as Institutional and Organizational Structure of TACAIDS.*

1.5.2 The National Multi-sectoral Strategic Framework (NMSF)

The NMSF derives from the UNGASS resolution for the three ones in which countries were called to adapt the *One national HIV and AIDS strategy, the one coordinating body and the one monitoring* and evaluation *system*. The NMSF translates the national policy into tangible and implementable key result areas or thematic areas. The NMSF articulates a vision for Tanzania and elaborates through a mission statement, guiding principles, goals and objectives while setting indicators and targets to be achieved.

The NMSF unpacks the national policy into the following 4 thematic areas:

i. Enabling environment
ii. Prevention of new infections
iii. Treatment care and support
iv. Mitigation of the social and economic impacts of the epidemic among the Most vulnerable Populations [MARPs]

1.5.3 The Prevention Strategy

Prevention of new infections remains of paramount importance to Tanzania as it is estimated that there over 130,000 Tanzanians are infected with HIV annually due the widespread risky sexual behaviors. Failure to control new infections means increasing the number of PLHIV who will require the already very expensive care and treatment as well as increasing the burden of orphans who will require the less available psychosocial support in the near future. It is in this context that strengthening prevention strategies is of utmost importance for a long term sustainability of the national response to the epidemic.

The national *Multi-sectoral HIV and AIDS Prevention Strategy* sets opportunities and guidance for doubling the country's efforts to stem the number of new infections. The vision is based on the ultimate goal of three zeros i.e. zero new infections, zero stigma and discrimination and zero HIV/AIDS related deaths. Again *The Prevention* Strategy calls for a concerted collaboration of the public, private, civil society and faith based groups to strengthen our efforts on prevention of new infections throughout Tanzania.

1.6 Rationale for HIV and AIDS Mainstreaming

The rationale for mainstreaming HIV and AIDS in the core functions of institutions stems from the devastating impacts of the epidemic across the sectors and the need for enhanced national response through expanded involvement.

The other reasons why mainstreaming remains the right approach to HIV and AIDS epidemic can be stated as follow:

- HIV and AIDS have affected every sector and every discipline in all walks of human organization at the household, community and nation
- HIV and AIDS affects the course of our present and future strategies and expectations thus making life more unpredictable
- Mainstreaming is more effective and efficient as it uses existing structures and systems to curb further HIV infections and its accompanying effects
- Mainstreaming is more effective in its outreach effects as every individual

belongs to a sector as a provider or consumer of services at a point in time or another

- Mainstreaming takes the advantage of the long hours spent at the workplace to provide the prevention, treatment, care and support to the staff [NB: this advantage is most often overridden by stigma which seems to be rampant at workplaces.
- Mainstreaming is proved to foster the spirit of team work and togetherness on addressing a common concern.
- Mainstreaming ensures long term effects/impacts continuity and sustainability
- Mainstreaming HIV and AIDS in the core functions of institutions becomes a more effective approach in addressing the epidemic as it creates the synergic effect from the multi-sectoral programs and indeed resulting into enhanced national response.

1.7 The need for HIV and AIDS Mainstreaming Guidelines

Sectors have been claiming to be mainstreaming HIV and AIDS, while in real fact they are engaged on HIV and AIDS-specific work. HIV and AIDS has become 'add-ons', without regard for the core business of the sector or organization. Mainstreaming of HIV and AIDS is comparatively the most appropriate approach in implementing and expanding multi-sectoral responses. Based on comparative advantage each sector has something to contribute in the HIV and AIDS struggle without deviating from the core functions of the institutions and with minimum financial resources.-

1.8 The Purpose of the Guidelines

These guidelines are intended to provide strategic direction to Institutions both private and public on how to mainstream HIV and AIDS in the respective institutions and sectors both on the internal (workplace) and external (Stakeholder based) domains. The targeted primary users of the guidelines are the decision-makers at various levels of the Institutions, planners and persons appointed coordinate the designated HIV/AIDS responses in the Institution or sector.

These guidelines therefore take a brief look at *mainstreaming* as a concept and looks at how this may be implemented in different sectors and institutions within the context of their respective mandates. The guidelines are meant to encourage sectors to examine the context in which they operate and establish how effectively HIV and AIDS can be mainstreamed taking into consideration the comparative advantage of the sector's mandates and core functions. Umbrella sectoral institutions are encouraged to tap from these overall national guidelines to develop specific sectoral guidelines to suit their environment and contexts.

2.0 What HIV and AIDS Mainstreaming Entails

HIV and AIDS is a workplace issue and should be treated so. Mainstreaming of HIV and AIDS entails the following:

- Developing policies and practices that promote a safe and inclusive work environment for all staff, including those who are living with HIV and AIDS, and addresses issues of gender, stigma and discrimination as well as human rights
- Developing education, sensitization and empowerment programs as well as strengthening of behavior change communication including use of condoms
- Putting in place systems that ensure access to treatment, services and referrals for infected employees
- Ensuring a succession system with respect to capacity building programs and recruitment which takes into consideration future staff depletion rates, and possible disruption caused by increased absenteeism and attrition to other sectors
- Refocusing the work of the organization to ensure those infected and affected by the epidemic are meaningfully included in the analysis, planning, implementation and evaluation of programs
- Ensuring that sector activities do not increase the vulnerability of the communities they work with to HIV and to other sexually transmitted infections (STIS), or undermine their options for coping with the effects of the epidemic

- Ensuring codes of conduct and professional ethics are adhered to for reduction or eradication of new infections both at work place and surrounding community.

2.1 Mainstreaming Concepts in Perspective

The concept of mainstreaming key issues in the core functions of institution is not confined in HIV and AIDS only. The concept can be explained as a process whereby institutions are consistently incorporating different issues into policies and programs and assessing the implications thereof. Good examples can be referred to mainstreaming of Gender, Environment, Human Rights and children with disabilities into national programs and policies. Such changes may result into *modification of operational practices* thus leading to modification of policies and administration practices to accommodate the new changes.

2.2 Operational Definitions

Defining the exact meaning of HIV/AIDS mainstreaming may be complex due to difficulties in highlighting the difference between mainstreaming and HIV/AIDS work. Experience has shown that when sectors claim to be mainstreaming HIV and AIDS they are actually doing specific HIV/AIDS activity. It is carrying a HIV and AIDS activities along the sector's core functions without necessarily fusing it in their mandate as the sector's comparative advantage allow.

When sectors develop IEC materials to sensitize the staff, they are actually doing a HIV/AIDS activity. If every sector does the same for their staff it is likely this will amount to duplication of effort and funding. If sectors will go to the community to deliver HIV/AIDS education and how to avoid infection this will be an HIV and AIDS activity which will require additional costs.

Mainstreaming requires sectors to modify their operational practices to achieve dual benefits i.e. the sector's main goals and contributing to HIV and AIDS social and economic alleviation both to the staff and the surrounding communities.

Mainstreaming calls for a systematic process of addressing causes and effects of HIV and AIDS both in the internal and external domains using the very core mandates of an institution. Risks and effects are identified as caused or predisposed by the process of carrying out the core functions of the institution and therefore in order to address them the very sectoral mandates are used to prevent and mitigate the potential effects of HIV and AIDS.

Mainstreaming attempts to blend HIV/AIDS issues into all the activities taking place in a sector. In essence, the process involves mainstreaming HIV and AIDS services into sector mandates which necessitate modification of the sector policies, structures, plans and programmes in order to incorporate the AIDS agenda. HIV and AIDS is addressed within the limits of institutions' core functions. Networking and collaboration with other sectors becomes the basis for delivering and sharing services, expertise and resources to avoid re-invention of a wheel and duplication of efforts and resources.

Definition 1: "Mainstreaming HIV and AIDS is a process that enables development actors to address the causes and effects of HIV and AIDS as they relate to their mandate in an effective and sustained manner, both through their usual work and through their workplace." (UNAIDS, the World Bank and UNDP 2005a)

Definition 2: "Mainstreaming is the process of analysing how HIV and AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage." (SIDA, 2005)

Definition 3: "Mainstreaming HIV and AIDS means all sectors determining:

- How the spread of HIV is caused or contributed to by their sector;
- How the epidemic is likely to affect their sector's goals, objectives and programmes; and,
- Where their sector has comparative advantage to respond to limit the spread

of HIV and to mitigate its impact."(University of KwaZulu Natal, HIV/AIDS and Economics Research Division (HEARD), Mobile Task Team on the Impact of HIV/AIDS on Education (MTT), 2005).

2.3 Objectives of Mainstreaming

Mainstreaming has the following objectives

- To ensure that the sector's comparative advantage embodied in its core mandate, is used to the maximum in influencing positive contribution to the control of the epidemic
- To provide the widest possible coverage of the population with prevention, mitigation, care, treatment and support services
- To deal with specific risk factors prevailing in the sectoral working environment and affecting workers, their families and the clients
- To take advantage of the existing infrastructure at the workplace to provide easier access to information and care package in the sector workplace programs

2.4 The Comparative Advantage

Sectors are assigned different mandates and are staffed with personnel with appropriate knowledge and skills to undertake the core functions. In designing and implementing such activities each sector will identify its comparative advantage in terms of expertise and mission and select HIV/AIDS activities that are related to its core business. As such sectors are not being asked to abandon their mandates to do HIV and AIDS but simply required to select core activities that bear dual effects both to the sector's mandate and to HIV and AIDS alleviation.

Comparative advantage is naturally more applicable when addressing the external than the internal domain. The idea is based on the fact that sectors are not asked to carry the wholes burden of prevention, care, treatment, and mitigation for the communities they serve as this could undermine the time and capacity they have to do effective core business obligations. *Instead the sectors are asked to recognize their specific comparative advantage and concentrate on reshaping their activities to address HIV and AIDS at the same time.*

The education sector for instance, can use its comparative advantage as the sector with closest contact with most vulnerable adolescents in schools to provide them with life-saving information and life skills for dealing with emotions and taking conscious decisions to *say no* to HIV infection. The Agricultural sector could use agriculture extension workers to train members of HIV support group to maintain home gardens using labour serving methods. Use could also be made of experts in agriculture in identifying highly nutritious foods for AIDS patients.

Likewise the health sector is best placed to provide medical services including guidelines for provision and administering ART and a continuum of care, treatment and support as well as monitoring and evaluation of HIV and AIDS service delivery.

2.5 The Categories of Mainstreaming

In principle there are two categories of mainstreaming i.e internal and external mainstreaming.

Internal Mainstreaming

In the internal mainstreaming the sector implements a programmes that is aimed at reaching its staff or workers with information and service packages of prevention, care, treatment and support including mitigating of the social and economic impacts of the epidemic.

External Mainstreaming

In the external mainstreaming the sector responds within their core activities using their comparative advantage and professional expertise to address HIV and AIDS among its clients and the surrounding communities. Every sector is uniquely placed to play a part in the struggle in the sense that each sector has something to offer.

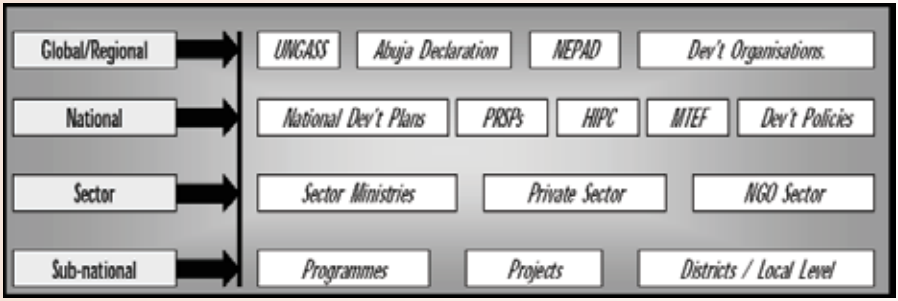
2.6 Criteria for External HIV and AIDS Mainstreaming

- Demonstrated comparative advantages
- Demonstrated linkage with core functions [State the linkage]
- Demonstrated linkage to vulnerability reduction [use Key Performance Indicators - KPI]
- Established possible matched funding and sustainability
- Demonstrated mechanisms for evaluation, documentation and dissemination

2.7 Levels of Mainstreaming

The various levels of mainstreaming can be categorized as: *global, regional, national, sectoral and sub-national*. The table below elaborates further.

Table 1: Levels of Mainstreaming



2.8 Key Questions to Facilitate HIV and AIDS Mainstreaming

The following key questions are central in determining the kind of interventions to be undertaken to address the causes and effects of the HIV and AIDS epidemic.

Table 2: Key Questions

Key Question		Appropriate Intervention
How is the sector affected by HIV and AIDS epidemic now and how likely it will be affected in the future?	How do the sector operations and practices put the staff at the risk of HIV infection?	Internal mainstreaming or mainstreaming on the internal domain. This calls for Workplace Interventions or Programs
	How does the sector contribute in putting the clients and the surrounding communities at risk of HIV infection?	External Mainstreaming or Mainstreaming on the external Domain. This call for interventions or programs addressing the risk factors prevailing among the clients and surrounding communities as part of Cooperate Social Responsibility (CSR).

3.0 MAIN STEPS TO HIV AND AIDS MAINSTREAMING

3.1 Advocate for Top Leadership and Management support.

- It simplifies the implementation of policies, guidelines and circulars related to HIV and AIDS prevention at work place.
- It also facilitate the smooth implementation of planned workplace interventions i.e. capacity building at all institutional levels , Impact mitigation, Formulation and dissemination of a non-discriminatory HIV Workplace,
- Prevention care and Support Services:- Provision of up-to-date information on HIV and AIDS (IEC/BCC), Condom promotion (male & female condoms), Promotion of Voluntary Counseling and Testing (VCT)

3.2 Develop HIV/AIDS Policy for the Sector

- Each sector or institution should develop specific HIV/AIDS policy to guide its *workplace* and *out of workplace* HIV and AIDS interventions.
- Policy development should be as participatory as possible to ensure ownership, commitment and compliance by both management and employees.

- Availability of a policy guarantees allocation of resources both human and financial.

3.2 Conduct Situational Analysis

- Situational Analysis (SA) is important in trying to answer the key questions in *table2* and establishing the magnitude of the problem,
- SA also helps in identifying the risk factors and drivers of the epidemic both *at workplace* and *in the community*
- SA helps is establishing how the core functions of the sector or institution put the staff and the surrounding community/stakeholders at the risk of HIV infection and how the sector or institutions is likely to be affected now and in the future

3.3 Build The Capacity Of Coordinators/Managers Of The Programme

- Through capacity building the coordinators and/or managers acquire basic knowledge on HIV and AIDS to be able to facilitate planning implementation and evaluation of HIV and AIDS workplace and out of workplace interventions.
- Capacity building programs empowers the coordinators to be able to create conducive environments for addressing silence, stigma, myths and misconceptions surrounding the HIV and AIDS agenda.

3.4 Train Hiv And Aids Peer Educators

- This is a group of employees selected to train or build capacity to fellow employees on HIV and AIDS issues. They need to be empowered so as to impart the knowledge of HIV and AIDS to their fellow employees.
- They need to be trained on how to implement high quality peer education sessions on HIV and AIDS at workplace

3.5 develop hiv and aids strategic plan

- Strategic plan is a long term (3 – 5 years) road map stating the Mission and vision of the sector/Institutions as well as developing then specific sector/ institutional objective in line with the national Policy and Strategies long term goals

- An action plan is derived from the Sector/Institutional Strategic plan with budgets, and are implementable on one year basis

3.6 ENCOURAGE CHANGE OF RISK BEHAVIOUR AMONG THE STAFF (ABSTINENCE,FAITHFULLNESS AND CONDOM USE)

- Abstinence, faithfulness and condom use are the safest ways of HIV and AIDS prevention. However they need individual commitment and dedication.
- Knowing individuals sero-status through regular planned VCT at workplace is an entry point for care and support including behavior change.

3.7 IDENTIFY ENTRY POINT FOR EXTERNAL MAINSTREAMING

- Identify its comparative advantage in terms of expertise and mission,
- Establish linkage with the affected surrounding communities or clients in collaboration with the Local Government Authority (LGA),
- Select HIV/AIDS activities that are related to the Sector's/Institution's core functions or business.
- In collaboration with the LGAs, identify existence of other Sectors or Institutions and the services they provide to the community. Determine the coverage of the services they provide, how similar or dissimilar in relation to your sector's/Institution's mandate and plan to fill the remaining gaps

3.8 DEVELOP AND IMPLEMENT HIV AND AIDS OWPP WITHIN THE SECTORS'/ FEASIBLE BUDGETS AS PART OF CORPORATE SOCIAL RESPONSIBILITY

- As part of Cooperate Social Responsibility sectors and institutions should contribute in addressing HIV and AIDS issues in the surrounding communities and clients
- Shortlist from the pool of activities earlier identified as suitable for OWPP and develop budget and action plan.
- Implement OWPP as per action plan

Matrix for Mainstreaming Steps

STEP 1: HIV AND AIDS SENSITISATION AND AWARENESS CREATION			
Objective	**Action**	**Expected Results / Outputs**	**Responsible**
Ensuring commitment of top management – Permanent secretaries, Chief Executive Directors, and the entire management teams (All Decision Makers)	Raise awareness of top management about basic facts on HIV and AIDS	1. Top management have acquired basic knowledge of HIV/AIDS and are supportive in conducting HIV and AIDS interventions within their organizations 2. HIV and AIDS is permanent agenda in all institutional Meeting	All staff, People living with HIV/AIDS, and a local resource person
STEP 2: CONDUCTING HIV AND AIDS SITUATION ANALYSIS			
The HIV and AIDS situation in the sector / institution is established	Conduct HIV and AIDS situational analysis in the sector/ Institutionto identify factors fuelling the spread of HIV/AIDS in the sector • To identify information gaps on HIV/AIDS (KAPB survey), Analysis of linkages between HIV/AIDS and the core activities. • To determine Impact of HIV/AIDS on sectors mandate. • To identify typical risk factors or hot spots, gather secondary information regarding HIV/AIDS in the operational areas	• Situation analysis report • KAPB survey report Information on the HIV/ AIDS problem is on hand, including estimates of HIV/AIDS prevalence in different sectors or departments. Impact of HIV/AIDSs on the sector mandate determined. Components of the core business that contribute to the spread of HIV/AIDS identified • Information gaps identified	Consultant in collaboration with coordinators / managers of HIV/AIDS Programs Consultants with experience in conducting HIV/AIDS situation analysis

STEP 3: PUTTING IN PLACE APPROPRIATE SECTORAL POLICY			
Developing appropriate HIV and AIDS sector policy.	Analyze how the appropriate HIV and AIDS sector policy impacts on different components of the core business activities.		Consultants with experience in developing appropriate HIV and AIDS sector policy.
STEP 4 DEVELOP STRATEGIC AND ACTION PLANs AND THE BUDGET			
Designing strategic and action plan and budget for mainstreaming HIV/AIDS	To develop strategic and action plan and budget for mainstreaming HIV/AIDS.	Strategic and action plan and budge for mainstreaming HIV/ AIDS within the core functions with HIV/AIDS work place programme component developed. Action plan is integrated in the strategic plans of the sector	HIV and AIDS Coordinator/ TAC
STEP 5: CONDUCT INSTITUTIONAL LEVEL CAPACITY ASSESSMENT FOR MAINSTREAMING HIV/AIDS			
Staff awareness of linkages between HIV/AIDS and development issues	i. Raise awareness of the complex linkages between HIV/AIDS and other development constrains ii. Introduce concept of HIV/AIDS mainstreaming		i. All staff ii. Person living with HIV and AIDS (PLHIV) iii. Resource person
STEP 6: MONITORING & EVALUATION			
Develop M & E system for mainstreaming	i. To Develop M& E system for mainstreaming. ii. Agree on continuous learning and reflection framework for the mainstreaming processes		Consultants with experience in developing Monitoring and Evaluation framework

4.0 COORDINATING HIV/AIDS WORKPLACE PROGRAMS (WPP)

Chief Executives and employees in all sectors and institutions have important roles to play in the mainstreaming of HIV and AIDS in the core functions of their organizations. At the workplace level every sector and institution will be duty bound to monitor activities planned to contain HIV and AIDS. Planning, implementation and coordination should be participatory and involving at all levels of the sector or institution.

4.1 Workers union /Workers council

At workplace, HIV and AIDS are Trade Unions and Workers Councils issue because workers and their families, workplaces and the communities depending on them are bearing the brunt of the epidemic. HIV and AIDS have affected workers in terms of health, income, rights and their lives.

Moreover, the epidemic threatens the capacity of Trade Unions to organize and represent the interest of their members to secure decent wages, to ensure fair working conditions, to protect the rights of their members, to maintain a corps of experienced leaders and organizers and to participate in social dialogue on national issues affecting employment, human resources and the labour market.

Trade Unions are able to mobilize extensive networks of members and contacts, negotiate workplace agreements/policies with employers and help to ensure implementation, make use of experience in education and training and build on their influence in the community and with Government. The Trade Union may consider carrying out the following roles:

- Participate in designing and agreeing on a work place policy and strategy for HIV and AIDS,
- Guide and support members in negotiating a policy at the workplace to ensure protection of rights and education for prevention, as well as access to care, treatment and statutory benefits.

- Include HIV and AIDS on the agenda of Union meetings in the Unions' training programme and strengthen health education in general.
- Build the capacity of members to implement workplace programmes that take into account the different need of women and men including the training of trainers and of peer educators.
- Lobby the Government and employers to recognize AIDS as a critical *labour and development* issue, with the aim of increasing resources for HIV and AIDS interventions.

4.2 The roles of Leadership

Leadership commitment is a crucial factor in implementing HIV and AIDS interventions. The involvement of top leadership motivates employees and other people to respond better and more intensively in the struggle against HIV and AIDS. It is the responsibility of leadership and top management to implement and monitor activities that aim at curbing the HIV and AIDS.

- To oversee and facilitate the programmes for HIV and AIDS which have to be implemented by the sector or institution,
- To receive regular progress reports of HIV and AIDS programme showing *success* and *challenges* in the course of implementation,
- To use regular progress reports in the preparation of annual reports that indicate effects and results of the struggle against HIV and AIDS by thematic area,
- To present the reports to upper administrative level and to TACAIDS as the custodian of the national data base for multi-sectoral national response to HIV and AIDS,
- Take opportunities to educate themselves on HIV and AIDS updates and new developments,
- Ensure that the sectoral Vision, Mission, policies and programmes are reviewed so as to mainstream HIV and AIDS updates

- Advocate against stigma and discrimination for members of their staff and their families who have been infected by HIV and take appropriate measures against those who stigmatize and discriminate HIV +ve workers
- Support sectoral HIV and AIDS activities with the necessary material resources and allocation of time
- Ensure implementation of HIV and AIDS Workplace Programme (WPP) and all staff regardless of position or location accesses appropriate HIV and AIDS prevention and care interventions
- Participate in biannual meetings organized to review HIV and AIDS activities in the sector
- Read sectoral HIV AND AIDS reports and provide appropriate feedback

4.3 Coordination of Committees

Institutions are advised to establish coordinating committees to be known as Technical AIDS Committees (TACs). The head of the Institutions will appoint the Technical AIDS Committee members not exceeding 7 members or as the Institution may consider appropriate. Members will be drawn from the key departments and units in the following order: The Head of Human Resources who will be the Chairperson and a Focal Person who will be the Secretary to the Committee. In essence the committee should be as representative of key departments, units and various categories of workers as possible.

4.4 The roles of the TAC

- The TAC will be an advisory body to the Management of all matters pertaining to HIV and AIDS in terms of HIV policy, strategies, implementation, monitoring & evaluation and finance
- Basically the main role of the TAC is to coordinate HIV and AIDS workplace program [Internal Mainstreaming]
- To oversee the institution's contribution in addressing HIV and AIDS

issues to the affiliated communities or clients [External Mainstreaming]

- TAC will advocate to create conducive working environment that enhance reduction of HIV and AIDS related Stigma and Discrimination as well as human rights [Advocacy role]
- TAC will endeavor to create conducive environment that maintains confidentiality at workplace
- Networking with other stakeholders in sharing knowledge, experience, skills, and services related to HIV and AIDS programs for replication and scale-up
- TAC will facilitate provision of HIV and AIDS education, VCT programs and to disseminate labor laws as related to compulsory testing and human rights
- The TAC will meet quarterly every financial year to deliberate on implementation of HIV and AIDS programs. The TAC will be responsible for tracking resources and other inputs allocated to the institution/sector for HIV and AIDS programs as well as ensuring appropriate utilization
- The TAC will be represented in the regular review meetings convened by TACAIDS
- TAC will be required to report on HIV and AIDS workplace program implementation according to Tanzania Output Monitoring System for HIV and AIDS [TOMSHA]

4.5 HIV and AIDS Coordinators (Focal Person)

The coordinators will be appointed by the head of Institution as stipulated in the guidelines. He/she should be a person of senior rank in the institution and reasonably committed to the HIV and AIDS agenda.

4.5.1 The roles of HIV and AIDS Coordinator or Focal Person

- The HIV and AIDS Coordinator will be the *Focal Person* for the institution and will coordinate the functions of the TAC
- The Coordinator will be responsible for all HIV and AIDS Work Place Program (WPP) to ensure that all activities are carried out as planned.
- The HIV and AIDS Coordinator will collaborate with the Planning unit to develop HIV and AIDS Out of Work Place Program (OWPP) as part of external mainstreaming based on the comparative advantage embodied in the sector's/institution's mandates and core functions
- The coordinator will establish linkage with VCT centre and Peer Educators to support the needy staff.
- The coordinator will coordinate and supervise implementation of activities aimed at containing AIDS and prepare implementation reports to be presented to the management with the approval of the TAC
- With sufficient training the coordinator can also perform as a HIV and AIDS facilitator
- Coordinators may employ the services of peer educators and counselors to advocate for Behavior Change Communication [BCC] and Voluntary Counseling and Testing [VCT]
- The coordinator will be answerable to the TAC

5.0 M&E and Reporting Mechanism

5.1 Technical Reports

All implementing Institutions will be required to report on implementation progress as part of management supervisory functions. Reports should be analytical rather than narrative. It is also important to point out the challenges that were encountered and how they were overcome or how they may be addressed in the future.

5.2 Financial Reports

Financial reports are meant to report expenditure vs the budgets as part of financial accountability and good governance. All institution are required to report on expenditure for all HIV and AIDS implemented activities to facilitate future projections.

5.3 TOMSHA Reporting

- TOMSHA stands for Tanzania Output Monitoring System for HIV and AIDS designed by TACAIDS to report on 49 non medical indicators.
- Implementers will have to fill in special TOMSHA forms which are obtainable at TACAIDS HQ and/or TACAIDS website – www.tacaids.go.tz

6.0 References

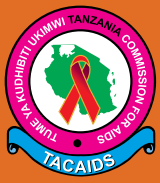
TACAIDS Act

The National Policy on HIV/AIDS

The second National Multi-sectoral Strategic Framework [NMSF]

The National Multi-Sectoral HIV Prevention Strategy

The SADC Gender Mainstreaming Guidelines for HIV, Tuberculosis and Malaria



TANZANIA COMMISSION FOR AIDS (TACAIDS)
Old Boma Building, Morogoro Road / Sokoine Drive
P.O. Box 76987 Dar es Salaam
Tel: +25522 2122651 / 2125651 Fax: +255 22 2125127
Email: info@tacaids.go.tz
Website: www.tacaids.go.tz