

# TOWARDS GENDER-RESPONSIVE HIV PROGRAMMING: IDENTIFYING CAPACITY DEVELOPMENT NEEDS

Mission Report Tanzania



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## List of abbreviations

ANC	Antenatal Clinic
ART	Antiretroviral Treatment
CIM	Centre for International Migration
CMAC	Council Multisectoral AIDS Committee
CSO	Civil Society organizations
CTC	Care and Treatment Clinic
DACC	District AIDS Control Coordinator
DDH	District Designated Hospital
DED	German Development Service
DMO	District Medical Officer
DRHC	District Reproductive Health Coordinator
FGM	Female Genital Mutilation
FP	Family Planning
GBV	Gender-Based Violence
GDC	German Development Cooperation
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Cooperation Agency
HBC	Home-Based Care
HC	Health Centre
HW	Health Worker
InWEnt	Capacity Building International, Germany
KfW	German Development Bank
LGAs	Local Government Authorities
LLGAs	Lower Level Local Government Authorities
M&E	Monitoring and Evaluation
MACC	Multisectoral AIDS Control Component
MCDGC	Ministry of Community Development, Gender and Children
MDA	Ministry Departments and Agencies
MEWATA	Medical Women Association of Tanzania
MoEVT	Ministry of Education and Vocational Training
MoHSW	Ministry of Health and Social Welfare
NACOPHA	National Council for People Living with HIV and AIDS
NACP	National AIDS Control Programme
NGO	Non-governmental organization
PEP	Post Exposure Prophylaxis
PICT	Provider-Initiated HIV Counselling and Testing

PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
RACC	Regional AIDS Control Coordinator
RCH	Reproductive and Child Health
REPRO	Reproductive Health
RH	Reproductive Health
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
RRCHC	Regional Reproductive and Child Health Coordinator
RVCTC	Regional Voluntary Counselling and Testing Coordinator
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TACAIDS	Tanzania Commission for AIDS
TAMWA	Tanzania Media Women Association
Tfd	Theatre for development
TGNP	Tanzania Gender Networking Programme
TGPSH	Tanzanian German Programme to Support Health
TNW+	Tanzania Network of Women Living with HIV/AIDS
TOMSHA	Tanzania Output Monitoring System for the non-Medical HIV and AIDS Interventions
UMATI	Chama Cha Uzazi na Malezi Bora Tanzania
VCT	Voluntary Counselling and Testing
VMAC	Village Multisectoral AIDS Committee
WDP	Women's Dignity Project
WLAC	Women's Legal Aid Centre
WMAC	Ward Multisectoral AIDS Committee
ZAC	Zanzibar AIDS Commission

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## Executive Summary

It is established that gender roles and relations directly or indirectly influence the level of an individual's risk and vulnerability to HIV infection. Integrating gender considerations into all levels of HIV and AIDS programming in order to enhance the response to the pandemic is a necessity. Therefore, the German BACKUP Initiative aims at an increased allocation of global AIDS funding for gender-sensitive and -transformative HIV-related programmes in selected cooperation countries. In pursuit of this objective, the German BACKUP Initiative provides technical support to civil society and public sector partners.

The Gender Audit of the National HIV and AIDS Response carried out in 2008/2009 identified the need for stronger engagement in the area of Gender and HIV. As a follow-up to this audit, two key areas have been identified for further analysis at national level and in Mtwara and Lindi Regions:

- (I) Advocacy for gender-sensitive and -transformative HIV programmes
- (II) Integration of HIV and Sexual and Reproductive Health (SRH) services which are sensitive to the needs of men and women

This analysis was supported by Tanzania Commission for AIDS (TACAIDS) and the German development cooperation, namely the Tanzanian German Programme to Support Health (TGPSH) and the German BACKUP Initiative.

A mission was conducted from 23 September until October 6, 2009 to lay the groundwork for the future involvement of the German BACKUP Initiative in Tanzania with focus on gender-responsive HIV programming.

### **Main findings of the mission:**

#### **Advocacy for gender-sensitive and -transformative HIV programmes**

- Gender issues are recognized as one of the drivers of the HIV epidemic in Tanzania. Although there is currently a momentum in translating this knowledge and the related policy framework into action, gender is still not adequately mainstreamed into HIV programming at central and district level and by the civil society.
- Although the guidelines clearly state reporting procedures, a communication gap in information sharing was addressed between the central and district level as well as between the district level and civil society actors.
- NGOs generally face major structural challenges which need to be addressed before proceeding to the point of addressing gender in HIV programming.
- *Identified possible advocacy areas in Mtwara Region:* Increased vulnerability of women and girls to HIV infection due to cultural beliefs; increased teenage pregnancies; limited male involvement.
- *Identified possible collaboration partners:* TACAIDS is the overall technical partner at national level together with the Ministry of Health and Social Welfare (MoHSW). At district level, the NGO umbrella organizations in Mtwara Municipality and Masasi District, MTWANGONET and MANGONET, their members working on HIV and/or gender, as well as the respective LGAs (in cooperation with the regional authorities) were identified as potential partners.

### **Integration of gender aspects in SRH/HIV services in the health sector**

- The WHO gender mainstreaming guidelines were piloted in Lindi in 2006/07. As a result, awareness of the importance of gender mainstreaming is high in Lindi and implementation of gender-sensitive interventions has started.
- The following good practices were noted: male involvement in Antenatal Clinic (ANC) and Prevention of Mother to Child Transmission (PMTCT) has increased and special priority is given to couples; gender is being considered in trainings; Community Home Based Care (CHBC) services reach both men and women and equal number of male and female providers have been trained. Also, efforts are being made to integrate HIV and SRH services.
- The following challenges were noted: women have better access to SRH and HIV information and services than men and male involvement is generally low; Reproductive Health (RH) needs of adolescents are still not sufficiently met; Home Based Care (HBC) services – following the national guidelines – are focused mostly on HIV and AIDS; services for Gender-Based Violence (GBV) survivors are not widely available.
- A follow-up process is planned in cooperation with TGPSH to ensure that Lindi Region can benefit from the financial and technical assistance that the BACKUP Gender Initiative is offering.

## Introduction

A country mission laid the groundwork for the future involvement of the German BACKUP Initiative in Tanzania with focus on gender-responsive HIV programming. This report documents the steps, methods and results of this mission. A desk review and the minutes of the stakeholder consultative workshop complement the series of documents on this process.

### ***Background to the BACKUP Initiative's gender approach***

The German BACKUP Initiative ([www.gtz.de/backup](http://www.gtz.de/backup)) helps partner countries to access global health funding, particularly resources provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and provides technical support for capacity development in health systems strengthening, community systems strengthening and engendering national responses to HIV.

In early 2009, the German BACKUP Initiative launched a new gender approach aiming at an increased allocation of global AIDS funding for gender-sensitive and gender-transformative HIV-related programmes in selected cooperation countries. In pursuit of this objective, the German BACKUP Initiative provides technical support to civil society and public sector partners in four main areas of capacity development: (I) advocating for gender-sensitive and -transformative policies, strategies and programmes (II) designing, implementing and monitoring of gender-sensitive and gender-transformative HIV programmes (III) improving the national and/or decentralized and local monitoring & evaluation (M&E) systems to collect and use gender-specific data and (IV) designing gender-sensitive and gender-transformative HIV services in the health sector.

The German BACKUP Initiative will support the roll out of the gender approach in five cooperation countries in sub-Saharan Africa. Decisions about programmatic interventions will be made on a country by country basis, following a country-level situational analysis and stakeholder consultation, in order to jointly identify specific areas of interventions and capacity needs of partners regarding gender-sensitive and -transformative HIV programming.

Consultations with the Tanzanian German Programme to Support Health (TGPSH) took place and Tanzania was identified as potential cooperation country.

### ***The Tanzania Commission for AIDS***

TACAIDS was first established by the announcement made by the Honourable President Benjamin William Mkapa on 1 December 2000. The other step taken to establish TACAIDS was by the enactment of a law establishing Tanzania Commission for AIDS, Act No. 22 of 2001 by the Parliament. These steps were taken so as to ensure that the Government of the United Republic of Tanzania has an institution that is legally mandated to provide strategic leadership and to coordinate the multisectoral HIV responses<sup>1</sup>. TACAIDS is also designed to monitor and evaluate

#### **What are gender-sensitive and gender-transformative responses to HIV?**

*Gender-sensitive programmes* attempt to redress existing gender inequalities by addressing gender norms, roles and access to resources in so far as needed to reach project goals.

*Gender-transformative programmes* aim to re-define women and men's gender roles and relations by transforming unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment.

<sup>1</sup> Retrieved from <http://www.tacaids.go.tz/about-tacaids/historical-background.html>

progress, to mobilize resources and undertake advocacy. The National Policy on HIV/AIDS and the second National Multisectoral Strategic Framework (NMSF) on HIV and AIDS (2008-2012) guide the implementation of multisectoral activities, providing the framework, direction and general principles for intervention, care, and support for those infected and affected by the epidemic, as well as mitigation of the effect of HIV.

TACAIDS carried out a Gender Audit in 2008/2009. This was centred on the existing documents on policies, guidelines, advocacy and monitoring tools that are being used in the prevention, care, treatment and support services at national, sectoral, non-governmental organizations (NGOs), private and local government levels. In addition, the gender audit received inputs from key informants on the gender concerns which are negatively impacting the HIV national response.

The gender audit identified the need for stronger engagement in the area of Gender and HIV. As a follow up to the audit, a mission was planned by TACAIDS and the German development cooperation (DGC), namely TGPSH and the German BACKUP Initiative. The specific areas of assessment of the mission are presented further in this report.

### ***The Tanzanian German Programme to Support Health***

TGPSH builds upon previously gained experiences of German support to the health sector in Tanzania implemented in partnership with the Ministry of Health and Social Welfare (MoHSW). It started its activities in January 2003 as a joint programme of five GDC organisations: the German Technical Cooperation Agency (GTZ); the German Development Bank (KfW); the German Development Service (DED); Centre for International Migration (CIM); Capacity Building International, Germany (InWEnt) and in cooperation with governmental and non-governmental organizations in the country.

Its overall **objective** is *'to improve the health and well-being of all Tanzanians, with a focus on those at most risk and to encourage the health system to be more responsive to the needs of the people'*.

For the next phase of the programme that will kick off in 2010, support will be provided in the following key areas:

1. Sexual and reproductive health and rights (SRHR) and HIV/AIDS
2. Financing of health care and social (health) insurance
3. Capacity development and human resources
4. Decentralised subsidiary (public and private) health services

The key issue of gender equality and human rights will be addressed across the programme areas, with particular emphasis in component 1 (SRHR and HIV/AIDS). With regard to the aspects of health financing and decentralised health services, efforts are being made to ease (financial) access to health services, especially for women and children<sup>2</sup>.

### ***Support for Decentralization and Local Government (SULGO)***

This German Tanzanian programme takes its bearings from the state reform. German interventions in this priority area concentrate on three important pillars of Tanzania's decentralisation process: the legal framework for decentralisation, local government finances and good local governance. The realisation of human rights, promoting gender equality and contributing to the HIV response are integrated in these three pillars as crosscutting topics. Explicit potential areas of intervention for

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<sup>2</sup> Priority area strategy paper: Support of the Health Sector, including HIV/AIDS prevention

German development policy activities are supporting equal political participation by women and men at the village level, whether as voters or as candidates for election<sup>3</sup>.

## **Areas of assessment**

Based on the results of the gender audit, a mission was carried out from 23 September until October 6, 2009 in close collaboration with TACAIDS and TGPSH with the aim to identify capacity needs and partners in the fields of:

- (I) Advocacy for gender-sensitive and -transformative HIV programmes
- (II) Integration of HIV and Sexual and Reproductive Health (SRH) services which are sensitive to the needs of men and women

The country mission conducted a situational analysis and identified potential capacity development needs, possible intervention areas and collaboration partners in both areas.

## **Objectives of the country mission**

The objectives of the mission can be summarized as follows:

- 1) To introduce the background and concept of the gender approach in HIV programming of the BACKUP Initiative to key stakeholders and potential partners within government, civil society and development partners
- 2) To provide further guidance on advocacy and capacity development needs
- 3) To explore opportunities for collaboration between GDC and Tanzanian partners, as well as levels/geographical regions of intervention, through a multi-part situational analysis

## **Methods and approaches**

The methods included a desk review, interviews with key informants at national and regional level (Mtwara and Lindi Regions) based on interview guidelines a stakeholder consultative workshop and individual meetings with potential partners and with representatives of TACAIDS and GDC that took place thereafter.

The interviews were conducted with selected key informants from the government, civil society and development partners in the two identified areas both at national and decentralized level. A final list of the key informants that were interviewed can be found in annex 1.

### ***Desk review***

The desk review is a document that draws upon existing materials on the gender responsiveness of policies, strategies and programmes in relation to HIV and SRH. It aims at identifying key issues and various stakeholders as well as possible entry points for future interventions in the two identified areas. It provides an overview on policy framework and strategies, programme implementation, key stakeholders, capacity development needs and possible cooperation partners. The main findings of the desk review can be found further in this report<sup>4</sup>.

### ***Stakeholder consultative meeting***

A stakeholder consultative workshop was held by TACAIDS and GDC in Dar es Salaam on October 6, 2009.

The objectives of the meeting were the following:

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<sup>3</sup> Priority area strategy paper: Support for Decentralization and Local Government

<sup>4</sup> For more information refer to the desk review

- (I) To present the background information of the mission
- (II) To present and obtain feedback on the findings of the project identification mission in the two result areas both at national and regional level
- (III) To present proposed areas for intervention
- (IV) To discuss the way forward with potential future partners

All relevant stakeholders from the national level (these included ministries, development partners and NGOs) and representatives of the two regions who were interviewed were invited for this workshop.

Finally, 26 participants represented in the meeting included representatives from TACAIDS, MoHSW, MoEVT, NACP, NGOs from Dar es Salaam, as well as the Local Government Authorities (LGAs), the NGO umbrella organizations from Mtwara Municipality and Masasi District and GDC (TGPSH, SULGO, and German BACKUP Initiative). The minutes of this meeting are also available.

## Findings

This section presents the results of both the desk review and the interviews. You can find the feedback of the participants and the results of the groups work session in annexes 2-3.

### *Findings of the desk review*

The desk review is available as a separate document. In this chapter only the main findings of this study are presented.

It was confirmed by various sources that certain socio-cultural barriers hinder women's full participation in politics, economy and social development and slow down the process of achieving gender equity in Tanzania. Violence against women and harmful traditional customs and practices - including female genital mutilation (FGM), early and forced marriages, low socio-economic status given to women and girl child, food taboos, polygamy and the bride price - lower literacy and education levels, lack of legal services provision and awareness thereof in rural areas, are reflected in women's disadvantageous and unequal status in many areas, including in public life and decision-making and in marriage and family relations<sup>5</sup>.

**At central/policy level**, a series of national policies and strategies demonstrates the Government's commitment to open up for gender-sensitive and gender-transformative HIV responses. However, the gender dimension in these policies and strategies is still inadequately addressed.

Despite some achievements of the Ministry of Community, Gender and Children Development, including the initiation of desk officers in MDAs and LGAs, the capacity building to Gender desks in sectors and MDAs and the development of Gender strategy for 2009-2015, the institutional mechanisms of the national gender machinery are neither adequately coordinated nor adequately resourced. Consequently, these mechanisms have limited influence on policy dialogues at national and sectoral levels, especially when it concerns the adoption of a gender mainstreaming approach at policy level and programme planning processes. This threatens implementation of the gender related policies at all levels.

Generally, lack of understanding, capacity, motivation and accountability mechanisms at all levels have led to a lack of programming and funding to execute HIV monitoring and evaluation activities mandated in the various guidelines.

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<sup>5</sup> CEDAW Concluding Observations: United Republic of Tanzania. Available at: <http://sim.law.uu.nl/SIM/CaseLaw/uncom.nsf/804bb175b68baaf7c125667f004cb333/8c342dd3b2bc4fe6c12574aa0049eff9?OpenDocument>

Additionally, tools in use such as Tanzania Output Monitoring System for the non-Medical HIV and AIDS Interventions (TOMSHA) indicate low levels of consideration of gender aspects. This is also translated in the lack of sex-disaggregated data in most of the government sectors and departments, as well as at district level.

**At district level**, insufficient involvement of Civil Society Organizations (CSOs), especially those of people living with HIV (PLHIV), continual delays and difficulties in providing timely funding to districts and communities as well as limited capacity in LGAs to develop, implement and monitor comprehensive HIV plans slow down the development of gendered interventions of HIV programmes in the District, Ward and Village.

At the same time, CSOs at the grass root level need to be strengthened in terms of their knowledge on gender and SRH/HIV issues, as well as in terms of their capacity to effectively advocate.

In regard to the integration of SRH and HIV, gender equity is not regularly perceived as relevant to efforts to improve service quality in the health sector. Also, evidence shows that there is still insufficient integration of SRH issues in HIV services. More on-site capacity building and orientation towards comprehensive gender sensitive SRH/HIV services is required, including referral structure to relevant non-health services.

The observations of this desk review confirmed the initially identified areas of cooperation. The mission aimed to build upon these results and further explore any possible progress made, in order to crystallize the specific collaboration areas with the identified possible partners in Tanzania<sup>6</sup>.

### ***Findings of the interviews***

The mission identified capacity development needs in the two areas of assessment and examined potential linkages with related gender interventions by other organizations in Tanzania. In cooperation with TGPSH, this mission further strengthened the involvement and support of TACAIDS for the planned interventions of the German BACKUP Initiative's gender approach in the country. This created a conducive environment that promotes national ownership over this process.

#### **Advocacy for gender-sensitive and -transformative HIV programmes**

The results presented here are based on the interviews conducted at central and decentralized levels (Mtwara Municipality and Masasi District). A number of issues which are related to this area and were raised in the desk review were also confirmed through the interviews.

#### ***Results TACAIDS***

TACAIDS is mandated with the coordination of the national HIV response. As the main national partner for this mission and for the future gender and HIV programmes, specific issues were identified for TACAIDS. These are focusing on the strengths and the challenges faced by the organization.

**Strengths:** A national Gender and HIV operational plan is currently being developed, building up on the recommendations of the recent gender audit that was conducted in Tanzania. Also, all recently drafted documents address gender – e.g. the prevention strategy, the advocacy and communication strategy, the essential planning package, while 'engendering' other TACAIDS policies, strategies and tools is in the pipeline. Another important aspect is that the global fund proposals for round 8 and round 9 addressed HIV and gender issues to a reasonable extent. Last but not least, through

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<sup>6</sup> For more details see the desk review document

the UN joint HIV programme, a two-year full time gender technical advisor will support TACAIDS in its endeavours to systematically 'engender' its core business.

**Challenges:** TOMSHA, which is supposed to be extensively used by stakeholders, is still not gender-responsive and thus not all data produced is sex-disaggregated. Generally, there is need for further capacity building measures to enable adequate and systematic integration of the gender aspect into the national HIV response led by TACAIDS.

### ***Results national and district level***

Gender issues are recognized as one of the drivers of the HIV epidemic in Tanzania. Although there is currently a momentum in translating this knowledge into action, gender is still not adequately mainstreamed into HIV programming at central and district level and by the civil society.

Additionally, although the guidelines clearly state reporting procedures, a communication gap in information sharing was addressed by the interviewees between the central and district level as well as between the district level and the NGOs, the Ward Multisectoral AIDS Committee (WMACs) and the Village Multisectoral AIDS Committee (VMACs).

Last, but not least, depending on the planning for the AIDS grants, the funds that reach the district often do not trickle down to the NGOs at the grass root level. These funds are sometimes limited and can only cater for very few activities which are compulsory, for example quarterly AIDS Committee meetings.

### ***Results NGOs at district level***

Generally, NGOs at district level face capacity development challenges in terms of governance, organisational development, proposal writing and access to funding, M&E systems and equipment, while most of them operate on a voluntary basis. They also tend to have a very broad mandate, in order to increase their possibilities of funding through various sources. Few NGOs, mainly those working with PLHIV are devoted to HIV activities. Moreover, NGOs have low understanding of national policies, strategies and programmes, while the roles and responsibilities of key national stakeholders are not clear to them.

It needs to be addressed that they are aware of the social and cultural aspects of gender which are key to HIV prevention, care and treatment. However, they do not know how to translate this awareness into action and integrate gender into their day to day work. NGO umbrella organisations also face challenges in fulfilling their role to coordinate activities, to specify their needs and advocacy issues related to HIV and gender and to seek/provide funding to their affiliate members. Finally, awareness raising activities are by the majority of the interviewees – especially the NGO representatives – perceived as advocacy measures<sup>7</sup>, while the majority of the interviewees stated that in Tanzania the environment is conducive for advocacy.

### ***Identified possible advocacy areas in Mtwara Region***

HIV prevalence in Mtwara Region is 3% (3.4% for women and 2.4% for men)<sup>8</sup> which is below the national average of 5.6%. As addressed by the Municipal Director in Mtwara Municipality, within Mtwara Region, Masasi District is currently leading on HIV infection and Mtwara Municipality follows second. The interviewees often referred to the following challenges within the community that increase vulnerability

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<sup>7</sup> Advocacy is defined as a set of targeted actions directed at decision/policy makers in support of a specific policy issue

<sup>8</sup> Tanzania HIV/AIDS and Malaria Indicator Survey 2007-08. Preliminary report (July 2008). Available at: <http://www.ihl.or.tz/docs/TzHIV-MalariaIndicatorSurvey-07-08-PreliminaryReport.pdf>

to HIV infection in both districts. As such, the following areas can comprise key gender issues for advocacy in the context of HIV-responsive HIV programming:

- *Increased vulnerability of women and girls due to cultural beliefs:* The interviewees often referred to land and inheritance issues, to early marriages and early sexual debut, as well as polygamy, traditional dances and initiation ceremonies that are practiced in the region. They however underlined that a possible entry point for addressing gender issues within HIV related programmes as well as empowering women could be the matrilineal tendencies that exist in Mtwara Region.
- *Increased teenage pregnancies:* It was addressed by the interviewees that the initiation ceremonies which are practised in the area lead to an early sexual debut, especially for girls, and increase the danger of contracting HIV. In some cases, girls start being sexually active at the age of eight. Their knowledge on SRH is limited and as a result they get pregnant very early in their life (no specific data on teenage pregnancies were given for the two districts). Additionally, they have to cope with all the biological consequences (e.g. fistula) as well as social and financial implications that this pregnancy has for them. For example, they have to drop out from school and find the financial means to raise the child. Often, these girls are also abandoned by the father of their child. This turns to a vicious circle as the young mother turns to men for favours to support herself and the child, ending in getting another child - an endless story.
- *Limited male involvement:* During the interviews, it was often mentioned that men are generally not involved in HIV programmes. However, it was also recognized that the majority of the programmes do not specifically take into consideration their perspective and their needs. As a result men are not really motivated to become involved.

### ***Identified collaboration partners in Mtwara Region***

Taking into consideration the low capacities of CSOs at district level, it was obvious that a “stand alone” CSO would have little chances of achieving the desired results. Thus it was decided to work through NGO umbrella organizations and their selected members that already work on HIV and/or gender, e.g. organizations of women living with HIV. During the mission in Mtwara Region two umbrella organizations were identified.

In Mtwara Municipality, the umbrella organization is MTWANGONET; it counts 40 members. As this is a new organization (established in 2008), its organizational capacities need to be enhanced. However, its representatives stated their interest and motivation to organize their members in thematic areas; one of these would be the area of HIV and gender. They also recognized the necessity of engaging as much as possible the organizations of PLHIV in their district.

In Masasi District, the umbrella organization is MANGONET. Established in 1994, the organization counts 14 active members. Its members are clustered under four thematic areas: advocacy, health, agriculture and education. MANGONET recognized the need to mainstream gender in the structures, processes and tools used by the organization.

Effective collaboration between civil society and LGAs is very important, especially in the context of advocating for more gender-sensitive and gender-transformative HIV programmes. The Council Multisectoral AIDS Committees (CMACs) were therefore involved through the Council HIV and AIDS Coordinators (CHACs) in the process of

preparing and conducting the mission. The CHACs showed interest and their engagement was of great support for the mission.

In this spirit, one representative of each umbrella organization and the CHACs of the respective districts were invited for the stakeholder consultative workshop to intensively discuss about a possible collaboration with representatives of GDC and TACAIDS and agree on the way forward. The results of the individual discussions and the agreed steps are presented further in this report.

### **Integration of gender aspects in SRH/HIV services in the health sector**

The results on this area were compiled from interviews and site visits in Lindi Region. More specifically, three hospitals were visited: the Sokoine regional hospital, Nyangao hospital in Lindi Rural, Kilwa district hospital and Kilwa Masoko health centre.

According to the general findings, the WHO gender mainstreaming guidelines were piloted in Lindi in 2006/07 in Sokoine, Nachingwea and Kilwa hospitals. As a result, awareness of the importance of gender mainstreaming is high in Lindi and implementation of gender-sensitive interventions has started. The following good practices were noted: male involvement in Antenatal Clinic (ANC) and Prevention of Mother to Child Transmission (PMTCT) has increased and special priority is given to couples; gender is being considered in trainings; Community Home Based Care (CHBC) services reach both men and women and equal number of male and female providers have been trained. Also, efforts are being made to integrate HIV and SRH services. Theatre for development (Tfd) is mobilizing communities towards importance of male involvement in Safe motherhood issues with the outcome of more women attending hospital for delivery and post-delivery services.

Additionally, the new Care and Treatment Clinic (CTC) at Sokoine Regional hospital will be an extension of the outpatient department, where all services will be provided in one consultation room. This will reduce stigma as there is no distinction between HIV and other patients. It will also reduce waiting time and patient movement.

Women have better access to SRH and HIV information and services than men. Male involvement was found to be low; e.g. two thirds of the clients enrolled in HIV care and Antiretroviral Treatment (ART) are women. Another challenge is that Reproductive Health (RH) needs of adolescents are still not sufficiently met, as indicated by the high number of schoolgirl pregnancies and induced abortions.

It was also addressed that Home Based Care (HBC) services – following the national guidelines – are focused on HIV and AIDS. They could however be used as an entry point to provide additional information and services to the family. Last but not least, services for Gender-Based Violence (GBV) survivors are not widely available.

Further results were categorized into the following main areas:

#### **– Male involvement in VCT and ANC**

*Achievements:* Women in ANC are requested to bring along their partner/husband at first and last visit. Also, couples are generally given priority for counselling and testing. Furthermore, training on Provider Initiated Counselling and Testing (PICT) is ongoing to offer Voluntary Counselling and Testing (VCT) to all patients and clients in the future.

*Constraints/gaps:* There is the misconception that the HIV status of the wife is automatically the status of the husband and the other way round; thus people do not trust discordant HIV test results. Also, men lack information on family planning (FP), pregnancy risks, PMTCT, birth preparedness and they have limited understanding of their role as partner/husband/father. Last but not most least,

the set-up of Reproductive and Child Health (RCH) clinic is in most cases not conducive for men to feel comfortable and welcome.

– Adolescent SRH and HIV services

*Achievements:* Some adolescents come for Sexually Transmitted Infections (STIs), RH and VCT services in the afternoons, when the clinic is empty and there is lower risk to be seen, while some – although few – health workers (HWs) have been trained in adolescent friendly RH services. Further, all regional and district authorities in Lindi region received orientation towards Adolescent SRH friendly services. Through the PASHA school based approach of the MoEVT adolescents in 72 primary schools of Lindi region (12 in each district) and 20 secondary schools are reached with comprehensive SRH/HIV information. As part of the holistic approach, the peer education links directly with health providers and the community.

*Constraints/gaps:* The environment in RH clinics needs to be more conducive for young people. In some cases for example, the attitude of the HWs is moralizing and discriminating against adolescents and RH services might be denied.

– HBC services

*Achievements:* 250 HBC providers are linked to CTC and PMTCT to follow up patients, provide care at home and trace defaulters.

*Constraints/gaps:* 75% of HBC providers are female and this reinforces the perception of the role of women as carers. Also, as this is not a part of the training curriculum, HBC providers are not trained for FP services. The interviews additionally revealed that the demand for home-based HIV testing of family members is high. And although family members of PLHIV are advised to go for VCT, few do so.

– Services for GBV survivors

*Achievements:* Some HWs were trained in management of GBV and rape, but these in hospitals only.

*Constraints/gaps:* Community awareness of health services on GBV is still low. Also, guidelines for comprehensive management including emergency contraception, presumptive treatment of STI, VCT/Post Exposure Prophylaxis (PEP) are available but not widely known and used by the HWs, when it comes to GBV survivors. Furthermore, there is lack of sensitization of police which might lead to delayed referral of survivors to health facilities.

The interviewees not only identified the issues, but also had *suggestions* on what could be further done or followed up to tackle the challenges on gender issues in the health sector. These are the following:

- Increase efforts in:
  - Sensitizing men in the community (e.g. through different media including capitalizing on the non-formal information system such as initiation rites, and theatre for development)
  - Organizing special “couples clinic” in RCH in the afternoon
  - Scaling up youth friendly services, e.g. by organizing a special “young people clinic” in the afternoon
- Widen the scope of the HBC services to include SRH services and home based HIV counselling and testing
- Further strengthen the GBV services

## **Gender-related interventions in Tanzania and potential links**

The mission both examined which interventions related to gender and HIV are implemented by other organizations/agencies as well as possible linkages with ongoing programmes of the GDC, more specifically with TGPSH and SULGO.

### **Gender-related interventions by other agencies**

**UNIFEM** has received funds from European Community to address the gender gaps in HIV programming in four countries in Eastern and Southern Africa. In cooperation with UNDP to support this programme in further countries, an expression of interest is expected from Tanzania with the aim to (1) to work with networks of HIV positive women to increase their capacity to advocate and to access resources for gender-responsive HIV programmes (2) to provide a gender expert for TACAIDS and Zanzibar AIDS Commission (ZAC) and (3) to make the Executive Chair of TACAIDS member of the Global Women' Network on HIV.

UNIFEM also announced the first call for proposals for the Fund for Gender Equality. This is a global facility and the deadline for submission was September 30, 2009. The Fund accepted applications from governmental and non-governmental organizations and/or partnerships between or within these sectors. The Fund is a multi-donor initiative dedicated to the advancement of high-impact gender equality programmes that focus on women's economic and/or political empowerment at local and national levels. At the time of the mission it was not known whether proposals were submitted from Tanzania, but this would be something to follow up at a later stage.

**UNAIDS** in Tanzania has a gender and human rights approach, following the commitment of the organization at global level. Gender plays a central role into the strategies, plans and activities of the **Joint Programme of HIV/AIDS**. The programme has a gender focal person and gender is a cross-cutting issue.

**A gender basket** has been proposed in Tanzania but has not yet been established. UNIFEM is planning a mapping of gender resources to avoid duplication of funding and improve coordination. Additionally, the **GFATM proposals** submitted by Tanzania for round 8 and round 9 addressed HIV and gender issues to a reasonable extent.

The **Finnish Fund for Local cooperation** is a fund managed by the Embassy. The main objective of the fund is to support initiatives of local NGOs, CBOs and other institutions in the fields of good governance, human rights and democracy. Special attention is given to organizations that promote gender equality, rights of women and other vulnerable groups. The Embassy plans to earmark some funds for organizations in the two southern regions, Mtwara and Lindi<sup>9</sup>.

### **Potential linkages to national organizations**

The desk review identified potential partners for future collaboration in both areas, the majority of whom have been interviewed during the mission. This chapter presents national actors that can possibly provide capacity building measures and technical support to the partners of the project in the districts – also based on the model suggested in figure 1.

### **Potential linkages advocacy for gender-responsive HIV programmes**

**TACAIDS** will be the overall technical partner in developing future interventions in this area. It is charged with the coordination of the multisectoral national HIV response at national, regional, district and community levels. TACAIDS is planning to

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<sup>9</sup> During the mission representatives of Finnish Embassy were not available for interview. Information has been requested per email, but reply is pending.

appoint regional coordinators. These could be an opportunity for civil society to improve their communication with TACAIDS.

**MCDGC** is charged with coordination and advocacy of gender mainstreaming in all sectors and is mandated to provide technical assistance to civil society in this regard.

**TGNP** is a recognized national NGO with great experience in providing capacity building on advocacy and gender. TGNP advocates for gender equality and equity, equal opportunities and equal access to - and control over - resources by women, youth and other marginalized groups. TGNP is one of the partners of TGPSH.

**NACOPHA** is a coordinating body of the networks of PLHIV. It has established ten district clusters – which however are still not functional. It is envisaged that the clusters will coordinate and oversee the activities at the district level. NACOPHA aims at facilitating the clusters in building up their capacities. This knowledge can then trickle down to other CSOs in the district. NACOPHA plans to establish a cluster in Mtwara Region by February 2010 (no information was provided on structures of NACOPHA at regional level).

**WLAC** provides legal aid to women living with HIV. They conduct research on women's and children's rights to create the evidence needed for advocacy on issues like land and inheritance. WLAC also provides capacity development and technical assistance to a network of 20 paralegals in the districts. Additionally, the organization creates awareness through seminars, workshops, publications, radio etc.

**TAMWA** advocates for change of attitudes, harmful cultural and traditional practices and legal frameworks through media. Among others, they tackle issues like GBV, FGM and limited access to resources for women and girls and school-girl pregnancies.

**The Foundation for Civil Society** is one of the largest support mechanisms for civil society in Tanzania, and is committed to delivering grant aid and supporting capacity-building initiatives as a means of strengthening effective engagement in poverty reduction. The lessons that the foundation learnt from working at district level could benefit the BACKUP Initiative gender approach in Tanzania.

#### **Potential linkages integration of gender aspects in SRH/HIV services in the health sector**

**MoHSW** is mandated to provide policy guidance and guidelines. Cooperation with the Ministry in piloting of new approaches is essential. **WHO** could provide technical support in implementing the WHO guidelines "Integrating Gender into HIV/AIDS Programmes in the Health Sector"<sup>10</sup>. Another useful tool is the WHO training manual "Transforming Health Systems: Gender and Rights in Reproductive Health"<sup>11</sup>.

**UMATI** has long experience in providing adolescent friendly services, post-abortion services as well as community based SRH/HIV services. They also implement the project "Young Men as Equal Partners". **Pathfinder International** has experience in integration of FP services into VCT and HBC and in provision of adolescent SRH services. They have recently carried out an assessment on the demand for and feasibility of community based VCT services. **PSI** promotes female condoms while they also target couples, including discordant couples, with FP and HIV prevention. Last but not least, **MEWATA** is planning to pilot provision of comprehensive services for survivors of GBV.

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<sup>10</sup> Available at: [http://www.who.int/gender/documents/gender\\_hiv/en/index.html](http://www.who.int/gender/documents/gender_hiv/en/index.html)

<sup>11</sup> Available at [http://www.who.int/reproductivehealth/publications/gender\\_rights/RHR\\_01\\_29/en/index.html](http://www.who.int/reproductivehealth/publications/gender_rights/RHR_01_29/en/index.html)

## **Potential linkages with German development cooperation programmes**

Mtwara and Lindi Regions were chosen for possible collaboration as GDC has been active there. The partnerships already established and the experiences collected in these two regions can be of great importance for the future gender-related interventions. Potential linkages have been identified with both TGPSH and SULGO.

### **Potential linkages to the SULGO**

SULGO works in Mtwara Region, supporting six villages and nine 'mitaas' in Mtwara Municipality Council. Another 20 villages are supported in Mtwara District Council. It also supports six CSOs in governance, accountability and legal harmonization. Among others, the programme aims at increasing the number of LGAs that have a functioning VMAC.

Capitalizing on the presence of the programme in the region, its close working relationship with the LGAs and CSOs would be strategic for GDC in terms of building upon the work that has been done so far and scale up gender-sensitive and – transformative responses in the work of Lower Level Local Government Authorities (LLGAs) and civil society.

### **Potential linkages to TGPSH**

The programme aims at the promotion of SRHR, including HIV prevention through policy advisory services at the national level and through support to implementation at the regional and district level. In the four regions, the programme works closely with the Regional Health Management Team (RHMT), Regional Administrative Secretary (RAS), LGAs and other relevant authorities. The existing structures of collaboration provide the overall frame and offer entry points for future collaboration through the German Backup Initiative. Based on previous and existing collaboration with TACAIDS (e.g. national response department) the envisaged CSO support will create synergies and offer new opportunities for partnerships between civil society actors and government.

## **Conclusions and recommendations**

### ***General conclusions***

In Tanzania, there is currently a momentum towards gender-sensitive and gender-transformative HIV responses. Therefore, the BACKUP Initiative gender approach is timely and can add on this conducive environment. However, despite the fact that a series of national policies and strategies are in place, the gender dimension is still inadequately addressed.

There is the recognition by various stakeholders that HIV programmes urgently need to be tailored to the particular community/context to increasingly address the specific cultural, social and economic forms of inequality related to gender differences that make women and girls disproportionately vulnerable to HIV infection and its consequences in Tanzania. Thus, there is a great need to strengthen technical capacities in gender-responsive HIV programming at central and decentralized level. This will also increase at country level the demand for and access to more global funding for such programmes, including the Global Fund to Fight AIDS, Tuberculosis and Malaria.

At central level, there is need to strengthen the national structures, in order to adequately influence policy dialogues at national and sectoral levels, especially when it concerns the adoption of a gender mainstreaming at all levels and to provide technical support and guidance to the lower levels.

Also, it is crucial to strengthen the gender aspect within the M&E system with concrete steps towards achieving this goal. Lack of capacity and tools to generate sex-disaggregated data accompanied by appropriate qualitative data can render accurate and timely monitoring impossible. The design and implementation of informed, evidence-based HIV responses requires new efforts to properly track changes in gender relations, the role they play in the spread of the epidemic and its various impacts on the community.

At the grass-root level - where organizations are hardly reached with funds and/or capacity building measures that are required for an effective HIV response - there are major structural challenges that need to be addressed before proceeding to the point of addressing gender in HIV programming. Moreover, there is great need to enhance collaboration from between civil society actors and LGAs and address the gap in communication from level to level and within the different levels.

In the health sector, although there are a number of steps towards engendering SRH/HIV services, it is imperative to further tackle issues such as gender equity in access of services and male involvement as a means to improve service quality in the health sector and overcome existing inequities in access to information, services and inequality of opportunities in general.

### ***Recommendations regarding areas of intervention***

The proposed interventions are based both on input of stakeholders during the assessment, as well as technical interpretation from the mission team.

**Gender-responsive policies and strategies should be translated into gender-sensitive and transformative HIV programmes:** Newly drafted policies, strategies and tools should address the intersection of gender and HIV. Drawing upon these, HIV programming will consequently address gender issues. *A prerequisite to achieve this is to strengthen the gender mainstreaming mechanisms that are already in place, as well as scale up the implementation of the WHO guidelines to integrate gender into HIV programmes in the health sector.*

**The offer and demand of more funding for gender-sensitive and transformative HIV programmes needs to increase:** On the one hand, planning and budget processes should ensure that adequate funding is made available for such programmes. On the other hand, the demand for more funding for gender-sensitive and gender-transformative HIV programming needs to increase. To achieve this, *there is need to ensure gender expertise that will support the process of mainstreaming gender into HIV programming at all levels. Also, there is need to further promote effective coordination among the different actors that are involved in this process, in order to ensure successful design, implementation and monitoring and evaluation of gender-sensitive and –transformative programmes.* These can be then further used as a means to access more funding and advocate for more gender-sensitive and gender transformative HIV responses.

**Effective coordination and cooperation within and among different levels should be enhanced:** The necessity of working through the structures that are already in place to achieve results rather than creating parallel structures is widely accepted. Existing different formal and informal communication channels within the national, regional and district levels and among the different levels need to be kept open by *consistently promoting transparency, mutual understanding and effective collaboration.*

**Civil society needs to be strengthened:** Major structural challenges have to be addressed before proceeding to the point of addressing gender in HIV programming. And these are of course common for all CSOs working at district level, regardless of their area of work. *CSOs at decentralized level should on the one hand be further*

*supported in terms of governance and organizational development. Also, there is need to further enhance their proposal writing skills as well as their advocacy skills; their knowledge on M&E systems and on the intersection of gender and HIV. CSOs on the other hand should more proactively identify possibilities for strengthening their structures, obtaining relevant information and enhancing their collaboration with the LGAs.*

**Advocacy efforts for gender-sensitive and gender-transformative HIV programmes should be supported:** Advocacy is a long-term process, which requires collective and continuous efforts. Thus civil society organizations should join their voices to be more successful in influencing national decision-making processes. *Umbrella organizations should be supported to organize their members and create a movement in advocating for more gender-sensitive and gender transformative HIV programmes.*

**Increased male involvement is crucial in gender-sensitive and –transformative HIV responses:** Men should not be only seen as facilitators for the well-being of women. They have the potential to be agents of change and to challenge harmful practices stemming from the notions of masculinity and femininity. *One condition for this to happen is that SRH/HIV services further adopt their perspective and accommodate their needs accordingly.*

### ***Recommendations regarding potential collaboration partners***

TACAIDS has been supporting this initiative throughout and is at national level the major partner together with the MoHSW and the MOCDGC. Their policy guidance and technical support will be crucial for the planned interventions in the two jointly identified collaboration areas. A number of national NGOs have been also identified as potential partners in providing technical assistance. These have been presented earlier in this report.

A close cooperation with the regional authorities is crucial for the success of the activities. At district level, the NGO umbrella organizations in Mtwara Municipality and Masasi District, MTWANGONET and MANGONET, their members working on HIV and/or gender, as well as the respective LGAs (in cooperation with the regional authorities) were identified as potential partners. Detailed information on this decision is provided later in this report.

## **Discussions with partners and the way forward**

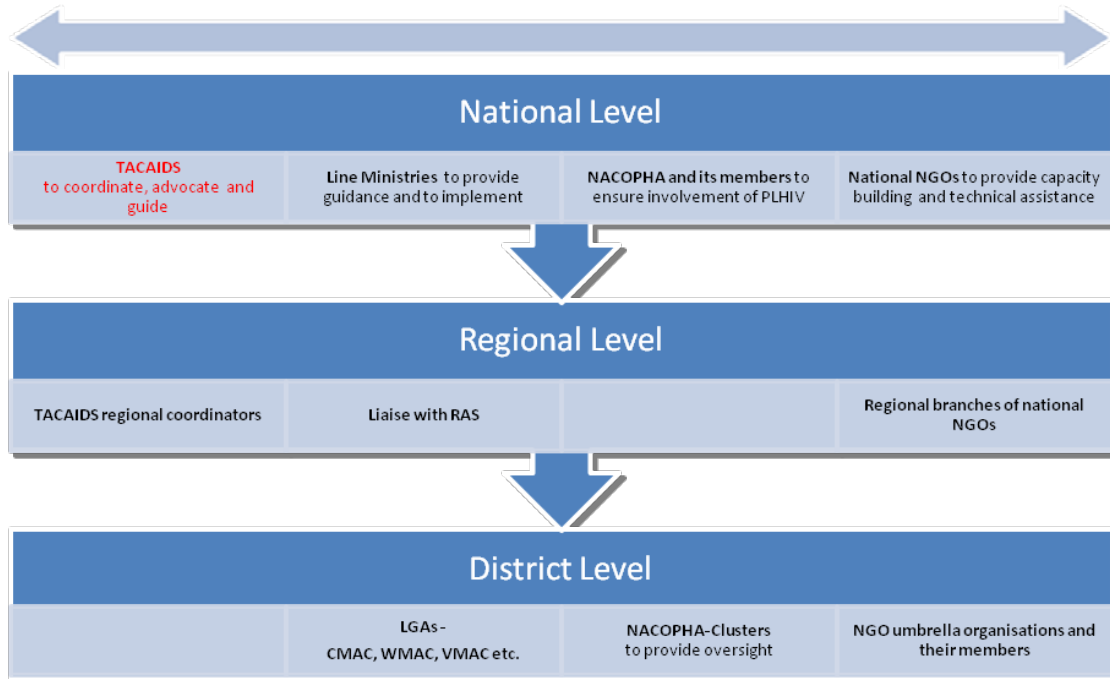
Identified potential collaboration partners and key actors were consulted after the stakeholder consultative workshop to further discuss and conceptualize future intervention areas.

### ***Way forward: advocacy for gender-responsive HIV programmes***

Individual meetings took place, in order to discuss in detail possible collaboration and agree upon the way forward in the area of advocacy for gender-sensitive and –transformative HIV programming.

A first meeting took place after the stakeholder consultative workshop. More specifically, the mission team met with representatives of the NGO umbrella organizations from Mtwara Municipality (MTWANGONET) and Masasi District (MANGONET), the CHACs working in these two districts, representatives of the National Council for People Living with HIV and AIDS (NACOPHA), representatives of TACAIDS and GDC. A possible model of future cooperation was proposed (figure 1):

Figure 1



This model proposes to work at district level with NGO umbrella organizations and their members, specifically those that have an HIV and/or gender focus. However, civil society actors cannot advocate for more gender-sensitive and gender-transformative HIV programmes in a vacuum. Their advocacy activities need to have a target<sup>12</sup>. It is therefore crucial that their link to the district, regional and national levels is strengthened. Thus, the model suggests also working with the LGAs and supporting their cooperation with civil society actors. National NGOs that have already experience in HIV, gender and/or advocacy and have branches at regional and district level should support civil society with capacity building measures. Cooperation of civil society actors at district level with the structures at national level could be then improved through an intermediate level, namely through the regional authorities and national NGOs. TACAIDS will be the overall technical partner at national level. Collaboration with line ministries is also foreseen.

Further meetings followed with TACAIDS representatives and with GDC programme coordinators (TGPSH and SULGO). The next steps have been thoroughly discussed and can be illustrated as follows:

**(I) Framework to enhance civil society to effectively advocate for gender-responsive HIV programming (beginning of 2010 - Sept. 2012)**

A two-year-frame of collaboration is planned to empower selected civil society actors to effectively advocate for gender-sensitive and gender-transformative HIV programming through the technical support of BACKUP in cooperation with TGPSH, SULGO, TACAIDS and other relevant partners. Some of the key elements of the work will be to support the NGOs improving their organisational development; to enhance coordination and collaboration among NGOs working on HIV and/or gender and with the CMACs and CHACs; to support the efforts of LGAs to include gender-sensitive and gender-transformative HIV programming into work plans.

<sup>12</sup> Also refer to the TACAIDS has developed an advocacy strategy for civil society organizations

**This two-year collaboration aims at pursuing the following objectives:**

- Facilitating and coordinating the establishment of an enabling environment for civil society actors and for LGAs to effectively partner in tackling gender-related HIV issues. This will be achieved by developing partnerships and networking opportunities, raising awareness and promoting advocacy for gender-sensitive and transformative HIV programming.
- Supporting the concept of “peer-to-peer” learning by creating an enabling learning environment among CSOs and between civil society and LGAs. This will be achieved by improving the availability, use and sharing of information within and between the two districts.
- Empowering LGAs/CMACs to support society actors increase their understanding on HIV with a gender lens.
- Strengthening CSOs in the two districts to access more funding for gender-sensitive and –transformative HIV programmes, for example by integrating their work into the national proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**(II) Consultation and inception process (October 2009 - January 2010)**

A kick off meeting in each district will take place until the end of October. The CHACs from Mtwara Municipality and Masasi District committed themselves to organize a meeting in their district with the respective umbrella organizations MANGONET and MTWANGONET and their selected members working on HIV and/or gender. The aim is to provide feedback on the results of the mission; to discuss, complement and specify the proposed areas of advocacy, taking into account the area of work of the members and the voice of the community.

The district meeting in Mtwara Municipality took place on October 14. The meeting confirmed that *teenage pregnancies and initiation ceremonies* are the major driver of the HIV epidemic in the region and therefore these topics will be the advocacy issues around which they will plan their activities. These two issues were addressed during the interviews at the district and national level (e.g. by the development partners and TACAIDS). However, there is need to further to collect evidence to support the decision to work in this direction. The meeting in Masasi District shall follow.

**(III) A joint two-day meeting for both districts**

The next step agreed is to bring together representatives of both districts (e.g. representatives of the Council and CMAC with decision making power, the board of the umbrella organizations and selected members working HIV and/or gender) with support of the regional level and facilitate them to jointly identify and conceptualize specific organizational development needs of the umbrella organizations, their selected member organizations and local government (such as CHACs, WMACs and VMACs); also to explore various options and draw conclusions on the necessity of improved partnerships. This should promote mutual understanding, transparency and cooperation among civil society organizations and between civil society actors and LGAs. The result should be a concept note that will be further developed into a two-year joint collaboration framework (2010-2012) for the NGOs and the Councils in the two districts.

Based on the information provided by the meetings, capacity development measures will be planned and implemented – also using the existing material of TACAIDS – in order to strengthen the organizational structures and the collaboration avenues at the district level – that is between the local government and the civil society as well as among the CSOs – and with the national level. This decision is based on the results of the mission.

#### **(IV) Qualitative Assessment**

Parallel to the district meetings, there is need to collect and critically analyze relevant documents, evidence-based information and lessons learnt from previous or current HIV and gender interventions at national and regional level – e.g. the Regional Facilitating Agencies. It is also essential to draw upon previous experiences on advocacy; review existing training material and curricula; thoroughly examine the mapping of HIV and gender related NGOs in the area; familiarize with the roles and responsibilities within LGAs, CMACs etc. This information will help to gain a comprehensive picture of the organizational landscape in Mtwara Region with a focus on HIV and gender and better support the proposal development process.

**To conceptualize the collaborative framework, the following activities are proposed in coordination with TACAIDS, regional and district authorities and civil society actors:**

- Identify and engage a national coordinator
- Obtain existing information and support additional CSOs mapping in the two districts
- Identify and agree upon key gender-related HIV advocacy issues
- Implement tailor-made capacity development measures for both LGAs and civil society actors
- Build upon existing *advocacy strategic framework* in the two districts; promote their implementation through a *joint action plan* to advocate for more gender-sensitive and gender-transformative HIV programmes at district level
- Link to the revised HIV Essential Package in the two districts in cooperation with TACAIDS, civil society and LGAs
- Link to other GDC supported interventions (e.g. SULGO and TGPSH), in order to further promote and build upon the work that has been done so far and scale up gender-sensitive and –transformative responses in the work of LGAs and civil society
- Document and disseminate lessons learned and recommendations of the project at national and international level. Use this as a tool to access more funding for gender-sensitive and gender-transformative HIV programmes in the districts

#### ***Way forward: integration of gender aspects in SRH/HIV services***

The consultants that conducted the interviews in Lindi Region gave feedback on the results of the mission and requested for a representative from Lindi RHMT to attend the stakeholder consultative meeting. However, due to time constraints, representatives from Lindi Region were not able to attend. The mission report and presentations from the stakeholder consultative workshop will be shared with the RHMT and a follow-up process will be proposed in cooperation with TGPSH to ensure that Lindi Region can benefit from the financial and technical assistance that the BACKUP Gender Initiative is offering.

#### **Some remarks on the overall process of the mission**

Clear cut roles, responsibilities as well as the expectations that the involved parties have of the mission need to be agreed upon and explicitly communicated before the mission; it is important to clarify ahead which will be the role of GDC agencies at country and head office level, not only during the preparation of the mission but also during the implementation process.

Also, although this would have obviously financial implications, it could have been beneficial to foresee one or two additional days between the completion of the

interviews and the stakeholders consultative workshop, especially if people from the region are to be invited. In this way, participation of all key stakeholders can be enhanced.

Last but not least, the national consultants were of great help, especially during the interviews in the regions. Not only they supported to overcome the language barriers, but they also promoted a better understanding and interpretation of the results by putting them within the Tanzanian context.

## **Annex 1: List of interviews with key informants**

### At national level:

- Representatives of TACAIDS: among others the coordinators of M&E, advocacy and communication, policy and planning, civil society and private sector as well as the gender focal person;
- Representatives of line ministries: Ministry of Health and Social Welfare (MoHSW): Reproductive and Child Health Unit and National AIDS Control Programme (NACP), Ministry of Community Development, Gender and Children (MCDGC), Ministry of Education and Vocational Training (MoEVT);
- Network organizations representing PLHIV: National Council for People Living with HIV and AIDS (NACOPHA) and Tanzania Network of Women Living with HIV/AIDS (TNW+);
- National Non Governmental Organizations (NGOs): Population Services International (PSI), Pathfinder International, Tanzania Gender Networking Programme (TGNP), Tanzania Media Women Association (TAMWA), Women's Legal Aid Centre (WLAC), Chama Cha Uzazi na Malezi Bora Tanzania (UMATI), Medical Women Association of Tanzania (MEWATA), Women's Dignity Project (WDP), Foundation for Civil Society;
- Representatives of development partners and members of the development partners' group on AIDS (DPG AIDS) and development partners' group on gender (DPG Gender): WHO, UNAIDS, UNICEF, UNIFEM, CIDA;
- German Development Cooperation: the GTZ country director, team leaders and programme coordinators of TGPSH and Support to Local Governance Processes (SULGO) as well as the DED coordinator health in Mtwara.

### At decentralized level:

- Mtwara Region: Both in Mtwara Municipality and Masasi District, interviews with representatives of the Local Government Authorities (LGAs), including members of Council Multisectoral AIDS Committee (CMAC); interviews with the Civil Society Organization (CSOs) working on HIV and gender; interviews with NGO umbrella organizations.
- Lindi Region: Interviews with Regional Health Management Team (RHMT): Regional Medical Officer (RMO), Regional AIDS Control Coordinator (RACC), Regional Reproductive Health Coordinator (RRHC), Regional Voluntary Counselling and Testing Coordinator (RVCTC) ; District Medical Officer (DMO), District AIDS Control Coordinator (DACC) and District Reproductive Health Coordinator (DRHC) in Kilwa District; site visits and interview with medical officer in charge, Reproductive and Child Health (RCH) clinic staff and Care and Treatment Clinic (CTC) staff in Lindi regional hospital (Sokoine), district designated hospital (DDH) of Lindi Rural (Nyangao hospital), Kilwa district hospital and Kilwa Masoko health centre (HC).

## Annex 2: Feedback from stakeholders

The following comprise personal statements expressed by the participants. They do not necessarily reflect the point of view of the mission team. Due to time constraints, not all debatable statements and unclear issues were thoroughly discussed.

The participants agreed that overall the findings of the mission were a reflection of the current situation in Tanzania around gender and HIV programming. However, some critical points were raised and these are the following:

A critical point was on whether this mission added on what was already known, as illustrated by points 1-3:

1. The participants observed that the advocacy findings are known and similar to those of other regions. Some more tangible results and recommendations were expected.
2. Good practice experience is available and inter-country exchange of experiences may help for example, youth friendly SRH/HIV services have been already implemented in Zambia.
3. Also, we need to be clear on what exactly we want to integrate; for example, the clients of FP services are not chronically ill as opposed the clients of HBC.
4. Recommendations for Mtwara Region are more general, because there are major structural challenges that need to be addressed before proceeding to the point of addressing gender in HIV programming. And these are common for all NGOs working at district level, regardless of their area of work.
5. Cultural traditions indeed induce sexual risk behaviour, such as early sexual activity encouraged by initiation ceremonies.
6. It was addressed that men are also victims of the system and its structure, including the cultural traditions. It is crucial to ask men what they want to be involved in. The programme "Champion" was mentioned as an example. It aims to involve men into response to HIV.
7. It was mentioned that often the concept of gender is not well understood; neither by men nor by women. This applies also for RCH workers, who are in their majority women. Due to the fact that they are often not familiar with gender issues, their attitude might not promote a conducive for male involvement.
8. The structures that exist in the Ministry Departments and Agencies (MDAs) do not necessarily support the gender mainstreaming process. For example, there are for example no men as focal points for gender; this implies that gender is a women's issue...
9. It was indicated that differences in access need to be further investigated and addressed by taking a gender perspective. For example, are women accessing ARV services more? If yes, why? And are men not coming to ARV? If so, why?
10. At district level, there is lack understanding of the roles and responsibilities of the two coordination units/sections at the council level: the HIV/health unit and the multisectoral HIV response unit. Knowledge on the funds received and how this is spent by each unit needs to be enhanced.
11. The NGO representatives pointed out that many NGOs at district level do not know how to solve the problems of their people in the community. They do not know how to write proposals; do not understand how the governmental

structures function. The government and the development partners should further empower them and strengthen their capacities.

## **Annex 3: Results group work stakeholder workshop**

After the presentation of the results and the discussions, the following four groups were formed:

- **Group 1:** advocacy on gender and HIV programmes at national level
- **Group 2:** advocacy on gender and HIV programmes at district level
- **Group 3:** integration of gender-responsive SRH/HIV services at national level
- **Group 4:** integration of gender-responsive SRH/HIV services at district level

The aim of the group work was to enable the participants reflect on the results of the mission, discuss them within their group, propose concrete priority areas of interventions, as well as brainstorm on the possible contributions of their organizations in the proposed intervention areas.

The guiding questions for the group work were the following:

- **Question 1:** What did you learn from the presentations?
- **Question 2:** What priority interventions do you suggest?
- **Question 3:** In which priority areas does your organization have experience in and/or potential?

Here are the results of the group work. These do not necessarily reflect the point of view of the mission team.

### **Group 1: Advocacy on gender and HIV at national level**

#### **Question 1:**

The presentation of the results addressed that despite the momentum in addressing gender into the HIV programming, there are still gaps in understanding gender and its intersection to HIV at different levels. This creates some challenges in “unpacking” the gender issues and transforming them into action towards gender-responsive HIV prevention, treatment, care and support programmes. Male involvement is imperative and should be further promoted.

#### **Question 2:**

Capacity development on gender-sensitive and gender-transformative HIV programming, in terms of human and financial resources, technical assistance and information sharing is needed at all levels. Moreover, communication from level to level and within the different levels needs to be improved. In the meantime, it is important to further streamline gender in a rights-based approach also within the context of HIV.

#### **Question 3:**

At district level, there is need to further apply the approach of peer education to increase community awareness on gender and HIV; to increasingly address communication gaps between NGOs and LGAs; to advocate for gender-responsive HIV plans by targeting the councillors. To achieve that, at national level, TACAIDS should further mobilize and allocate resources to gender-sensitive HIV responses at all levels; engender its M&E system and produce evidence-based information to support advocacy at all levels. Also, national NGOs that have collected experiences in gender and HIV could provide technical assistance at community level to design and implement gender-sensitive and gender-transformative HIV programmes.

## **Group 2: Advocacy on gender and HIV at district level**

### **Question 1:**

The Council HIV and AIDS Coordinators (CHACs) have the responsibility to effectively capacitate and facilitate the efforts of CBOs and NGOs at district level. There was recognition that gender and HIV need to be integrated, in order to implement effective gender-responsive HIV programmes. For that to happen, the efforts of the CMACs and NGOs should be properly linked and coordinated.

### **Question 2:**

All HIV programmes at the district level should be gender-sensitive and gender-transformative. Involvement of males is crucial in this regard. It was also noted that the proposed NACOPHA district clusters should work closely with the CHACs and “push” for more and meaningful involvement of PLHIV.

### **Question 3:**

NACOPHA should more proactively reach the grass root level, while CHACs need to further facilitate mainstreaming gender in all HIV programmes at the district. NGOs and CBOs should strive to design, implement, monitor and evaluate gender-sensitive and gender-transformative HIV programmes.

## **Group 3: Integration of gender-responsive SRH/HIV services at national level**

### **Question 1:**

There are parallel structures of SRH and HIV services. The roots of this challenge are traced into their historical establishment. At the same time, HIV response seems to me more engendered, dynamic and is ever evolving (*note: this was not stated in the presentation of the results*).

### **Question 2:**

There is need to review and further ‘engender’ policy guidelines for the implementation of the different SRH and HIV interventions. Also, ongoing processes present an opportunity to integrate gender into SRH and HIV programming; for example, the TACAIDS gender operational plan, the positive prevention guidelines of the MoHSW, as well as the review of national policy on HIV. Additionally, there is a need to further promote a gender lens at all levels, in all structures and decision making processes. This includes considering gender-focused funding and resource mobilisation, integrating mainstreaming gender in capacity building measures and ‘engendering’ M&E systems.

### **Question 3:**

The three priority areas that the group identified as crucial in promoting gender-sensitive and gender-transformative HIV programming are policy development, M&E systems, coordination within and among all levels, advocacy.

## **Group 4: Integration of gender-responsive SRH/HIV services at district level**

### **Question 1:**

It was mentioned that service providers’ (mainly older women) attitudes might lead to limited involvement of men and young people. Also, it was observed that younger couples are more open and receptive to new approaches and they can therefore be used as an entry point to implement gender-responsive SRH/HIV services in the health sector. Additionally, HBC services should take into consideration that there is increased demand for testing among men, while lack of knowledge on how to deal with rape cases should be addressed.

### **Question 2:**

The priority interventions that the group proposed were: to further promote couples clinics and PITC; to further promote FP training and services in HBC; to further promote youth clinics.

**Question 3:**

Pathfinder International could provide training for integrated HBC supervision and share its M&E tools for HBC and FP. MEWATA could share their experience in providing GBV services, while TGPSH could collaborate with the Regional Medical Officer (RMO) and Regional Health Management Team (RHMT), provide technical and financial support and integrate doctors and HIV coordinators.

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