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PRIME MINISTER'S OFFICE

TANZANIA COMMISSION FOR AIDS (TACAIDS)



**COSTING OF TANZANIA'S NATIONAL MULTI-
SECTORAL STRATEGIC FRAMEWORK (NMSF) ON
HIV AND AIDS 2008 -2012
PROCESS REPORT**

Date: August 2010

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Photos taken during the *conference costing exercise* at Kibaha Conference Centre

Abbreviations and acronyms

Abbreviation	Definition
ABCT	AIDS Business Coalition of Tanzania
AIDS	Acquired Immuno-Deficiency Syndrome
AMREF	African Medical and Research Foundation
ARV/ART	Anti-Retroviral Therapy
BCC	Behaviour Change Communications
CBOs	Community Based Organisations
CCP	Community Partnership Plans
CD	Council Director
CHAC	Council HIV and AIDS Coordinator
CIDA	Canadian International Development Agency
CMAC	Council Multi-sectoral AIDS Committee
CSO	Civil Society Organisation
DACC	District AIDS Control Coordinator
DALDO	District Agricultural and Livestock Development Officer
DC	District Commissioner
DCDO	District Community Development Officer
DED	District Executive Director
DFID	Department for International Development
DMO	District Medical Officer
DPs	Development Partners
DPG	Development Partner Group
DPLO	District Planning Officer
DT	District Treasurer
FBOs	Faith Based Organizations
FY	Financial Year
GF	Global Fund
HBC	Home Based Care
HH/hh	House Hold
HIV	Human Immuno-deficiency Virus
HTA	High Trade Area
ILO	International Labour Organisation
JAR	Joint Annual Review
JTWG	Joint Thematic Working Group
LGA	Local Government Authority
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MKUKUTA	Mpango wa Kukuza Uchumi na Kupunguza Umaskini (NSGRP)

Abbreviation	Definition
MoAFS	Ministry of Agriculture and Food Security
MoDNS	Ministry of Defense and National Service
MoEVT	Ministry of Education and Vocational Training
MoFEA	Ministry of Finance and Economic Affairs
MoHSW	Ministry of Health and Social Welfare
MoLYD	Ministry of Labour and Youth Development
MoWLD	Ministry of Water and Livestock Development
MARPS	Most at Risk Populations
MSD	Medical Stores Department
MSM	Men who have Sex with Men
MTEF	Medium Term Expenditure Framework
NACOPHA	National Council for People living with HIV AND AIDS
NACP	National AIDS Control Programme
NGO	Non-Governmental Organisation
NMSF	National Multi-sectoral Strategic Framework
NSGRP	National Strategy for Growth and Reduction of Poverty (MKUKUTA)
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PEPFAR	Presidential Emergency Plan for AIDS Response
PLHIV	People Living with HIV and AIDS
PMO-RALG	Prime Minister's Office, Regional Administration and Local Government
PMTCT	Prevention of Mother to Child Transmission
RACC	Regional AIDS Control Coordinator
RFAs	Regional Development Agencies
RFE	Rapid Fund Envelope
RS	Regional Secretariat
RSC	Regional HIV and AIDS Steering Committee
SCC	Social Change Communication
STD	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TAF	Tanzania AIDS Forum
TMAP	Tanzania Multi-sectoral AIDS Project
TWC	Technical Working Committee
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
WB	World Bank
WHO	World Health Organization
WPP	Work Place Programme

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TACAIDS would thank the consultants for facilitating the process of costing and to thank them for producing the report.

Definitions of concepts and terminologies

Concept/terminology	Definition
Annual Action Plans	(Also called Work Plans or Operational Plans) define the detailed activities that will contribute to strategy results, as well as who is responsible for undertaking them, the cost of each activity, and a timetable.
Drivers	The risk factors / behaviors which primarily account for the increase and maintenance of an HIV epidemic. (The terms used to be used to describe the structural and social factors, such as poverty, gender and human rights that increase people’s vulnerability to HIV infection.)
Evaluation	Analytical reviews provide strategic information that enables policymakers and program managers to steer policy formulation and strategy planning towards sustainable outcomes.
Goals	Statements of vision and direction describing what the strategy aims to achieve (e.g. reduced HIV incidence)
Impact	The highest level in the results chain, this refers to longer term ultimate goals, such as reducing HIV incidence, improved survival and health of PLHIV.
Indicators	Measure progress towards targets. For example, an indicator of condom use might be the percentage of men who reported using a condom at their last sex act.
Inputs	Resources – money, people, equipment, supplies and know-how, which combine to produce outputs.
Monitoring	Refers to data collection, compilation and review, so that it is possible to see what progress is being made, and make programmatic adjustments to improve progress.
Outcomes	The second level of results in a results chain – refer to access to and use of services (e.g. number of people tested for HIV and counseled coverage of percent of pregnant women who access PMTCT services) and behavior changes (e.g. use of condoms).

Concept/terminology	Definition
Outputs	The products and services needed to achieve outcomes. These are the first level of results in a results chain.
Results	are representations of what success would look like (e.g. The percentage of people aged 15-19 reached with HIV prevention programs increases from 48% to 75% by 2010; use of testing services by pregnant women increases from 30% to 80% by 2012). Most HIV/AIDS strategies include broad goals, usually related to prevention, care and treatment, and specific results that would help achieve the goals, expressed in terms of coverage, utilization and behavioral change.
Risk	is the probability that a person may acquire HIV infection. Certain behaviors create, enhance and perpetuate risk. Examples include unprotected sex, multiple partners, injecting with contaminated needles.
Strategies	(Also called National Strategic Frameworks/Plans) provide a vision of the results that the country wants, and the approach for trying to achieve them.
Vulnerability	Results from a range of factors that reduce the ability of individuals and communities to avoid HIV infection.

The Executive summary

INTRODUCTION AND BACKGROUND

Tanzania Commission of AIDS (TACAIDS) through the support from development partners commissioned consultant to cost National HIV and AIDS Multi sectoral strategic framework 2008-2012 with the aim of understanding the real cost of implementing the strategy for the five years, mapping the resources available and identifying the financial gaps that exist in implementing the strategy for the next five years.

The second National Multi-sectoral Strategic Framework (NMSF) on HIV and AIDS covers the period 2008 to 2012. It builds on the achievements and strengths of the National Response to the HIV epidemic in the last five years (2003 – 2007) and proposes measures and strategies to overcome past barriers and constraints. The NMSF 2008-2012 guides the approaches, interventions and activities which will be undertaken by all actors in the country. Approaches, interventions and activities were developed based on achievements made to date, challenges we faced as a country in implementing the previous strategies, recommendations made by several national HIV and AIDS studies and reviews, drivers of epidemic and need for a quick and sustainable interventions.

The report covers the costing of the National Multi-Sectoral Framework (2008 – 2012) under four themes namely; Enabling Environment; Care, Treatment and Support, Prevention and Impact Mitigation including Monitoring, Evaluation and Research; Organizational and Institutional arrangements the implementation of National Response at Central, Regional and LGAs levels; Financial, Human and Technical Resource Framework of the Response; and Operationalization and Implementations of the Strategic Framework.

The NMSF document addresses issues of HIV and AIDS response for a five year period. However, in order to operationalise the framework we have to ensure that relevant activities are identified and become operational realities so as to achieve the strategies strategic objectives, goals that will lead into realization of the vision and mission statements of NMSF.

COSTING OF NMSF 2008-2012

This process report covers the overall costing for all the thematic areas based on what is required to achieve the goals through strategies set and agreed by stakeholders during preparation and validation of NMSF 2008-2012. The summary costs for each thematic area are attached in ASAP document.

The total budget of NMSF 2008-2012 for the five years is estimated at **Tshs 4,849,685,000,000 (US\$ 3,674,004,000)**. The areas costed covers; enabling environment; Prevention; Care, Treatment and Support; Impact mitigation; monitoring, evaluation and report; Organization and Institution arrangement; Financial, Human and Technical Resource Framework of the National Response and Operationalisation and Implementations of the Strategic Framework.

Table 1: The NMSF budget summary per thematic area

	Thematic area/Goal	Costing in Tshs "000"
1	Enabling Environment	491,004,000
2	Care, Treatment and Support	1,052,295,000
3	Prevention	1,757,953,000
4	Impact Mitigation	1,348,909,000
5	Monitoring, Evaluation and Research	123,492,000
6	Organizational and Institutional arrangements for implementation of the National Response at Central, Regional and LGAs levels.	11,769,000
7	Financial, Human and Technical Resource Framework of the National Response	62,122,000
8	Operationalisation and Implementations of the Strategic Framework	2,141,000
	Grand total	4,849,685,000

FUNDING FOR THE NMSF 2008-2012

The major financiers of the NMSF 2008-2012 as per the information obtained and recorded in this report are; United State Government through USAID and PEPFAR; other Multi and Bilateral donors and the Government of the United Republic of Tanzania through MTEF. A total of **Tshs 2,957,712,000,000 (US\$ 2,240,691,000)** have been promised and is expected to be committed for the implementation of the NMSF 2008-2012 for the next five years by various stakeholders. It should be noted that private sector information and contribution was not easily captured due to unavailability of private sector information on their contribution to NMSF 2008-2012 implementation.

THE FINANCIAL GAP ANALYSIS

The financial gap analysis was done by determined by calculating the financial difference between the actual costs of implementing the NMSF 2008-2012 for every year over the period of five years against the total financial commitments of the Government and those of Multi-lateral and Bi-lateral partners. The information on available sources of funds was obtained from various sources including TACAIDS, DPG AIDS lead. Information about private sector contribution to HIV response in Tanzania was not easily available due to the fact that there is no database that reflects their contribution. We do recognize and agree that private sector has contribution to HIV and AIDS response in Tanzania, but we did not capture the information due the stated reason. There is a need to establish a mechanism on how this information can be obtain and made easily available for future use. The table 2 below provides the total Financial gap over the period of five years as from 2008-2012.

Table 2: The financial gap analysis

	Total for five years in US\$	Total for five years in Tshs "x 1000"
Costing of NMSF from 2008/09 - 2012/13	3,674,004,000	4,849,685,000
Government/domestic and external support	2,240,691,000	2,957,712,000
Gap (unfunded)	1,433,314,000	1,891,973,000

The exchange rate used was 1 US \$= Tshs 1320 as per the official rate in August 2009. The information about available and committed resources was in US\$ hence led consultant to conduct gap analysis in US \$.

In conclusion, all stakeholders including TACAIDS should strive to support the National response by mobilizing additional resources internally and externally to address the gap.

COSTING OF THE TANZANIA'S NATIONAL MULTISECTORAL STRATEGIC FRAMEWORK ON HIV AND AIDS 2008-2012

1.0 Introduction

WHO and UNAIDS global estimates indicates that in 2007, thirty three million people were living with HIV. Out of these, 22 million adults and children live in Sub Saharan Africa alone. 1.9 million Adults and children got newly infected in Sub Saharan Africa in the same year. Women are reported to have a higher prevalence rate than men in most countries in the region. According to the 2007-08 Tanzania HIV and AIDS and Malaria indicators survey (THMIS) carried out in Tanzania, 5.8% of the population aged 15-49 is HIV positive. HIV prevalence is higher among women than men (6.6 % and about 5% respectively). These rates are slightly lower than those recorded in the 2003-04 Tanzania HIV and AIDS indicator Survey (THIS), with 7 % overall, 7.7 % for women and 6.3 % for men.

The epidemic is responsible for the deaths of large numbers of both public and private sector workers, and causes additional losses of productive time due to down time associated with HIV-related sickness and the costs of funerals and replacement of lost staff. Because of its far-reaching impact on health, labor, economic productivity at national and household level, welfare of children including schooling, HIV and AIDS presents one of Tanzania's gravest threats to development. In addition to the physical and economic hardships that HIV and AIDS creates, people living with HIV and AIDS in Tanzania experience intense levels of stigma, social exclusion and discrimination.

The HIV and AIDS epidemic, today is considered as one of the most pressing development and security problems in the world which perpetuate poverty. At present, the HIV epidemic is a major public health and developmental challenge in developing countries, Tanzania in particular.

In responding to the epidemic, Tanzania developed the second National Multi-sectoral Strategic Framework (NMSF) on HIV and AIDS covers the period 2008 to 2012. It builds on the achievements and strengths of the National Response to the HIV epidemic in the last five years (2003 – 2007) and proposes measures and strategies to overcome past barriers and constraints. This NMSF guides the approaches, interventions and activities which will be undertaken by all actors in the country. The Framework was developed through an extensive review and consultation process under the guidance of the National and International consultants.

Despite of the fact that there are achievements in each thematic areas for the last five years, there were substantial challenges that remain and need to be addressed in coming years under the NMSF 2008-2012. Among these include the following:

- Inadequate middle and lower level political commitment and accountability for the HIV response;
- Weak and insufficient HIV programmes by the MDAs especially at regional, district and community outreach levels;
- Overburdened national coordination structure (TACAIDS);
- Non recognition and applications of the “Three Ones” principle at central and district levels;
- Insufficient involvement of CSOs and PLHIV especially at district and community level in planning and implementing HIV responses;
- Continual delays and difficulties in providing timely funding to districts and communities;
- Limited capacity in LGA to develop and implement comprehensive HIV and AIDS plans
- Stigma and discrimination remained high in the society
- Prevention efforts did not sufficiently address sexual and reproductive health matters and often lacked continuity;

- Gender inequalities were not sufficiently understood and comprehensively addressed;
- Correct and consistent condom use remained problematic, and availability was limited in most rural communities;
- Coverage of prevention efforts in rural areas was insufficient;
- Access to ART remained largely concentrated in urban centers.

1.1 Rationale for costing NMSF

In an initiative to combat the epidemic, TACAIDS launched the second National Multi sectoral HIV strategy Framework in 2008. This is a guiding document for the national response for the period of five years from 2008-2012. During the 2008 Joint Review, an analysis of the epidemiological situation was done, as well as milestones agreed on to ensure that the HIV response planning was evidence based and would yield the maximum impact on changing the course of the epidemic.. Therefore costing of the NMSF 2008-2012 became a priority. The costed NMSF 2008-2012 will not only serve as a document for resource mobilization but establishing national targets in four thematic areas of the framework. It will be used as an instrument to gauge the national response progress against national targets which are missing in the thematic areas.

The NMSF document addresses issues of HIV and AIDS response for a five year period. However, in order to operationalise the framework we have to ensure that relevant activities are identified and become operational realities so as to achieve the strategies strategic objectives, goals that will lead into realization of the vision and mission statements of the NMSF.

1.2. Assignment approach

The tasks of developing a cost estimate for the NMSF 2008-2012 was based on the strategies set under each objectives of the thematic areas namely: Enabling

Environment; Prevention; Care, Support and Treatment; and Impact Mitigation. There are other additional thematic areas which are: Monitoring and Evaluation; Organisations and Institutional Arrangements for the Implementation of the National Response at Central, Regional and LGA Levels; Financial, Human and Technical Resource Framework of the National Response, and Operationalisation and Implementation of the Strategic Framework

The following tasks were done:

1. Desk reviews of various strategic policies in Tanzania and strategies of other countries
2. Conducted field visits to a selected research institutions and districts to review and discuss their strategic activities
3. The development of national, regional, district and community specific critical activities for each strategy emanating from the strategic objectives for each thematic area
4. Identification of key target populations to be focused on for each activity emanating from each strategy
5. Estimating of the current coverage of services provided to the target populations
6. Determination of the unmet need for service provision and propose coverage levels which are based on and consistent with the NMSF 2008-2012
7. Determining the current unit costs for the key types of cost inputs used in the identified activities.
8. Development of a tool for costing the activities under conference costing
9. Costing activities under conference using tools developed
10. Costing using the ASAP costing Tool based on the conference costing output

The Consultant's approach to this assignment was based on team spirit and used conference costing methodology to authenticate activities and their costs followed by inputting the conference output into ASAP costing tools. The Conference

costing involved various stakeholders from the field and aimed at establishing the base line data and costs per unit. It facilitated the authenticating of the costing exercises and it brought ownership in setting priorities for the activities in each thematic area. Targets and coverage was identified during the Conference costing exercise. The process led to the calculation of the real unit cost at national, regional, district, ward and village levels. The outcome of the costed NMSF 2008-2012 conference exercise became the main input into the use of ASAP costing tool. It was a bit difficult to go directly to ASAP costing tool without identifying the unit cost, targets and coverage of which were obtained from Conference costing exercise.

In undertaking the assignment, the team first estimated the cost of each activity and summarized the entire budget. Thereafter, the team proceeded to contact different stakeholders including, private sector, TACAIDS, Multi and Bilateral donors to find out their estimated and proposed contributions to the response of HIV and AIDS under NMSF 2008-2012.

1.3 The purpose of the costing and the deliverables

The purpose of the costing was to develop a cost estimate for the NMSF 2008-2012 which brings the understanding of the amount required, available resources and financial gap. The financial gap analysis will help in developing funding strategies to fill in the gap of finance for the smooth, effective and efficient implementation of the NMSF 2008-2012

The deliverables are:

- ◆ A costed NMSF 2008-2012 for five years
- ◆ Two years operational plan
- ◆ Process report and summary of the costing results

2.0 Theoretical framework for costing

2.1. Desk review of key documents

The consultants collected relevant documents and reviewed them in order to be familiar with the organization and implementation of HIV interventions in Tanzania. This was necessary in order to get the basic data for costing NMSF 2008-2012. The following was the list of documents that were consulted and it is not exhaustive as more documents have been referred to Annexure 1. The following are some of the documents.

- National HIV and AIDS policy
- The national NMSF 2008-2012
- Technical and major review reports of NMSF
- Sectoral HIV and AIDS strategies including Health sector strategy
- Progress reports of Ministries, MDAs, NGOs, FBOs and the Private sector
- Plans for acceleration and intensification of HIV prevention in the health and education sectors
- UNAIDS action plan on intensifying HIV prevention and others
- Operational plan for East African countries
- The National costed Pan of Action for Most Vulnerable Children 2007-2010
- Any other document found to be suitable to the purpose

2.2. Consultation with key informants

The Consultants conducted consultative discussions with key informants in key institutions that support and /or implement HIV and AIDS activities in various sectors and levels. The Consultants had audiences with stakeholders from Ministry of Health and Social Welfare at headquarter and National AIDS Control programme office, Focal points of key selected ministries, Selected LGA, FBOs, DPs and selected CSOs and private sector. The purpose was to obtain a common understanding among stakeholders on what is expected in the costing of NMSF 2008-2012

A questionnaire was used for qualitative data collection. The interviews were in a

strictly confidential manner and the information obtained has been instrumental in the costing of NMSF 2008-2012. The questionnaire has been attached as Annexure 6. In addition, the planned consultations were meant to validate and check the information from the Desk Review. Due to time constraint the consultants visited a few strategically selected areas from both rural and urban areas. Also special attention was given to the research institutions as noted in Table below;

S/N	Visits
1	NACP, Prime Ministers Office, Ministry of Labour, PMORALG,AMICAA
2	NACOPHA, CSSC, BAKWATA, NACONGO
3	DPG AIDS- Secretariat
4	Rufiji, Moshi Rural , Temeke, Iringa Rural, Coast region, Tanga region
5	Research institutions
6	MoHSW, Community Development, Ministry of Education
7	ABCT, Tanzania AIDS Forum, TANGO, TACAIDS
8	DPG AIDS- Secretariat
9	NIMR (Hqrts), Ifakara Research Institute, KCMC, Mbeya, MUHAS

2.3 Conducting Stakeholders' workshop for Conference costing

The stakeholders' conference workshops were conducted, involving technical people from various institutions which are government institutions, private sector, donors, FBOs and CSOs. The technical workshop was conducted separately for each thematic area for a period of five days per thematic area. The thematic areas focused on: Enabling environment; Care, treatment and support; Impact mitigation and Monitoring, Evaluation and Research. The additional three themes were costed as well under the section on Monitoring, Evaluation and Research. The participants came from hospitals, regions, and research institutions, LGAs, CSOs, MDAs, Ministries and TACAIDS.

3.0 The methodology for costing NMSF

3.1 Costing process

It has been noted that NMSF 2008-2012 has three priority aspects, which are:

- ◆ To increase HIV prevention efforts
- ◆ To make sure that the entire population will be reached with quality and sustainable services for prevention, care and treatment and impact mitigation.
- ◆ The selection of priorities for interventions in the thematic areas of enabling environment, prevention, care and treatment as well as impact mitigation should and must be based on the local situation when the strategic framework is translated into operational plans Based on the above priority aspects activities were developed by each thematic technical workshop and were validated before the costing process

The workshop participants were trained/ informed about the overall procedures and ways to derive activities from strategies ending to the costing. The exercise was for the seven goals of NMSF 2008-2012. After developing activities in groups, participants had plenary discussion to discuss the relevancy of activities per strategy in each thematic area. Activities which were found irrelevant were left and not costed during plenary discussion done by technical people.

Activities developed were costed in a detailed excel sheet that had embedded formulae where there were following items: *target, description input, assumptions, number of input, unit cost, number of days, frequency and total cost*. The costing took into account the implementers at the national, regional, district and at the community/village levels.

Data for the development and validation of the activities and costing necessitated having the uniform and standard unit costs. Sources of information came from

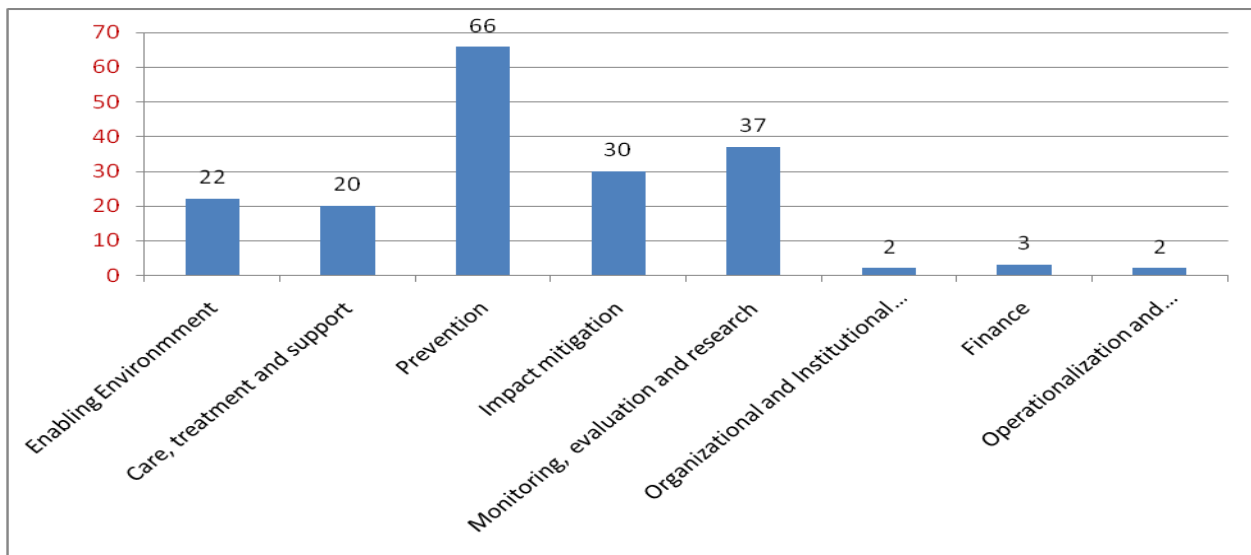
different desk reviews, manuals and MTEFs (Medium Term Expenditure Framework) which were available to participants of the workshops.

For each strategy, all the activities were costed for the five years. There was full participation and feedback from a variety of stakeholders. Data were examined for validity and clarity based on the assumptions made during activity costing exercise.

At the end of costing for each strategy, there was the operational two year action plan of which activities to be under two years plans were based on the stakeholders' suggestion and from several strategies having the same nature of the activity. In brief, the costing was done for every activity for each strategy. The work consisted of costing 563 activities from 144 strategies as shown in table below.

<i>Theme/Goal</i>	<i>Number of strategies</i>	<i>Number of activities</i>
Enabling environment	22	78
Care, treatment and support	20	100
Impact mitigation	31	124
Monitoring, evaluation and research	37	111
Prevention	27	136
Finance, Human resource; Organizational and Institutional arrangement	5	10
Operationalization and implementation of the Framework	2	4
Total	144	563

Figure below gives the overall impression of the volume of strategies and the work done in terms of developing activities for each strategy for each objective in a subtheme. It is noted that subthemes make the thematic area.



Source: The second edition of NMSF (2008 – 2012)

The Costing of activities was done using a Strategy, Activity, Description of Assumption and Cost (SADC) model in an excel spread sheet . After validation, all inputs were incorporated and harmonized into a final document for submission as the final costed NMSF 2008-2012

3.3 Key Assumptions

During costing of activities several assumptions were made to help in costing process. Services and products consume activities; activities consume resources therefore activities were considered the basic cost objects. Expenses were separated and matched to the level of activity that consumes the resources. Regarding unit cost , the consulting team would like to note that certain assumptions have been made as deemed appropriate to the extent where precise information is either not available or not expressly stated unit cost were obtained from regional national estimates on the similar activities (Cost to reach MSM, CSW).

Literature review of various Financial guidelines, Consultations to organizations with the relevant technical knowledge, such as the Ministry of Health and Social Welfare (for cost breakdowns of various drugs), PSI (for estimates on condoms), and AMREF (for costs involved in building Voluntary Counseling Centers) as well as consensus reached by stakeholders based on the reality in the field of operation at national, regional and district levels.

- The average exchange rate for US\$ prevailing during august 2009, and it is assumed that the exchange rate will remain stable is TShs. 1,320.
- The costing makes a basic assumption that the target OVC/MVC population most in need shouldn't separate those of HIV outcome. OVC /MVC target population was taken in holistic
- Population estimated in each year based on growth rate 3.1% as per the national census document from the National bureau of statistics
- Inflation rate used as base line for 2007 was 5%
- The group of People Living with HIV and AIDS are currently not coordinated and stable to sustain various HIV and AIDS interventions. Therefore it was regarded as they are at initial stage of organization development cycle
- Behavior change interventions are based on peer-outreach strategies
- Behavior change is not mere awareness, but also it requires reinforcement of a message by repeated interaction through peer-outreach networks, group education (IEC/events), availability of prevention tools (commodities) and easy access to services. If availability of prevention tools (e.g. condoms or access to services (e.g. treatment of STDs for all risk populations) is poor, awareness rarely leads to behavior change
- The costing of the activities was based on actual cost and reality from the ground, taking into consideration activities that are done at national, regional and district level having different unit cost. Therefore, the same activity can have different unit cost at national, regional and district levels
- Each activity (563 activities have their own specific assumptions)

Other Specific assumption

- The amount of resources is estimated using standard costing procedure, with three key parameters in mind- Population in need, coverage target, and unit cost- to arrive at the cost of a given intervention. Accordingly, the cost of an intervention was estimated as: Resources needed (Tsh.) = Population in need x coverage target x unit cost
- **Male circumcision:** According to the recent survey (THMIS, 2007), about 67% of adult males (aged 15-49) are circumcised. The assumption made about MC cost is that: about 6% of the uncircumcised adults will be covered every year. The unit cost for male circumcision (TZS 33,000/=) includes surgical procedure, pre and post operative counseling.
- **Behavior Change Communication (BCC)** is embedded in all the key prevention interventions as essential component for both demand creation and information dissemination for prevention services.
- **Youth focused interventions:** The coverage is both for youth in school and youth out of school. In-school youths are reached through both peer education, and teacher training. For out of school youths, the coverage has been assumed to be 80%
- **PMTCT:** It is assumed that 100% of pregnant women receiving RCH services will be counseled, and tested. And it is further assumed that about 40% of the spouses will show up for counseling and testing. Also, it is assumed that all women who test HIV positive will receive ARV prophylaxis for PMTCT. Cost per woman testing HIV-positive and receiving treatment includes the additional counseling, a confirmatory test, and the cost of treatment to prevent transmission of HIV to the baby. The unit cost is taken to be Tsh. 221,760 (PEPFAR estimates - \$168).
- **Condom distribution:** It is assumed that 60% of condom will be distributed through public sector while 40% will be distributed through social marketing. The average unit cost for male condom distribution is taken to be Tsh. 224,

- while for female condom it is Ths. 1,320. The unit cost includes the elements of logistics, human resources, transportation and storage.
- **Blood Safety:** Assumption about the unit cost of a 'unit of blood' is based on the WHO estimations, taking into account both recurrent and capital related costs. The recurrent costs are based on the assumption that basic infrastructure components such as functioning roadways, consistent supply of electricity, and sufficiently trained and available healthcare workers are in place and accessible. There are recurrent and capital costs associated with each of the following blood transfusion activities. The sum of the cost of each of these activities provides a cost per unit of safe blood.
 - Recruitment: education, motivation, recruitment and retention of voluntary, non-remunerated blood donors
 - Collection: selection and screening of blood donors as well as all activities associated with the actual collection of blood Processing: screening collected blood for infectious agents, blood grouping, preparation of blood components and all other activities necessary to ensure the safety of blood and blood products before they leave the processing unit for storage Storage and Distribution: all activities related to the storage and transportation of blood and blood products through to their final transfusion, including the maintenance of an efficient blood cold chain

4.0 Limitations of the Costing Exercise

During costing exercises, there were several limitations during conference approach costing and ASAP tool costing. The conversion from conference costing approach to ASAP model demanded more time to accomplish the costing assignment. The following are some of the limitations:

- Limitation of information on fund sources from national non state actors (CSOs)
- There is no data base for private sector contribution to the national HIV and

AIDS responses. As a result private sectors financial contribution was not captured.

- Inadequacy of reliable baseline data the HIV and AIDS response
- Unavailability of standard costing compelling consultants to rely on the market value
- The base line information were not readily available for the use of ASAP tool hence demanded the use of conference costing approach
- Existence of a slight difference in values between conference costing data sheet and ASAP model functions
- Non allocation of data that categorize available funds per thematic area, resulted into difficulty of coming up with gap analysis per thematic area

4.1 Cost of the NMSF 2008-2012 per thematic areas for five years

The total budget of NMSF 2008-2012 for the five years is estimated at **Tshs 4,849,685,000,000 (US\$ 3,674,004,000)**. The areas costed covers; enabling environment; care, treatment and support; Prevention; Impact mitigation; monitoring, evaluation and report; organization and institution arrangement; Financial, Human and Technical Resource Framework of the National Response and Operationalisation and Implementations of the Strategic Framework. The following is a breakdown of the total cost of the NMSF 2008-2012 per thematic areas for five years in Tshs. "x1000"

	Thematic area/Goal	Costing in Tshs "000"
1	Enabling Environment	491,004,000
2	Care, Treatment and Support	1,052,295,000
3	Prevention	1,757,953,000
4	Impact Mitigation	1,348,909,000
5	Monitoring, Evaluation and Research	123,492,000
6	Organizational and Institutional arrangements for implementation of the National Response at Central, Regional and LGAs levels.	11,769,000
7	Financial, Human and Technical Resource Framework of the National Response	62,122,000
8	Operationalisation and Implementations of the Strategic Framework	2,141,000
	Grand total	4,849,685,000

The following is the results of the NMSF 2008-2012 total costs by functions as per ASAP categorization

(x 1,000,000)						
ASAP Costing Model	Cost National Currency (TZS)					
	Cost 2008	Cost 2009	Cost 2010	Cost 2011	Cost 2012	Total Cost
1. Prevention	307,850	338,858	375,237	457,614	553,504	2,033,061
2. Treatment and care	165,896	224,655	220,122	220,374	207,626	1,038,674
3. Orphans and vulnerable children	101,408	186,945	183,644	205,864	198,994	876,854
4. AIDS program management	7,471	84,980	43,591	39,201	47,384	222,357
5. Human resources	2,036	15,195	14,502	7,821	8,306	47,860
6. Social mitigation	45,593	74,197	53,246	53,757	55,024	281,817
7. Enabling environment and CD	1,994	305,391	4,523	18,636	1,685	332,229
8. HIV- and AIDS-related research	1,760	6,368	2,165	2,263	4,276	16,833
Grand Total	634,008	1,236,317	897,030	1,005,530	1,076,800	4,849,685

5.0 Financial gap analysis

The consultants developed a simple tool for recording the information obtained from various stakeholders on the estimate amount of finance committed and expected to be available in implementing the NMSF 2008-2012. Consultants had consultations with the representatives of DPG AIDS (incoming DPG AID Chair 2009/2010 from CIDA), TACAIDS (Director of Finance and Administration) and ABCT (Executive officer and Accountant). The Consultants use the information available from the Global Fund Round 9 financial gap analysis and resources committed as well as the Government MTEF from Ministry of Finance. The available resources were categorized under internal and external sources of funds. Under Internal sources of Funds, information from MTEF provided the information on funds committed by the Government of United Republic of Tanzania in response to HIV and AIDS. The information of private sector contribution was to be captured under internal sources if would be available. During the discussion on available funds, it was difficult to obtain the information of available funds by thematic area or by function, therefore unable to develop financial gap analysis per thematic area. The consultants managed to develop financial gap analysis in each year due to the fact that it was made easily available to consultant amount committed in each year while the requirement in each year is well known from the costing exercise

The major financiers of the NMSF 2008-2012 as per the information obtained and recorded in this report are; United State Government; other Multi and Bilateral donors and the Government of the United Republic of Tanzania through MTEF. A total of **Tshs 2,957,712,000,000 (US\$ 2,240,691,000)** have been promised and is expected to be committed for the implementation of the NMSF 2008-2012 for the next five years by various stakeholders.

The financial gap analysis was determined by calculating the financial difference between the actual costs of implementing the NMSF 2008-2012 for every year over the period of five years against the total financial commitments of the Government and those of Multi-lateral and Bi-lateral partners. The information on available sources of funds was obtained from various sources including TACAIDS, DPG AIDS lead. Information about private sector contribution to HIV response in Tanzania was not easily available due to the fact that there is no database that reflects their contribution. We do recognize and agree that private sector has contribution to HIV and AIDS response in Tanzania, but we did not capture the information due the stated reason. There is a need to establish a mechanism on how this information can be obtain and made easily available for future use.

The financial gap analysis

	Total for five years in US\$	Total for five years in Tshs "x 1000"
Costing of NMSF from 2008/09 - 2012/13	3,674,004,000	4,849,685,000
Government/domestic and external support	2,240,691,000	2,957,712,000
Gap (unfunded)	1,433,314,000	1,891,973,000

The following is the table that shows financial gap in each year

	Line	2008 / 2009	2009 / 2010	2010 / 2011	2011 / 2012	2012 / 2013	Total - 5 Years
Financial Needs for NMSF 2008-2012							
Total Financial need of NMSF	Line A	\$480,309,000	\$936,604,000	\$679,568,000	\$761,765,000	\$815,758,000	\$3,674,004,000
Domestic Sources	Line B						
National unding Sources -MTEF Data	B1	\$22,000,000	\$22,000,000	\$22,000,000	\$22,000,000	\$22,000,000	\$110,000,000
Private Sector	B2	\$0	\$0	\$0	\$0	\$0	\$0
Sub Total Domestic sources	Line B	\$22,000,000	\$22,000,000	\$22,000,000	\$22,000,000	\$22,000,000	\$110,000,000
External Sources	Line C						
United States Government*	C1	\$250,400,000	\$300,000,000	\$300,000,000	\$300,000,000	\$300,000,000	\$1,450,400,000
Multi & Bilateral Donors Sources	C2	\$43,207,950	\$41,315,900	\$72,100,000	\$58,000,000	\$27,415,900	\$242,039,750
Global Fund Round 8	C3	\$0	\$40,417,249	\$105,430,836	\$135,336,481	\$149,566,213	\$430,750,779
World Bank TMAP	C4	\$7,500,000					
Sub Total External sources	Line C	\$301,107,950	\$381,733,149	\$477,530,836	\$493,336,481	\$476,982,113	\$2,130,690,529
Total Resources (Domestic and External sources)	Line D=B+C	\$323,107,950	\$403,733,149	\$499,530,836	\$515,336,481	\$498,982,113	\$2,240,690,000
Total Funding Gap	Line E=A-D	\$157,201,050	\$532,870,851	\$180,037,164	\$246,428,519	\$316,775,887	\$1,433,314,000

6.0 RECOMMENDATIONS

- TACAIDS in collaboration with stakeholders/ development partners should coordinate and develop funding strategy to address financial gap identified for the implementation of NMSF 2008-2012 and bridge the gap.
- TACAIDS should disseminate the costed NMSF so that stakeholders can review their strategic plans and activities and align them with the NMSF 2008-2012 priorities.
- TACAIDS needs to develop a data base that maps and captures funds coming from in-country, external sources and non state actors (private sectors and civil society organizations) through the government budgetary system.
- TACAIDS should ensure that funds mobilised and allocated for HIV and AIDS response are released and disbursed on time to allow effective implementation of the NMSF 2008-2012
- TACAIDS should orient decision makers at National level responsible for HIV and AIDS response on the use of ASAP tool.
- TACAIDS should consider posting the ASAP cost model into the website and have physical distribution of the conference costing package to various stakeholders countrywide.
- TACAIDS should ensure involvement of the **M&E and Finance and Management staff** in updating / entering data the in the ASAP model by generating :
 - Baseline data
 - Targets and Coverage Levels
 - Chart of Accounts/Mapping
 - Mapping Strategic Plan to Functions
 - Costing Standard Interventions
 - Costing Special Interventions
 - Determining Gap Analysis
 - Review Total Costs
 - Generating Reports

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Annexure 2: The milestones

HIV AND AIDS PROPOSED MILESTONES FOR 2009 – 2010, TANZANIA MAINLAND

<i>SN</i>	<i>Milestone</i>	<i>Governmental Responsible Organisation</i>	<i>Implementing Organisation Partner</i>	<i>Time frame</i>
1. MONITORING, EVALUATION AND RESEARCH				
1.1	All Councils use LGMD, to capture TOMSHA data electronically (complete 40% by 2009 and 100% by 2010)	TACAIDS	PMO-RALG Council Directors MCDGC	2010
1.2	All regions to undertake at least 2 rounds of TOMSHA supportive supervision during overall M&E visits to all districts	RAS	RS	December 2009
1.3	All councils and MDAs and Private sector have developed timely and user-friendly HIV program reports (TOMSHA etc) and ensure dissemination at all levels for feedback and planning sessions	RAS & TACAIDS	PMO-RALG MDAs	2010
1.4	Capacity for operational research at 20 LGAs has been enhanced to support planning and decision making for HIV and AIDS response	RAS	Council Directors	2010
1.5	Gather information on the size, magnitude and risk behaviours among at risk populations and findings disseminated to various stakeholders	TACAIDS	Research Institutions	2010
2. RESOURCE MOBILISATION				
2.1	Costed NMSF	TACAIDS	PMO-RALG MDAs, CSOs, Private sector	June 2009
2.2	A mechanism to generate resources both nationally and locally implemented	TACAIDS	PMO-RALG, MOFEA	2010
2.3	A database with information of all available sources and amount of HIV and AIDS funding in the country established	TACAIDS	TACAIDS MOFEA PMO	2009

SN	Milestone	Governmental Responsible Organisation	Implementing Organisation Partner	Time frame
2.4	All Mainland Regions and LGAs have funded budgets and manageable costed action plans for HIV and AIDS responses at all levels (regional/district/ward/village)	PMO-RALG	LGA, PMO-RALG MOFEA TACAIDS/DFA	June 2010
3. ENABLING ENVIRONMENT				
3.1	All MDAs and Regions have HIV and AIDS focal persons with clearly defined roles, responsibilities and accountability lines	PMO	MDAs TACAIDS/ DPR	June 2010
3.2	An Institutional Capacity Development Plan for TACAIDS has been approved and funded	TACAIDS	PMO	December 2009
3.3	The HIV and AIDS ACT is disseminated and enacted at all levels	MoHSW	TACAIDS, PMO, MoJ MoHA LGAs	December 2009
3.4	All CSO umbrella organizations and/or national networks have functioning internal mechanisms to represent their constituencies in policy forums at the national level	TACAIDS/DCR	CSOs TACAIDS/ DPR	June 2010
3.5	Strategic guidelines and tools for mainstreaming Gender & Human Rights approaches in HIV/AIDS Plans have been disseminated at all levels	MCDGC	LGAs MDAs PMO-RALG TACAIDS/ DPR	December 2009
4. IMPACT MITIGATION				
4.1	Household economic strengthening strategies for vulnerable groups linked to the National Social Protection Framework developed and implemented	MCDGC, MoHSW/DSW PMO-RALG	TACAIDS MOFEA MoEVT NACOPHA OVC-IPG	September 2010
4.2	User-friendly budget guidelines to support LGAs in planning and resource allocation for vulnerable groups developed and implemented	MCDGC, MoHSW/DSW PMO-RALG	TACAIDS MOFEA MoEVT NACOPHA OVC-IPG	September 2010
4.3	Strategy for decentralizing social welfare services and incorporation of social welfare assistants in the social welfare scheme of work developed	MOHSW/ DSW PMO-RALG	TACAIDS MOFEA OVC-IPG	September 2010

SN	Milestone	Governmental Responsible Organisation	Implementing Organisation Partner	Time frame
4.4	75% of all districts have completed identification of MVC according to the national identification guidelines and all identified children have received a minimum package of services	MoHSW/ DSW PMO-RALG	PMO-RALG TACAIDS MOFEA MoEVT MCDGC OVC-IPG	September 2010
4.5	The MVC National Costed Plan of Action (NCPA) is disseminated in all LGAs and LGAs have allocated resources to support NCPA implementation	MoHSW/ DSW PMO-RALG	PMO-RALG TACAIDS MOFEA MoEVT MCDGC OVC-IPG Council Director	September 2010
5. PREVENTION				
5.1	A comprehensive and evidence-based National HIV/AIDS prevention strategy and costed 2-year action plan in place	TACAIDS	Prevention TWC	June 2009
5.2	All MDAs annual plans and budgets include HIV/AIDS prevention interventions, in line with the national HIV/AIDS prevention strategy	TACAIDS	MDAs	December 2009
5.3	The National HIV and AIDS Prevention Strategy is enacted through all LGAs annual plans and budgets	PMO-RALG	LGAs	June 2010
5.4	All HIV and AIDS prevention interventions by all stakeholders are aligned with the National HIV and AIDS Prevention Strategy	TACAIDS	MCDGC ABCT CSOs TIESNAI	June 2010
6 CARE, TREATMENT AND SUPPORT (NOT YET ADOPTED BY TWC)				
6.1	Mapping of public and private partnership in HBC service finalised	<i>MoHSW</i>	<i>CSOs Private Sector</i>	<i>Dec 2009</i>
6.2	Comprehensive HBC strategy incorporate nutritional supplementation and ARV services developed and approved	<i>MoHSW</i>	<i>CSOs Private Sector</i>	<i>Sept 2009</i>
6.3	User friendly ARV services accessible at the PHC facility level in 132 councils	<i>MoHSW</i>	<i>CSOs Private Sector</i>	<i>2010</i>
6.4	Strategy to establish Paediatric PMTCT user-friendly HIV services in 132 councils developed	<i>MoHSW</i>	<i>CSOs Private Sector</i>	<i>2009</i>

<i>SN</i>	<i>Milestone</i>	<i>Governmental Responsible Organisation</i>	<i>Implementing Organisation Partner</i>	<i>Time frame</i>
6.5	Improved MSD institutional capacity to manage its mandate and roles	MoHSW	CSOs Private Sector	2010
6.6	132 councils allocate funds for HIV and AIDS to support PLHIV and OVC	MoHSW	CSOs Private Sector	2010
6.7	132 councils roll-out Opportunistic Infection package with ART	MoHSW	CSOs Private Sector	2010
6.8	Diagnostic of TB/HIV strategy developed and implemented	MoHSW	CSOs Private Sector	2010

Annexure 3: The Consultant's team

The leadership consisted of the following consultants:

1. Dr A Twaha, the Facilitator for the Enabling Environment
2. Dr S Mfinanga, the Facilitator for the Monitoring, Evaluation, Research and the additional themes
3. Mr A Mwinchande, the Facilitator for the Impact mitigation
4. Mr C Msemu, the Facilitator for the Care Treatment and Support
5. Dr F Swai, the Facilitator for the Team Leader

The following selected participants by virtue of their specialism assisted the consultants in all four conference costing workshops including the ASAP exercise:

1. Andrew Kilewele
2. Geoffrey Tibamanya
3. Dr. Esther Ngadaya
4. Dr. Amos Kahwa

Annexure 4: List of participants

**A COSTING EXERCISE OF THE NATIONAL MULTISECTORAL STRATEGIC FRAMEWORK
AND DEVELOPMENT OF 2 YEARS ACTION PLAN FOR ENABLING ENVIRONMENT
THEMATIC AREA MEETING FROM
22ND JUNE TO 17TH JULY, 2009**

1ST ROUND FROM 22ND TO 26TH JUNE, 2009 - ENABLING ENVIRONMENT

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COSTING EXERCISE FOR THE NATIONAL MULTISECTORAL STRATEGIC FRAMEWORK AND DEVELOPMENT OF 2 YEARS ACTON PLAN FOR CARE AND TREATMENT THEMATIC AREA MEETING FROM 29 JUNE, TO 3RD JULY, 2009

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**COSTING EXERCISE FOR THE NATIONAL MULTISECTORAL STRATEGIC FRAMEWORK AND
DEVELOPMENT OF 2 YEARS ACTON PLAN FOR IMPACT MITIGATION THEMATIC AREA
MEETING FROM 6TH TO 10TH JULY, 2009**

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**COSTING EXERCISE FOR THE NATIONAL MULTSECTORAL STRATEGIC FRAMEWORK AND
DEVELOPMENT OF 2 YEARS ACTON PLAN FOR MONITORING, EVALUATION AND
RESEARCH THEMATIC AREA MEETING FROM 13TH TO 17TH JULY, 2009**

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Annexure 5: Schedule of the workshops

The five day workshop for the costing NMSF

Day 1	Activity	Who to do the activity	Responsible person	Output
9 – 9:30	<ul style="list-style-type: none"> • Introductions • An activity to involve all participants • To know the tasks of the workshop • Ground rules 	All participants and facilitators	The Facilitator for Thematic area and with the support of the other Thematic area facilitators and the Team Leader	A common understanding of the tasks of costing and knowing each other
9:30 – 10:30	The strategies and the activities of costing NMSF Introducing the group work and the formation groups for costing NMSF and the two year plan	Participants owning the activities of costing NMSF and the understanding of the two year operational plan	All participants	Ownership of the costing process. Formation of groups for costing
10:30 11:00	Tea break			
11:00 -11:30	<ul style="list-style-type: none"> • Determining targets per activity, • coverage per activity • Developing the costs for activities • Assumption as the costing is developed 	All participants	The facilitator for the thematic area and all the facilitators	<ul style="list-style-type: none"> • Targets • Coverage • Costed activities per five strategies
11:30 – 1:00	<ul style="list-style-type: none"> • Determining targets per strategy, • coverage per each strategy • Developing the costs for activities • Assumption as the costing is developed 	All groups	The facilitator for the thematic area and all the facilitators	<ul style="list-style-type: none"> • Targets • Coverage • Costed activities per five strategies or more
1:00 – 2:00	Lunch break			
2:00 – 4:00	<ul style="list-style-type: none"> • Determining targets per strategy, • coverage per each strategy • Developing the costs for activities • Assumption as the costing is developed 	All participants	The facilitator for the thematic area and all the facilitators	<ul style="list-style-type: none"> • Targets • Coverage • Costed activities per five strategies or more
4:00 – 5:00	Group presentations by rappers and Afternoon tea break			
5:00 –	Individual assignments	All participants	All participants	Preparation for day 2

Day 2	Activity	Who to do the activity	Responsible person	Output
9:00 – 10:30	<ul style="list-style-type: none"> • Determining targets per strategy, • coverage per each strategy • Developing the costs for activities • Assumption as the costing is developed 	All participants and facilitators	All participants	<ul style="list-style-type: none"> • Targets • Coverage • Costed activities per five strategies
10:30 11:00	Tea break			
11:00 -11:30	<ul style="list-style-type: none"> • Determining targets per strategy, • coverage per each strategy • Developing the costs for activities • Assumption as the costing is developed 	All participants	The facilitator for the thematic area and all the facilitators	<ul style="list-style-type: none"> • Targets • Coverage • Costed activities per five strategies
11:30 – 1:00	<ul style="list-style-type: none"> • Determining targets per strategy, • coverage per each strategy • Developing the costs for activities • Assumption as the costing is developed 	All groups	The facilitator for the thematic area and all the facilitators	<ul style="list-style-type: none"> • Targets • Coverage • Costed activities per five strategies or more
1:00 – 2:00	Lunch break			
2:00 – 4:00	<ul style="list-style-type: none"> • Determining targets per strategy, • coverage per each strategy • Developing the costs for activities • Assumption as the costing is developed 	All participants	The facilitator for the thematic area and all the facilitators	<ul style="list-style-type: none"> • Targets • Coverage • Costed activities per five strategies or more
4:00 – 5:30	Group presentations by rappers and Afternoon tea break			
5:00 –	Individual assignments	All participants	All participants	Preparation for day 3.

Day 3	Activity	Who to do the activity	Responsible person	Output
9:00 – 10:30	<ul style="list-style-type: none"> • Determining targets per strategy, • coverage per each strategy • Developing the costs for activities • Assumption as the costing is developed 	All participants and facilitators	All participants	<ul style="list-style-type: none"> • Targets • Coverage • Costed activities per five strategies
10:30 11:00	Tea break			
11:00 -11:30	<ul style="list-style-type: none"> • Determining targets per strategy, • coverage per each strategy • Developing the costs for activities • Assumption as the costing is developed 	All participants	The facilitator for the thematic area and all the facilitators	<ul style="list-style-type: none"> • Targets • Coverage • Costed activities for all the strategies
11:30 – 1:00	Costed plan for two years	All groups	The facilitator for the thematic area and all the facilitators	Costed plan for the two year plan
1:00 – 2:00	Lunch break			
2:00 – 4:00	Costed plan for two years	All participants	The facilitator for the thematic area and all the facilitators	Costed plan for the two year plan
4:00 – 5:00	Group presentations by rappers and Afternoon tea break			
5:00 –	Individual assignments	All participants	All participants	Preparation for day 4.

Day 4	Activity	Who to do the activity	Responsible person	Output
9:00 – 10:30	Completion of all costing for the NMSF and the two year plan	All participants and facilitators	All participants	<ul style="list-style-type: none"> • Targets • Coverage • Costed activities per five strategies
10:30 11:00	Tea break			
11:00 -11:30	Plenary session to discuss and validate the costing	All participants	The facilitator for the thematic area and all the facilitators	<ul style="list-style-type: none"> • Completed costing per strategy for strategies • Completed costing for the two year plan for milestones
11:30 – 1:00	Plenary session to discuss and validate the costing to continue	All groups	The facilitator for the thematic area and all the facilitators	<ul style="list-style-type: none"> • Completed costing per strategy for strategies • Completed costing for the two year plan for milestones
1:00 – 2:00	Lunch break			
2:00 – 4:00	Plenary session for Costed plan for two years	All participants	The facilitator for the thematic area and all the facilitators	Costed plan for the two year plan
4:00 – 5:00	Group presentations by rappers and Afternoon tea break			
5:00 –	Individual assignments	All participants	All participants	Preparation for day 5.

Day 5	Activity	Who to do the activity	Responsible person	Output
9:00 – 10:30	Completing of all costing for the NMSF and the two year plan	All participants and facilitators	All participants	Targets Coverage Costed activities per five strategies
10:30 11:00	Tea break			
11:00 -11:30	Plenary session to discuss and validate the costing		All participants	
11:30 – 1:00	Plenary session to discuss and validate the costing to continue	All groups	The facilitator for the thematic area and all the facilitators	Completed costing per strategy for strategies Completed costing for the two year plan for milestones
1:00 – 2:00	Lunch break			
2:00 – 4:00	NMSF costed and Costed plan for two years	All participants	The facilitator for the thematic area and all the facilitators	NMSF costed and the two year plan
4:00 – 5:00	Group presentations by rappers and Afternoon tea break			
5:00 –	Individual assignments	All participants	All participants	Final day

Annexure 6: The interview schedule

COSTING OF TANZANIA'S NATIONAL MULTISECTORAL STRATEGIC FRAMEWORK (NMSF) 2008-2012 FOR HIV and AIDS QUESTIONNAIRE incorporating Stakeholders inputs.

(MCHAKATO WA KUJUA GHARAMA ZA KUTEKELEZA MPANGO KAZI WA MKAKATI WA TAIFA WA KUDHIBITI UKIMWI 2008 – 2012)

Name of Institution/Region/District/CSOs (NGO; FBO; CBO)
(Jina la Taasisi/mkoa/Wilaya/Asasi)

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We are in the process of developing activities so as to facilitate the process of costing NMSF 2008-2012. The objective of the interview is to obtain inputs from your Institute in areas related to HIV and AIDS thematic areas of your Institutions' interest for costing the HIV and AIDS NMSF. Feel free to give your contribution in the area of your interest and any other additional information that will facilitate the costing process. Kindly give us your input by responding to the following questions:

(Tume ya kudhibiti ukimwi Tanzania iko katika mchakato wa kujua gharama za kutekeleza mpango kazi wa taifa wa kudhibiti ukimwi 2008 – 2012)

1. Kindly give us an overview of your Institution's involvement in HIV and AIDS prevention and Control.
(Tafadhari tufahamisha mikakati ya taasisi yako katika kuzuia na kudhibiti VVU na Ukimwi)

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2. What have been your Institutions key areas of focus in HIV and AIDS control?
(Ni maeneo gani nyeti ambayo taasisi yako inajihusisha katika kuzuia na kudhibiti VVU na ukimwi)

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3. Does your institution/ District have strategic plan? If they have it you can ask the possibility of being given a copy either hard or electronic copy. (*Can I get a copy of the strategic plan?*)
(*Je taasisi yako ina mpango mkakati? Na kama unayo, tunaomba nakala*)

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4. What activities have been successful during the implementation of HIV and AIDS program in your Institution?
(*Ni mipango gani imefanikiwa katika taasisi yako kuhusiana na utekelezaji wa mkakati wa kuzuia na kuhibiti VVU na ukimwi*)

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5. Are you aware of the NMSF on HIV and AIDS 2008-2012? If YES how are your strategies aligned with the NMSF? (*Find the link with HIV and AIDS NMSF*)?
(*Je unafahamu kuwepo kwa mpango mkakati wa kitaifa wa sekta mbalimbali wa kuzuia na kuhibiti VVU na ukimwi? Kama jibu ni ndio mkakati wako unatekeleza vipi mpango huo?*)

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6. Tanzania developed HIV and AIDS NMSF 2008-2012, which have thematic areas as follows; Enabling environment, prevention, Care, treatment and support impact mitigation and monitoring and evaluation. What area of focus your institution decided to take.

(Mkakati wa Kitaifa wa VVU na ukimwi una maeneo yafuatayo; Mazingira wezeshi, Kinga, matunzo, matibabu na msaada, kupunguza athari, ufutiliaji, tathmini na utafiti. Je ni katika maeneo gani taasisi yako inajihusisha?)

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7. Do your Institutions prepare annual reports? Is it possible to have a copy of at least the last two years report?
(Je taasisi yako inaandaa ripoti za mwaka? Naomba nakala isiyo pungua miaka miwili?)

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8. What interventions you think should be given priority in each of the following thematic areas?
(Ni afua/interventions gani unadhani zipewe kipaumbele katika kila eneo lililodhamiriwa)

- Enabling Environment *(Mazingira wezeshi)*

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- Care, Support and Treatment *(Matunzo, matibabu na msaada)*

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- Impact mitigation *(kupunguza athari)*

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- Monitoring and Evaluation and Research? (*Ufuatiliaji, tathmini na utafiti*)

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9 Do you have any thing else you would like to discuss as an additional input for process of developing activities for costing NMSF?

(Je una jambo lolote la ziada ungependa kutuelezea ili kusaidia katika mchakato wa kutengeneza makadirio ya gharama ya mkakati wa kitaifa wa kuzuia VVU na Ukimwi.)

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We thank you for your time and commitment during this discussion.

(Tunakushukuru kwa mchango wako)

Annexure 7: Standard unit costs used

	Service item	Unit of Measure	Unit Cost (TZS)
1	Air ticket -Inland	Return	400,000
2	Air ticket -Inter district	Per	50,000
3	Air Travel - Domestic Ticket	Person	200,000
4	Air Travel - International Ticket	Person	
5	Communication	Per	10,000
6	Conference package	Per person	50,000
7	Conference package -District level	Per Participant	30,000
8	Conference package-District	Per person	15,000
9	Conference package-Regional	Per person	25,000
10	Consultancy fee local	Daily rate	400,000
11	Courier service	Per	5,000
12	Daily allowance support staff	Per/day	45,000
13	Diesel	Litre	1,800
14	Distribution cost	1% of printing	5
15	Facilitation fee	Per day	50,000
16	Fuel -Petrol	Litre	1,500
17	Half Per diem	Region	32,500
18	International travel Per diem	Day	
19	Laptop computer	per	2,000,000
20	Per diem City	City	80,000
21	Per diem District	District	65,000
22	Per diem Regional	Region	65,000
23	Per diem -Ward level	Region	40,000
24	Printing booklet	Per booklet	5,000
25	Printing guidelines	Per	10,000
26	Recruitment Cost	Employee	
27	Stationery	Per/participant	3,000
28	Stationery -Regional	Per	5,000
29	Tender Adverts	Per page/day	1,500,000
30	Tender Board fee	Per	300,000
31	Training manual	Per	15,000
32	Transport charge	day/person	25,000