

CONSULTATIVE MEETING OF CIVIL SOCIETY ORGANIZATIONS (CSOS) FOR THE  
NATIONAL STRATEGIES FOR GROWTH AND REDUCTION OF POVERTY (NSGRP)  
REVIEW AND DEVELOPING INPUT TO THE NEXT NSGRP (MKUKUTA II)

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MKUKUTA Review

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**Members of the Submitting committee:**

The group below was delegated by workshop participants to analyze, consolidate and put together all information on the template and develop a statement for CSOs working on HIV/AIDS based on identified issues and priorities for MKUKUTA II

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**STATEMENT OF THE CSO ON HIV AND AIDS**

We, the civil society organizations of Tanzania working in HIV and AIDS interventions and in the spirit of complementing the efforts of the national HIV and AIDS response;

Acknowledging the government's leadership and efforts of other stakeholders in fighting HIV and AIDS;

Committed to work in prevention and improving the livelihood of people infected and affected through quality HIV and AIDS service delivery and impact mitigation;

Believing in Public Private Partnership (PPP) processes in implementing HIV and AIDS interventions;

Sensitized on the importance of CSO in taking the leading role of complementing the government's effort as far as HIV and AIDS issues are concerned;

Revisiting, refining existing gaps and articulating them in the development of MKUKUTA II;

Recognizing the issues and priorities of CSOs and the government in implementing HIV and AIDS activities, we therefore propose the following in the context of MKUKUTA II:

- Proper mainstreaming of the HIV and AIDS interventions in formal and informal sectors.
- Promote HIV and AIDS interventions in all economic empowerment and development projects.
- Strengthening institutional arrangements for quality HIV and AIDS service delivery at all levels.
- Setting up and reactivating the social community structures in caring for orphans.
- Strengthening good governance in funding HIV & AIDS programs and caring for Orphans, widows & other vulnerable groups by all stakeholders.
- Government to locate funds from internal sources for CSOs working on HIV and AIDS.
- Regulate and monitor pornography practices in Information and Communication Technology.
- The government should support (including funds allocation) CSOs on their active role in social mobilization and advocacy for a stronger national response on HIV and AIDS

### **Recommended Actions**

The prioritized issues of CSOs shown in the template and statement be included in MKUKUTA II.

### **Conclusions**

Participation of CSOs in the fight against HIV and AIDS pandemic is significant. Therefore, accordingly we urge the government to provide continuous and substantial support for CSOs to be able to create an even greater impact against HIV and AIDS and make even more of a difference during the implementation of MKUKUTA II.

#### **DESCRIPTION OF STAKEHOLDERS (GROUP):**

Participants of the Consultative meeting of Civil Society Organizations (CSOS) for the national strategies for growth and reduction of poverty (NSGRP) review and developing input to the next NSGRP (MKUKUTA II) ; held on 28<sup>th</sup> and 29<sup>th</sup> September 2009 at Dar es Salaam International Conference Centre (List of participants hereby attached):

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- Participants were men, women, youth representing CSOs dealing with HIV and AIDS in various areas of intervention, such as prevention, counseling, treatment care and support, Orphans support and general impact mitigation.

### **The consultative process**

This was a two days consultative meeting in which the principle methodologies included, presentations on mainstreaming of HIV and AIDS, NSGRP/MKUKUTA I and HIV/AIDS (2005-2010) overview, group work on CSO experience of MKUKUTA I and HIV/AIDS, groups

report to plenary sessions, process of developing MKUKUTA II, group work on guiding questions of MKUKUTA II, introduction to group work and plenary sessions and way forward

Review on MKUKUTA I was conducted to identify gaps, set HIV and AIDS priorities issues to be addressed in MKUKUTA II

### **Financial Support**

This consultative meeting was financed by TACAIDS and UNAIDS.

## MAIN FINDINGS

The consultative meeting came up with findings, which are summarized in a template indicated below

Sector	Any ways that HIV& AIDS are having an impact on the sector	Any ways in which the sector makes people more vulnerable to HIV& AIDS	Any ways that the sector can contribute to prevention or impact mitigation?	What measures /strategies could be prioritized or recommended in the MKUKUTA II to create an enabling environment in the sector/area, including the role of CSOs?
Agriculture	Low productivity Waive family savings	Frequent traveling Agricultural products business people  -Market (Magulio)  Crops business people	Producing nutritional food for community especially for PLHIV	Mainstream HIV AIDS in Agricultural extension services.
Environment	Lack of water, firewood and fertile lands worsen the burden of the impact of HIV and AIDS in the community especially to those who are infected and affected	Environmental factors aggravate the risks for HIV and AIDS infection	Contributes to improved livelihood of the community	Advocate, influence and mainstream HIV/AIDS in environmental extension services  Promote environmental protection practices.

Transport	Loss of labour force – long distance truck drivers,	Mobility of the workforce makes sector vulnerable	Use stakeholders in the transports sector  to disseminate prevention measures mobile IEC messages	Create partnership with stakeholders  in the sector to undertake prevention awareness raising (IEC) and condom distribution  Support CSOs established centres for HIV and AIDS services at long distance truck driver's stations.
Labour (formal sector)	-It reduces the manpower of the sector due to deaths and high rates of hospital attendance.  -It disturbs the whole system of the organization in terms of increasing costs of taking care of HIV/AIDS patients (hospital and nutritional costs)	-Underpayment which would compel employees to seek an alternative source of income (especially new and young employees)  -Frequent transfers and new appointments far from their families.  -Sexual payment (Rushwa ya ngono)	-Having in place HIV/AIDS orientation courses especially to new employees in all workplaces.  -Ensure transparency in issues like recruitment and selection of employees.  Creating an environment that will ensure advocacy to people living with HIV/AIDS in workplaces.	-All formal sectors should ensure that HIV/AIDS activities are being mainstreamed in their operational plans (It has to be seen in the budget allocation)  -There should be strategies that will allow CSOs to have mandate in the respective sector in the fight against HIV/AIDS scourge, since they are mostly working at the grassroots level.

<p>Education</p>	<p>Staff:</p> <ul style="list-style-type: none"> <li>- Reduces manpower a</li> <li>- Low Staff Performance</li> </ul> <p>Students:</p> <ul style="list-style-type: none"> <li>- Reduces enrolment and</li> <li>- Poor attendance</li> <li>- Reduced demand for education</li> <li>- Increased dropouts</li> <li>- Lower quality of education</li> </ul> <p>Increased government expenditure (funeral and staff replacement)</p>	<p>Staff:</p> <ul style="list-style-type: none"> <li>- Transfers without spouse</li> <li>- Low and delayed payments</li> <li>- Sexual corruption in station allocation and transfers</li> </ul> <p>Students:</p> <ul style="list-style-type: none"> <li>- Sexual corruption( exams, transfers, enrolment and loan accessing)</li> <li>- Long distance between school and home and transport modalities particularly in urban setting.</li> <li>- Inadequate accommodation facilities</li> <li>- Absence of school feeding programmes</li> </ul>	<ul style="list-style-type: none"> <li>- Develop HIV/AIDS education component in the syllabus</li> <li>- Develop and disseminate of IEC materials</li> <li>- Promote voluntary counseling and testing</li> </ul>	<ul style="list-style-type: none"> <li>- Promote school feeding programme</li> <li>- Provide adequate accommodation facilities</li> <li>- Promote ethical practices</li> <li>- Develop orientation kit/course on HIV/AIDS</li> <li>- Allocate HIV/AIDS budget to advocacy CSOs, strengthen HIV/AIDS desk in the education infrastructure</li> <li>- Promote and scale up training in life skills for in school l youth.</li> </ul>
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Health	<ul style="list-style-type: none"> <li>- Reduces manpower</li> <li>- reduced staff Performance</li> <li>-Poor quality of service delivery</li> <li>- Violation of medical ethics (e.g. Stigma and confidentiality)</li> <li>- Demands for more resources</li> </ul>	<ul style="list-style-type: none"> <li>- Exposes health practitioners to infection</li> <li>-Eposes clients to infections through frequent use of sharps</li> <li>-Misdiagnosis</li> <li>- Blood transfusion</li> </ul>	<ul style="list-style-type: none"> <li>- Promote voluntary counseling and testing</li> <li>- Ensure availability of ARVs</li> <li>- Promote follow-up sessions of people on ARTs</li> <li>-Promote and scale up HIV and AIDS services to rural areas</li> <li>-Increase capacity of enrolment of training facilities to promote adequate human resources for health sector.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop programmes to educate skilled and interested individuals to health care support</li> <li>- Promote, facilitate and associate post-test clubs with care and treatment centres</li> <li>-Promote and scale up training in life skills for out of school youth.</li> <li>-develop innovative incentives for staff retention</li> </ul>
Social Welfare	<ul style="list-style-type: none"> <li>- Reduces manpower</li> <li>- Reduce staff Performance</li> <li>- Increased burden/workload due to increasing numbers of orphans, widows and elders</li> </ul>	<ul style="list-style-type: none"> <li>- Inadequate care and support provided to orphans.</li> <li>- Inadequate enforcement of the law regarding care and support to children born out of wedlock</li> <li>- Re-promote the cultural system of caring orphans</li> </ul>	<ul style="list-style-type: none"> <li>- De-motivate separation</li> </ul>	<ul style="list-style-type: none"> <li>-Set Institutional arrangement at the community level that promotes care for orphans</li> </ul>

		within the community setting		
Finance and Economics	<p>Weak human resources as a result of the disease</p> <p>Loss of manpower as a result of the disease</p> <p>Poor production due to the above reasons</p>	<p>Richness and Poverty status exposes risk behaviors in communities</p>	<p>Promote and support income generating programmes (VICOBA, SACCOS, WORTH)</p>	<p>Mainstream HIV/AIDS within IGA programs</p>
Communications and technology		<p>Pornography through Internet</p> <p>Imitating bad behaviors motivating sex practices</p> <p>Change of traditions and cultures- copying western cultures</p> <p>Rural urban immigration- new life style and copying to new life</p>	<p>Media can be used in information dissemination</p> <p>Developing and disseminate HIV/AIDS messages</p> <p>Provision of education and awareness on HIV/AIDS</p>	<p>Monitor and prohibit pornography practices in internet and other an welcome cultures</p> <p>Dissemination of messages and information on HIV/AIDS</p> <p>Platform for sharing best practices and lessons learned on HIV/AIDS activities in the country</p>

