

SITUATION ANALYSIS REPORT

HIV PROGRAMMING FOR YOUNG PEOPLE IN TANZANIA: EXISTING STRUCTURES AND ALCOHOL RELATED POLICIES

2012



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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CSO	Civil Society Organisation
DCC	Drug Control Commission
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IDYDC	International Development of Young, Disabled and Children
LGA	Local Government Authorities
LHRC	Legal and Human Rights Centre
MARPs	Most At Risk Populations
MIYSC	Ministry of Information, Youth, Sport and Culture
MOHSW	Ministry of Health and Social Welfare
MOEVT	Ministry of Education and Vocational Training
MCDGC	Ministry of Community Development, Gender and Children
MITM	Ministry of Industries, Trade and Marketing
MOHA	Ministry of Home Affairs
MHEST	Ministry of Higher Education, Science and Technology
MTEF	Mid Term Expenditure Framework
MUHAS	Muhimbili University of Health and Allied Sciences
MNH	Muhimbili National Hospital
NACP	National Aids Control Program
NCD	Non-Communicable diseases
NIMR	National Institute for Medical Research
NGO	Non Governmental Organization
PMO	Prime Minister's Office
UDSM	University of Dar es Salaam
UNICEF	United Nation Children Fund
UNFPA	United Nation Population Fund
UNESCO	United Nation Education, Science and Cultural Organization
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TACAIDS	Tanzania Commission For Aids
TFDA	Tanzania Food and Drug Authority
TAMWA	Tanzania Media Women Association
TAWLA	Tanzania Women Lawyers Association
TAPP	Tanzania AIDS Prevention Program
TIE	Tanzania Institute of Education

TGGA	Tanzania Girls Guide Association
TGNP	Tanzania Gender Networking Program
THMIS	Tanzania HIV and Malaria Indicator Survey
TMARC	Tanzania marketing and Communication Company (TMARC)
TRA	Tanzania Revenue Authority
WETS	Women Engaging in Transactional Sex
WOCHIVI	Women and Child Vision

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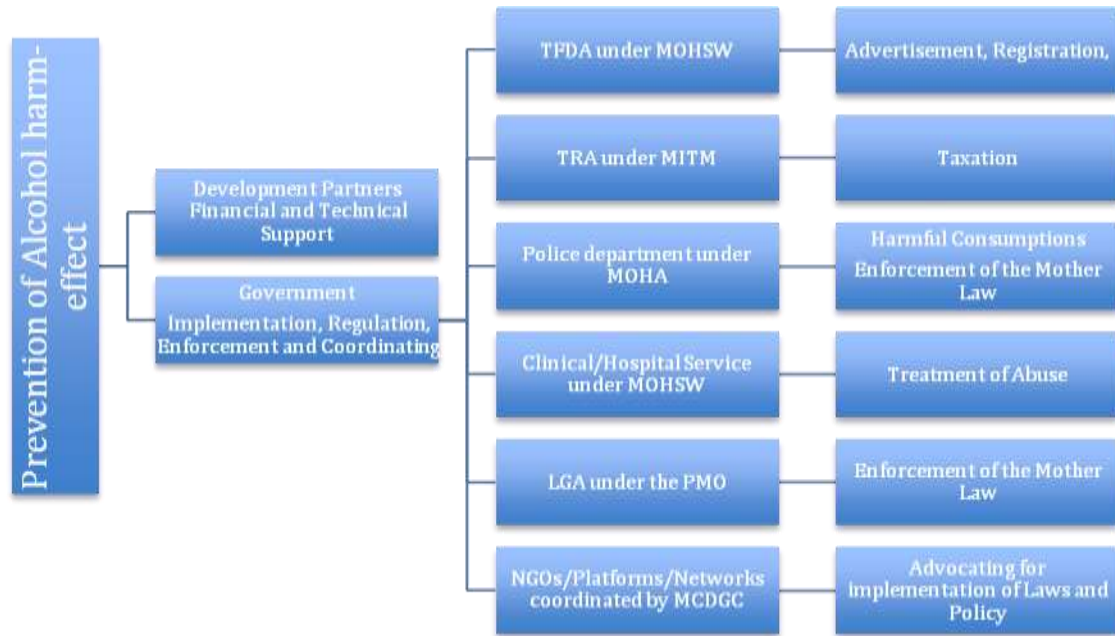
We would have not been able to undertake this task successfully without the kind support and help of many individuals and organizations. We would like to extend our sincere thanks to all of them since it is not be possible to mention each one of them.

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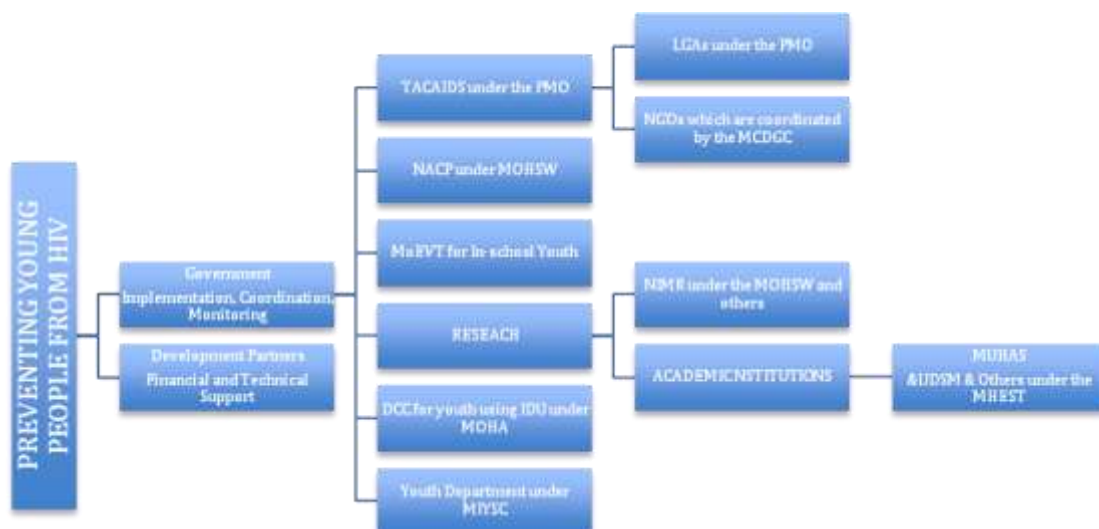
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OPERATIONAL FRAMEWORK

Alcohol related programmes, policy, laws and regulations



HIV programming for young people



EXECUTIVE SUMMARY

This report presents the work related to STRIVE themes – the structural drivers of HIV – that are implemented in Tanzania. STRIVE is a 6 years DFID-funded research programme collaboration (RPC) designed to generate evidence on the role of structural factors like gender inequality, stigma and criminalization, lack of livelihood options and harmful drinking norms-play in driving the HIV epidemic. The report focuses on two themes: adolescent vulnerability to transactional sex and role of alcohol in HIV transmission. It describes policies and programmes related to alcohol use and regulation and on-going work related to youth HIV programming around livelihoods, financial literacy and sexual and reproductive health (SRH), including HIV.

The report is the result of in-depth discussion with relevant stakeholders from government, development partners, non-governmental organisations (NGOs), civil-society organisations (CSOs), activists and consultants who have worked in programmes on young people's HIV prevention needs and or on harm-reduction around problem drinking and alcohol availability. These discussions were followed by desk review of relevant documents collected during the exercise combined with evidence from research on the areas in focus.

Three important findings emerged in terms of HIV programming for young people. First, programming and strategies to address young people's HIV-preventive needs are included in the government's strategic plans and in the national AIDS plan. However, these plans are not set as priorities in terms of funds allocated for activities that target young people. Second, development partners have provided relevant guidelines and learning materials but implementation is uneven because of lack of funds to roll out in all regions and make their use sustainable. Third, while many local NGOs are registered to work with young people in the area of HIV prevention, little information is available on where and how they do this work which call for a thorough review and evaluation.

Tanzania's Ministry of Health and Social Welfare (MOHSW), in collaboration with the World Health Organisation (WHO) and other stakeholders, is in the process of formulating a Policy on alcohol. Alcohol importation, production, sales, advertisement and consumption are currently regulated and monitored by the Intoxicating Liquor Act of 1968 and its amendment of 1971. The Act mandates responsible institutions and authorities to regulate all these aspects by producing and implementing regulations and guidelines. Most of the required guidelines are available, but political, social and financial factors impede their implementation and enforcement.

NIMR and MITU have the opportunity to be part of the technical working group that is in the process of formulating the policy on alcohol and reviewing national HIV strategic guidelines and plans. Moreover, there is room for collaboration with interested partners in areas of adolescent health and alcohol harm-reduction. Furthermore, NIMR/MITU may consider working with influential leaders in the communities including counsellors and religious leaders in addressing alcohol harm-effect and young people vulnerability to transactional sex.

INTRODUCTION

It has been two decades since HIV/AIDS was declared a global health pandemic. The epidemic has mostly affected the developing countries, especially those in the sub-Saharan Africa (SSA) region. The recent UNAIDS report shows that HIV prevalence in SSA countries is 6.6 %. Despite various prevention efforts such as the promotion of condom use, male circumcision and PMTCT, the incidence of HIV remains high at 1.9 million people in 2008ⁱ.

The world has seen increasing support both technical and monetary to countries that have been mostly affected, but the return is not what many aspired to see compared to the input. For example it is estimated that US\$ 15.6 billion was used in HIV prevention programmes in 2008ⁱⁱ compared to US\$ 300 million spent in 1996ⁱⁱⁱ. The complexity around prevention remains to be a challenge. Researchers have suggested that socioeconomic and environmental structures need to be included in HIV prevention if any meaningful success is to be achieved^{iv} v.

Acknowledging the need for a 'new' approach that addresses the structural factors that drive the epidemic, the STRIVE Research Partnership Consortium (RPC) aims to contribute in addressing these factors and expand the understanding of the pathways through which structural drivers give way to the increase of HIV transmission and/or undermine HIV related programming. The STRIVE RPC works to address the structural drivers of the HIV epidemic in Tanzania, South Africa and India. The UK's Department for International Development (DFID) is funding the consortium.

This landscape analysis was conducted in order to provide orientation for research, interventions and influence strategies either underway or to be developed by NIMR/MITU in collaboration with the STRIVE consortium.

It identifies relevant stakeholders involved in programmes that address, firstly, alcohol and its role in shaping vulnerability to HIV and sexually transmitted infections (STIs) transmission and, secondly, young people's vulnerability to transactional sex and hence to HIV infection.

The analysis is divided into five sections. The first gives an overview of the current situation on the HIV epidemic, providing statistics on the magnitude of the pandemic in relation to some structural factors. The second section describes the objectives of this exercise, while the third section explains the methods and approach used and the limitations encountered. The findings of the landscape analysis will be discussed in the fourth section, highlighting existing programmes and policies in both alcohol and young people SRH while pointing out areas of opportunities and collaboration together with challenges that the consortium should be aware of. Lastly, this report shall conclude that there is an existing structure for the consortium to work on the two themes, however, there is still a challenge of the complexity of the pandemic, and much more holistic approach is what stakeholders recommended to address the two themes in Tanzania.

SECTION 1: BACKGROUND INFORMATION

OVERVIEW OF THE HIV EPIDEMIC

In Tanzania, the overall prevalence of HIV was estimated to fall from 7% to 5.7% between 2003 and 2008^{vi}. This is the result of prevention efforts and of availability of effective treatment for those infected. Nevertheless, the HIV epidemic in the country still poses a major threat to development, has been declared a national disaster and causes widespread suffering among individuals, families and communities across the country. It is estimated; that approximately 100,000 new infections occurred in 2009, which is equal to 275 new infections every day, and in the same year a total of 86,000 Tanzanian died from HIV related causes^{vii}. The magnitude of the epidemic and its cumulative effects over the past twenty years continue to provide major challenges that can best be addressed through accelerated multi-sectorial efforts^{viii}.

According to the 2007/08 Tanzania HIV and Malaria Indicator Survey, HIV prevalence was reported to be higher in young women aged 15– 24 than in men in the same age group. However, it is lower in unmarried young women as compared to married ones. Young people with a lower level of education are more likely to be infected with HIV than those with secondary or higher level of education^{ix}.

Role of alcohol and violence in the HIV pandemic

In 2009, the prevalence of alcohol consumption was estimated to be 17.2%^x. The same source notes that overall use of alcohol and other substances is lower in Tanzania than in wealthier countries. Evidence in Tanzania as elsewhere links alcohol and HIV risk. The THMIS 2007/08 shows that HIV prevalence is nearly three times higher in men who drink alcohol than in those who do not (20% compared to 7%) and twice as high in women who drink than in those who do not (14% versus 7%)^{xi}. Another study showed that lifetime alcohol users in Tanzania and those who reported intoxication in the past month had greater odds of having unprotected sex in the past six months^{xii}.

Evidence of the role of alcohol in HIV transmission and prevention

Research confirms that alcohol problem drinking encourages and promotes high-risk sexual behaviours. Several studies in different parts of Tanzania produced clear evidence of the pathway connecting alcohol abuse to high-risk sexual behaviours and on to STI transmission including HIV^{xiii xiv xv xvi}. Moreover, there is evidence that alcohol influences people's uptake of biomedical interventions including condoms as found by another study which reported that problem drinking was statistically linked to not using condom in the last sex encounter, as well as to transactional sex^{xvii}. Furthermore, a 2010 study by Fisher and colleagues^{xviii} showed that a person was five times less likely to use a condom if they had been drinking before having sex.

Few studies so far have examined either the extent of alcohol use by young people in Tanzania or their

reasons for starting drinking. In Tanzania, evidence is still lacking on how alcohol influences uptake of other biomedical interventions including adherence to anti-retroviral treatment (ART) and on the effects of the pharmacokinetic interaction between ARV and alcohol. Economic aspects that have not been established in the Tanzanian context include the costs of the consequences of problem alcohol use, and the costs and the benefits of interventions aimed at reducing the harm-effect.

YOUNG PEOPLE'S SOCIOECONOMIC SITUATION

Employment

It is estimated that people aged from 15 to 35 years account for almost 35% of the total population in Tanzania^{xix}, with a distribution of 47% men and 53% women. The 2001 Integrated Labour Force Survey showed that unemployment is rampant in people aged below 35 years as compared to other age groups. It further reported that those in this age group are mainly employed in the informal sector in areas such as agriculture, fishing, mining and animal husbandry and in small industries such as carpentry, food vending and hawking, commonly known as *machinga*^{xx}.

Many factors influence unemployment and the lack of livelihood opportunities in this age group. Employment opportunities have decreased across the globe as a result of the current economic crisis, while rural-urban immigration within the country has increased the young population in cities and towns^{xxi}.

Sexual Debut

The 2007/ 2008 survey estimates that 11% of young women and 10% of men had sex before the age of 15 years. The median age of sexual debut was 17.3 years of age for women, and 18.5 for men^{xxii}. The pace of change in youth culture and lifestyle has been accelerated by globalization and access to technology. However, because comparable data has not been collected for previous years, it is not possible to assess the impact on sexual behaviour.

Education

A greater number of Tanzanian youth are enrolled in schools, but questions are raised about the quality of the education they receive. The education policy requires every child to have free education up to secondary-school level (11 years of school education). Parents and guardians are urged to enrol children in school when they reach the age of seven. By 2008, approximately 60% of youth aged 15–24 years had completed seven years of primary school and were attending secondary school. An estimated 18% of young women and 9% of young men had received no formal education. Educational level aligns with comprehensive knowledge of HIV/AIDS. According to the 2007/08 THMIS^{xxiii}, almost 60% of youth with secondary or higher education were reported to have a comprehensive knowledge of HIV/AIDS, defined in this survey as knowing that consistent and correct use of condoms during sex and having just one, uninfected, faithful partner can reduce the risk of getting HIV; knowing that a healthy looking person can have HIV; and knowing that HIV is not transmitted by either mosquitoes or supernatural means.

Social Protection

A universal social protection scheme covering young people does not exist in Tanzania. Rather, available social protection schemes target only those employed under the formal sector. Very few young people are employed in the formal sector. The Department of Social Welfare of the MOHSW is in the process of formulating a Social Welfare Policy, which is expected to guide future strategic plans and to mandate the activities necessary to achieve them. This policy is waiting to be tabled in Cabinet for approval but the funds to do so have been delayed, according to the MTEF report for July 2010 through March 2011^{xxiv}.

SECTION 2: METHODOLOGY

The analysis was done in two stages: an engagement and interview process, followed by a desk review of relevant documents.

Planning and interviewing process

- Planning and budgeting for the situation analysis was done to estimate resources needed and establish logistics.
- Key governmental stakeholders were identified through contact with government officials in the core ministries: Ministry of Health and Social Welfare; Ministry of Information, Youth, Sport and Culture; Ministry of Community Development, Gender and Children; and Ministry of Industries, Trade and Marketing.
- Appointments were scheduled by telephone, email and direct contact.
- Interviews were conducted and documents were collected at the time or afterwards.
- Open-ended interview questionnaire was on based on the Terms of Reference (ToR), drawn up through a consultative process between STRIVE team members within NIMR/MITU and the London School of Hygiene and Tropical Medicine (LSHTM). The questionnaire is attached as Annex 4 of this report.
- In some instances there was more than one respondent in the discussion, as noted in the flow chart below. In certain instances, follow-up telephone interviews were held, in order to gather information that was not provided in person.
- Some respondents gave formal permission for interviews to be recorded. Others did not consent to be recorded, so notes were taken during their interviews.

Study participants and Limitations

In total, 38 interviews were conducted with different groups of identified stakeholders. As described in the previous section, the sampling of the organizations and individuals for interviews was done purposively. In some cases convenient sampling was employed as some interviews were done with people who were available and agreed to be interviewed on the day that the author visited their institution. All interviews were conducted in Dar-es-Salaam (the commercial capital of the country) where all of the national level government institutions and most NGOs are based.

Desk review

This comprised a review of documents provided as well as a review of the interview notes, as the basis for the report.

Limitations

The timing of the exercise caused problems, as June is the end of the fiscal year for most government offices. Many officials had busy schedules related to the budget meeting in the Parliament and were therefore unavailable. Complicated bureaucratic procedures also caused delays.

SECTION 3: FINDINGS

From discussion with stakeholders and document review, it was clear that these two areas – alcohol availability and drinking norms, and the lack of livelihood options for young people and resulting vulnerability to transactional sex – were recognised as important drivers of the HIV/AIDS epidemic. According to national strategic plans, both areas are preventive priorities. Findings on each are presented below grouped as follows.

- On-going programmes and stakeholders involved in addressing young people vulnerability to structural drivers
- Existing policies, strategies and laws impacting young people vulnerability to HIV

STAKEHOLDERS INVOLVED IN YOUNG PEOPLE HIV PROGRAMMING

The National Aids Control Programme (NACP) and Tanzania Commission for AIDS (TACAIDS) coordinate HIV programming for young people. An independent department within the Prime Minister's Office, TACAIDS coordinates and prepares strategic plans and activities on HIV. Moreover, development partners are involved largely in provision of finances and technical support. NGOs and CSOs are also involved, mainly in implementing strategies.

On-going programmes and stakeholders addressing young people vulnerability

The role and relevant activities of each of the key bodies involved are summarised in the table below grouped under development partners, governmental institution and non-governmental organisations.

Development partners	
1.	United Nations Education, Scientific and Cultural Organization (UNESCO): The UN body supports all programmes implemented in the education sector. At an overall level, UNESCO is involved in developing and reviewing curricula in order to strengthen the element of sexual and reproductive health at both primary and secondary school levels. UNESCO operates three interventions with in-school youth, ranging from primary school to University level. The first intervention is called the Social Behavioural Change Communication Strategy. The University of Dar-es-Salaam was commissioned to do a mapping assessment of risk behaviours among university students. The pilot of an essential communications package was scheduled to start in July 2012, after which a consultant will be commissioned to design an intervention. The second project involves Integrating HIV Comprehensive Education in programmes that address drug abuse in Zanzibar. This intervention targets young people within non-mainstream education systems such as madrasas and vocational training centres, to ensure students receive life skills education and SRH education, including information on HIV prevention. The third is the Intervention for teenage mothers who dropped out of school. To be implemented for three years starting this August in Kahama and Shinyanga rural districts in Shinyanga Region, this will provide life skills training while empowering youth with a comprehensive sexual and reproductive health education.
2.	International Labour Organization (ILO) through the Unleashing African Entrepreneurship project: The ILO works with the Ministry of Information, Youth Sport and Culture and Ministry of Higher Education, Science and Technology (MHEST) to ensure that people aged from 20 to 30 years increase their income and create decent work for themselves and others. The Unleashing African Entrepreneurship project has six major components; promotion of a culture of entrepreneurship, entrepreneurship education, and business development services for out of school youth, access to finance for young entrepreneurs, a youth-to-youth fund and the promotion of evidence-based advocacy. The project works with higher learning institutions to integrate entrepreneurship education within the curriculum, recognising that HIV, like other STIs, are diseases of poverty and a lack of means. Three relevant interventions are underway within the Unleashing African Poverty Programme includes Operation Moto wa Nyika (Operation Wildfire), in which youth in 12 districts across Tanzania spread positive messages about choosing entrepreneurship as a career path. Second one is the Access to finance for young entrepreneurs, established in collaboration with local microfinance institutions, aiming to attract investors willing to invest in the young entrepreneurs. Third is called Youth to Youth Fund (Y2Y), training participants from 27 Tanzanian youth organizations to write a proposal, design a project and compete for the grant.
3.	United Nations International Children Fund (UNICEF): UNICEF is working with adolescents in the areas of HIV prevention, sexual violence, adolescent pregnancy and education. UNICEF is also lobbying for the right of re-entry for those expelled because they were pregnant. Currently, UNICEF is involved in designing the National Programme for Adolescent girls. Local NGOs (still to be identified) will implement the model in Mbeya, Iringa, Njombe and Dar-es-Salaam. The model incorporates aspects of peer education, safe spaces for girls and economic empowerment. Implementing NGOs might include Restless Development, BRAC International, Baylor International Paediatric AIDS Initiative (BIPAI), Africa Medical and Research Foundation (AMREF) and Pastoral Activities and Services for people with AIDS Dar-Es-Salaam Archdiocese (PASADA).
4.	United Nations Population Fund (UNFPA): Previously, UNFPA concentrated on lobbying policymakers to include youth in the National Multisectoral HIV Prevention Strategy to ensure adequate attention is paid to adolescents. Their mandate extended to assisting the government to prepare guidelines and package them in a user-friendly way for implementers. Now that these all-important guidelines are complete, UNFPA's focus for the year is to ensure that they are being implemented. In addition, UNFPA is to design and implement an intervention in Shinyanga region to support girls expelled from school because of pregnancy or early marriage. The aim is to give them a second chance and re-integrate them back in school. Funded by the Packard Foundation, this project is expected to run for three years until July 2015. UNFPA will subcontract a local NGO (yet to be selected) to implement the intervention. UNFPA oversees the Adolescent Girls Initiatives (AGI), which advocates for guidelines production and supporting their use and promotes condom access and use by young people who are sexually active. Condom utilization for this age group is less than 50%. Young people do not tend to visit the health centres and dispensaries where condoms are distributed for free.
5.	Tanzania German Programme to Support Health (TGPSH) was launched in 2003, with the involvement of different organizations of the German Development Cooperation (GDC) in order to assist Tanzania's health sector reform in a sector-wide approach (SWAp). TGPSH supports sexual and reproductive health interventions in four regions, Mbeya, Mtwara, Lindi and Tanga, providing appropriate knowledge on SRH including HIV in accessible booklets distributed to schools. These learning materials are also available in bookshops for sale for use in other regions. Another project implemented in collaboration with the MoEVT is called PASHA (Prevention and Awareness in Schools on HIV and AIDS). Until June 2012, PASHA offered school counselling services, peer education and sensitization on the magnitude of the HIV pandemic and preventive measures available. However, the programme came to an end due to lack of funds, and the MoEVT could not adopt, sustain or roll it out in other regions.
Government	
1.	Prime Ministers Office- through the Tanzania Commission for Aids (TACAIDS) coordinates HIV/AIDS activities including young people through the HIV Young people Department. They are responsible in policy and guideline formulation together with coordinating other cross cutting issues.
2.	Ministry of Health and Social Welfare (MOHSW) through the National Aids Control Programme (NACP), Department of Social Welfare responsible for social welfare and protection and the Department of Sexual and Reproductive for coordinating SRH programmes
3.	Ministry of Education and Vocational Training that coordinated all HIV programmes for in-school youth.
4.	Ministry of Higher Learning Institution <ul style="list-style-type: none"> University of Dar es salaam conduct research on young people and HIV risks. Currently under the Department of Sociology and Anthropology there is an on going research on <i>Reproductive Resilience of Adolescents in Ghana and Tanzania</i>. The Swiss National Centre of Competence in Research (NCCR) is funding this project that aims at creating a better understanding on how adolescents living in rapidly changing urban and rural contexts in Ghana and Tanzania can deal more competently with the threat of teenage pregnancy. Moreover it examines how social actors (peers,

parents, community) as well as institutions (initiation rites, religious movements) and organizations (interventions) can contribute to building adolescents' resilience towards teenage pregnancy.

- **Muhimbili University of Health and Allied Sciences (MUHAS)** is an academic institution known for HIV research, both epidemiological and clinical trials. It is currently involved in on-going research on gender-based violence and HIV transmission, together with work with most at-risk populations (MARPs) and women engaging in transactional sex (WETS). This research is conducted in the Department of Psychiatry and Mental Health, within the School of Medicine.
5. Other ministry involved in young people HIV programming are **Ministry of Information, Youth, Culture and Sport** and **Ministry of Community Development Gender and Children**

Non-Governmental Organizations

1. **Chama cha Uzazi na Malezi Bora Tanzania (UMATI):** This NGO provides SRH education, information and services in Tanzania. Established in 1959 as a Family Planning Association of Dar-es-Salaam, UMATI runs programmes covering: girls' empowerment, access to reproductive and sexual health, abortion, HIV/AIDS and advocacy. Specifically on HIV prevention, they offer young people peer education, sexuality education and a sexual and reproductive health programme. They also run a platform called the Youth Action Movement that advocates for accessibility to sexual and reproductive health services and rights for youth.
2. **Africa Medical and Research Foundation (AMREF):** They have three projects that target young people SRH. Angaza Zaidi, Peer-to-Peer SRH Education and Sexual and Reproductive Health and Rights. With branches almost all over the country, AMREF has two programmes that target young people both in and out of schools: Angaza Zaidi, HIV counselling and testing along with stigma-reduction, and peer-to-peer SRH and HIV education, working with parents, teachers and peer educators. They make efforts to ensure that SRH services are youth friendly, to encourage young people to access and utilize them.
3. **BRAC International they have one project called Empowerment and Livelihood for Adolescents (ELA).** An international NGO that started to work in Tanzania in 2008, BRAC is implementing ELA, a programme for vulnerable out-of-school adolescent girls aged 13–19 years. ELA is designed to empower youth girls socially and financially by providing them with innovative livelihood and life skills training accompanying with a microfinance programme. The objective is to empower girls with confidence and a sense of self-worth, to encourage positive behaviour change and improve the quality of life for young people. The intervention has six components: adolescent clubs, adolescent leaders, life skills training, income-generation skills training, and appropriately designed microfinance and community participation.
4. **Swedish Association for Sexuality Education (RSFU)** currently implementing the Tanzanian Men as Equal Partners (TMEP) and Youth Sexuality Education projects. RFSU has worked in Tanzania, supporting young pregnant women expelled from school, since 1986. The NGO uses a gender perspective to identify the gender norms that restrict people's ability to take action and control of their own lives. RFSU is now implementing the TMEP project, which resulted from an initiative called Youth Men as Equal Partners (YMEP), based on the notion that young men can play a meaningful role in advocating safe sex and in the prevention of unwanted pregnancies, sexually transmitted diseases, gender-based violence and HIV. TMEP educates men on SRH so that they can work with their female partners to improve the women's SRH and rights. RFSU also works with local NGOs, HAPA and ROAD, in Singida and Rukwa regions respectively, in implementing programmes which are aimed at empowering youth in sexuality education as well as understanding the link between gender-based violence and HIV.
5. **Wanawake naMaendeleo (WAMA):** non-governmental, non-profit organisation founded by the Tanzanian First Lady, Mama Salma Kikwete, in October 2006 in Dar-es-Salaam. WAMA sponsors young people who have excelled at primary school but lack the means to continue to secondary school. Any Tanzanian youth who passes standard seven but lacks the means to continue to secondary school is eligible to apply for the scholarship. WAMA has also opened a secondary school, WAMA Nakayama in Rufiji in Pwani Region, which provides free schooling for children selected to enrol.
6. **Tanzania Marketing and Communication Company (TMARC)** they are currently implementing the Family Matters Project. Family Matters provides parents and guardians of children aged 9 to 12 years with information on HIV prevention, reproductive health and family planning. This project is being implemented in collaboration with the US Centers for Disease Control and Prevention (CDC) in Mtwara and Ruvuma Regions. The curriculum promotes positive parenting and effective parent-child communication about sexuality and sexual risk reduction. Giving parents and guardians the confidence to discuss these topics with their children is an important element in the approach. Ultimately, the project is intended to encourage youth to delay first sex and reduce risk behaviours as well as preventing unwanted pregnancy and STIs including HIV.
7. **Femina Hip and Multimedia Platform** currently implementing educational programmes called Fema and Piliikapilika Talk Show aired by East African TV, Fema and Si Mchezo Magazine. FeminaHip is a multimedia platform for connecting with young people, communities and strategic partners across Tanzania to promote healthy lifestyles, sexual health, HIV/AIDS prevention, gender equality and citizen engagement. The programme addresses SRH and HIV prevention of HIV, encourages entrepreneurship in young people and improves financial literacy and livelihood skills. The approach is known as "edutainment" – learning through enjoyment – and encourages young people to speak out and share experiences.
8. **Family Health International360** had finished implementing the UJANA and Ishi. Funded by the USAID, the UJANA programme was established in order to support the national goal of reducing HIV infection in youth aged 10 to 24. Ishi, a nationwide behaviour change initiative by youth and for youth, is implemented as part of UJANA and partially funded by UNICEF. Both programmes aim to equip youth with the necessary knowledge and skills to enable them to reduce their risk of acquiring HIV. These are not HIV-only programmes. Their wider goal is to support young people to grow up to be responsible adults within their communities. Activities include "girls' power" conferences, adult-youth dialogues, "edutainment" road shows and curriculum-based discussion groups. Among the successful milestones for UJANA are the assistance it gave to the government in developing the standards for peer education with youth and the revision of the National Adolescents' Reproductive Health Strategy.
9. **Population Service International (PSI) Project:** a non-profit trust, is currently implementing the HUSIKA project together with the Tanzania Marketing and Communication Company (TMARC) and Engender Health. Beginning in August 2012 in six regions (Mwanza, Shinyanga, Tabora, Mbeya, Iringa and Mara), Husika addresses most at-risk populations (MARPs) from the age of 18 to 45 years and women engaging in transactional sex (WETS) from the age of 18 and above. The project promotes safe sex through interventions such as bar events in which they reach bar maids, students who frequent bars and potential sex-work clients with information regarding prevention of HIV and other STIs. They use peer educators who were once sex workers to disseminate information on condom use and safe practices at work.
10. **John Hopkins University Centre for Communications programme** had completed implementing the FATAKI programme that was a mass medical campaign launched by the National AIDS Control Programme (NACP) and the John Hopkins University Centre for Communication Programme in 2007. The slogan '*protect your loved ones with FATAKI*' is intended to discourage cross-

generational and transactional sex. Beginning in Morogoro region and following a 2008 evaluation, the programme has expanded to cover the whole country. The campaign targeted the community, families and friends of young women, to support the young women to feel empowered to say no. An evaluation at the end of the campaign showed a clear association with behaviour change between both men who might become involved in cross-generational sex and within communities in performing a “watch-dog” function.

11. **Pastoral Activities and Services for People with AIDS**, Dar-es-Salaam (PASADA): A social service agency within the Roman Catholic Archdiocese of Dar es Salaam, PASADA implements the Family Centred Care project to improve the wellbeing of the people living with HIV/AIDS, including young people, by offering comprehensive HIV /AIDS knowledge to families.
12. Other important stakeholders include **TAMASHA Vijana** and **Restless Development**. While it was not possible to meet with them during this mapping exercise, NIMR/MITU will seek to engage with them going forward.

Stakeholders involved in alcohol related interventions

Development partners

1. **World Health Organization (WHO)**: During the 2011 World Health Assembly, the WHO urged members of states to develop their own alcohol policies guided by the '*WHO Global Strategy to reduce the harmful use of alcohol*'^{xxv}. The country office is among the stakeholders involved in the formulation of a national alcohol policy and currently supports the Ministry of Health and Social Welfare to conduct baseline studies that will gather the evidence needed to support the policy development.
2. **IOGT-NTO Movement**: The Swedish International Institute conducts campaigns to raise awareness of the harmful effects of alcohol and drugs. It supports local NGOs whose work is aimed at ensuring that alcohol does not block national efforts to combat poverty and disease. In Tanzania IOGT-NTO supports a number of local NGOs implementing alcohol related programmes (TAAPNET, TPHA, TGGA, IDYDC, TAMWA and WOCHIVI). They are also partnering with the MOHSW in the process of formulating the national alcohol policy and provide technical support to the MOHSW for lobbying policy-makers to push for action on the formulation of the policy.

Government

1. **Ministry of Health and Social Welfare (MOHSW)**
 - Department of Non-Communicable Diseases, is currently spearheading the development of interventions to reduce the harmful effects of alcohol.
 - Department of Clinical Services offer Clinical interventions for alcohol intoxication are available in referral hospitals under the Department of Psychiatry and Mental Health. Muhimbili National Hospital (MNH) in collaboration with the Muhimbili University of Health and Allied Sciences (MUHAS) run a program called Tanzania AIDS Prevention Programme (TAPP) that have many programs including alcohol harm reduction. The intervention is now extended to district hospitals in Dar-es-salaam. Other referral hospitals that offer alcohol abuse interventions include Mbeya Referral Hospital in Mbeya, KCMC Hospital in Kilimanjaro and Mirembe Special Hospital in Dodoma.
 - Tanzania Food, Drugs and Cosmetics responsible for provision of efficient and comprehensive regulation and control of food and other related products including alcohol to ensure safety and promote public health.
2. **Ministry of Information, Youth, Culture and Sport through** The Tanzania Communication Regulatory Authority Responsible for regulation of the content of advertisement and sponsorship broadcasted through media both moving and still with the broad purpose of safeguarding the public interest and promote the nation dignity.
3. **Ministry of Home Affairs through the Police Department** responsible for limiting alcohol related harm through implementation of the drink drive policy.
4. **Ministry of Industries, Trade and Market through the Tanzania Revenue Authority** responsible for regulating alcohol prices through taxation.
5. **Prime Ministers Office-Local Government Authorities** responsible for enforcement, implementation and monitoring of the law
6. **Other stakeholders includes TANROADS and Tanzania Bureau of Standards**

Non Governmental Organizations

1. **Tanzania Public Health Association (TPHA)**: an independent voluntary non-governmental organization that is working to strengthen a health movement in Tanzania. From a study on alcohol and gender-based violence in three districts, of Mkuranga, Monduli and Mbulu, TPHA researchers have unpublished data that show an association between alcohol and gender-based violence (including rape) and risky behaviour for HIV/AIDS. They are working on a study that will look at young people's exposure to alcohol advertising and its impact.
2. **Tanzania Alcohol Abuse Prevention Network (TAAPNet)**: a non-governmental organization founded with the objective of working to improve the public health and socio-economic status of the Tanzanian population through reduction of alcohol abuse. Their current project involves collecting all unpublished studies on the socio-economic and public health impact of alcohol on society.
3. **Iringa Development Of Youth, Disabled And Children (IDYDC)**: An NGO working in Iringa region, this group uses football as a way to prevent young people and children from starting to drink alcohol. They also coach students and volunteers to become educators in HIV/AIDS prevention and children's rights.
4. **Tanzania Girl Guides Association (TGGA)**: an NGO dedicated to empowering girls and young women socially and economically by providing them with non-formal education and training through girl guiding. TGGA is implementing a project on alcohol and drugs reduction among young women in four districts, Temeke, Tanga ,Iringa and Morogoro.
5. **WOMEN AND CHILD VISION (WOCHIVI)**: An NGO founded by women to promote the rights of vulnerable women and children, WOCHIVI aims to help women involved in the production and sale of traditional alcohol to find alternative businesses and livelihood options.
6. **John Hopkins University Centre for Communication Program**: Chondechonde, UleviNoma campaign: This was a mass media campaign which targeted all listener and viewers of local radio and television advocating for responsible drinking, linking alcohol and road traffic accident, risk behaviours and economic consequences. It was commissioned by the JHUCCP-TZ in collaboration with the police department and NACP aiming at raising awareness on harmful effects of alcohol.
7. **Alcoholics Anonymous (AA) Program**: The AA has members in three regions: Dar-es-Salaam, Arusha and Mwanza. Members meet and encourage each other to remain sober, highlighting the dangers of drinking both medical and psychosocial. The programme aims at helping those who have acknowledged that they have a drinking problem to come forward and share

<p>strategies for quitting and ways to remain sober.</p> <p>8. Others includes Umoja wa Madereva Dar es salaam and Sober Tanzania</p>
<p>Alcohol-related research underway includes:</p>
<ul style="list-style-type: none"> • MAMPA: Impact of alcohol advertisements to young people conducted by TPHA. • Risk factors, including alcohol, for non-communicable diseases by Ministry of Health and Social Welfare NCD department. • Feasibility and acceptability study on Brief Motivation Intervention (BMI) in Tanzania done by the Ministry of Health and Social Welfare NCD in collaboration with the Muhimbili University of Health and Allied Sciences funded by CDC-Tanzania and receiving technical support from the University of San Francisco and California University.

POLICIES AND STRATEGIC PLANS RELEVANT IN STRUCTURAL DRIVERS

General policies and strategic plans

Efforts to improve the sexual and reproductive health (SRH) of young people in Tanzania were demonstrated in various policies², strategic plans³ and laws⁴ that are implemented and regulated by different bodies according to the sector into which they fall. Some existing laws contradict the emerging national vision for young people's SRH and rights.

The need to harmonise policies across ministries and departments has been recognised by the government and hence TACAIDS is currently reviewing the National HIV/AIDS Multi-sectorial Strategic Plan 2008/12. Development partners, stakeholders from various arms of government and private institutions/organizations have been invited to participate in this process. Additionally, TACAIDS working through the Local Government Authorities (LGAs) is mobilizing the public via online polls to contribute their views to this important document that will guide HIV/AIDS activities for the next five years, 2013 to 2018.

Similarly, the Ministry of Education and Vocational Training is working with UNESCO and other stakeholders in the education sector to review education policy and curricula in order to ensure that emerging needs and challenges can be addressed effectively.

The government has commissioned the Muhimbili University of Health and Allied Science (MUHAS) to conduct formative research on transactional sex to gain an understanding of its magnitude in young people. The poor health indicators of people aged 15 to 35 reported by the THMIS 2007/08 has

² National Health Policy 2007, National Policy on HIV/AIDS 2001, National Youth Development Policy 2007, Education and Training Policy 1995

³ National HIV and AIDS Communication and Advocacy Strategy 2006, National HIV/AIDS Multi-sectorial Strategic Plan-2008/12 and National Adolescent Reproductive Health Strategy 2011/15

⁴ National Education Act 1978, The Tanzania Marriage Act 1971, Sexual Offence Special Provision Act 1994 and The Tanzania Employment Act

motivated a shift in national priorities. In summary, the National Multisectoral HIV Prevention Strategy^{xxvi} includes the following specific strategies:

- Youth preventive needs are now addressed within national HIV/AIDS guidelines.
- The Health Information Management System now aggregates data according to age so that, it is possible to identify the most affected age groups more accurately.
- The Tanzania Commission for AIDS (TACAIDS) supported by the UN Population Fund (UNFPA) has prepared guidelines and training materials for addressing young people's needs for information on HIV prevention, both in and out of school.
- There will be a specific section on youth within in the national strategic plan. This aims at expanding quality, gender-sensitive and youth-friendly SRH and HIV services such as condom promotion and provision at all health facilities and enhanced service utilization.
- It proposes actions to delay sexual debut among youth (with reference to the 2007/2008 THMIS estimates showing 38% of young women and 47% of young men aged 15–24 to be sexually active).
- Transactional sex among young women is identified as an area needing attention (with reference to the finding in the THMIS that young women have an increased risk of HIV infection if they engaged in paid sex within the previous three-months).

Specific acts and regulations related to alcohol

Tanzania is in the process of formulating the National Alcohol Policy. The process is on its early stages and is led by the MOHSW in collaboration with WHO and other stakeholders highlighted in next section of this report. Despite the lack of National Alcohol Policy, a range of laws and regulations are currently in operation. The table below summarizes the current existing laws that purposed to regulates excessive supply, availability and demand of alcohol.

Supply and Availability	Demand	Limiting alcohol problem
<p>The Intoxicating Liquors Act, 1968 (Act No.28 of 1968): Establishes a Licensing authority (within the district and municipal council) with power to control sale and supply of alcohol</p> <p>The Moshi (manufacture and Distillation) Act, 1966 (Act No.62 of 1966): Provides for the Licensing of the manufacture of Moshi and regulates Sale/supply and distillation of Moshi.</p> <p>The Business Activities Registration Act, 2007 (Act No. 14 of 2007): Provides for the establishment of a business activities registration system, Business Registration Centers.</p> <p>The Law of the Child Act, 2009 (Act No.21 of 2009): Provide for protection and welfare of the child as far as alcohol supply is concerned</p>	<p>The Excise (Management Tariff) Act Cap 147, R.E 2008: Provides for the control of the manufacture of excisable goods, the denaturing of spirits, for the collection of excise duties by Imposing the rates, duties, levies and fees to be collected in respect of specified goods.</p> <p>The Financial Act, 2011 (Act No.5 of 2011): Imposes the rates, duties, levies and fees to be collected in respect of specified goods</p> <p>The Tanzania Communication Regulatory Authority Act, 2003 (Act No.12 of 2003): Establishes the Tanzania Communications Regulatory Authority for the purpose of regulating the content of advertisement and sponsorship broadcasted through media both moving and still with the broad purpose of safeguarding the public interest and promote the nation dignity.</p> <p>The Tanzania Food, Drugs and Cosmetics Act, 2003(Act No. 1 2003): Provide for efficient and comprehensive regulation and control of food and other related products (regulate promotion and advertisement connected to food).</p> <p>The Business Activities Registration Act, 2007(Act No. 14 of 2007): Establishes the business registration center with functions includes, providing a form similar to a website where any registered business may place an advertisement.</p> <p>The Broadcasting Service Act No. 6 of 1993</p> <p>The Tanzania Revenue Authority Act 2006 (Act No.6 of 2006, Cap 399): Establishes the Tanzania Revenue Authority as the central body for the assessment and collection of specified revenue, administer and enforce the laws relating to such revenue.</p>	<p>The road Traffic Act, 1973 (Act No.30 of 1973): Provides blood alcohol limit and empowers the police officer to undergo a breath test towards a person (driver) suspected of having alcohol in his body. (Limiting alcohol related transport accidents).</p> <p>The Tanzania Food and Drug Authority Act, 2003 (Act No. 1 2003): Prohibits any person in course of business to sell, supply or possess any products regulated by the Act without Labeling.</p> <p>The Public Health Act, 2009 (Act No 1 of 2009): Provides for the promotion, preservation and maintenance of public health with view of regulating the conduct and management of bars, restaurants, hotels, catering and any other recreational places</p>

Enforcement of the Laws

While all these regulations exist on paper and officials are aware of them, implementation faces many challenges such as lack of resources such as funding. Officials may encounter political pressure from the ward councillors with conflicting interests since the voters who kept them in the office own the alcohol outlets. Drinking outlets operate after working hours and officials are not paid overtime, so this also limits official follow-up and monitoring.

SECTION5: DOES THOSE INTERVENTIONS ADDRESS STRUCTURAL DRIVERS?

In summary, the interventions and research implemented by the above stakeholders addresses some of the structural drivers impacting young people. Those can be grouped into three groups basing on the work they are doing and level of focus;

- Development partners and Governmental bodies tackling policy related issues like formulation of guidelines and policies that addresses structural drivers
- NGOs and CSOs who implement programs addressing issues around livelihood, gender empowerment and education. It was observed that majority of the interventions are geared at providing information and less are working into tackling structural drivers
- Research Institutions that works into understanding structural drivers and designing interventions to address them.

Opportunities and challenges in young people HIV programming

Infrastructure for developing interventions with young people already exists. This includes schools, national guidelines and good learning materials for both in-school and out-of-school youth, as well as a vibrant network of expertise with years of experience in programming for young people in different aspects of SRH including HIV. Moreover, the government is committed to ensuring that stakeholders and partners receive the cooperation that is necessary to push ahead with HIV-prevention programming for youth. The stakeholders consulted in this mapping exercise expressed willingness to share knowledge and to collaborate in lobbying to put young people in the agenda in every sector.

Despite this, true ownership of the agenda and programmes is still lacking. In many instances, a development partner initiates a programme, which then closes down at the end of the funding cycle because the government lacked a strategy to make it sustainable. An example is the PASHA life-skills education programme. Implemented by the Ministry of Education and Vocational Training in four regions with funding from the **Deutsche Gesellschaft fur Internationale(GIZ)GmnH** and the Swiss Development Agency, the programme closed after four years. Resources are wasted in producing guidelines that are not implemented.

Another factor is delays as a result of over-bureaucratic procedures in cases of government led implementation. One may argue that most of these strategies are donor-driven and not nationally motivated. This seems to be borne out by a review of priorities in terms of fund allocation per activity set by the Ministry of Health and Social Welfare and the Mid-Term Expenditure Framework: little or no funds are allocated for specific activities from the strategic plan. At another level, one must question the efficacy and impact of many of the interventions themselves. Stakeholders involved in implementation report that poor student performance limits the potential impact of the messages and skills conveyed.

Reaching young people who are not in schools has perhaps greater challenges, so specific interventions are needed for this group. Additionally, the existence of strong cultural dynamics and myths around sexual and reproductive health cannot be ignored as they pose challenges to the implementation of interventions; especially those that involve open discussion about sexuality. This can be perceived as taboo and culturally offensive and as encouraging young people to experiment through exposure to ideas about sex.

Opportunities and challenges to influence alcohol policies

The current global atmosphere on alcohol policy offers opportunities for policy influence in this area. The WHO's recent publication, *A Global Strategy for Prevention of harmful effect of Alcohol*, indicates the support available for this work. WHO urges countries to formulate their own policies, strategies and plans to prevent the negative effects of alcohol use, whether social, economic, medical or psychological. NIMR-MITU, with STRIVE, should take up the opportunity to participate in the process of formulating a national alcohol policy. Another positive factor is the number and network of NGOs working on advocacy in this field, with the capacity to involve the public, combining pressure "from below" with donor influence from above.

It may be relevant to gain a better understanding of why existing laws and regulations are not working at the moment, to guide implementation and enforcement in future.

It should be noted that the journey to influencing alcohol policy is not going to be an easy one. Alcohol is an important source of revenue for the government. Recent data from the Tanzania Revenue Authority show an increase in revenue from alcohol producers and importers^{xxvii}. The alcohol industry not only adds revenue but also offers employment and sponsors sports, government events and charities, all of which puts them in a strong bargaining position with government. Politicians may be expected to act slowly on alcohol policy as a result. Many other examples show the influence of the industry, such as the use of national attractions such as Mount Kilimanjaro in their advertisements and naming brands after Serengeti and Ndovu.

Another challenge is the informal production of traditional alcohol as a result of lack of livelihood options. The informal sector is difficult to control and monitor. Local government authorities (LGAs) are responsible for regulating production and sales according to the Intoxicating Liquor Act but they have not shown much success, which is due to the complexity of the informal sector operations coupled with other implementation barriers like poor resources and corruption. Unmonitored, production, sales and standards are difficult to ascertain and control.

SECTION 6: RECOMMENDATIONS

Based on the results of this mapping exercise, immediate recommendations include:

- HIV programming in Tanzania should take a holistic, comprehensive approach in order to cover a range of risk factors, rather than focusing on single-issue interventions. .
- Interventions on adolescent sexual and reproductive health should involve community leaders including local government authorities and faith-based organizations, as well as families and parents.
- NIMR/MITU should engage with TACAIDS and other stakeholders as they begin to review the national strategic HIV plan
- NIMR/MITU should also engage with other promising adolescent HIV prevention activities such as those of the popular FeminaHip Magazine.
- Stakeholders identified the need for research to determine how Tanzanian youth who managed to delay sexual debut were able to do so, and incorporate ideas in programmes for young people's HIV prevention.
- A thorough evaluation of existing interventions to address young people's preventive needs would be helpful.
- Young people's HIV prevention interventions should be coupled with strategies to address social norms.
- NIMR/MITU should take the opportunity to engage in the formulation of the National Alcohol Policy.
- NIMR/MITU should consider conducting a cost benefit analysis of alcohol to examine its social and economical cost.

SECTION 7: ANNEXES

Annex 1: Summary of the findings of the landscape analysis

Young people HIV Programming

	Livelihood opportunities	Sexuality Education, Rights and Sexual Reproductive Health, Transactional sex
Structural Drivers	Yes	Yes
Integrated in National HIV Strategic Plan (2008/12)		
Existing Programmes	ILO-Youth to Youth Fund (Y2Y) ILO-Operation Moto waNyika ILO-KaziNjeNje BRAC-Empowerment and Livelihood for Adolescent (ELA) TAMASHA-Youth Participatory Development Centre	Family Matters Improving Youth Uptake of Sexual and Reproductive Health Femina Talk Show Fema Magazine Si Mchezo Magazine Tanzanian Men As Equal Partners (TMEP) Sexual and Reproductive Health Education
Policies, Laws, Acts, Guideline and Strategic documents of relevance	Employment Act National Youth Development Policy 2007 Life Skills Guideline for Out of School Youth 2009	National Education Act 1978 Tanzania Marriage Act 1971 Sexual Offence Special Provision Act 1994 National Health Policy 2007 National Adolescent Reproductive Health Strategy 2011/15
Bodies and Authorities responsible to implement and enforce laws, policies, guidelines, and regulation	MIYSC MLED	TACAIDS NACP MoEVT MCDGC
Available Legal Platforms/Networks which helps in Sexual Abuse	-	Tanzania Gender Networking Program (TGNP) Legal and Human Rights Centre (LHRC) Tanzania Women Lawyers Association (TAWLA)
Relevant On-going review and formulation process	National Multi-Sectoral HIV/AIDS Strategic Plan 2008/12 Life Skill Guideline for In school Youth 2009 Life Skills Guideline for Out of School Youth 2009	Education and Training Policy 1995 College, Secondary and Primary School Curriculums National Behaviour Change Guidelines National HIV and AIDS Communication and Advocacy Strategy 2006
Opportunity for Collaboration and Participation	Participate in the review process of the National Strategic Plans and Guideline	Participate in the review process of the National Strategic Plans and Guideline

Alcohol related laws, interventions and programmes

Alcohol and Drinking Norms	
Stakeholders known for their innovative work	<p>IOGNT-NTO Movement</p> <p>WHO</p> <p>MOHSW</p> <p>MOHA</p> <p>Sober Tanzania</p> <p>TPHA</p> <p>TAAPNet</p> <p>John Hopkins University Centre of Communication ProgrammesTanzania</p> <p>Kimara Peers</p>
Responsible Regulatory and Monitoring Authorities/Bodies	<p>Tanzania Revenue Authority</p> <p>Tanzania Food and Drug Authority</p> <p>Local Government Authorities</p>
Structural Drivers Integrated in National HIV Strategic Plan (2008/12)	<p>Police Department</p> <p>Yes</p>
Existing Programmes	<p>Awareness Campaigns</p> <p>Mass Media Campaigns</p> <p>Alcohol Intoxication Clinical Interventions</p> <p>Alcohol and Violence in the Context of Sex Work</p>
Policies, Laws, Acts, Guideline and Strategic documents of relevance	<p>Intoxicating Liquor Act 1973</p> <p>Tanzania Revenue Act 1995</p> <p>Tanzania Food, Drug and Cosmetic Act 2003</p> <p>Tanzania Food, Drug and Cosmetic Regulation 2006</p> <p>Tanzania Food, Drug and Cosmetic Registration Guideline 2009</p> <p>The Road Traffic Act 1967</p> <p>Business Licensing Act 1972</p> <p>Business Activities Registration Act 2007</p> <p>Manufacture and Distillation of Moshi Act 1966</p>
Bodies and Authorities responsible to implement and enforce laws, policies, guidelines, and regulation	<p>Tanzania Revenue Authority</p> <p>Tanzania Food and Drug Authority</p> <p>Local Government Authorities</p>
Available Legal Platforms/Networks which helps in Sexual Abuse Relevant On-going review and formulation process	<p>Police Department</p> <p>Tanzania Women Media Association (TAMWA)</p> <p>National Alcohol Policy (in process)</p>
Opportunity for Collaboration and Participation	<p>May Participate in the formulation of National Alcohol Policy</p>

Annex 2: Term of Reference

Structural Drivers of HIV (STRIVE) Research Consortium

Mapping the Landscape of On-going Activities and Future Opportunities

Related to STRIVE in Tanzania

BACKGROUND

NIMR/MITU is currently undertaking a variety of projects that relate to STRIVE's primary research objectives – namely understanding the pathways through which structural drivers work to create environments that increase HIV transmission or undermine HIV-related programming. STRIVE focuses its work on four sets of drivers:

- Gender-related norms and violence against women and girls
- Stigma and criminalization
- Alcohol availability and drinking norms
- Lack of livelihood options

NIMR/MITU has chosen to focus its STRIVE-related research on adolescents with a special focus on the role of **alcohol and violence** in facilitating HIV and STI transmission and undermining treatment adherence as well as the issue of **transactional sex among young people**. NIMR/MITU is beginning to conduct formative research on drinking behaviour among young people including an epidemiologic study of the prevalence and drinking patterns of adolescents and qualitative research to explore why young people begin to drink and how it is influenced by notions of masculinity. They are also undertaking formative work to explore possible avenues for reducing transactional sex among young women, including strengthening young girl's economic position and challenging dominant narratives and norms related to transactional sex. Given this focus, NIMR/MITU would like to learn more about the policy and programmes that are on-going in Tanzania that touch on these two areas—namely policies and programmes related to alcohol use and regulation and on-going work related to youth programming around livelihoods, financial literacy and empowerment related to sexual and reproductive health and rights.

PURPOSE

The purpose of this exercise is two-fold:

- To explore what work related to STRIVE themes is already underway in Tanzania and use this mapping to build bridges and identify possible opportunities for collaboration
- To identify potential policy-related goals or objectives that could advance the structural drivers agenda, seeking areas where there is a political opening and/or an existing constituency for change.

PROPOSED METHODS

1. Desk review of existing research, policy and programs
2. Networking via telephone and key informant interviews with NGO representatives, researchers, policymakers and donors working in the relevant areas

Alcohol related research, policies and programmes

- a. Is there a national alcohol policy for Tanzania? Please provide a copy of it and any background information available on the development of the policy. To what extent does it recognize links between alcohol and HIV related risks?
- b. What laws, regulations or guidelines currently exist in Tanzania related to alcohol sales, importation, taxation, drinking age, advertisement, outlet density, etc.?
- c. What efforts exist to prevent or deal with harmful drinking (describe any relevant NGO or government-run programs)? Does AA have chapters in Tanzania? How widespread is this programme and what do others in the alcohol field think of this model of self-help?
- d. Please, identify major actors/opinion leaders in the fields of alcohol research and/or interventions. Who in government is responsible for alcohol related policy? Please list contact information where possible.
- e. Is there political pressure or momentum around any particular reform effort related to alcohol availability and/or excessive drinking? Who is leading this effort?
- f. To what extent have alcohol-related issues been addressed in national HIV plans and/or by programs such as PEPFAR?
- g. Is alcohol addressed in the national HIV plan? According to stakeholders, what barriers or opportunities exist for greater integration of alcohol into HIV-related programmes?

Research and programming around adolescent sex, HIV and livelihoods

- a. To what extent are adolescents' included/prioritized in national HIV programming (e.g. the national HIV plan)?
- b. Are there groups/individuals in Tanzania seeking to focus greater attention on the prevention needs of young people in the national HIV response?
- c. What organizations are currently known for their work with adolescents around livelihoods, financial literacy, or job-skills training? To the extent possible, please describe briefly the different strategies these groups are pursuing and which seem to hold the most promise.
- d. What organizations are currently known for innovative work with adolescents around sexuality, asset building, gender norms, and empowerment? Briefly describe or attach information about their work.
- e. What research projects or evaluation studies focused on adolescents are being undertaken by sister organizations that relate to strive-related themes (e.g. research that includes data collection among young people on sexuality, gender, sexual coercion, stigma, youth empowerment, etc.) An example of relevant research would be that being undertaken by the Population Council and NIMR Tabora on delaying sexual initiation and early marriage among young girls (see attached).
- f. Are there researchers or organizations implementing programmes that are specifically working on issues around transactional sex? Please describe briefly what they are doing and provide relevant contact information
- g. Are there efforts to raise the profile of adolescent health and livelihood needs within the HIV community? How might STRIVE research contribute to such an effort?
- h. Please keep track of key opinion leaders, researchers, government officials, and programme implementers who would be interested in NIMR sponsored research on transactional sex.

II. Summary assessment: Based on the interviews and the information above, please provide your own assessment and reflections on the following:

- a. Are there any concrete policy goals or networking objectives (related to alcohol policy, youth drinking, transactional sex, or adolescents and HIV) that might make sense for NIMR/MITU and STRIVE to pursue, given your analysis above?
- b. Are there key deadlines or dates that NIMR/MITU should keep in mind when planning its influence strategy?

- a. For example, are there important timelines for renegotiating national HIV or alcohol policies, dates related to key conferences, or other opportunities that we should consider when developing a strategy to influence the larger HIV, alcohol, and adolescent agendas in Tanzania?

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