NGORONGORO COMPREHENSIVE HIV/AIDS PROJECT

PHASE I (2005-2008)

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1. EXECUTIVE SUMMARY

The Ngorongoro Comprehensive HIV/AIDS Project is an initiative to mobilise institutional and community commitments towards establishment of a district response to HIV/AIDS. The project seeks to establish and strengthen mechanisms for multi-stakeholder partnerships within the district and linking with national and global learning forums on development of sustainable responses to HIV/AIDS within pastoralist communities.

Ngorongoro is a generally remote district in Arusha Region in North Eastern Tanzania, with the local population predominantly pastoralist and hunter-gathers. The dominant pastoral economy makes livelihood strategies and interactive norms unique. Future implications of tourism and environmental management strategies initiated by Ngorongoro Conservation Area Authority are being explored, particularly on the co-existence of nature and human settlement in the wildlife protected area.
Studies and research conducted in the district signal the potential challenge of addressing HIV and AIDS, particularly considering the settlement patterns, traditional practices, livelihood strategies and emerging economic opportunities.

Phase I of the project, scheduled for three years (April 2005-March 2008), will be jointly funded by Oxfam Ireland and Ereto-NPP, and implemented by ACORD. ACORD will provide methodological support for driving the response, while Ngorongoro District Council will guide the entire public-private partnerships and implementation framework within the National Multi sectoral HIV/AIDS Strategic Framework (203-2007). ACORD will use its national and international linkages for learning and sharing of emerging lessons. ACORD's HIV/AIDS Support and Advocacy Programme (HASAP) will strengthen the technical back up and learning, while linkages with Oxfam International and the Joint Oxfam Livelihood Initiative in Tanzania (JOLIT), provide opportunities for extensive networking and learning.

The overall goal of Phase I is *to reduce the spread and build community competence to respond to HIV/AIDS and its impact.* The purpose of the project is *to facilitate the establishment of a comprehensive institutional response to HIV/AIDS through enhanced partnerships*.
The project is designed to achieve 8 core outputs:

-Improved competence based on liberating awareness, knowledge and skills among communities in order to respond appropriately to HIV/AIDS.

-Measures for reducing harmful and reinforcing useful practices developed at community level.

-Strengthened capacity of the local and government and the Council Multi stakeholder AIDS Committee to guide and co-ordinate the district response to HIV/AIDS.

-Measures for reduction of transmission of HIV through heterosexual intercourse and traditional practices developed.

-Strengthened capacity for institutional collaboration among state and non-state actors in the provision of HIV/AIDS related services in the district.

-Framework for networking on research, learning and advocacy among civil society actors in the district established and linked to the formal district co-ordination mechanism.

-Facilitating the participation of People Living with HIV/AIDS in advocacy and behaviour change communication.

The overarching principle under this initiative is to work towards partnerships that enhance competence on HIV/AIDS in the district through liberating awareness amongst social units and strengthening institutional capacity for both internal and programmatic mainstreaming.

2. ACRONYMS AND ABBREVIATIONS

ACORD	Agency for Co-operation and Research in Development
AIDS	Acquired Immuno Deficiency Syndrome
AMREF	African Medical and Research Foundation
CBO	Community Based Organisation
C-MAC	Council Multi-sectoral AIDS Committee
CSOs	Civil Society Organizations
DANIDA	Danish International Development Agency
DC	District Commissioner
DED	District Executive Director
DMO	District Medical Office
Ereto-NPP	Ereto-Ngorongoro Pastoralist Project
FGD	Focus Group Discussion
HIV	Human Immuno Deficiency Virus
IEC	Information Education Communication
JOLIT	Joint Oxfam Livelihood Initiative in Tanzania
KAPB	Knowledge, Attitude, Practices and Behaviors
KII	Key Informant Interview
MCH	Maternal Child Health
MDM	Medicos Del Mundo
MTCT	Mother-to-Child Transmission
NCAA	Ngorongoro Conservation Area Authority
NGO	Non-Governmental Organization
NIMR	National Institute for Medical Research
NMMU	North Maasai Medical Unit
NMSF	National Multi-sectoral Strategic Framework
NPF	NGO Policy Forum
NSGPR	National Strategy for Growth and Poverty Reduction
OI	Opportunistic Infection
PC	Pastoral Council
PHC	Public Health Care
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PWC	Pastoral Women Community
STD	Sexually Transmitted Disease
STIs	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities and Threats
TACAIDS	Tanzania Commission for AIDS
TANESA	Tanzania Essential Strategies for HIV/AIDS
TBAs	Traditional Birth Attendants
VCT	Voluntary Counselling and Testing

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1.0 INTRODUCTION

Two decades after the first case of HIV/AIDS was reported in Tanzania, the spread of the pandemic and its impacts remain high. The disease burden, human cost, social and economic impacts continue to be explored. Despite the limited understanding of vulnerability and susceptibility among communities and community structures, the pandemic is now recognized as a development issue. Just as the variations of prevalence between countries are being acknowledged, there are broad variations between districts/regions and between rural and urban contexts in the country. The 2003 Tanzania HIV indicator survey indicate that the national HIV infection rate is 7.0% (TACAIDS, December 2004), showing that there is an estimated 2 million people living with HIV/AIDS in the country.

The reported aggregate national prevalence figures however, do not reveal the severity of the epidemic in some localized areas.
Tanzania's second Poverty Reduction Strategy Paper, the National Strategy for Growth and Poverty Reduction (NSGPR) acknowledges that " Increase in HIV and AIDS prevalence over the last decade further aggravated the health status and future prospects of Tanzanians It undermines the foundations of development and attainment of the Millennium Development Goals"(URT, Vice President's Office, January, 2005).

1.1 The socio-economic context of Ngorongoro District:
Ngorongoro is one of the administrative districts in Arusha Region, North Eastern Tanzania. Other districts in the region are Arumeru, Karatu and Monduli. Ngorongoro partly lies on Tanzania's international border with Kenya, between latitude $1^0$45' and $1^0$45'; and, between longitude $35^0$00' and $36^0$00'. The total district area is 14,036 km^2 out of which about 60% falls within the Ngorongoro Conservation Area-a host of one of the biggest game habitats in Tanzania and one of the world heritage - the Ngorongoro crater. Unlike in any of the other National Parks in the country, game and man co-exist in Ngorongoro Conservation Area - forming a unique ecosystem. Basing on the 2002 census, the district hosts a population of 135,000 people. The district is administratively divided into 3 divisions of Ngorongoro, Loliondo and Salei, 14 wards and 40 and villages. According to major land uses, 8,292 km comprise the Ngorongoro Conservation Area, hosting about 59,000 indigenous Maasai pastoralists who practice livestock husbandry. The remaining area is used for both pastoralism and farming. Ngorongoro is recognized to be Africa's longest standing experiment in multiple land use (Mayeta, Leonard 2004).
The pastoralist Maasai make up about 85% of the population, agro-pastoralist Watemi (Wasonjo) about 12% and the remaining 3% representing other ethnic groups, including small groups of Tatoga and Hadzabe . While the Tatoga are agro-pastorlsits, the Hadzabe are solely hunter-gatherers. Each of the four ethnic groups portrays unique traditions.

Extensive livestock production managed mainly by the Maasai pastoralists is the basis of the economy in Ngorongoro District. About 90% of the population are livestock keepers, and of those, 75% are dependent on livestock .The livestock include cattle, sheep, goats and donkeys,. The donkeys are raised for transport purposes.
Pastoralism is a way if life, a mode of production and a way of life and culture, and these dimensions of pastoralism are closely linked. Pastoralists have a sense of their predicament and are taking actions in the direction of "coping strategies". These range from household migration with herds of livestock, reducing the size of herds and seeking supplementary sources of income like the youth working in urban areas as guards.
The growth of tourism, and now eco-tourist provide other opportunities for livelihoods and interactions in Ngorongoro.

The social order of the Maasai is closely linked to the pastoralist economy, and their social organisation is based on sense of solidarity and order reinforced by the clan (vertical) and age-set (horizontal) systems. Each if the interlocking systems have a male leader (Ilaigwanak), with the age set Ilaigwanak responsible for public social behaviour and cohesion. The Ilaigwanak are seldom part of the official ward and village leadership, but they are highly respected within the community and the two authorities are able to complement each other (ERETO II, URT 104.Tanzania.205)

Due to the land tenure and economic challenges in the district, the Maasai youth have seized the opportunity of being warriors who are highly regarded in urban areas for their work as guards. The oscillatory labour migration of Maasai youth to supplement income through work in urban areas has been, and is bound to increase. The remittances in form of cattle and cash attract more of them to urban centres. The potential implications of this reality are yet to be explored.

1.2 HIV/AIDS in Ngorongoro:

For long, the community in the district has been considered to have unique traditions and practices, leading to misconception that they a closed community and thus insulated from the pandemic. Although the available data indicate that Ngorongoro District, with majority of the people practicing pastoralism, is comparatively less impacted, the current trend of unwavering risky traditions and practices signal for a yet silent epidemic.

The patches of information on Sexually Transmitted Infections and HIV suggest a worrying trend. Authorities in the district, understanding the dynamics, always refer to the trend as a " time-bomb". Available data show that HIV in Ngorongoro District is in a relatively early stage, with 2.2% of the surveyed women attending Antenatal Clinic being infected. The HIV prevalence was highest in Sale Division (2.9%) intermediate in Loliondo Division (2.3%) and lowest in Ngorongoro Division (1.1%). When extrapolating these data, there are estimated 1,500 HIV positive people in the district of whom about 150 might have developed AIDS (Bastannie, and Ole Moono, May 2004).

The following proxies and anecdotes explains the HIV and STD (a co-factor for HIV) in Ngorongoro District.

-Endulen Hospital Report for July-December 2004 indicated that *several patients with HIV related compilations were admitted and some of them died.*

-Laboratory tests-*out of 35 laboratory tests, 8 were HIV positive Prevalence of selected laboratory results increased from 13%during January-June to 22.9% during July December 2004.*

-The Medicos Del Mundo HIV/STD Biannual Surveillance Report for Ngorongoro Division-*Despite the fact that STD episodes among females may be symptomatic, the data confirm a general SPTD pattern That is, women are more affected than men; 63.3% of all STD cases reported in NCAA are women while 36.7% are men.*

-HIV tests managed by MDM at Endulen Hospital during the month of April 2004 indicated that *14 out 100 tested positive. About 50% of these cases were in the age bracket of 15-19 years and the remaining within 15-24 years.*

The uncertainty about exact prevalence should not divert attention from the seriousness of the HIV/AIDS in the district.

Generally, Factors fro spreading HIV in the pastoral areas have been consistently cited as:

-Traditional practices continuously updated and reinforced through community structures and leaders

-Insecurity due to the wandering mode of pastoralist lifestyle rendering HIV/AIDS a less pressing priority, movement like the livestock trading that necessitates long travels to urban areas.

-Gender inequality linked to culture and traditions

-Conventional Education and information mechanisms not appropriate and therefore not serving pastoralists.

-Early and unprotected sex associated with arranged marriages. The trend toward sexual maturation at an earlier age, making it difficult for adolescents to deal with conflicting pressure and expectations without putting themselves or sexual partners at risk.

-Limited reach out of HIV-related and general health services

-Poverty, in all its faces and manifestations.

Concerns on the spread of HIV in Ngorongoro have been expressed and documented by various development workers and researchers, raising signals for the need for systematic responses, taking into account the unique socio-cultural setting among the Maasai community and other smaller tribes (Asingwire, 2004). The Tanzania Participatory Poverty Assessment

(2004) signals about the vulnerability of Maasai livelihoods as a result of HIV/AIDS now and in future .Yet the Maasai call HIV/AIDS the disease of the *Swahili* or non-Maasai people.

1.3 The current response to HIV/AIDS in the district

1.3.1 The District Council

Records show that numerous sensitization workshops and seminars to train Council employees, local leaders both traditional and political (councilors), TBAs, and school going children on matters of HIV/AIDS have been conducted by the government through the DMO's Office and the hospitals in the district as well as by the civil society organizations operating in the district. Training of health workers in STI syndromic management, HIV/AIDS counseling and clinical management of AIDS has also been done but only in NCAA, Wasso hospital and Endulen hospital. Furthermore, the training of members of the Council Multi-sectoral AIDS Committees (C-MACs) organized and conducted by TACAIDS countrywide in the early phase of 2004 included Ngorongoro C-MAC (Basstanie and Ole Moono 2004).

However, a lot still needs to be done to attain the desired level of an effective response. Mainstreaming, for instance, is far fetched within the district institutions-state and non-state. The common person in the district is yet to benefit from the district interventions as far as HIV/AIDS is concerned. In theory the C-MAC has undergone training, but members are still unable to define their responsibilities.

1.3.2 Civil Society Organisations

Although based in Karatu, Medicos del Mundo has activities in Ngorongoro Division mainly on syndromic treatment of STIs, working in collaboration with Health Institutions such as Endulen Hospital and NCAA Dispensary. Oxfam GB, mainly working on livelihood, has issued a number of guidelines on mainstreaming HIV/AIDS and contributed to a number of awareness creation workshops. A number of other CSOs exist that are engaged in HIV/AIDS work in the district. However, capacities are low and coordination is lacking.
The on-going research work on STI and HIV-related stigma undertaken by St Elizabeth Hospital of Arusha is gradually providing some diagnostic learning in the district.

2.0 Project Development

2.1 Project Planning and Rationale

2.1.1 Rationale of the project

Ngorongoro is remotely located in the sense of HIV/AIDS related services and information, not reached by through the conventional approaches in easily reachable areas and where communities could be linked to intervention networks. The national response through TACAIDS and the C-MAC is still not popular. Community members are remembering one-off interventions, usually through Non Governmental Organisations.
The proposed project seeks to initiate a systematic process for building HIV/AIDS competence in the district, building on the existing structural and institutional arrangements. The project will focus on promoting strategies that create space for state and no stake actors to work complimentarily through genuine multi stakeholder-partnerships and networking to achieve the desired outcomes. The limited availability of lessons from elsewhere on responding to HIV/AIDS in pastoral communities justifies the need for high level of innovativeness under this initiative. Institutional linkages for administrative and operational guidance will be defined in accordance with the National Multi stakeholder Framework for HIV/AIDS (NMSF) 2003-2007.
Under Phase I of the project(2005-2008), ACORD will provide methodological support, with funding support from both ERETO-National Pastoralist Project (Ereto-NPP) and Oxfam Ireland.

2.1.2 Project Planning Process

The idea and importance of systematically addressing issues of HIV/AIDS within the pastoralist communities was conceived by Ereto-NPP during its Phase II planning. This was between 2002 and 2003 where different stakeholders expressed concerns of the potential trends of HIV and AIDS amongst pastoralist communities. Discussions within Ereto-NPP and through collaborative meetings with Oxfam Ireland, DANIDA and ACORD were held.

A field study was commissioned by Ereto-NPP/DANIDA/Oxfam Ireland in early 2004, conducted by Hilde Basstannie and Raphael Ole Moono, followed by a dissemination workshop at the Sopa Lodge in April 2004. During this workshop participants discussed the research report and proposed an establishment of a project that would lead to effectively addressing the following issues:

Comment [A1]:

- Improve awareness, knowledge and skills among the communities, groups and individuals in order to empower them to respond appropriately to HIV and AIDS
- Reduce or eradicate cultural practices that are risky and reinforce good practices
- Promote condom use and improve access to male and female condoms
- Intensify and expand sexually transmitted infections (STI) prevention and management
- Promote and expand counselling and testing of individuals, couples and communities
- Improve provision of care and treatment for people living with HIV/AIDS
- Reduce transmission HIV through delivery and invasive procedures
- Mainstream HIV/AIDS in the activities of the district through C-MAC, projects / programmes, NGOs FBOs, CBOs and the private sector in order to develop a sustainable HIV/AIDS response.

The workshop further carried out a stakeholder analysis and identified ACORD as a potential lead agency to facilitate implementation of the response. It was then agreed between Ereto-NPP, Oxfam Ireland and ACORD to fund a project that would address HIV/AIDS issues in the pastoral community, starting with Ngorongoro as a pilot area with possible expansion into other pastoral communities in the region.

An inception phase of 5 months (October 2004-February 2005) was initiated to establish baseline understanding on the dynamics of HIV and the potential drivers of change towards a comprehensive district response. The inception phase was implemented by ACORD in collaboration with Ereto-NPP, with funding from Oxfam Ireland, and hosted by Ereto-NPP. The preparatory phase was extended to end of March 2005, to allow effective consolidation of learning for planning of Phase I.

A series of stakeholder workshops were organized through collaboration between Ereto-NPP, Ngorongoro District Council and ACORD, to share study findings and mobilise commitments of actors.

2.1.3 Project Stakeholders

2.1.3.1 Stakeholder Analysis

With a view of developing partnerships, networking and collaboration, participatory assessments of stakeholders were conducted at village, ward and district levels. This assessment also made use of the mapping of non-governmental organizations and community based- organizations engaged in HIV/AIDS related work (Annex V).

Stakeholder profile / analysis

Institutional responses to HIV/AIDS in the district through prevention and mitigation are still very limited, largely implemented by a few civil society organisations with limited experience, resources and coordination. The gaps for achieving effective responses remain

enormous. The district C-MAC is yet to develop enough capacity to carry out its coordination role.

During the dissemination workshop held at Kudu Campsite Lodge in Karatu in January 2005 of the baseline survey findings an indicative stakeholder analysis was developed as shown in the table below (this however, has been further refined to include more stakeholders)

Table 1: Summary on Analysis of Stakeholders

STAKEHOLDER	STAKEHOLDERS NEEDS	STAKEHOLDERS' CONTRIBUTION
Ereto-NPP	• Experts (consultants) • Training on HIV/AIDS to Community Participation Facilitators • Video, Generator	• Transport • Own staff
Oxfam	Staff	Funds
C-MAC	• Transport • Funds • Computer for record keeping	• Coordination of all HIV/AIDS work in the district • To register / identify different parties / organisations / groups involved in HIV/AIDS work
NCAA	• Staff for awareness creation (consultants) • Short courses (workshop)	• Funds • Transport
NGOs	Funds	• Staff • Experience sharing • Adverts
Private sector like hoteliers and drivers	Training	• Awareness creation • Condom distribution
DC, Police	Information on events and resolutions passed as by-laws	• Control / eradicate practices that contribute to the spread of HIV/AIDS • To make public national policies on HIV/AIDS
Pastoral Council	• Training, seminars • Techniques for dealing with change of risky practices that contribute to the spread of HIV/AIDS	• Tools and equipment (transport) • Preparation of leaflets • Funds for experts / staff
District Council	• Funds • Training of trainers • Transport • Teaching aids / materials	• Collaboration • Staff / experts • By laws
Faith Based Organisations	• Funds • Teaching aids / materials • Training to all religious leaders	• Staff / experts • Leaflets • Convening meetings • Counselling
Hospitals	• Anti-retrovirals • Funds • Data storage facilities • Transport • Condoms • HIV Testing equipment	• Voluntary Counseling and Testing • Treatment of opportunistic infections

Community	• Training • Allowances • Training to peer educators	• Eradication of risky practices • Convening community meetings

2.1.4 Other initiatives related to HIV /AIDS in the district

- C-MAC established and trained for one week
- Some seminars conducted for District Council staff, NCAA staff, TBAs traditional leaders and village leaders (Dc, NCAA, Wasso Hospital and ELCT)
- Video shows organised in some 17 villages (LADO & ELCT)
- HIV/AIDS spiritual seminars held twice a year (Pinyinyi and Malambo)
- Some condoms provided through health facilities (Govt. and NCAA) and sale of condoms through commercial outlets in big towns (PSI)
- STI syndromic management training to health staff (MDM and Govt)
- 14 health workers trained as counsellors for VCT (Wasso, Endulen and NCAA) and some test kits provided
- 3 medical staff trained in HIV/AIDS management (Wasso, Endulen and NCAA) and some drugs for PMCT being sourced (Wasso)
- Some home-based care provided for a few patients (ELCT)

3.0 The Project

The project is developed to ensure that interventions under both mainstreaming and HIV/AIDS focused interventions are mutually reinforcing to achieve complimentarily towards achieving desired outcomes.

3.1 Project objectives

Recommendations from previous studies and consultations summed the interventions into the following operational objectives:

(i) Improve awareness, knowledge and skills among communities, groups and individuals in order to empower them to respond appropriately to HIV/AIDS
(ii) Reduce or eradicate cultural practices that are harmful and reinforce good practices
(iii) Promote condom use and improve access to male and female condoms
(iv) Intensify and expand STI prevention and management
(v) Promote and expand counselling and testing of individuals, couples and communities
(vi) Improve provision of care and treatment for people living with HIV/AIDS
(vii) Reduce transmission of HIV through delivery and invasive procedures
(viii) Mainstream HIV/AIDS in the activities of the district through C-MAC, projects/programmes, NGOs, CBOs, FBOs, and the private sector in order to a pilot area with possible expansion into other pastoral communities in the region.

Ten key learning points emerged from the inception phase to inform the comprehensive district response:

- Although reference is consistently made about Maasai in this strategy, it is taken to refer to the response that is inclusive of all ethnic groups, taking into account cultural differences during implementation.
- Scale up of interventions to other areas will depend on the successful translation of lessons and building upon this initiative.

- Building the necessary strategic capacity at the governance level in the district through the Council Multi Sectoral AIDS Committee will contribute to establish and maintain the momentum on leadership, partnerships and sustaining advocacy, while keeping community volunteers and community structures interested.
- Strengthening linkages for collaboration, research and learning among health service providers will contribute to an effective health sector response within the district strategic vision. Building me mechanisms for relaying strategic information for improving knowledge of communities
- Optimizing the use of technical support in view of prioritised activities
- Continuous identification of new opportunities for strengthening the comprehensive response
- Ensuring the response achieves collateral benefits through links to social protection, livelihood support strategies and other basic social services sectors like education and extension services
- Mainstreaming, to allow scaling up of response to the epidemic through addressing the associated developmental impact, and establishing an effective multi sectoral response alongside AIDS focused interventions.
- Linking the outreach services largely implemented by health departments of Faith Based Organizations to the core response
- Ensuring adolescent and youth friendly health services are delivered in health centres.

3.1.1 Goal of the project

The goal of the project is *to reduce the spread of and build community competence to respond to HIV/AIDS and its impacts in Ngorongoro District*.

3.1.2 Purpose of the project

The purpose of the project is *to facilitate the establishment of comprehensive and institutionalized response to HIV/AIDS and its impacts through multi-stakeholder partnerships in Ngorongoro District*.

3.1.3 Expected outputs

There are eight (8) objectives defined for this initiative to contribute towards a comprehensive response to HIV/AIDS and its impacts in Ngorongoro District.

(1) Improved competence based on liberating awareness, knowledge and skills among communities in order to respond appropriately to HIV/AIDS.
(2) Measures for reducing harmful and reinforcing useful practices developed at community level.
(3) Strengthened capacity of the local and government and the Council Multi stakeholder AIDS Committee to guide and co-ordinate the district response to HIV/AIDS.
(4) Measures for reduction of transmission of HIV through heterosexual intercourse and traditional practices developed.
(5) Strengthened capacity for institutional collaboration among state and non-state actors in the provision of HIV/AIDS related services in the district.
(6) Framework for networking on research, learning and advocacy among civil society actors in the district established and linked to the formal district co-ordination mechanism.

(7) Facilitating the participation of People Living with HIV/AIDS in advocacy and behaviour change communication.
(8) Capacities for mainstreaming of HIV/AIDS among institutional structures, agencies and organisations developed.

3.1.4 Project activities

Output 1 Activities

- Carry out a quantitative baseline study on knowledge and skills on HIV and AIDS.
- Conduct training community structures, traditional leaders, opinion leaders and traditional practitioners on HIV transmission.
- Organise community mobilisation meetings in collaboration with other CSO actors on HIV awareness.
- Conduct training of identified educators and counselors for HIV/AIDS in the community and institutions.
- Conduct school-based training on sexual and reproductive health/HIV/AIDS.
- Produce and distribute appropriately designed Information, Education and Communication (IEC) materials-videos, leaflets posters.
- Conduct video shows at village and institutional levels.
- Facilitate locally prepared theatre-based awareness sessions

Output 2 Activities

- Facilitate the development of advocacy strategies on cultural practices
- Conduct mobilisation meetings for transformation of harmful cultural practices.
- Conduct a study on acceptability of condoms in the Maasai culture.
- Conduct social marketing of male and female condoms as well as other barrier methods.
- Conduct training for Health Workers, retailers and business institution staff on promotion, use and disposal of condoms.

Output 3 Activities

- Facilitate co-ordination meetings for Council, Ward and Village Multi sectoral AIDS Committees.
- Conduct training of Council and Ward Multi-sectoral AIDS Committees on methodological guidelines and local response co-ordination.
- Conduct training of Council and Ward Multi sectoral AIDS Committees on Monitoring and Evaluation.
- Facilitate study visits for Council ad Ward Multi-sectoral AIDS Committees.
- Facilitate peer reviews for Village Multi sectoral HIV/AIDS Committees within the district.

Output 4 Activities

- Conduct training of local structures and traditional practitioners on safe practices for delivery and healing.
- Facilitate training for health workers for promoting awareness on sharing of piercing and cutting instruments.
- Facilitate collaborative joint community interventions of health service providers on treatment seeking behaviour, VCT and STIs management.
- Conduct community and institutional meetings on home-based care and counseling of People Living with HIV/AIDS.

Output 5 Activities

- Facilitate the establishment of district database on HIV/AIDS based on guidelines provided by TACAIDS.

- Facilitate periodic stakeholder review meetings of health service providers in the district.
- Support the implementation of guidelines for clinical management of HIV/AIDS including the provision of ARVs.
- Support collaborative research on stigma and discrimination in the district.

Output 6 Activities
- Facilitate the documentation of good practices on institutional collaboration for learning and policy influencing.
- Support the development of advocacy strategy on mainstreaming of HIV/AIDS through multi-stakeholder collaboration.
- Facilitate the lobbying for replication of good practices in other districts and regions with pastoralist background.
- Facilitate the establishment of a district strategy for mobilization and decentralization of resources for HIV/AIDS response.
- Facilitating the participation of People Living with HIV/AIDS in advocacy and behaviour change communication.

Output 7 Activities
- Conduct a study on social, cultural and economic impacts of HIV/AIDS in the district.
- Conduct training of institutional leaders on internal and external mainstreaming of HIV/AIDS.
- Facilitate the designing of institutional interventions for mainstreaming HIV/AIDS in state and non-state institutions.
- Facilitate the design of participatory Monitoring and Evaluation system for institutional mainstreaming of HIV/AIDS.
- Facilitate the documentation of HIV/AIDS mainstreaming experiences.

Output 8 Activities
- Conduct a baseline study on gender-related susceptibility and vulnerability to HIV/AIDS in the district.
- Facilitate workshops on gender equity and human rights for local leaders, community structures, traditional leaders and opinion leaders.
- Conduct training on gender equity and right-based approach to development for Council and Ward Multi sectoral AIDS Committees.
- Conduct training of civil society organisations on gender equity and rights based approach to development.
- Facilitating the development of a district framework for promoting gender equity in the district.

3.2 Project Area
The comprehensive district response envisaged addressing the needs of all sections of the community, ranging from individuals, households to community structures to institutions and district level governance. Options for coverage were explored with community structures, institutions and the local government, particularly considering the vastness of the district and distances between villages. Piloting: The idea of piloting within district was considered by local stakeholders as being too selective.
Entire district: This was considered as a fair option that avoids selectivity. The project will therefore cover the entire district during Phase I.

3.3 Beneficiaries
5.3.1 Direct Beneficiaries
The project will directly reach the following groups:

- Community structures: these will comprise of traditional birth attendants, (TBAs), traditional healers, peer group structures such as moran, laibon(150)
- Ngorongoro District Council management, staff and governance (45)
- The management and staff of Ngorongoro Conservation Area Authority (120)
- The Council Multi Sectoral AIDS Committee (C-MAC) and ward committees (15)
- Civil Society Organisations (CSOs), CSO networks, Community Based Organisations (CBOs), Non Governmental Organisations (NGOs), Faith Based Organisations (180)
- the Pastoral Council (25)
- Health facilities and their staff: Wasso Hospital, Endulen Hospital and NCAA Dispensary (50)
- Private sector management and staff (250)

3.3.2 Indirect Beneficiaries

The 130,000 Ngorongoro people will indirectly benefit from the project interventions. Others that will indirectly benefit from the project include:

- People either on transit via Ngorongoro or temporary visitors that are not Ngorongoro residents such as tourists, tour operators / drivers and staff.
- Government institutions not directly working through the District Council
- The corporate sector institutions in the district
- The pastoralist network of Civil Society Organisations in Arusha Region.

Particular emphasis will be accorded to the most vulnerable groups. These will include the hunter-gatherer community – the Hadzabe whose numbers are declining for reasons yet to be explored and documented. For such a marginalized minority HIV/AIDS could further accelerate their decline and possibly lead into extinction.

3.4 Project strategy

It will be necessary to support processes that will facilitate detailed understanding of the ways in which HIV/AIDS impacts pastoralist livelihoods and broader development processes in Ngorongoro.

Two levels of interventions have been identified under phase I of the project:

(i) Promoting liberating awareness on HIV/AIDS at community level through formal and informal community structures

(ii) Mainstreaming of HIV/AIDS into the broad development and institutional strengthening: Facilitating institutional responses, collaboration, networking and strategic partnerships advocacy

The project strategy is aligned on the following components:

-Building capacity of local structures, governance and institutions and establish mechanism for effective collaboration and networking

-Build capacity for action research, networking and advocacy among civil society organisations and networks

-Strengthening service delivery based on right-based approach, diversity and equity

-Addressing the needs of individuals based on the life cycle approach, while providing options for promoting sexual and reproductive health rights.

-Linking the response to broader development framework at the district and national level in line with the NSGPR and the Millennium Development Goals (MDGs)

3.5 Project methodology:

Four components have been identified for the project methodology

- *Capacity strengthening:*

-Strengthening the capacity of community structures, institutions and networks through training, exchange visits, peer reviews using a wide range of participatory techniques including participatory rapid appraisal, appreciative inquiry, mapping, action research, and institutional analysis.

- *Facilitating linkages:*

Facilitate collaboration and networking at community, institutional and district level through forums and documentation.

- *Facilitating the establishment of a framework for learning and sharing:*

At community level, mechanisms for Information, Education and Communication for will be guided by the communication strategy to be developed from findings from the study on IEC. Taking into account the low literacy levels in the community, the study emphasised the need to build on the oral tradition and developed picture supported communication through which audio-visual presentations and focused meetings are organised in collaboration with traditional community structures.

At higher levels, facilitate linkages for sharing between the district and regional as well as national levels within the framework of National Multi Sectoral Framework for HIV/AIDS directed by TACAIDS.

Support the establishment of linkage between actors in the district response and initiatives linked to Oxfam Affiliates through expanded Joint Oxfam Livelihood Initiatives in Tanzania (JOLIT)

- *Promote and strengthen advocacy work:*

Facilitate the development, implementation of a district advocacy strategy on HIV/AIDS, and influence the implementation of appropriate policy and practices.

3.6 Poverty focus of the project

3.6.1 Poverty

It has been well established that poverty significantly influences the spread and impact of HIV/AIDS. It is necessary to ensure that development planning at the district level includes the analysis of HIV/AIDS as a cause of poverty. Linkages with other partners, starting with Ereto-NPP and Oxfam GB addressing poverty alleviation in Ngorongoro, have been explored. In the course of project implementation mainstreaming (internal and external mainstreaming) of HIV/AIDS will be advocated with such partners. Mainstreaming will allow for the scaling up of responses to the pandemic, addressing the associated development impacts, and launching of effective multi sectoral response. The mainstreaming will entail the following:

Internal mainstreaming: Institutional stakeholders in the district- including the district council, NCAA, hospitals and health centers, private sector such as hoteliers, NGOs, FBOs, CBOs, will be supported to examine their working environment taking into account HIV/AIDS and being able to adapt their work.

External mainstreaming: Along with streamlining policy issues on HIV/AIDS, external mainstreaming will entail examining how institutional sectors are impacted by HIV/AIDS and vice versa, with the view of establishing appropriate responses alongside support to all community social units within the framework of sustainable development.

3.6.2 Rights Based Approach

A right-based approach to HIV/AIDS requires translating people's rights to have control over and decide freely responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. The project will work with partners and beneficiaries to promote equitable participation of individuals and structures

towards achieving participation, empowerment and inclusion, whilst advocating for state obligations to uphold people's rights in HIV/AIDS prevention and care as public goods. The approach will be the basis for propelling the mobilization of advocacy groups, alliances with CSO networks and People Living with HIV/AIDS at district level and with media groups on equity.

3.6.3 Gender focus of the Project

Addressing women's right to self-protection against HIV infection remains a challenge in Ngorongoro district in view of the prevailing practices. Proposed changes have recommended building cultural competence that entails equitable participation, inclusion of women in decision making, recognition of gender relationship and existing inequality, ensure availability of range of services as well as addressing social, economic and physical barriers to access for men and women. Specific interventions to address gender equality in addressing systematic challenges related to culture and traditions will be explored with the involvement of the traditional structures.

The project will advocate for gender mainstreaming as an organisational approach that puts gender issues at the centre of organisational processes and programmes. This will involve building gender analysis into existing staffing, systems, structures, policies and programmes, and advocating for the equal participation by and benefit of women and men from organizational programmes, processes and resources. It is expected that this will contribute to empowering women to take control of their lives and to help men understand and take action on the issues involved.

The project will address gender mainstreaming by: building organisational capacity; providing training in gender analysis, animation and planning; carrying out outreach and networking; generating and disseminating information; and lobbying and advocacy. This will thus contribute to empowering women to take control of their lives and to help men understand and take action on HIV/AIDS gender related issues.

4. Time frame

The Phase I of the Ngorongoro Comprehensive HIV/AIDS Project will be implemented for three (3) years, from 2005 to 2008. A subsequent phase will be determined after an evaluation at the end phase I.

5. Project Budget

Phase I of the project is envisaged to cost Euro (€) 477,576**:**

Year I - € 216,689
Year II - €135,221
Year III - €125,666

6. Project implementation, Monitoring

6.0 Implementation arrangements

Implementation of the project will be based on a tripartite Memorandum of Understanding (Ereto-NPP/Oxfam Ireland /ACORD). This is an operational framework to clarify roles and responsibilities of key actors in the initiative, although not a static administrative instrument. A tripartite Project Steering Panel will periodically meet to track the project progress.

ACORD will provide methodological support to the entire response, with funding from Ereto and Oxfam Ireland. The Project Team, employed by ACORD, will be directly linked to Ereto-NPP and Ngorongoro District on routine basis. Logistical and technical back up will be provided by the ACORD Country Office and the HIV/AIDS Support and Advocacy Programme (HASAP) that is part of the secretariat. The project will link with Oxfam Ireland and other Oxfam Affiliates (Oxfam GB and Novib) through the ACORD Country Office.

Collaborative linkages with other Oxfam partners through JOLIT will be explored and developed.

6.1 Project Monitoring

The project will establish appropriate system for participatory monitoring and follow-ups. Indicators developed in the logical framework will be clearly defined through participatory processes with beneficiaries and partners will be clearly defined at the beginning. Both quantitative and qualitative indicators will be used to generate information for timely decision-making and adjustments

Project staff will work with partners and beneficiaries for joint generation and analysis of information using participatory techniques. The monitoring system will be geared towards capacity building, increasing ownership, over results promote multi stakeholder accountability.

Project officers will produce weekly reports to the Project Coordinator. The Project Coordinator will prepare monthly reports. Quarterly narrative reports will be submitted to the ACORD Country Office. ACORD will submit bi-annual and annual reports to both Oxfam Ireland and Ereto-NPP.

Monthly financial reports of the project will be prepared by the ACORD Country Office and quarterly reports shared with Ereto-NPP and Oxfam.

ACORD's HASAP and secretariat staff will arrange quarterly support visit to the project through the Country Office.

7 Reviews, Evaluation and Learning

A participatory review of the project will be conducted during year II of the project. The review will make use of repeated baselines, monitoring data, special studies, and learning to facilitate adjustments of approaches and work plans.

An end of phase evaluation will be conducted toward the end of year III of the project, to capture lessons and determine the needs for subsequent programming.

8. Project Staffing

- A Project Coordinator will head the project with experience in strategic management of human, financial and material resources to contribute to effective realization of outputs for achieving the purpose of the project.

- A Finance and Administration Officer, reporting to the Project Coordinator, will be responsible for ensuring that human, financial and material resources are assigned to the project work and regularly submit timely financial accounts to the ACORD Country Office.

- A Research and Learning Officer will provide methodological support for research, dissemination of good practices and advocacy.

- Two Project Officers, as much as possible from the Maasai community, will be responsible for planning, implementing and monitoring plans for Capacity Building of structures and institutions, partnerships and networking among state and non-state actors.

9. Researches and Learning

Research is an integral part to this project, to provide better evidence and contribute to evidence- based advocacy. The project will conduct research various aspects of the district response, ranging from social to operational (service delivery). The project will also seek to support collaborative research outside the core project, like those conducted by St Elizabeth Hospital, Medicos Del Mundo and Health facilities within the district. Research linkages will be developed with other institutions and project like TANESA, AMREF and National Institute for Medical Research (NIMR). Research findings will be shared through forums like the National NGO Policy Forum (NPF), JOLIT and other local and international forums.

10.0 Sustainability strategy

Sustainability is a result of effective interplay between resources, inputs and organizational regeneration. Sustainability of interventions under this project relies on the potential for mobilization of potential sets of linkages for resources and institutions as well as the spontaneous adoption and application of good practices in confronting HIV/AIDS. The project will ensure continuous analysis of options for building resources and knowledge base within the district to sustain the project. Sustainability indicators will be defined with local stakeholders and progress reviewed during annual reporting.

10.1 Social Sustainability

The project will promote social sustainability towards building ownership of interventions and locating the district response into community development strategies. The support to local structures, leaders and institutions while linking them to formal support services will ultimately lead to local ownership.

10.2 Financial sustainability

Commitment from local stakeholders in Ngorongoro in implementing this initiative indicates that financial resources for sustaining the interventions will be raised through collaboration and cross financing amongst institutions and the local government in the district. Progress towards financial sustainability will be regularly tracked throughout the phase.

10.3 Environmental sustainability

The project will promote good practices for enhancing environmental sustainability. Collaborations with local and external stakeholders will be established for learning on maintaining performance while taking into account sound environmental management.

11. Risks and Assumptions

There are two key assumptions about driving the response to HIV/AIDS in Ngorongoro District

11.1 The willingness of Local Government in Ngorongoro to guide and take responsibility for the district response to HIV/AIDS. The current participation of governance structures in the planning process indicate the district leadership's commitment in making the response a reality.

11.2 The collaborative functioning of state and non-state actors through the establishment and sustenance of a multi sectoral response to HIV/AIDS in the district.

12. The Project and ACORD's strategy on HIV/AIDS

The components of ACORD's mission on HIV/AIDS are:

- Prevent the further spread of HIV in Sub-Saharan Africa by addressing the immediate root causes
- Mitigate the economic, social and psychological impact of HIV and AIDS on individuals and communities by providing effective care and support services.
- Promote equal access to information, services and treatment by challenging all forms of discrimination and social exclusion.

ACORD is working towards this mission by promoting and supporting community-led initiatives, through research, networking and advocacy and through active engagement with broader social movements aimed at influencing thinking, policy and practice at all levels. The project overall objective of reducing the spread of HIV/AIDS and building competence in Ngorongoro district is therefore in line with ACORD's mission and strategic approach to HIV/AIDS.

Annex I
Budget for Year I-III

Code	Item	Year 1	Year 2	Year 3
	Capital costs	**€uro**	**€uro**	**€uro**
	Purchase 4WD vehicle (2)	51429	0	0
	Lap-top computers (3)	2571	0	0
	Printers	571	0	0
	Photocopier	1071	0	0
	Digital camera	357	0	0
	VHF radio (3 pieces)	3214	0	0
	Video camera	571	0	0
	LCD Projector	1071	0	0
	Motor cycles (2)	5000	0	0
	Furniture	1500	0	0
	Sub-total	**67355**	**0**	**0**
	Recurrent costs			
	Office running cost	2571	2571	2571
	Vehicle running cost	10000	12000	13500
	Vehicle maintenance	2857	2857	2857
	Motorcycle running & maintenance	1071	1071	1071
	Staff travel	10200	9600	9000
	Salaries	34800	34800	34800
	Staff recruitment	1000	0	0
	Stationeries	1286	1286	1286

Telephone & E-mail	3571	3571	3571
Sub-total	**67356**	**67756**	**68656**
Project activities			
Research & studies	15000	10000	6000
Training materials	6500	5800	3500
Publication & dissemination	1800	1600	1500
Beneficiaries workshops	8250	7143	5714
Seminars	2186	1786	1429
Advocacy	1600	1800	1700
Support to networking	800	600	600
Exchange visits	6000	5000	3500
Translation costs	500	500	500
Staff training	2143	2143	2143
National &International meetings	12000	10000	9000
Social marketing of condoms	1500	1500	1000
Gender training	2000	1800	1500
Monitoring, Reviews & Evaluation	2000	5500	7500
Sub-total	**62279**	**55172**	**45586**
Project support			
In country project support	9850	6146	5712
Secretariat/HASAP support	9850	6146	5712
Sub-total	**19699**	**12293**	**11424**
Total	**216689**	**135221**	**125666**
Total Phase I	€uro	**477,576**	

Annex II:
Institutional linkages in Ngorongoro District

SN	NAME	LOCATION	WORKING AREA	MAIN ACTIVITIES	REMARKS
1	Pastoral Women Council (PWC)	Soitsambu Box 72 Loliondo	• Soitsambu • Ololosokwan • Loliondo	• Improved basic education • Improved livestock • Supporting women economic groups	CBO active
2	TAZAMA	Box 72 Loliondo	• Soitsambu • Olopiri • Nguserosambu • Lorien magaiduru • Ololosokwan	• Water • Livestock • Other development activities	NGO active
3	KIDUPO	Wasso	• Okiu • Wasso • Lorien • Magaiduru	• Education • Water • Livestock	CBO not active
4	LADO	Sakala, Box 14 Loliondo	• Sakala • Nganwa • Nguserosambu • Maloni • Arash	• Livestock • Water • Education	NGO active
5	PALISEP	Nguserosambu Box 94	• Arash • Magaiduru	• Environment • Health	CBO not active

		Loliondo	•Maloni •Loliondo •Nguserosambu	• Education • HIV/AIDS • Livestock	
6	MAPADA	Malambo	Malambo	• HIV/AIDS • Water • Education • Disabled children	CBO not active
7	NGOPADEO	Ngorongoro	Ngorongoro Division	Water	CBO not active
8	Oxfam GB Tz	Lloliondo	• Loliondo • Malambo • Ngaresero	• Food relief • Water • Pre-school education • Loans to groups (livelihood)	NGO active
9	KIPOC	Ololosokwan	• Soitsambu • Ololosokwan	• Education • Livestock	CBO not active
10	BUDEA	Digodigo	• Digodigo • Kisangiro	• Education • Water	CBO not active
11	Pastoral Council (PC)	Ngorongoro Division	Ngorongoro Division	• Education • Water • Health	CBO active
12	AGWANAK TRUST	Ololosokwan	• Ololosokwan • Soitsambu	Education	CBO not active
13	OSESREMI	Wasso/Lorien	Wasso / Lorien	Livestock (Zero grazing)	CBO not active
14	SADA	Malambo	Malambo	• Milling • Loans to women (livelihood)	CBO not active
15	Wasso Hospital	Loliondo Box 42	• Loliondo Division • Sale Division	• Health facilities • Primary Health Care	Religious institution – active
16	Endulen Hospital	Box 4 Ngorongoro	Ngorongoro Division	• Health facilities • Primary Health Care	Religious institution active
17	Austro Projekt	Box 1 Loliondo	District	District development programmes	Active
18	Medicos del Mundo	Box 269 Karatu	• Ngorongoro Division • (Karatu district)	HIV/AIDS and STI control	Active

Annex iii:
Map of the Project Area-Ngorongoro District

Annex iv:
Summary of discussion on traditional practices identified during planning workshops in February 2005

Harmful practices
-Esoto (Orbo)
Gathering of youth both boys and girls to chat and dance. This takes place at night.
-Embikasi: It is a gathering whereby boys and girls dance together and then everyone selects a partner. The beautiful, pretty and good dancers attract most attention.

-Ingipot: A married woman with a number of her friends pays a visit to her male friend for merriment. She takes with her a number of gifts including a callabash of milk.
-Emanyattah: Moran accompanied by girl friends go into the forest for merriment where they stay for months – and at times a whole year, and all this time they live on meat and fruits. These are not bound to be couples – but just girl friends and boy friends (sex mates) of their own choice

-Birano: …

-Female Genital Mutilation (cutting), usually practices on young and adolescent girls with or without their formal consent.
-Extra -marital sexual relationships
-Bed hospitality for guests
-Early and arranged marriages
-Practices of traditional healers
-Night dances for all age classes (Maasai and Tatoga)
Selling wives (among Sonjo)
-Widow inheritance (Bugabi) amongst Sonjo.
Girls spending nights outside the parent's houses (Buhenji)

Proposed Steps for promoting good practices
-Formal recognition of Traditional Birth Attendants (TBAs)i
-Training Traditional Birth Attendants on safe motherhood and providing them with working instruments and tools
-Awareness for attending Ante Natal Clinics among pregnant women and girls
-Encouraging Traditional practitioners to attend VCT
-Encourage construction f houses for guests at household level
-Promote safe circumcision of males
-Leaders to organize traditional dances to be performed during daytime
-Shorten the period for Emanyattah training from years to 2 months and within the manyatta
-Promote awareness on the dangers of widow inheritance
-Promote campaign against early and arranged marriages

Specific recommendations on building an effective response to HIV/AIDS in Ngorongoro District

1. Awareness programmes on HIV/AIDS with specific messages to gender and age groups
2. Strengthening the capacity of the health sector in the district (human capacity, facilities, outreach)
3. Formation and strengthening of Committees on HIV/AIDS at village and sub-village levels in the district
4. Formation of Income Generating Activities Groups to fight poverty

5. Need to improve infrastructure for communication on HIV/AIDS in the community
6. Findings from research on HIV/AIDS in the community to be shared with the community
7. Cross sectoral collaboration amongst actors on HIV/AIDS

Annex V:
Priority needs for Capacity strengthening of partners for HIV/AIDS response in Ngorongoro District (consolidated from participatory needs assessment and mapping), February 2005.

Partner Group	Critical issues /limitations	Levels of intervention	Current involvement
Ngorongoro District Council (Including sectors/ departments)	Partnerships HIV/AIDS Governance HIV/AIDS mainstreaming Response ownership	District	Planning Resource mobilization
Ngorongoro CMAC	Partnerships HIV/AIDS Governance Resource planning Networking	District Ward	Co-ordination
NCAA	Partnerships HIV/AIDS mainstreaming Resource planning	District Division	Planning Resources Networking
Tour Operator Companies	Partnerships Awareness	District level	Awareness Networking
Hotel Management /Staff	HIV/AIDS mainstreaming Awareness Resource planning	Institution	Awareness Networking
Private sector retailers	HIV/AIDS mainstreaming Awareness Partnerships	District Institution	Networking
NGOs & CBOs/Networks	Partnerships HIV/AIDS Mainstreaming Networking	District Ward	AIDS-focused interventions Awareness Networking
Faith Based Groups	Partnerships HIV/AIDS mainstreaming	District Ward	Awareness Networking
Health sector	Partnerships HIV/AIDS Governance Internal mainstreaming Networking	District Division Ward	AIDS focused interventions
Community Structures	Awareness Partnerships Response ownership Networking	Ward Village Community structure groups	Awareness

Annex VI

LOGICAL FRAMEWORK

OBJECTIVES	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
Project Goal To reduce the spread and build community competence to respond to HIV/AIDS and its impacts	-Decline or stabilization or of the epidemic at the current low rate -Decline of the HIV/ AIDS/ STIs prevalence from the current low rate	**District Development reports** District C-MAC reports District Health Management Team reports	Political stability prevails in the district during post October 2005 General Elections Local Government willingness to guide and taking responsibility on the district response to HIV/AIDS
Project Purpose To facilitate an establishment of a comprehensive and institutionalised response to HIV/ AIDS and its impact through enhanced partnerships in Ngorongoro district	-Improved collaboration between state and non-state actors on HIV/AIDS through the Council Multisectoral AIDS Committee -Improved capacity for HIV/AIDS mainstreaming among institutions -Increased capacity for collaborative networking, research, advocacy and networking -Greater co-ordination between community structures and local governance on HIV/AIDS	Project M&E system C-MAC co-ordination reports District Council annual reports	No reversal of government commitment to the Multisectoral response to HIV/AIDS Availability of sufficient financial resource resources
Project Outputs 1. Improved competence based on liberating awareness, knowledge and skills among communities in order to respond appropriately to HIV/AIDS	-Increase in knowledge levels on HIV/AIDS within he community -Community structures spontaneously Organising HIV/AIDS awareness meetings, supported by the local government -Traditional leaders taking action for transformation of harmful practices	Repeated baselines Focused Group Discussions Project reports CMAC reports	Willingness of Local Government institutions CSOs, FBOs and private sector to support HIV/AIDS response directed by C-MAC

2. Measures for reducing harmful and reinforcing useful practices developed at community level	Increased knowledge about harmful cultural practices Evident abandonment of harmful cultural practices	Focused group discussions Repeated baselines Project reports	Traditional structures and institutions readiness to collaborate with institutional actors on HIV/AIDS
3. Strengthened capacity of the local, government and the Council Multi stakeholder AIDS committee to guide and coordinate the district response to HIV/AIDS	C-MAC with trained members provid leadership in the response at the district A district instituted coordinat mechanism/system HIV/AIDS featuring in district developm budgets and plans with sufficient allocation resources	C-MAC visible initiatives District plans	CMAC implementing guidelines provided by TACAIDS
4. Measures for reduction of transmission of HIV through heterosexual intercourse and traditional practices developed	-Improved condom uptake -Traditional practitioners taking measures for safer practices -Number of condom outlets in the district	Project monitoring reports Case studies on condom uptake Repeated baselines Research reports	Traditional practitioners taking steps for promoting safer practices Popularisation of condoms accepted by all actors in the district
5. Strengthened capacity for institutional collaboration among state and non-state actors in provision of HIV/AIDS related services in the district	Coordination mechanism of CSOs involved in HIV/AIDS work established. A partnership forum established	-CSOs coordination meetings reports -C-MAC report -Project monitoring reports	All actors willing to promote accountability and transparency
6. Framework for networking on research, learning and advocacy among civil society actors in the district established and linked to the formal district arrangements	A CSO advocacy strategy developed Regular network meetings attended by all actors	-Project monitoring reports -C-MAC meeting reports	All actors committed to promote networking
7. Capacities for mainstreaming HIV/AIDS among institutional structures, agencies and organisations developed	-HIV/AIDS mainstreamed in district state and non-state stakeholders planning and budgeting -Institutional work place policies developed	District and institutional structures plans Mainstreaming plan submitted to the District	Institutions and projects willingness to adapt HIV/AIDS mainstreaming

	-Evidenced programmatic mainstreaming in institutions and project s	Council Research reports Project monitoring reports	
8. Framework for mainstreaming of gender and rights based approach to addressing HIV and AIDS among institutions and agencies in the district developed	-Gender and Rights Analysis Frameworks adopted by institutions for use in HIV/AIDS responses -Case studies documented on gender and RBA adoption	-Institutional policies -CMAC reports -Project monitoring reports -Case studies	Institutions committed to mainstreaming of Gender and RBA in HIV/AIDS interventions

Output 1 Activities 1.1 Carry out a quantitative baseline study on knowledge and skills on HIV and AIDS. 1.2 Conduct training of community structures, traditional leaders, opinion leaders and traditional practitioners on HIV transmission. 1.3 Organise community mobilisation meetings in collaboration with other CSO actors on HIV awareness. 1.4 Conduct training of identified educators and counsellors for HIV/AIDS in the community and institutions. 1.5 Conduct school-based training on sexual and reproductive health/HIV/AIDS. 1.6 Produce and distribute appropriately designed Information, Education and Communication (IEC) materials-videos, leaflets posters. 1.7 Conduct video and theatre-based awareness sessions at village and institutional levels. **Output 2 Activities** 2.1 Facilitate the development of advocacy strategies on cultural practices 2.2 Conduct mobilisation meetings for transformation of harmful cultural practices. 2.3 Conduct a study on acceptability of condoms in the Ngorongoro communities cultures. 2.4 Conduct social marketing of male and female condoms as well as other barrier methods. 2.5 Conduct training for Health Workers, retailers and business institution staff on promotion, use and disposal of condoms. **Output 3 Activities** 3.1 Facilitate co-ordination meetings for Council, Ward and Village Multi sectoral AIDS Committees. 3.2 Conduct training of Council and Ward Multi-sectoral AIDS Committees on methodological guidelines and local response co-ordination. 3.3 Conduct training of Council and Ward Multi sectoral AIDS Committees on Monitoring and Evaluation. 3.4 Facilitate study visits for Council and Ward Multi-sectoral AIDS Committees. 3.5 Facilitate peer reviews for Village Multi sectoral HIV/AIDS Committees within the district. **Output 4 Activities** 4.1 Conduct training of local structures and traditional practitioners on safe practices for delivery and healing. 4.2 Facilitate training for health workers for promoting awareness on sharing of piercing and cutting instruments. 4.3 Facilitate collaborative joint community interventions of health service providers on treatment seeking behaviour, VCT and STIs management. 4.4 Conduct community and institutional meetings on home-based care and counseling of People Living with HIV/AIDS. **Output 5 Activities** 5.1 Facilitate the establishment of district database on HIV/AIDS based on guidelines provided by TACAIDS. 5.2 Facilitate periodic stakeholder review meetings of health service providers in the district. 5.3 Support the implementation of guidelines for clinical management of HIV/AIDS including the provision of ARVs. 5.4 Support collaborative research on stigma and discrimination in the district. **Output 6 Activities** 6.1 Facilitate the documentation of good practices on institutional collaboration for learning and policy influencing. 6.2 Support the development of advocacy strategy on mainstreaming of HIV/AIDS through multi-stakeholder collaboration. 6.3 Facilitate the lobbying for replication of good practices in other districts and regions with pastoralist background. 6.4 Facilitate the establishment of a district strategy for mobilisation and decentralisation of resources for HIV/AIDS response. 6.5 Facilitating the participation of People Living with HIV/AIDS in advocacy and behaviour change communication. **Output 7 Activities** 7.1 Conduct a study on social, cultural and economic impacts of HIV/AIDS in the district. 7.2 Conduct training of institutional leaders on internal and external mainstreaming of HIV/AIDS. 7.3 Facilitate the designing of institutional interventions for mainstreaming HIV/AIDS in state and non-state institutions. 7.4 Facilitate the review and implementation of TACAIDS guidelines on participatory Monitoring and Evaluation system for institutional mainstreaming of HIV/AIDS. 7.5 Facilitate the documentation of HIV/AIDS mainstreaming experiences. Output 8 Activities 8.1 Conduct a baseline study on gender-related susceptibility and vulnerability to HIV/AIDS in the district. 8.2 Facilitate workshops on gender equity and human rights for local leaders, community structures, traditional leaders and opinion leaders	**Inputs** -**Project Team**: Project Co-ordinator, Finance and Administrative Officer, Research and Learning Officer, Field Officers (2), Driver, Guards (2) **Equipment : See Budget** **Budget**

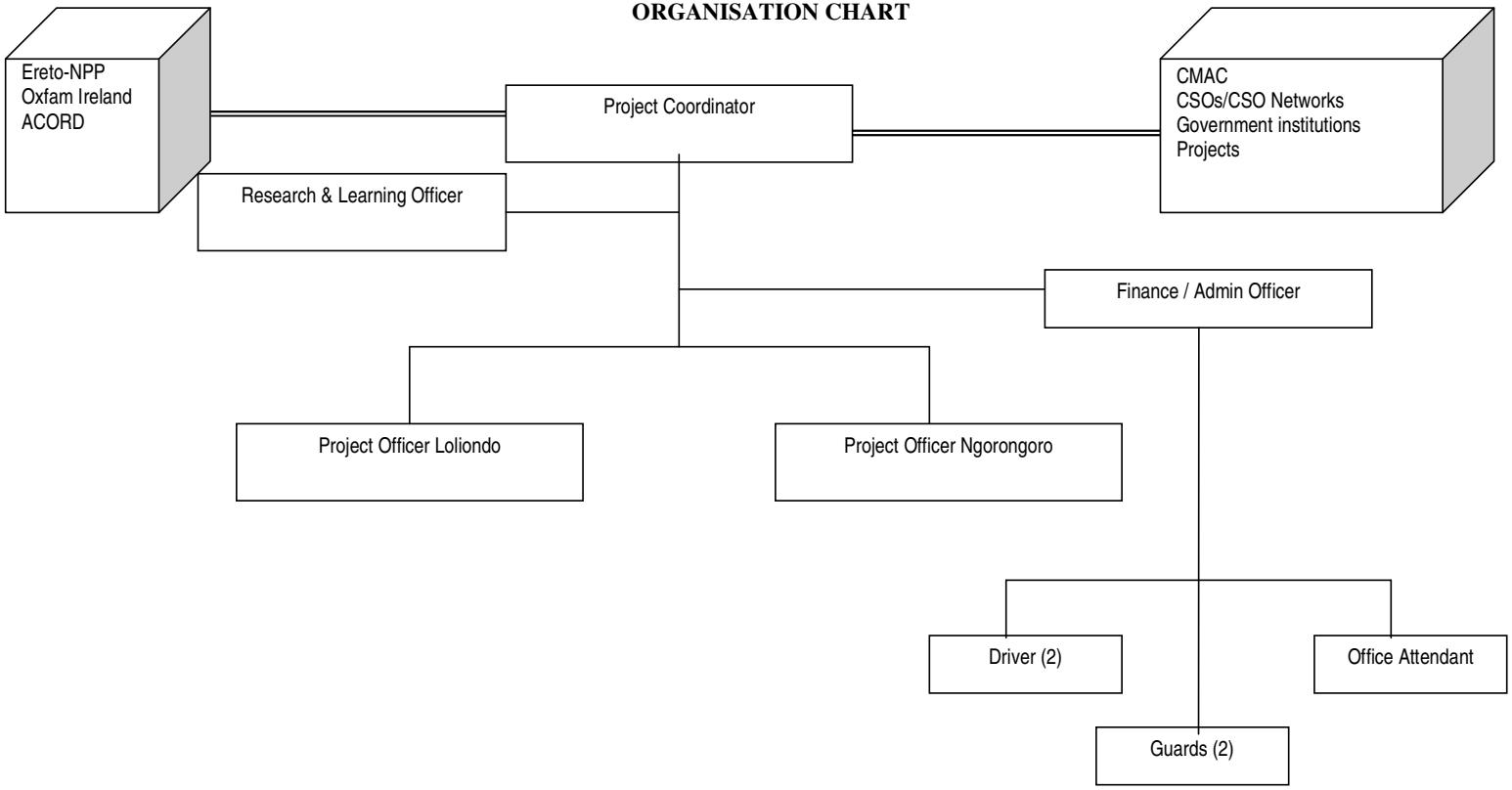
Annex vii
WORK PLAN – YEAR I

ACTIVITIES	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1.0 Improved competence based on liberating awareness, knowledge and skills among communities in order to respond appropriately to HIV/AIDS									
1.1 Quantitave research on knowledge and skills on HIV/AIDS									
1.2 Training of community structures on the basics of HIV transmission									
1.3 Community mobilisation meetings in collaboration with other CSO actors on HIV awareness									
1.4 Identify and train educators and counselors on the basics of HIV/AIDS in the communities and									
1.5 School-based training on sexual and reproductive health/HIV/AIDS									
1.6 Produce and distribute appropriately designed IEC materials - videos, leaflets posters									
1.7 Conduct video shows at village and institutional levels									
1.8 Facilitate local theatre-based awareness sessions									
2.0 Measures for reducing harmful and reinforcing useful practices developed at community level									
2.1 Conduct community meetings on cultural practices									
2.2 Carry out participatory research on acceptability of condoms in Ngorongoro communities									
2.3 Social marketing of condoms as well as other barrier methods									
3.0 Strengthened capacity of the local, government and the Council Multi stakeholder AIDS committee to guide and coordinate the district response to HIV/AIDS									
3.1 Co-ordination meetings for C-MACs									
3.2 Training of Council & Ward MACs on methodological guidelines & local response coordination									
3.3 Study visits for C-MAC									
3.4 Peer reviews for Village and Ward C-MACs within the district									
4.0 Measures for reduction of transmission of HIV through heterosexual intercourse and traditional practices developed									
4.1 Joint workshop for Health practitioners and TBAs on delivery									
4.2 Community and institutional meetings on home-based care and counseling of PLWHA									

5.0 Strengthened capacity for institutional collaboration among state and non-state actors in provision of HIV/AIDS related services in the district									
5.1 Establishment of district database on HIV/AIDS based on TACAIDS guidelines									
5.2 Facilitate periodic stakeholder review meetings of health service providers in the district									
5.3 Participatory action research on stigma and discrimination									
6.0 Framework for networking on research, learning and advocacy among civil society actors in the district established and linked to the formal district arrangements									
6.1 Good practices documentation on institutional collaboration for learning and policy influencing									
6.2 Training on networking for CSOs									
6.3 Establishment of strategy for mobilisation of local resources for HIV/AIDS									
6.4 Participation of PLWHA in advocacy and behaviour change com									
7.0 Capacities for mainstreaming HIV/AIDS among institutional structures, agencies and organisations developed									
7.1 Conduct a study on social, cultural and economic impacts of HIV/AIDS in the district									
7.2 Training institutional leaders on mainstreaming of HIV/AIDS									
7.3 Designing of institutional interventions for mainstreaming HIV/AIDS..									
7.4 Review and implementation of TACAIDS guidelines on M & E									
7.5 Documentation of HIV/AIDS mainstreaming experiences									
8.0 Framework for mainstreaming of gender and rights based approach to addressing HIV and AIDS among institutions and agencies in the district developed									
8.1 Baseline study on gender-related susceptibility and vulnerability to HIV/AIDS in the district									
8.2 Workshops on gender equity and human rights for community structures									
8.3 Staff training on gender equity and right-based approach for district governance									
8.4 Training on gender and participatory action research for district government and CSOs									
9.0 Project Monitoring and evaluation									
9.1 Workshop on participatory monitoring and evaluation									
9.2 Routine project monitoring and evaluation									

Annex viii

NGORONGORO COMPREHENSIVE HIV/AIDS PROJECT
ORGANISATION CHART



Annex ix

References

Asia Pacific Council of HIV/AIDS Service Organisation: (2002) HIV/AIDS and Human Rights. Kuala Lumpur

Asingwire Narathius and Kiwanuka Joseph (2004) A Baseline Study for Ngorongoro Comprehensive HIV/AIDS Project –Ngorongoro District, Tanzania. ACORD. Kampala

Basstanie, H. and Ole Moono, R. (2004), Ngorongoro District Stakeholders' Planning Workshop on HIV/AIDS

Basstanie Hilde and Rafael Ole Moono (2004), Ngorongoro HIV/AIDS Program Formulation Report May 2004

Coast Ernestina (2002), HIV/AIDS in Ngorongoro District Report for Ereto – NPP, London School of Economics, Houghton Street London, October 2002

Coast Ernestina (2003), Sexual Behaviour and Perception of Risk: Male Rural – Urban Migration in Tanzania, London School of Economics, 2003

GoT (2001) National Policy on HIV/AIDS. Dar es salaam

GoT (2003), "The National Multi-sectoral Strategic Framework on HIV/AIDS (2003 - 2007)". Dar es salaam

Horton, D. *et al* (2003) Evaluating Capacity Development: Experiences from Research and Development Organisations around the World. Ottawa.

Karatu (2003), Medicos del Mundo-Spain, HIV/STD Annual Surveillance Report 2003, Project for the Control of HIV/STD Transmission, Karatu District

Magoma M (2004). "Syphilis and HIV sero-prevalence among antenatal mothers in Ngorongoro district for the period 2002 – 2003"

Ole Moono Rafael (2000). "HIV/AIDS Status and Awareness among the Maasai in the Ngorongoro Conservation Area (NCAA)".

Oxfam-Ireland (2004), HIV/AIDS Strategy for Tanzania 2004/05 – 2006/07

Southern Africa AIDS Training Programme (2001) Mainstreaming Gender in the Response to AIDS in Southern Africa. Harare

Zewdie, D and Flora, J. (2003) Local Government Responses to HIV/AIDS: Handbook. World Bank