Human Development Trust

STRATEGIC PLAN

2007- 2009

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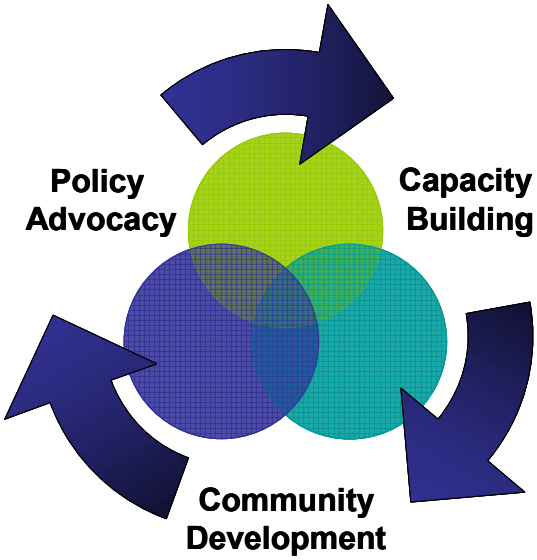
Secretariat to the Tanzania AIDS Forum

HDT Strategic and Operational Framework

HDT strategic and operational framework encompasses Policy Advocacy, Capacity Building and Community Development. These pillars are interlinked and they form a means through which the vision of HDT is to be achieved.



Policy Advocacy	Engage with policy makers, with and on behalf of civil of society organizations to influence policy and practice
Community Development	Working in partnership with stakeholders to provide support services to the community
Capacity Building	Working with civil society organizations to help themselves as a means to delivering high quality services

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CMACS	Council Multisectoral AIDS Committee
CHMT	Council Health Management Team
DPG AIDS	Development Partners Group HIV/AIDS
GBS	General Budget Support
HDT	HDT Trust
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
INGO	International Non-Governmental Organization
LGA	Local Government Authority
PEPFAR	US President's Emergency Plan for AIDS Relief
PMCT	Prevention of Mother to Child Transmission.
PHE	Peer Health educators
NACP	National AIDS Control Program
NGO	Non-Government Organization
NMSF	National Multisectoral Framework on HIV/AIDS
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umasikini – National Economic Growth and Poverty Reduction Strategy Plan Phase 2
M & E	Monitoring and Evaluation
MVC	Most Vulnerable Children
TACAIDS	Tanzania Commission for AIDS
TAF	Tanzania AIDS Forum
PLHIV	People Living With HIV/AIDS
SCO	Strategic Change Objective
STDs/STI	Sexually Transmitted Disease/Sexually Transmitted Infection
URT	United Republic of Tanzania
UNAIDS	United Nations Joint Program on AIDS

EXECUTIVE SUMMARY

The HDT Trust (HDT) is a non for profit, non-government organisation (NGO) operating at both grassroots and national level. This dual-operating experience enables HDT to articulate relevant issues and present well-founded arguments regarding the state of HIV/AIDS in Tanzania today. HDT is assisted in this task by competent and dedicated staff and managed by a committed board of Trustees all of which serve to better exemplify the organisation's capacity and credibility. HDT, on occasion, also draws on a pool of expert consultants to avail expertise and assist in the strengthening of organisational structures, design and processes. HDT is an organisation that is continually learning, driving to succeed and in doing so helping to better serve its target beneficiary –people living with HIV/AIDS and the community.

This strategy focuses on three thematic areas of NMSF namely HIV/AIDS prevention, Home Based Care and support for orphans and their carers. A key focus within HIV/AIDS prevention will be on youth in particularly male youth, and will be supporting communities to articulate relevant interventions suitable to their identified local need.

The focus under the Home Based Care (HBC) scheme will be the care and support of those suffering ill-health whilst providing or in receipt of, HBC. This will include working with carers as well as the development of support networks aimed at reducing stigma and improving the quality of life for the those living with HIV/AIDS. The third thematic area is caring for orphans and vulnerable children through the provision of foster-care arrangements, a priority here will be afforded to older people who act as sole carers to orphans. Support in this case will be working with families to develop income generation activities to improve the general welfare of the family. Combined efforts to work with local government will be made in order to make sure orphans inherit land and in doing so increase their sense of self-esteem and belonging.

Finally we will work on a cross-cutting basis via policy and advocacy to influence national policies on HIV and AIDS, Health and Poverty through our involvement in the HIV Working Group of Policy Forum, Public Expenditure Review, Technical Working Groups ,and through our role as secretariat to the Tanzania AIDS Forum (TAF). It is in this capacity that we will work with Government, Development Partners *and* CSOs to influence debates relating to the review of National HIV/AIDS Multisectoral Framework, MKUKUTA and funding for HIV/AIDS more generally.

HDT's strategy focuses on three regions namely Dar Es Salaam, Mbeya and Kagera. Expansion beyond these areas will be dependent on organizational capacity and determined by identified needs and opportunities in HDT's priority areas. HDT has chosen for the present time to utilise its resources and expertise in order to best lead a targeted and coherent campaign, this means working in partnership with other organisations in order to co-ordinate and compliment existing programs.

Although costing for the 2007-2009 strategy could not be made precisely, the projections for three years is Tsh *1,938,993,000* this includes program outlay, capital and running costs. Annual budget are determined in the annual business plans developed at the end of each year. The current annual budget is about 448 million. The support cost for the next three years is 319 million which about 24% of the total budget. HDT expects to meet 25% of its support cost through income generation activities[1]. This untied funding is channelled directly back into the running costs of the organization on a not for profit basis – this work operates as a separate arm of HDT's work allowing the organization to be self-sustaining and diversify its funding base.

Human resources necessary for the delivery of this strategy will be employed in a transparent manner using HDT's internal organization polices.

[1] Through Research and Training Program HID generates un restricted income through charging user fee. Part of this fund supports the organization and programs.

PART ONE INTRODUCTION

This three year strategic plan for the HDT Trust (HDT) draws from a contextual analysis, it strives to address issues ranging from prevention (with a particular focus on male youth and young men), Home Based care schemes and socioeconomic support to orphans and vulnerable children to the capacity-building of HIV/AIDS CSOs in general program development and policy advocacy.

The response to the HIV/AIDS pandemic in Tanzania has been largely driven by a number of small organisations, both civil society organisations (CSOs) and faith based organisations (FBOs) scattered all over the country. The government's response was for many years spearheaded by the health sector under the National AIDS Control Program (NACP). Considerable changes occurred in 1999 when HIV/AIDS was declared a national emergency by the Tanzanian President, which triggered the development of the first National HIV/AIDS Multisectoral Strategic Framework (NMSF). Subsequent formation of TACAIDS – the organization charged with coordinating the national HIV/AIDS multisectoral response was also another outcome. TACAIDS has gone on to facilitate the formation of district and regional structures [CMACs] to co-ordinate the response; these structures have yet to prove themselves at either level.

HIV/AIDS is a high profile and complex development challenge at sub-district, district regional and national levels. HIV and AIDS has also received increasing attention in recent times in national strategies including the national poverty reduction strategy, MKUKUTA[2]. The Government of Tanzania, in recent years has also been the recipient of increased financial support from the international community to respond the HIV/AIDS pandemic including direct budget support as well as specific HIV/AIDS funding streams such as the Global Fund, the World Bank T-MAP fund, U.S PEPFAR funds, and support from other bilaterial delveopment partners. The growth in funding and other mechanisms supporting the national HIV/AIDS response are yet to create sufficient opportunities for CSOs to adequately engage in these new initiatives and structures and as a result a coherent and strong community response is not yet to be realized. Coordination of CSOs remains a challenge both at the national and local level; particularly at national level where the new CSO forum has been formed and its functions are to be embraced and supported by stakeholders. CSOs lack capacity in a number of areas, including proposal writing, monitoring and evaluation, organization design and advocacy skills all of which would significantly add to the tools within their grasp to effectively engage with the combating of the HIV/AIDS pandemic. Efforts to build the capacity and catalyse the engagement of CSOs in advocacy and MKUKUTA will be strengthened through the HIV and AIDS Working Group of Policy Forum and the recently formed Tanzania AIDS Forum (TAF).

The national response to the HIV/AIDS pandemic in Tanzania is challenged by the rural nature of the population where centrally developed and designed programs fail to sufficiently take account of regional variance or rather lack the infrastructural or logistical competence to reach these areas adequately. This challenge is likely to feature strongly in the review of the NMSF and MKUKUTA coupled with calls for a serious reappraisal of the current focus and scope of interventions in order to meet those communities most at need.

In many parts of the world HIV/AIDS interventions have focussed on women as a risk group. While this is true, it has masked the crucial role of men in the prevention and care strategy. **HDT renews calls for the prioritization of the role of men within HIV/AIDS interventions as current gender norms dictate that men have a significant role to play in combating the pandemic**

Looking at the year 2003/04 data, they showed for the second year running a decrease in national HIV prevalence. This was confirmed by the community-based survey THIS,[3] with national prevalence estimated to be 7% among adults with females disproportionately affected some 7.7% versus 6.3% for men. Orphans were also a significant group estimated to be approximately 1.5

[2] MKUKUTA is the popular Kiswahili name for the National Strategy for Economic Growth and Poverty Reduction where CSOs did input heavily on integration on cross cutting issues including HIV and AIDS
[3] Tanzania Mainland: HIV/AIDS Indicator Survey 03- 4, Key findings

million, 0.6 million of which are a direct result of the AIDS pandemic and whom most live with grand parents or extended relatives. HDT will support orphans and vulnerable children through interventions focused on increasing family livelihoods which prioritize carers (most of whom are older people themselves). A program of innovative interventions is proposed with the aim to increase the self esteem of the most vulnerable children (MVC) by working with local governments to ensure children affected by HIV/AIDs will be able to inherit land or be bequeathed land and in turn enable a level of self-sustainability in adult-hood.

At the household and community level, HIV has been shown to reduce productivity, through the direct correlation to the increase in medical expenditure and reduced household savings, labour activity and burden on carers. Behind these statistics lies the stark reality of individuals and families who face death, bereavement and poverty as a result of this silent epidemic. The burden of caring for individuals living with HIV/AIDS and for orphaned children falls disproportionately on women. HIV is intimately linked to poverty, and this relationship is bi-directional.

HDT is committed to human rights of all citizens and will strive to be innovative in addressing some of the challenges cited above, by developing strategic, cost effective and sustainable methods of approaching HIV/AIDS interventions. For instance, HDT will focus on the often- forgotten role of men in HIV prevention within its programs and policy advocacy. HDT will also work with health facilities and local government, Home Based Care programs and focus on the role of primary carers with the aim of improving the quality of services as well as reducing stigma. In addition, referrals to VCT and supportive counselling will be prioritised while working and supporting local and regional governments to mainstream these activities into regional and district plans.

Orphans and Vulnerable Children will be supported through both economic and psychosocial modes with the aim of bringing a human face to the pandemic. Foster families and particularly older foster carers will be facilitated to improve their access to income not only to support orphans but the welfare of the family unit in general. Capacity building activities will focus on communities, CBOs and PLHIV organizations as well as support to institutions and ministries to develop and implement HIV and AIDS work place programs.

Policy advocacy and governance in HIV will be central to the business of HDT in influencing national policies as well as working with partners and other CSOs to acknowledge how advocacy can help them to achieve their mission. Specific engagement will take place with the Parliamentary Committee responsible for HIV and AIDS to inform them and enable them to effectively contribute in the parliamentary budget sessions. To catalyse capacity of CSOs in advocacy, capacity building of other CSOs in the HIV/AIDS issues will be strengthened.

Networking with institutions such as TACAIDS, UNDP, UNAIDS, World Bank, Tanzania Association of Non-Governmental Organizations and Policy Forum will be strengthened as well as the central role HDT will play as secretariat to the newly formed network of CSOs working on the HIV/AIDS pandemic - the Tanzania AIDS Forum (TAF).

PART TWO ABOUT US

2.1. VISION AND MISSION

Our vision is a society where health is a priority and where rights of children, youth, women, men and old people are respected in all understandings. [Health is defined as a state of well being and not merely the absence of disease or infirmity.]

To achieve the above vision;

Our mission is to pioneer new standards of substantive equality for men, children, youth and older people throughout the country through working with communities and their organizations.

2.2. OBJECTIVES AND FUNCTIONS

1. In *partnership* with communities, design and implement projects that target youth, children, women, men and older people to improve their quality of life including but not limited to, those which facilitate greater coherence and connections between political and economic considerations and human rights, social justice and development.

2. To build the *capacity* of community groups and organizations of PLHIV in the fields of advocacy, partnership and HIV/AIDS programming.

3. To *influence* the creation of policies, programs and legislation at local, regional and national level that advances the role of human development in creating a better, fairer and more equitable society.

2.3. CULTURE AND VALUES

At HDT we will seek to address poverty, HIV/AIDS and governance, by seeking in all our undertakings to be:

1. Collaborative
2. Accountable
3. Innovative
4. Cost effective
5. A conduit to empowerment for communities *and* their families in striving for sustainable development
6. An agent of social change
7. Linking and leaning the work of HDT

2.4. COMMITMENT OF HDT TRUST

1. We commit to and listen to the people we serve, ensuring that their voices are heard, this also contributes to continuous learning for HDT and its staff members and enables us to feed this into our overall programs and priorities.

2. Women and youth are particularly vulnerable to both poverty and HIV, we are therefore committed to devising methodologies that will remove gender inequalities and economically empower them.

3. We are committed to pioneering new standards of representation and civic engagement in public policies, planning and implementation to improve quality of life for vulnerable groups, including but not limited to social-economic, legal and health endeavours.

4. We are committed to advocating for the health and education of children, old people and youth throughout Tanzania.

5. We are committed to network and work in partnership with other actors in the country both state and not state. In particular, we will work towards coherent and effective partnership between CSO working in HIV, Health, Gender and or in policy and budget processes.

2.5 PROJECT MANAGEMENT GUIDELINES

All programs and work under HDT shall be guided by nine core questions as part of being accountable and assessing impact of the work in the life of people. These questions are:

1. What significant changes have occurred in people's lives as a result of our work?
2. Have our interventions prioritised and addressed the equity and inclusion of children, youth, women and old people? And how will we measure this?
3. What changes have happened as a result of HDTs interventions in the policies that infringe the rights of vulnerable groups and civic engagement.
4. Have we involved and empowered the stakeholders in the project including planning, implementation, monitoring and evaluation.
5. Have we built the capacity of the communities we work with to sustain the interventions?
6. Are these interventions cost effective?
7. To what extent have we learnt from our work and how have we adopted and shared the experience as well as lessons learned?
8. Have we documented our experience and good practice and disseminated to our partners both national and internationally?

PART THREE STRATEGIC PLANNING PROCESS AND GEOGRAPHICAL COVERAGE

3.1. STRATEGIC PLANNING PROCESS

The decision to set the timeframe for this first strategic plan for the years 2007-2009 was made by the HDT Board of Trustees meeting held on September 16th 2006. A time frame for the planning process was agreed, starting with the review of current trends and characteristics of the national response coupled with the generation of strategic issues from staff and trustees using the HDT objectives and operational framework as well as a staff planning day using participative techniques. A meeting comprising Board members and staff was held which resulted in an initial proposed list of strategic issues. Following which a SWOT analysis[4] was undertaken and issues discussed at length, after which prioritisation of four strategic issues was decided upon. Strategic change objectives and SMARTS profiling[5] was used to further narrow the development of program activities and action plan.

The Annual Business Plan (Operating Plan) for 2007 was then developed based on the strategic change objectives with a prioritization of depending on confirmed funding. The planning process looked both retrospectively at what HDT has achieved in its short-life as well as projecting forward to where we would like to be in the future. This Strategic Plan will be implemented over a three year period but reviewed on an annual basis through the business planning process and development of the reflective annual report undertaken by key-stakeholders, staff and the board. It is a result of this latter process, which will inform the business planning for the following year and milestones and target progress checked against this longer-term Strategic Plan.

3.2. GEOGRAPHICAL FOCUS

For the first 3-year period, HDT will prioritise three regions - Dar es Salaam, Mbeya and Kagera. In Mbeya and Kagera region, two districts in each region will initially be covered and expansion depending on the capacity. Work in other regions not on permanent basis will be decided depending on need and capacity. During the annual review of the Strategic Plan and Business Plan for the subsequent year, decisions will be made for further expansion or not.

3.3. PROGRAM DESCRIPTION

This Strategic Plan covers the period from Jan 2007 to Dec 2009,[6] the focus for our aforementioned priority groups within these consecutive 3 years will be from within the following thematic areas.

Prevention

This strategy prioritises young men both in and out of school based on the research-supported assumption that a focus on men as the primary target will have an associated impact upon women and children. This method is employed with the intention that men take ownership and responsibility for their decisions. The hypothesis behind the approach is that if men become central to the epidemic and responsible then the risk to women will decrease. The approaches to be used

[4] SWOT analysis is a process which analyses the strengths, weaknesses, opportunities and threats of a particular situation or program

[5] SMARTS is a tool which can assist with program planning and prioritisation, includes a checklist which activities should take into account in their formation it stands for Specific, Measurable, Achievable, Relevant, Time bound and Sustainable

[6] HDT is conscious that FY reporting and program length parameters do not always coincide depending on the systems used and whether it is a locally-supported program or one from iNGOs/funders which may work to different reporting years such as a June/July FY, March/April FY, August/Sept FY or a calendar basis Dec/Jan. Irregularities will be flagged in the annual operating plan and within the annual review report. However this plan should be read within the time specification outlined unless otherwise specified.

will range from use of theatre for development, Peer to peer education and other participatory approaches .

Care and Support

HDT will undertake interventions to complement and increase utilization of the current initiatives of Care and Treatment Centres (CTC), VCT and TB centres through community-based DOTS [7]. It will encourage and support the formation of support groups for people living with HIV which will focus on helping them to help themselves, in addition to mobilising communities to go for VCT and linking with VCT, CTC and HBC. Where possible and needed, HDT will address urgent nutritional needs to those critically ill as well designing and supporting less labour intensive livelihoods.

Impact Mitigation

AIDS brings considerable impact at family level. HDT will explore ways of working with cohort family groups to lessen the impact. Among the focus will be improvement of the economic level of foster families, with an emphasis on families headed by older people. Approaches to support orphans psychosocially will be done to increase their self esteem and sense of belonging to the community. We will work with local government to ensure that orphans inherit land which will make them feel that they are an important and integral part of the community.

Policy Advocacy and HIV govanance

Policy advocacy will continue to be central to the work of HDT. We will continue to engage in the HIV and AIDS working Group of Policy Forum. Being the secretariat to the Tanzania AIDS Forum, HDT will continue fostering coordination of CSOs working in HIV and ensuring that they engage strategically in policy platform and national financing strategies. The organization will strive to lead in this work, part of which will be to contribute to HDT's own internal development strategy facilitating the development of HDT staff in representing HDT as and when required. In Mbeya and Kagera, we will contribute and catalyse civic engagement in policy and budget processes related to HIV and health. In particular we will actively engage in implementation and review of MKUKUTA and National HIV and AIDS Policy.

HIV/AIDS Programming

HDT will continue supporting institutions in developing and implementing HIV/AIDS programs mainly focussing on work places. Tools to help institutions to develop monitor and evaluate their work place programs will be finalised and shared with stakeholders. This will also form part of HDT's own organization support and income generation.

Institutional Strengthening

HDT will strengthen itself in many ways including procuring capital items essential for efficient functioning, employing competent staff, strengthening internal systems and capacity building via transfer of expertise to all HDT staff.

Resource Mobilization

HDT will strive to generate its own unrestricted funds from various services including consultancy to match funds received from development partners. HDT expects to generate at least 30% of its annual overhead budget from undertaking consultancy. HDT will clearly outline where its funds are derived from and will make a clear delineation in its core work programs so partners are aware of the two 'arms' of HDTs work.

[7] DOT stands for Direct Observed Therapy for Tuberculosis

PART FOUR STRATEGIC ISSUES AND KEY OBJECTIVES

Drawing from HDT operational framework, four strategic issues are presented below:

4.1 ISSUE 1 To Promote and Implement Strategic HIV/AIDS Interventions

4.1.1: Approaches to HIV and STI prevention work that effectively address gender and sexuality issues, with a particular focus on men are strengthened in operational regions
4.1.2: Innovative HIV and AIDS care, support with emphasis on cross referral System and support groups are formed and functional in operational areas
4.1.3 Orphans and Vulnerable Children (MVC) are cared for through community based interventions through foster families

4.2 ISSUE 2: Engage and undertake strategic advocacy work

4.2.1. HDT and other actors engage in policies related to HIV, health and poverty reduction (formulation, implementation and review) as a strategy to improve ownership, seeking accountability and ensuring health in the community.
4.2.2. CSO [working in HIV, health, gender and poverty reduction] are coordinated through TAF to effectively engage in the policy and budget processes

4.3 ISSUE 3: Strengthen the capacity of partners and allies in HIV/AIDS

4.3.1 Partners in implementing HIV work place programs are supported individually and implement quality work place programs
4.3.2 PLHIV partner organizations are supported individually and collectively to improve organizational and project management.
4.3.3 Partner organizations have capacity built in policy analysis and effectively engage in policy processes

4.4 ISSUE 4: Strengthen institutional quality control in Governance and Management

4.4.1. Management Information System within HDT is strengthened
4.4.2. Human Resource capacity is strengthened individually and collectively to better deliver through the staff development program
4.4.3. Partnership and networking with partners defined and strengthened

4.5. Human resources to implement the strategic plan.

To achieve the above objectives, HDT proposes to increase its human resources to implement this strategic plan. The number of staff are expected to increase incrementally to accommodate the requirements an expanded number of activities. The budget presented here, reflects the cost of each individual staff member ranging from salary, medical service, pension, housing, gratuity and staff

development estimated at 5% of the annual budget. The figures in the table below are in TSH millions reflecting the annual budget.

Post	Year one		Year two		Year three	
Executive Director	1	24	1	30	1	33.6
Program Manager	1	14	3	39	3	45
Finance and Admin Manager	1	12	1	11.8	1	13.2
Finance and Admin Assistant	1	9.6	1	6	1	8.2
Regional Program Officer	2	10.8	3	19.6	3	22
Policy Advocacy officer	1	10.8	1	9.4	1	12.8
Regional Program Assistant	2	12	3	20	3	22.2
Research and Training Officer	1	10.8	0	00	0	0
M & E and documentation officer	1	14.4	1	14.4	1	18
Policy Advocacy assistant	0		1	9.2	1	11.2
Security guard	1	3.8	3	14.4	3	16.4
Driver	1	4.8	2	12	3	20
Office Assistant Dar Es Salaam	1	2.4	3	8	3	9
Total	15	129.4	22	193.8	22	231.6

PART FIVE MANAGEMENT OF KEY ASSUMPTIONS

As part of the strategic planning process, a SWOT analysis was undertaken on the four main strategic issues and the accompanying objectives. This process allowed for further refinement and assumptions, risks and dependencies to be highlighted at the activity level. These elements will then be factored into the yearly business planning process .

1. Program strategies are relevant and effective

The strategic plan draws from the experience gained by staff and Board on review of national priorities. These strategies will continue to be monitored through quarterly meetings [DIRA] and the annual Participatory Reflection and Review Process. Adjustments will be made as necessary depending on operation on the ground and national priorities.

2. Adequate funding is available

HDT currently implement its activities using its own funds, which are limited. For HDT to be able to implement the planned interventions, it will require funds. A strategic change objective to strengthen partnership and increase-funding base will be dealt with. Both the Board of Trustees and management team will have the responsibility of raising funds which will be factored into the risk and dependency register in order that HDT can mitigate against unforeseen circumstances should they arise.

3. Lessons can be learned and used by others

HDT will invest strongly in documentation and dissemination highlighting promising practices arising from our work and partners. Leverging and learning activities will continue to be part of organizational culture. Care will be taken to ensure that learning is transferable to other contexts. HDT will also aim to foster a culture of shared learning by being open and transparent with our lessons learned and strategic planning processes, this is of particular importance in transferring expertise in our organization design, development, capacity building and operations.

4. Prevention can lead to a change in risk taking behaviour

Preventive strategies which are gender sensitive and mainly focused on men will result in the change of men's behaviours hence reducing the vulnerability of women.

5. Policy influence and governance in HIV will lead to favourable condition intended.

The work around policy analysis, advocacy and governance will aim to influence policies and support an environment of civil society participation. It is assumed that once the policy change is accepted then the intended obstacle will have been solved. Whilst this may not be the case, continuous engagement and monitoring will be employed to review implementation strategies, and operationalisation of policies, towards ensuring intended outcomes are achieved.

PART 6 STRATEGIC OBJECTIVE FRAMEWORK

STRATEGIC ISSUE	STRATEGIC OBJECTIVE	AREA OF WORK	INDICATORS	Proposed cost outlay[8]
6.1 Promote and Implement strategic HIV/AIDS Interventions	6.1.1: Approaches to HIV and STI prevention work that effectively address gender and sexuality issues, with a particular focus on men are strengthened in regions where HDT works.	Undertake HIV/AIDS intervention within schools and out of school youth and focussing on males Work with LGA and Communities to design and implement community based responses against HIV including but not limited to Theatre For Development Develop and disseminate messages that promote HIV prevention with special focus to men through appropriate media	50 primary school reached At least ten wards developing comprehensive programs At least two radio (stations) have accepted and aired HIV messages (this is also a TOMSHA indicator..)- Where, region, HDT's work? Role HDT is envisioned to have in contributing to this result…etc.	295
	6.1.2: Innovative HIV and AIDS care, support with emphasis on cross referral system in the regions HDT works are designed and implemented	Undertake interventions that complement CTC, VCT and HBC by creating links between facilities, support groups for those infected and affected communities . Provide nutrition to patients in needy PLHIV as well as support to families to develop less labour intensive activities for livelihoods	At least 300 AIDS patients cared for and provided with nutrition At least four support groups formed, supported and active Increased VCT uptake by at least 25% in areas of operation	924
	6.1.3: Community based and sustainable support to orphans and vulnerable children are designed and implemented in priority regions of HDT	Provide economic support to orphans though foster families Provide psychosocial support to OVC in collaboration with foster families	At least 150 foster families supported in IGA At least 50% of supported OVC has their self esteem increased	298,

[8] This column has been included to show an indicative outlay over a 3 year period for the whole total of delivering the HDT strategic plan, it is designed to be approximate only and based on current predicted budget required to meet all stated objectives and projected over the 2nd and 3rd years to make a sum total. The process used to devise the final figure follows the x (???)approach. HDT believes costing out the strategic plan in this way demonstrates best value for money and allows comparators (benchmarks or targets?) to be set with the annual business planning and review cycle.

STRATEGIC ISSUE	STRATEGIC OBJECTIVE	AREA OF WORK	INDICATORS	Proposed cost outlay[8]
6.2 Engage and undertake strategic advocacy work	6.2.1: Advocacy for favourable policies in HIV, health and poverty reduction (formulation, implementation and review) is done to strength civic engagement and government accountability.	Identify emergent policy issues [planning, implementation and performance] in the view of citizen Host, attend and substantively contribute to the PER[9] and budget cycle processes Facilitate CSO consultation to in put into policy development and review processes Jointly generate policy and budget briefs including popularization, dissemination and engagement with parlianmentalians and other decision makers to promote decisions informed by local situation	The number of advocacy issues entified and addressed with potential outcomes. At least one CSO consultation meeting done to in put or influence policies At least one policy implication document produced each year and engagement with decision makers done	326
	6.2.2: Coordination of CSO in Tanzania working in HIV, health, gender and poverty reduction are coordinated to effectively engage in the policy and budget processes though Tanzania AIDS Forum	Facilitate formation of thematic/ self coordinating entities to address HIV and AIDS through TAF As a secretariat, represent CSO in national and international Forum and provide feedback as a way to strengthen the voice of CSO in country	At least three policies reviewed and feedback provided. 4 thematic Groups formed and active by the third year Membership increase to over 80 by third year	380

[9] Members of this group include: Oxfam Ireland, Tanzania Gender Networking Programme (TGNP), Concern, CARE International, ACORD, Save the Children, Research on Poverty Alleviation (REPOA), PACT, Voluntary Service Organization (VSO), Action Aid, Youth Action Volunteers, Kuleana, Transparency International, Amani ECCD, HDT Trust, Shinyanga Foundation Fund, TADESO, Youth Empowerment for Sustainable Development and Youth Partnership Countrywide.

STRATEGIC ISSUE	STRATEGIC OBJECTIVE	AREA OF WORK	INDICATORS	Proposed cost outlay[8]
6.3 Strengthen the capacity of partners	6.3.1: Partners are supported to mainstream HIV and AIDS individually and collectively at work place and in core business	Undertake marketing of HDT's work place program and its quality programming Finalise tools to measure quality of HIV mainstreaming Support Institutions [NGO, Companies and Government institutions to develop and implement HIV work place programs	At least 40 Partners mainstreaming HIV internally and in program .	145,[10]
	6.3.2 To assist and support organizations of PLHIV in the Organizational design and programming	Support and work with positive peoples organizations to strengthen their organizations and programs	Atleast 20 organizations of PLHIV have their capacity strengthened organizationally and programatically	540
	6.3.3 Training CSO in Policy analysis and advocacy	Work with CSOs to provide policy advocacy support via training and mentoring	At least four training are conducted by the end of third year	160
6.4 Strengthen HDT capacity	6.4.1: To strengthen management Information system including M&E	Train staff on information management Design owned tools for project management and facilitation skills Development and strengthening policies to lead the organisation i.e. financial manual Training staff in project management, monitoring and evaluation	At least three staff undergoing training in different specialities Project management guideline developed Project documentation and tracking system is strengthened	27

[10] These services are charged and the money obtained contributes partly to the overhead and program cost.

STRATEGIC ISSUE	STRATEGIC OBJECTIVE	AREA OF WORK	INDICATORS	Proposed cost outlay[8]
	6.4.2: To strengthen human capacity and resources within the institution	Recruitment of staff with specific skills Strategic expansion of funding base Managing Human Resource including salaries and other support cost	At most 22 staff are employed and working with HDT by the end of third year Number development partners funding HDT strategy	548.8
	6.4.3: To strengthen partnership and networking	Define partnership strategy and levels of engagement Foster linkage with partners for mutual learning	Partnership strategy developed and levels of engagement defined Strategic partners increased to at least three	515.5
				4,054.37
	6.4.3. Organizational cost including rent, utilities and sundry expenses	Overhead cost (5%)	Improved organizational service delivery systems	193.07
TOTAL predicted outlay for 3 year strategic plan Tsh				4,054.37