



## **TANZANIA NETWORK OF WOMEN LIVING WITH HIV AND AIDS**

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**Meeting Report with AGYW and CSO representatives to prioritize AGYW needs during the process of planning Council Health Budget held at Coffee Garden Mbeya Region.**

**Venue: Coffee Garden Mbeya Region.**

**Date: 31<sup>st</sup> July, 2019**

### **EXECUTIVE SUMMARY**

The aim of the one-day meeting conducted in Coffee Garden was to create awareness on National Budget process, Comprehensive Council Health Planning (CCHP) among AGYW, CSOs and community at large. Also, to discuss on how the meeting participant will be effectively engaged facilitate the allocation of resources to facilities to accommodate PrEP and HIVST in Mbeya budget of 2019-2020.

AGYW and CSO need to understand very clearly CCHP Calendar circle starting at end of November to June; this is for clear and effective engagement on CCHP to make sure that their needs are well presented and included on the plans.

During the session it was observed that there is need to create awareness among community members by both AGYW and CSOs.

### **Training Methodology**

The training used a participatory; experience based training methodology, group discussion and testimonies from AGYW Participants.

### **Participants**

The training consisted of AGYW participants from Mbeya MC and Kyela DC together with CSO representatives. A complete list of participants is found in **Annex A**.

### **Facilitators**

The training was facilitated by Mr. David Aluko from Health Policy Plus (HP+) Mbeya.

## TRAINING PROCEEDINGS.

### **Session One: Participant Registration and Introduction**

The training started at 8.00 am by participants registering for the training and the activity were carried out by TNW+ Monitoring and Evaluation Officer. Participants were given chance to introduce themselves for more familiarity and then followed the introduction of the training facilitators. Thereafter, participants were therefore provided with training logistics.

**Then it was followed by health break at 11:00 AM**

### **Session Two: Overview of Dream Initiative**

This presentation was facilitated by TNW+ project coordinator Mr. Kennedy Godwin of which he provided a brief description of DREAMS Initiative as a PERPFAR initiative that is built up by six key words: Determined, Resilient, Empowered, AIDS- Free, Mentored and Safe women. The initiative aims to reduce new infections by 40% among 10-24 year old vulnerable adolescent girls and young women (AGYW).



**Mr. Kennedy Godwin during facilitation session**

Mr. Kennedy proceeded on explaining goals of DREAMS as to reach approximately 50% of the target population through the delivery of a tailored core package of evidence based interventions which have successfully addressed HIV risk behaviors, HIV transmission and gender-based violence. The targeted beneficiaries

by the initiative are: children aged 10-14 years who are orphan vulnerable children (OVC) in school; aged 15-19 years who are out of school; and sexually active youth while 20-24 years being young women engaged in compensated sex.

It was also highlighted that, DREAMS is implemented by different partners who work collaboratively with Civil Societies Organization and local institutions to reach the targeted beneficiaries in a more effective and efficient way. The key partners of the DREAMS are

AGPAHI, JHPIEGO, REDCROSS and PACT. The nature of interventions implemented by different partners is linked together and demonstrates the continuum of HIV and AIDS services.

The presenter went on to say, As much as the DREAMS initiative for HIV testing of adolescent girls and young women is comprehensive, collaboration and information sharing between community partners in facilitating effective referrals from HIV testing to care and treatment services is evident. In addition to information sharing, another purpose of the initiative is to train the respective service providers in the districts. Also, training involves imparting knowledge and skills to peer educators to support and educate the adolescent girls and young women on issues related gender-based violence, post violence and sexual and reproductive health. Interestingly, the utilization of radio programs to provide sexual and reproductive health education- specifically on available family planning methods to be used by the adolescent girls and young women.

### **Session Three: Comprehensive Council Health Plan is an annual Council Health Plan**

The session was facilitated by Mr. David Aluko from Health Policy Plus (HP+), He started by telling training participants that CCHP entails a consolidation of Council Health Management Team and health facility plans. Plans are prepared in accordance to the guiding frameworks. The ultimate aim of CCHP is to maintain and improve the health status of Tanzanians through the provision of



**Mr. David Aluko during his presentation**

Promotion, Prevention, Curative and Rehabilitation health services.

Facilitator clearly elaborated as CCHP becomes comprehensive if it has the following aspects: Includes Curative, Preventive, Rehabilitative and Promote services derived from the NEHCIP, includes all financial and non-financial contributions of all actors, includes plans of all levels of services delivery at Council level; Dispensary, HC, Hospital, its preparation has the representation of all stakeholders different sectors and departments.

### **The Council Health Planning Calendar Circle**

Facilitator provided the calendar as described below:

#### **End of November**

Councils notified or collect information of resources available for Health Block Grant, Health Basket Funds and other partners for the next financial year

#### **December**

Develop health facility and CHMT plans

#### **January**

Update health facility and CHMT plans as per the

approved ceilings, CHMT scrutinize health facility plan, Health facility planning team address CHMT comments, plan is approved by HFGC and submitted to CHMT, Amalgamation of health facilities plans and CHMT plan

#### **February**

Presentation of draft CCHP to the Council Health Service Board (CHSB) and Full Council Final CCHP submitted to Regional Secretariat (web-based), The RS checks the CCHP for its conformity with national guidelines. All recommendations from the RS to the Council are submitted in writing. CHMT works on issues raised by RS and re-submits plans to RS, RS submits CCHP with assessment reports to PORALG (web-based)

#### **March**

MOHCDGEC and PORALG-Health conduct assessment of CCHP-web-based plans



Meeting participants during session hours

## **April**

MOHCDGEC and PORALG-Health conduct analysis of approved CCHPs and prepare summary analysis report. Submission for parliamentary session

## **June**

Distribution of papers and recommendations for funding approval based on summary analysis CCHP report and third quarter financial income and expenditure for current financial year to BFC members

In addition to above it was highlighted by facilitator that, CCHP planning team consists of: Council Health Management Team Members (Managerial and Technical members), Council Planning Officer, Council Health Accountant, Representative from the Private Sector, Representative from NGOs, Representative of Faith based service providers (religious organizations, voluntary agencies), Representative of the RHMT and any other members whose involvement will prove relevant.

Health interventions that are planned in Council level includes: Reproductive Health and Integrated Management of Adolescent and Adult Illness (IMAI), Prevention of Mother-to-Child Transmission of HIV, Antiretroviral Therapy (ART), Testing and Counseling (VCT, PITC, PMTCT), Promotion of Condom use, Management of STIs, Safe Blood Transfusion Services and Early Infant Diagnosis of HIV; thus implies AGYW needs, facilitator added.

### **Session Four: Group Discussion and Presentations (strategy toward Resource allocations)**

After session one, the facilitator prepared some question for group discussion. Participants divided into three groups.





After discussion it followed by presentation by which each group presented their discussion outcomes.

Questions	Group one	Group two	Group three
List steps involved on advocating for involvement during Health budgeting planning process	<ul style="list-style-type: none"> <li>• Problem identification</li> <li>• Setting objectives</li> <li>• Target identification</li> <li>• Preparing message</li> <li>• Have work plan in place</li> <li>• Monitoring and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Describing the issue to be advocated for</li> <li>• Describing the goals and objectives of the raised issue</li> <li>• Targeted actors</li> <li>• Self-evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Knowing their Problem</li> <li>• Identifying objectives to achieve</li> <li>• To identification key targets</li> <li>• To prepare a work plan</li> <li>• To evaluate the outcome</li> </ul>
Describe ways to be used to reach AGYW as much as possible are facing in their locality	<ul style="list-style-type: none"> <li>• Prepare sensitization meeting with AGYW on : HIV testing, Condom use education, STIs screening and entrepreneurship</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement of local leaders available on the specific area</li> <li>• Involvement of NGOS, FBOS, and CBOS</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritize AGYW interests and needs in all levels of discussion for better involvement.</li> <li>• Education support</li> </ul>
Discuss types of targets that will be involved in your advocacy as to achieve the desired outcome.	<ul style="list-style-type: none"> <li>• Community</li> <li>• Government</li> <li>• Donors</li> <li>• NGOs</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries</li> <li>• NGOS, FBOS, and CBOS</li> <li>• Use of champions</li> </ul>	<ul style="list-style-type: none"> <li>• Community</li> <li>• Government</li> <li>• Donors</li> </ul>

### **Session Five: Plenary Discussion by meeting participants - Challenges facing participants on Council Health Budget process**

Facilitator and meeting participants together discussed thoroughly challenges facing them as highlighted as follows:

- Meeting participants seems not to be engaged during Council health budget planning process.
- CSO are not informed on the status of Health Budgeting in council level
- Most of the meeting participant was not aware on the Comprehensive Council Health Planning (CCHP) that guide health budgeting process for their Council.
- There is a need to create coordination mechanisms among AGYW and CSO for better involvement.

### **Session Six: Way forward**

Participants agreed together on the following issues.

- To create awareness among community members by both AGYW and CSOs.
- AGYW and CSOs to collaborate together to ensure meaningful engagement to towards through identifying channels for engagement.
- CSOs to coordinate a meeting with AGYW as to build their capacity on demanding fully engagement in the budgeting process and develop a joint action plan.
- To advocate for inclusion of AGYW and CSO representatives during Council Health Budget planning.
- Follow up to be made on assessing the collaboration and engagement among AGYW and CSOs on Council Health Budget process.

### **Meeting Closure**

The training was closed after three participants expressed their sincerely gratitude towards the training on behalf of other participants. They emphasized to collaborate together in having a common understanding and goal toward making budget changes.

## Appendices

### Appendix A: List of participants

S/N	Participant Name	Organization/Place
1.	Nancy January	Kihumbe
2.	Monica Hussein	Nsolaga
3.	Gift Said	Iyela
4.	Sophia Charles	Iyela
5.	Edna Mwesiba	Kihumbe
6.	Aggrey Mkalawa	NACOPHA
7.	Stella Japhet	Kihumbe
8.	Faraja Jickson	Kihumbe
9.	Emiliana Boniface	Soweto
10.	Ferista Deus	Iyela
11.	Christina Solomoni	Kihumbe
12.	Adela Mweso	Kihumbe
13.	Benaya Simkoko	Sokoine
14.	Jeni Nyondo	Igawilo
15.	Kelvin Willy	Maanga
16.	Kisa Mwita	Kihumbe
17.	Barnaba Methew	CARITAS NGO
18.	Scholastica Kalolo	Kihumbe
19.	Robert Eliah	Mbeya Youth Initiative
20.	Christopher Mwanzi	Kihumbe
21.	Betty Msigwa	Kihumbe
22.	Tusekile Mringa	Kihumbe
23.	Kesia Marko	Kihumbe
24.	Hilda Simoni	Kihumbe
25.	Beatrice Issa	Kihumbe
26.	Anastazia Shalize	Kihumbe
27.	Mary Nyanda	Kihumbe
28.	Sophy K. Msigwa	Kihumbe
29.	Khadija Kisenya	Maanga

30.	Atupikige Mwendale	Sinde
31.	Latifa Said Adam	Kihumbe
32.	Kasumba Robert	Mayata
33.	Suzani Mwakipesile	Kihumbe
34.	Josephine Mponda	Ngata
35.	Bupe Kaswaga	Kihumbe
36.	Witness John	Iyela
37.	Rehema Nyanza	Kihumbe
38.	Jesca Juma	Kihumbe
39.	Doreen Rupia	Kihumbe
40.	Belinda S. Mwasungwa	Kihumbe
41.	Jackie Mlungo	Iyela
42.	Zainabu Shitindi	Kihumbe
43.	Mariam Hamis	Iyela
44.	Esther Jacob	Kyela
45.	Patrick Hamisi	TNW+
46.	David Aluko	HP+
47.	Kennedy Godwin	TNW+