THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA (GF)

REPORT ON MAPPING OF PARTNERSHIPS IN TANZANIA MAINLAND

JANUARY 2012

Table of Contents

EXECUTIVE SUMMARY

The Global Fund to Fight fight against AIDS, Tuberculosis and Malaria (GF) has to date committed about US$ 0.8 billion (US $ 1.3 Billion board approved) to assist Tanzania's fight against AIDS, Tuberculosis and Malaria (ATM) through 13 grants. These grants have contributed to: over 200,000 persons placed on Anti Retroviral Therapy (ART); 9,300 smear positive Tuberculosis (TB) cases identified and treated, and; 24,300,000 nets distributed to end users. Tanzania is however considered a high risk country by the GF considering the large size of the investments put in by the GF, the relatively slow pace in implementation of GF related programs, and the country's moderate level of success in grant implementation.

In order to achieve the desired outcomes of GF supported interventions, sound and functional partnerships have been found to be very instrumental. GF partners in Tanzania include: Tanzania National Coordinating Mechanism (TNCM), grant implementers, Local Funding Agent (LFA) and 3rd party partners who provide additional support for grant implementation. In November 2011, GF commissioned a partnership mapping exercise. This exercise aimed at mapping prior and existing partnerships as regards the implementation of GF grants, and documenting, with respect to ATM, how GF partnerships work, their challenges, opportunities and ways to enhance existing partnerships and forging new alliances.

The main challenges which were identified as relates to partnerships for GF grants include: inadequate linkage between TNCM and existing partners' coordination and dialogue fora under the Sector Wide Approach to Planning (SWAp) and others; inadequate structure and resources for coordination among Civil Society Organizations (CSOs); absence of long term technical assistance plan and capacity building strategy; inadequate capacity of indigenous CSOs to meaningfully engage in GF grant implementation; challenges in readily accessing information; instances of inadequate or delayed communication, feedback and reporting leading to delayed disbursements and late implementation; lack of documentation of best practices coupled with the lack of a coordinated medium for disseminating such best practices and achievements to stakeholder constituencies; lack of formal and regular communication and information sharing; absence of standardized guidelines on how TNCM monitors implementation; absence of mutually accepted mechanism for accountability; other potential CSOs partnership roles beyond implementation which are not fully exploited, and; underdeveloped engagement of private sector partners in all stages of GF grant cycle.

It is recommended that the GF Secretariat and TNCM, together with SWAp partners, could explore for efficiency gains, synergies and new collaboration modalities. The main opportunities that exist for making

this a reality include: joint monitoring and oversight as may be made possible by exploiting existing partner dialogue forums and national programme reviews; exploitation of existing Public-Private Partnerships (PPPs) to expand reach; harnessing the diversity of the various technical committees or working groups in the country; harnessing the expertise of the various national coordinating bodies; taking advantage of the current donor goodwill towards partnerships and of their existing information systems to inform program work, and; the ongoing development of the TNCMs oversight plan.

In order to address the listed challenges by exploiting the opportunities found, the key recommendations are: adequately resourcing the TNCM secretariat while also sharpening and clarifying its role and added value; supporting development and roll-out of TNCM oversight plan; maximizing use of resources and streamlining processes by TNCM participating in existing partnership mechanisms for basket fund field visits and financial audits; enhancing alignment and mutual accountability of all partners through feedback and reporting to existing national monitoring and review mechanisms like TNCM meetings, Joint Annual Health Sector Review (JAHSR), Joint AIDS Program Review (JAPR) and basket fund meetings; supporting CSOs to optimally fulfill a strategic role in GF grant implementation and oversight; TNCM engaging wider constituencies like parliamentarians, media, private sector and other stakeholders in monitoring and oversight; partners supporting the development of Technical Assistance (TA) plan so that structured and sustained TA and capacity building can be provided especially in financial management and Monitoring and Evaluation (M&E); expanding LFA mandate to share information on GF requirements with feedback on potential risks and challenges in order to resolve implementation bottlenecks and; addressing division of labor to improve the partnership roles and relationships.

It is thus expected that this report will be used as a starting point to enhance and strengthen partnerships for improved health outcomes in Tanzania in line with the results and targets set for the Millennium Development Goals (MDGs) as well as the National Health Sector Strategic Plan (HSSP3).

ABBREVIATIONS

ABCT	AIDS Business Coalition of Tanzania
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
ASAP	AIDS Strategy and Action Plan
ATE	Association of Tanzania Employers
ATM	HIV&AIDS, Tuberculosis and Malaria
BCC	Behaviour Change Communication
CADEM	Centre for Advocacy and Empowerment
CBO	Community Based Organization
CHAI	Clinton Health Initiative
CIDA	Canadian International Development Agency
CSO	Civil Society Organization
CSS	Community Systems Strengthening
CSSC	Christian Social Services Commission
DANIDA	Danish International Development Assistance
DFID	UK Department for International Development
DP	Development Partner
DPG	Development Partners Group
EANNASO	Eastern Africa National Networks of AIDS Support Organizations
FBO	Faith Based Organizations
FCS	Foundation for Civil Society
GF	The Global Fund to fight AIDS, TB and Malaria
GIZ	German Development Cooperation
GMS	Grants Management System
GoT	Government of Tanzania
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
HSSP	Health Sector Strategic Plan
ICASO	International Council of AIDS Support Organizations
IEC	Information Education and Communication
IRS	Internal Residual Spraying
JAHSR	Joint Annual Health Sector Review
JAPR	Joint AIDS Programme Review
JICA	Japanese International Development Agency

JSI	John Snow International
JTWG	Joint Thematic Technical Working Group
LFA	Local Funding Agent
M&E	Monitoring and Evaluation
MESI	M&E Strengthening Initiative
MEWATA	Medical Women's Association of Tanzania
MOFEA	Ministry of Finance and Economic Affairs
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
MSD	Medical Stores Department
MTR	Mid Term Review
NACOPHA	National Council for People Living with HIV&AIDS
NGO	Non Governmental Organization
NMSF	National Multisectoral Strategic Framework for HIV&AIDS
PAI-TIP	Population Action International – The Integrated Project
PEPFAR	Presidents Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMI	Presidents Malaria Initiative
PMO	Prime Minister's Office
PMTCT	Prevention of Mother to Child Transmission of HIV
PPP	Public-Private Partnerships
PR	Principle Recipient
PSI	Population Services International
PWC	Price Waterhouse Coopers
RFE	Rapid Funding Envelope
SCMS	Supply Chain Management System
SDC	Swiss Development Cooperation
SR	Sub-recipients
SSR	Sub-sub recipients
SWAp	Sector Wide Approach to Planning
TA	Technical Assistance
TACAIDS	Tanzania Commission for AIDS
TAF	Tanzania AIDS Forum
TANGO	Tanzania Network of NGOs
TB	Tuberculosis

TC	Technical Committee
TNCM	Tanzania National Coordinating Mechanism
TRP	Technical Review Panel
TS	Technical Support
TSF	Technical Support Facility
TSP/CD	Technical Support Plan
TWGs	Technical Working Groups
UCC	University Computing Centre
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV&AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

1.0 INTRODUCTION

1.1 Background and Context

1.1.1 Tanzania

Tanzania is a low income country with a population of over 40 million persons, an HIV prevalence of 5.7% among ages 15-49, and a high (TB), HIV and malaria burden. The World Health Organizations (WHO) TB profile for Tanzania indicates a prevalence rate of 183/100,000 population with a case detection rate of 77%. As regards malaria, morbidity and mortality have substantially reduced, with a decrease of ≥75% in the numbers of malaria cases, inpatient malaria cases and deaths in 2009 compared to the average for 2000–2004.

1.1.2 The GF and Tanzania

The GF was established to support large scale prevention, treatment and care programs addressing HIV&AIDS, TB and Malaria. To date the GF has committed about US$ 0.8 Billion (US $ 1.3 Billion board approved) to assist Tanzania's fight against AIDS, Tuberculosis and Malaria (ATM) through 13 grants. As per the GF Tanzania country brief of August 2011, these grants had contributed to: over 200,000 people placed on ARV, over 70,000 women who received Prevention of Mother to Child Transmission of HIV (PMTCT) services, over 5 million tested and 8.5 million people treated for malaria improving from 22% in 2004 to 57% in 2008 and 24,300,000 nets distributed to end users.

1.2 Rationale to the Assignment

Tanzania is considered a high risk country by the GF bearing in mind the size of the investments put in by the GF, the relatively slow implementation of GF related programs, and the country's moderate level of success in grant implementation. Partners have been central and indeed instrumental to the level of success demonstrated by the country. These mostly in-country partnerships have also contributed to the effective scale up of the country's HIV, malaria and TB response.

The purpose of this mapping exercise was to identify prior and existing partnerships as regards the implementation of GF grants, and to document, with respect to ATM, how GF partnerships work, their

challenges, opportunities and ways to enhance existing partnerships and forge new alliances. It is envisaged that working more closely and more strategically among partners facilitates support to grant implementation and oversight, as well as joint ownership of the risks and successes. This partnership mapping will also assist maximization and efficient utilization of resources to assure greater impact. It is also rationalized that such mapping could be used as a basis to reorganize partners to move away from the current 'goodwill arrangement' towards a more formalized and synergistic system of support.

1.3 The Partnership Mapping Objectives

The mapping of partnerships was primarily intended to achieve the following objectives:

a. To map key '3rd party' partners,[1] their engagement and priorities related to ATM, health and their engagement in existing partnerships/platforms
b. To document challenges and opportunities related to partners' engagement in GF grants
c. To document the support and contribution of the partners to the implementation of GF grants
d. To document how to further enhance existing partnerships and identify potential new partners to support the implementation of GF grants

1.4 The Partnership Mapping Design and Methodology

This partnership mapping was conceptualized based on guidelines received from the GF. Secondary data was collected through desk reviews of relevant GF literature, reports and other documents; whilst primary data collection was done through interviews with key informants and stakeholder discussions. The semi-structured interviews were held with a selected sample of GF partners from all constituency groups either face-to-face or by telephone. Organizations which provided information during the mapping exercise included: programs for each disease, Principle Recipients (PRs), TNCM, LFA, technical multilateral and bilateral DPs, private sector partners and CSOs. Findings contained in this report were reviewed and validated by stakeholders who met at several meetings including the combined Development Partners Groups (DPG) for Health and HIV&AIDS meeting, TNCM meeting, and a joint meeting organized for all the three programs addressing ATM.

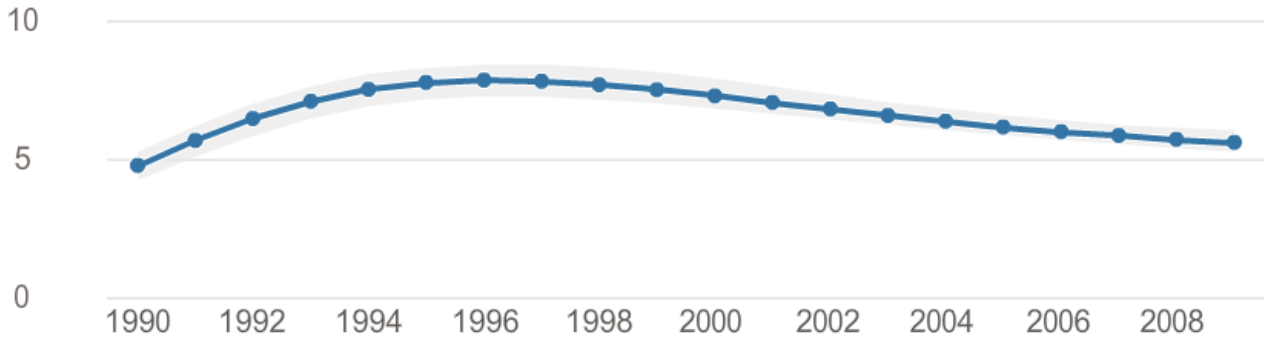
[1] These 3rd party partners who provide additional support to GF grant implementation and management processes include national and international Non Governmental Organizations (NGOs), Faith Based Organizations (FBOs), private sector businesses and bilateral and multilateral partners like DPs, United Nations (UN) agencies

2.0 GENERAL OVERVIEW OF GF GRANTS IN TANZANIA

2.1 The Current ATM Disease Profile in Tanzania

Tanzania is considered a low income developing country. Although the first AIDS cases were reported in 1983, by 2008 there were already approximately 1,060,000 PLHIV reported in the country. The HIV prevalence rate has been on a downward trend and the current HIV prevalence in the country is 5.7%.

Figure 1: HIV Prevalence Ages 15-49 (source: UNAIDS)



As regards TB, the WHO TB profile for Tanzania indicates a prevalence rate (including in HIV positive persons) of 183/100,000 population with a case detection rate of 77%. In 2010, there were 59,668 new case notifications (WHO) with just under 10% of these (5,216) being in those under 15 years. Malaria is considered endemic or perennial in Tanzania with seasonal peaks. In 2006, WHO reported 11,540,000 malaria cases and 39,000 malaria related deaths.

2.2 Overview of GF Funds for Tanzania Mainland

In addressing the ATM, the Government of Tanzania (GoT) has led robust and multi-sectoral efforts through national programs. These programs have been supported through GoT and DPs funding sources including 13 GF grants namely: Round 1 (HIV&AIDS and Malaria), Round 3 (TB/HIV), Round 4 (HIV&AIDS and Malaria), Round 6 (TB), Round 7 (Malaria), Rolling Continuation Channel (RCC) for malaria attached to the performance of Round 1 proposal, Round 8 (HIV&AIDS, Malaria). It is expected that the country will also receive funding for Round 9 awarded by the GFATM subject to compelling responses to queries raised by the Technical Review Panel (TRP).

Table 1: The following table contains an overview of grants to Tanzania:

Grant type	Round	Grant Title and Number	Principal Recipient	Total signed amount (US$)	Phase and Status	Performance Rating
Malaria	1	National insecticide treated nets implementation plan (NATNETS) support TNZ-102-G01-M-00	Ministry of Health of Tanzania	US$ 78,079,834	RCC I - In Progress	B1
HIV/AIDS	1	Scaling up effective district HIV/AIDS response focusing on communities, primary schools and the informal sector in Tanzania TNZ-102-G02-H-00	Ministry of Finance of Tanzania	US$ 4,647,000	Phase I - In Closure	B1
HIV/TB	3	Scaling-up Access to Quality Voluntary Counseling and Testing for Tuberculosis and HIV/AIDS in Tanzania Mainland TNZ-304-G03-C	Ministry of Finance of Tanzania	US$ 66,751,016	Phase II - In Closure	B1
HIV/AIDS	4	HIV/AIDS 4 Filling Critical Gaps for Mainland Tanzania in the National	Ministry of Finance of Tanzania	US$ 173,764,926	Phase II - In Closure	A1

		Response to HIV/AIDS in Impact Mitigation for Orphans & Vulnerable Children, Condom Procurement, Care & Treatment, Monitoring and Evaluation, and National Coordination TNZ-405-G04-H				
HIV/AIDS	4	HIV/AIDS 4 Filling Critical Gaps for Mainland Tanzania in the National Response to HIV/AIDS in Impact Mitigation for Orphans & Vulnerable Children TNZ-405-G05-H	Pact Tanzania	US$ 42,922,549	Phase II - In Closure	B1
HIV/AIDS	4	Condom Procurement for the Social Marketing Sector TNZ-405-G06-H	Population Services International, Tanzania	US$ 27,459,142	RCC I - In Progress	N/A
HIV/AIDS	4	HIV/AIDS 4 Filling Critical Gaps for Mainland Tanzania	African Medical and Research	US$ 21,471,837	Phase II - In Closure	N/A

		in the National Response to HIV/AIDS in Care and Treatment TNZ-405-G07-H	Foundation			
Malaria	4	Prompt and Effective Treatment of Malaria Cases and Detection and Containment of Malaria Epidemics TNZ-405-G08-M	Ministry of Finance of Tanzania	US$ 75,086,764	Phase II - In Closure	B1
Tuberculosis	6	Acceleration of TB and TB/HIV services in Tanzania TNZ-607-G09-T	Ministry of Finance of Tanzania Condom	US$ 29,390,501	Phase II - In Progress	B1
Malaria	7	Improving Malaria Diagnosis and Treatment in Tanzania TNZ-708-G10-M	Ministry of Finance of Tanzania	US$ 16,316,468	Phase I - Closed	B2
Malaria	8	Achieving Universal Coverage with Long-Lasting Insecticidal Nets in Tanzania TNZ-809-G11-M	Ministry of Finance of Tanzania	US$ 100,427,017	Phase I - In Progress	N/A
HIV/AIDS	8	Sustaining the Momentum: The	African Medical and	US$ 2,397,626	Phase I - In Progress	B1

		March Towards Universal Access to HIV and AIDS TNZ-809-G12-H	Research Foundation			
HIV/AIDS	8	Sustaining the Momentum: The March Towards Universal Access to HIV and AIDS Services in Tanzania TNZ-809-G13-H	Ministry of Finance of Tanzania	US$ 118,744,452	Phase I - In Progress	B1
HIV/AIDS	9	Enhance HIV prevention services in Tanzania TNZ-911-G14-S	Ministry of Finance of Tanzania	US$ 74,600,839	Phase I - In Progress	N/A
Malaria	9	Sustaining and Improving Malaria Diagnosis and Treatment in Tanzania TNZ-M-MOFEA	Ministry of Finance of Tanzania	US$ 60,659,059	Phase I - In Progress	N/A

Source GF website November 2011

2.3 Achievements in Grant Implementation and Oversight

The main achievements noted with GF grants to Tanzania Mainland include large numbers of PLHIV placed on ART; 9,300 smear positive TB cases identified and treated; and 186,000,000 nets distributed to end users. In this regard however, the GF notes that grants have performed moderately; while the capacity of the health system is overburdened with demands placed on it by ATM. The health system therefore needs more strengthening in order for the ever growing portfolio of grants to be implemented and to absorb all approved grants.

The GF funded HIV interventions have focused on: national scale up of ART with rapid increase in patient enrolment; substantial coverage by HIV counseling and testing services; condoms procurement and distribution; provision of ART to HIV positive pregnant women, and; partnerships forging for joint procurement of ARV. The malaria grants have supported: provision of bed nets for children under 5; campaign on use of bed nets, and; provision of ACT and LLINs. For TB the GF grants have been used for scaling up screening and DOTS treatment of patients. The GF has also approved a grant for Tanzania to strengthen health system which could lead to faster absorption and realization of health outcomes.

2.4 Overview of Key Issues and Challenges in the Implementation of GF grants in Tanzania

Tanzania is categorized by GF as high risk country due to substantial size of investment by the GF, slow implementation by the country partners and moderate grant success. Among the key issues noted by GF include:

At coordination level (Government, TNCM)

- Inadequate understanding of revised Global Fund policies and changes in GF landscape
- Need to have dedicated staff to coordinate grant implementation and ensure communication among PRs as well as from PRs to lead Sub Recipients (SRs). A strengthened grant management coordination office is critical to timely address CPs that will impede future disbursements to grants. Currently, the Ministry of Health (MOH) unit tasked with following up GF issues has one GF coordinator and this does not seem adequate to follow-up all grants and make available the necessary reports both programmatic and financial as per agreed timelines.
- Coordination of GF related activities need to be addressed urgently by clarifying roles and responsibilities. The Tanzania Commission for AIDS (TACAIDS) currently serves as TNCM Secretariat and at the same time coordinates all progress reports on behalf of the PR-MOF for submission to Global Fund Secretariat
- Inadequate mechanisms to engage partners to identify and address bottlenecks in a timely manner
- Lack of a well defined Technical Support plan and consequently lack of linkages between short, medium and long term technical assistance; and provision of ad hoc TA
- Uncertainty of long term funding, and particularly so for drugs needed by malaria patients and People Living with HIV (PLHIV) in the country which causes both moral and technical dilemma's;
- Generally weak health systems with inadequate accountability in relation to management of available resources

At PR level

- Inadequate forecasting, quantification and supply chain management with consequent delays in procurement and some stock out of commodities and drugs
- Inadequate capacity for data collection, monitoring, oversight and reporting
- Poor coordination and accountability for GF related activities
- Challenging grant requirements and conditions that at times lead to only partial compliance
- Inadequate interactions between the PR and the LFA
- Lack of clear capacity building strategies

At SR and SSR level

- Shortage of human resource for health in numbers and skills with obvious effects on the level and quality of delivery of services;
- Inadequate capacity for data collection, monitoring, oversight and reporting;

3.0 THE CURRENT GF PARTNERSHIP FRAMEWORK IN TANZANIA

The GF recognizes the need to enhance and leverage partnerships at country level particularly for grant success and improved outcomes. It is further envisaged that enhancing partnerships at country level will: reduce competition and waste amongst partners, minimize duplication of effort and resources, gear stakeholders towards a common goal, streamline planning, help address bottlenecks, and ensure joint ownership of achievements by all partners. Without functional partnerships the potential for enhanced coordination by TNCM will not be met, the ability of CSOs to contribute human resource and experience to all stages of the grant will not be optimized, the resources among DPs will not be optimally harnessed, and contribution of private sector to complement the ATM grants will remain limited.

3.1 The GF Partners in Tanzania

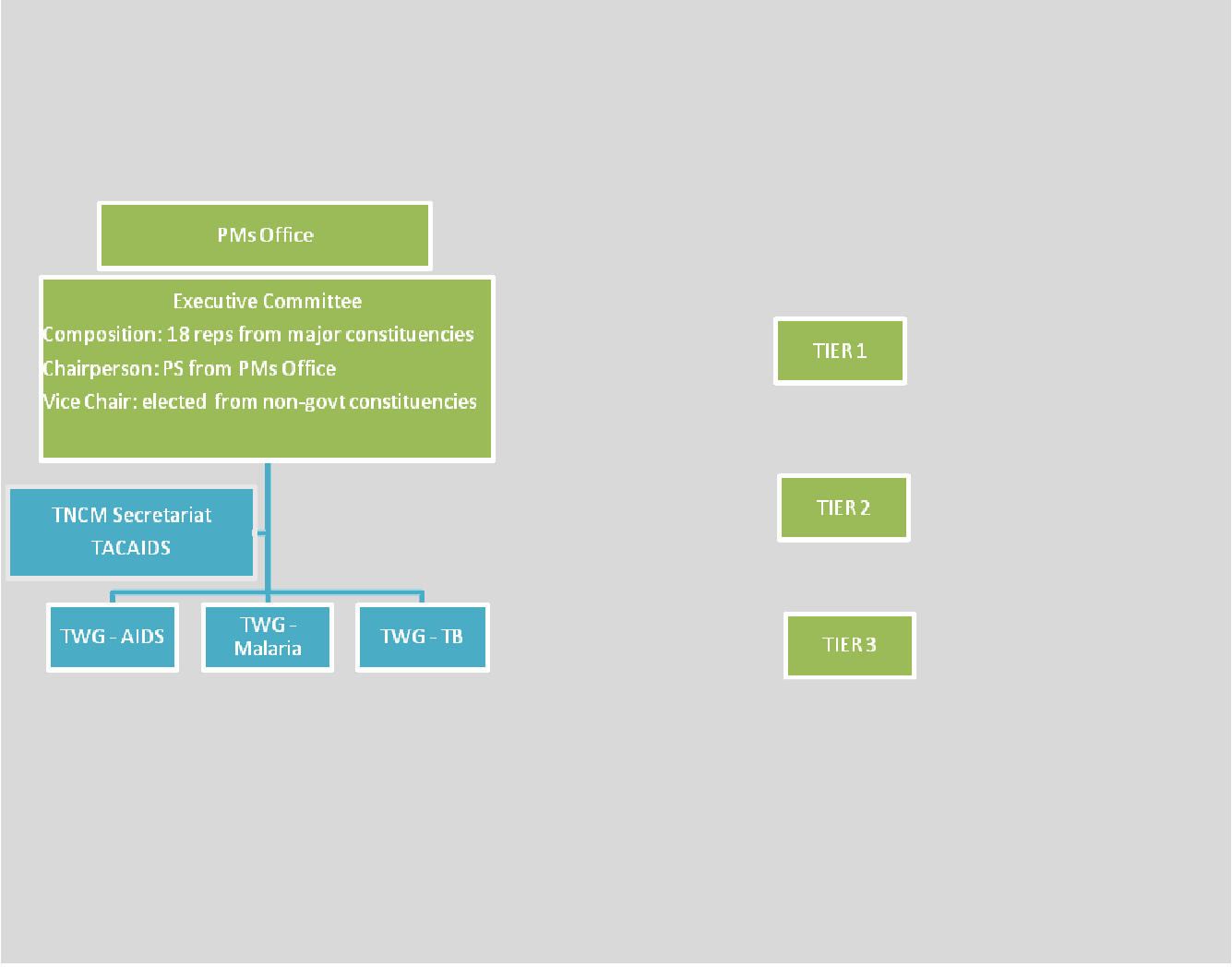
GF categorizes its partners in the countries as TNCM, implementers, LFA and the 3rd party partners.

3.1.1 Tanzania National Coordinating Mechanism (TNCM)

The TNCM which leads proposal development and grant oversight is made of three tiers namely the Executive Committee responsible for making decisions on all GF matters, the Technical Committees which provide technical input in processes related to each of the three diseases and the Secretariat which is

housed in TACAIDS and charged with day to day coordination. The TNCM Executive Committee is composed of representatives from various constituencies in government, private sector organizations, Development Partners (DPs) and CSOs (including Non Governmental Organizations - NGOs, Faith Based Organizations - FBOs, PLHIV and academic institutions). The TNCM Executive committee which meets quarterly (once every three months) is chaired by the Permanent Secretary in the Prime Ministers' Office (PMO) while the current vice chair is the Christian Social Services Commission (CSSC) which also acts as Secretariat for FBOs. TACAIDS is the TNCM Secretariat.

Figure 2: The Tanzania TNCM



TNCM Structure

3.1.2 Grant Implementers

GF grant implementers include PRs, SRs and SSRs. In its history, the country has had 5 PRs; Ministry of Health and Social Welfare (MOHSW), Ministry of Finance and Economic Affairs (MOFEA), PACT Tanzania,

Population Services International (PSI) in Tanzania and African Medical and Research Foundation (AMREF). Currently all the PRs, except PACT, manage on-going grants. Each PR implements its activities through SRs at the national level. The latter, in turn, implement their grant-related activities through Sub-Sub Recipients (SSRs) at the district and all sub-national levels.

3.1.3 LFA

The LFA is Price Water House Coopers (PWC). It is tasked with the assessment of the PRs' implementation capacity and the consistent monitoring of grants.

3.1.4 Third Party partners who provide additional support

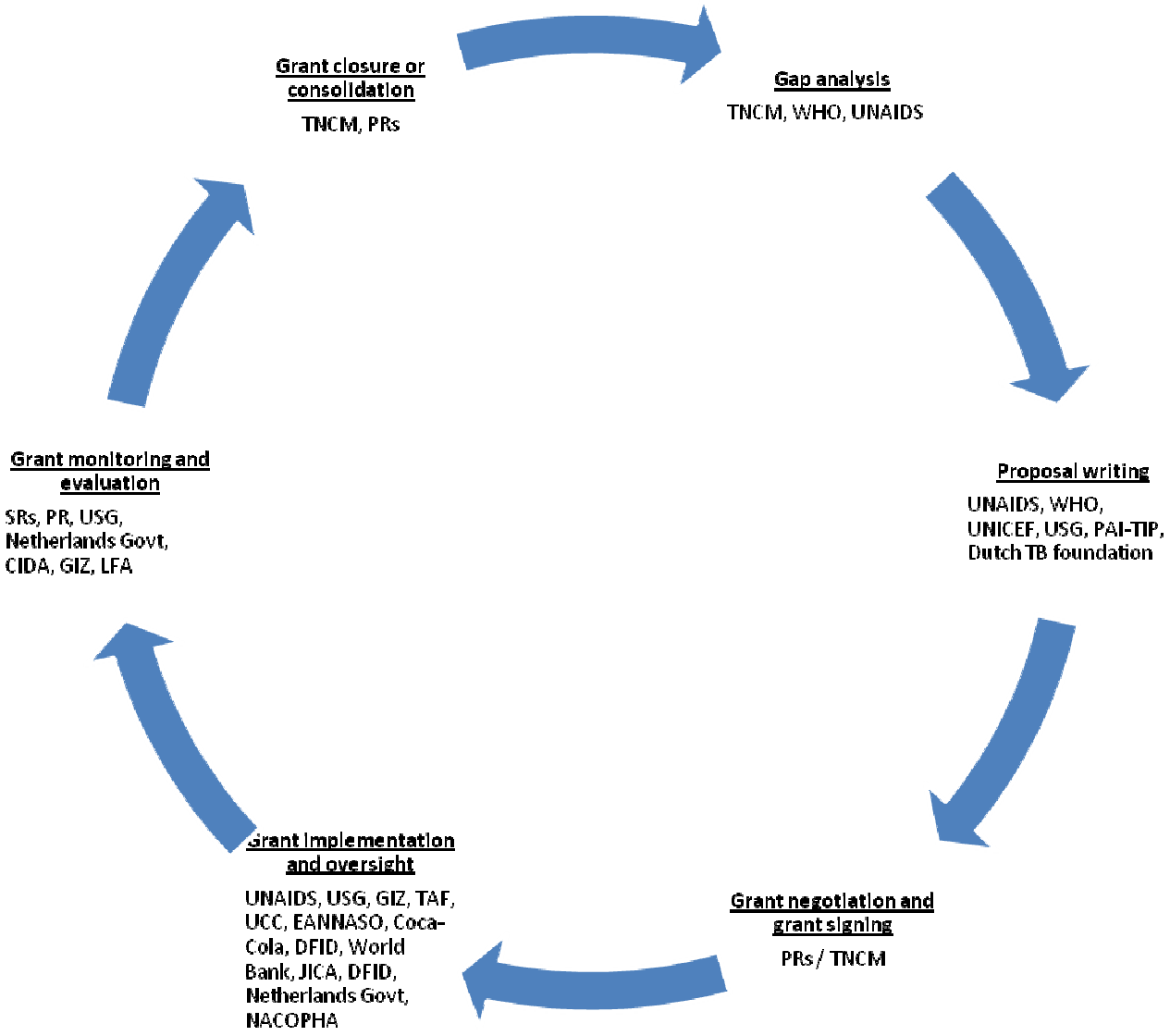
The GF relies on 3rd party partners to support technical assistance and capacity building efforts to current and potential grants. These include national and international NGOs, FBOs, private sector businesses and bilateral and multilateral partners including Foreign Embassies, Joint United Nations Programme on HIV&AIDS (UNAIDS), WHO, The World Bank and other United Nations (UN) agencies/Bilateral partners. These 3rd party partners provide a range of support including financial and technical support; and support towards procurement, logistics and supplies management.

'Through the support we DPs provide, to strengthening the health systems in the country, the GF grants have also had an overall benefit of its activities being implemented faster because the health system facilitates implementation of all ATM activities and achievement of positive programme outcomes.'	*'When GF funds delay, the PEPFAR has been very instrumental in ensuring that the grant implementation is not suspended. This is because they filled-in the gaps and procured commodities for us. These might otherwise have been bought with GF funding. They include test kits, reagents, ARV and others. We therefore were able to provide health services to our people without undue interruption'*
Christopher Armstrong, DPG-AIDS Chair, CIDA Canada	***Peter Mgosha, NACP***

3.2 How do the Partners work together at all stages of the GF grant cycle?

Engaging with all in-country partners for coordinated support to grants has been reiterated and highlighted through the GF reform agenda and partnership consultation. As to Tanzania, the partner's entry, engagement and support of GF funded work may be represented thus:

Figure 3: Current GF partnership framework in Tanzania Mainland



1. The TNCM commissions gap analysis in readiness for GF proposal development. UNAIDS, WHO and other partners often provide TA through consultants who assist this process, while all other partners offer TA through their staff. WHO and UNAIDS educate stakeholders on GF requirements and support peer review of proposals.

2. The Proposal writing stage which is also led by the TNCM enjoys TA and capacity building through consultants deployed mainly by UNAIDS, WHO, United Nations Children's Fund (UNICEF), United States Government (USG), Population Action International The Integrated Project (PAI-TIP) and Dutch TB Foundation. At this stage all other partners provide TA through the engagement of their existing staff with the TNCM and the writing team.

3. Negotiation of the grants is often conducted between the PRs, the TNCM and the GF Secretariat. Other partners get to be informed of the outcome of negotiations once they are complete, but some partners at times support the negotiation process.

'The US Government officials accompanied us as TNCM members to negotiate GFR8 grant in Geneva. They worked with us to present relevant data and justification for gaps to be addressed by the grant. That time around, the negotiation was smooth while grant processing actually went faster. As such we were able to promptly deliver the health services required by our fellow Tanzanians'
Hiltruda Temba, MOH

4. Oversight of grant implementation is undertaken by the TNCM which receives training and TA in grant oversight from UNAIDS, USG, German Development Cooperation (GIZ), Tanzania AIDS Forum (TAF), University Computing Centre (UCC) and Eastern Africa National Networks of AIDS Support Organizations (EANNASO). UNAIDS and GIZ also support development of TNCM guidelines and policies. Grant implementation is the most labour intensive in terms of partners' engagement and the variety of activities they undertake. Partners like the Swiss Development Cooperation (SDC), USG, WHO, UNAIDS, GIZ and WHO provide TA through consultants and their staff or technical partners in order to strengthen knowledge and skills of implementers. Various partners including UNAIDS, WHO, PAI/TIP project, EANNASO and UNICEF also support training of stakeholders in various aspects of the GF grant cycle. The USG also supports Information Education and Communication (IEC) and Behaviour Change Communication (BCC) for ATM thereby benefitting GF grants. The health basket and the SWAp forum are the primary tools to strengthen the health system in Tanzania. Certain agencies therefore extend targeted support to this system. Specifically, CIDA, USG, World Bank, GIZ, Danish International Development Agency (DANIDA) are involved with supporting the strengthening various aspects of the health system thereby leading to overall benefits for GF grant implementation.

'GF provided us funding for implementing

'GF provided financing for implementing grants,

activities, while the UNAIDS provided us technical assistance for strengthening financial management and routine monitoring of our activities. After the UNAIDS-TSF mentored our implementers on financial management and M&E, we noted a dramatic change by more prompt and accurate reporting in compliance with GF grant requirements. This led to faster absorption and implementation of activities to improve lives and welfare of our people.'	*while us TIP project partners have undertaken monitoring, advocacy and training for the GF activities to integrate HIV&AIDS and SRH interventions. The advocacy work, we as TIP partners have undertaken in Tanzania, has caused more interest by CSOs in applying for GF funding which will holistically address the HIV&AIDS as well as RH needs of women living with HIV in Tanzania.'*
Amos Nyirenda, AMREF	***Sarah Maongezi, MEWATA***

5. The USG, World Bank, Clinton Health Initiative (CHAI), Japanese International Cooperation Agency (JICA) and Netherlands Government also partner with GF to procure essential drugs and commodities and strengthen supply chain management for GF grant implementation. Logistics and distribution activities have seen support from Coca Cola towards Medical stores Department (MSD), UK Department for International Development (DFID) and SDC towards the malaria bed nets.

"Since 2003 Switzerland has provided financial and technical support to the Netcell within the National Malaria Control Program. This Unit has managed all the interventions aimed at increasing access to bed nets in Tanzania, from the voucher scheme to the mass distribution of free nets. Netcell's work in planning, coordinating, implementing, monitoring and reporting has ensured regular flow of fund, from the GFATM, USG and other contributors, which allowed Tanzanians to get access to mosquito nets and avoid malaria."	*'Although essential commodities and drugs were bought by GF funding, we provided technical assistance to strengthen supply chain management by the MOHSW. Because of our cooperation on supply chain management, we were able to demonstrate effective ways to strengthen health systems and now the GF has scaled-up funding and taken over financing of all our joint activities.'*
Jaques Mader, Swiss Development Cooperation	***Rick Peppercorn, Netherlands***

Private health facilities and National Council for People Living with HIV (NACOPHA) also advocate with PLHIV to demand and take up services offered with support of the GF grants.

'Although HIV drugs were purchased by GF funding, we as NACOPHA found it necessary to stimulate uptake of drugs by sensitizing our members. NACOPHA managed to promote uptake and adherence thereby contributing to the desired impacts of GF grants which are reducing morbidity and mortality and subsequently HIV infection rates.'
Peter Mgosha, NACP

Management and coordination of malaria activities is supported by USG PMI and SDC; while establishment of HIV coordination secretariats is supported by USG.

6. Routine monitoring of activities being supported by the grants is undertaken by SRs and SSRs, while the PR consolidates the reports. However the evaluation of grants is commissioned by the PRs and often conducted by private consultants. The same applies to the financial audits. USG and Netherlands Government support to implementation of the M&E Strengthening Initiative (MESI). Canadian International Development Agency (CIDA) Canada and GIZ have supported donor assessment of GF alignment and integration.

   The LFA is also engaged in monitoring financial and technical performance of the grant implementation and management processes while acting as the 'eyes' and 'ears' of the GF Secretariat.

'The LFA has been engaged in briefing technical partners about risks and potential problems with the GF grants. This has enabled the technical partners to sharpen focus of their support so as to strengthen areas of weakness which could possibly have negative repercussions on the GF grants.'
Focus Lutinwa, PWC-LFA

Among the CSOs, NACOPHA monitors albeit in a less structured manner, monitors the grant allocations and advocates for more resources to reach PLHIV.

'GF financed activities in some LGAs while we as NACOPHA undertook advocacy to ensure that the activities reached out to PLHIV. Due to the work we have been undertaking on advocacy for GF related matters, we were able to educate and convince the local councils to now use their own resources for establishing an additional 26 clusters of PLHIV in the country. Some of the clusters are now actively engaged in implementing GF activities which improve lives of PLHIV within

communities.'

Sammy, NACOPHA

The CSO network bodies also advocate for and support CSOs to monitor implementation – in a sense – to effectively take up their watchdog role at national and community levels.

'We as EANNASO monitored how the CSOs are engaged in GF processes as equal partners to Government. The TNCM takes grant related overall decisions, while we advise them on how to effectively engage CSOs in GF grant processes. Due to our GF related advocacy, sensitization and training work, we have seen more CSOs taking an interest in monitoring activities and providing feedback, while Government became more proactive in meaningfully engaging CSOs as partners. These CSOs undertake activities which contribute to improved health outcomes for all Tanzanians.'

Jonniah Williams, EANNASO

The TNCM also takes charge of grant consolidation or closure stage while working very closely with the responsible PRs.

4.0 THE KEY PARTNERSHIP-RELATED ISSUES AND CHALLENGES IN GF GRANTS

As is normally expected from complicated and large scale grants, there are inherent challenges where opportunities exist. The main partnership-related challenges, which have the potential to affect the management and implementation of GF grant negatively, are explained in this section.

4.1 Coordination mechanisms

4.1.1 Inadequate linkage between TNCM and existing partners coordination and dialogue fora (DP Health, Annual Health Sector Review Meeting, Health Systems Strengthening - HSS Technical Working Groups - TWGs etc.)

Although joint partner coordination and dialogue forums, like the TC-SWAp, JTWG and other technical committees and working groups like the TWGs on Health Systems Strengthening which focus on Human Resources for Health (HRH), M&E and Pharmaceuticals are in place; they are not formally informed or involved in TNCM processes and decision making. Within these forums, GF grants are treated as GoT funds; this does not lay open the critical and unique issues related to GF grant that ought to be addressed. Additionally, members of these forums are not invited regularly to be part of TNCM meetings. The link between these forums and the TNCM should be formalized through either membership or their Secretariats. As a result of the TNCM, being a separate coordination mechanism with limited relation to the SWAp system, it does not manage to create a sense of ownership of all Health Sector stakeholders for GF grant design and implementation.

4.1.2 Inadequate structure and resources (staff and financial) for coordination among CSOs (no one national forum, no capacity for consultation outside of Dar)

Although CSOs are represented in various coordination and technical dialogue structures, they are largely, not organized to coordinate recommendations, requests and inputs with one voice. A critical mass of CSOs have not been mobilized and organized through one national coordinating body. Currently, TACAIDS and the UN are working to establish and make functional a CSO forum which would fit the purpose described. This forum would provide coordinated recommendations, requests and inputs of CSOs to the TNCM when addressing issues related to GF grants. Without a national forum, the well-meaning but haphazard requests and input made by CSOs regarding GF grants, therefore, may not always receive priority attention. There is also a need to ensure a political will from CSOs to speak with one voice.

Additionally, like in the case of CSOs, it has also been noted that inadequate structure and staffing for dealing with GF management is also a challenge facing some Government agencies too.

4.2 Technical assistance

4.2.1 Absence of long term technical assistance plan and capacity building strategy leading to adhoc and unsystematic technical assistance to implementing partners

GF implementers currently request the DPs for technical assistance in a way that is ad hoc and at times urgent. This is possibly because there is no long term TA plan, there are some difficulties in acknowledging capacity gaps, there is reluctance to invest in external TA coupled with cumbersome procurement processes. In addition, there is no systematic way of identifying TA needs and sources of support. Requests that are submitted are often urgent, TA deployment delayed, unfocussed and unsustainable because they are not based on a long term TA plan. Such long-term plan should also include – for sustainability purpose – a capacity building long-term plan. TACAIDS is now hosting a department in charge of the development and implementation of a Technical Support or capacity development plan which should be aligned with the National Multisectoral Strategic Framework on HIV&AIDS (NMSF). Thus TA plan for the GFATM should be linked with this plan, and other similar plans for ATM, in order to strengthen coordination and sustainability of the TA. SWAp partners have also previously proposed a sustainable plan to procure and deploy TA in a more reliable manner.

4.3 Capacity building

4.3.1 Inadequate capacity of indigenous CSOs to meaningfully engage in GF grant implementation

During the selection of PRs and SRs, most indigenous CSOs record lower levels of technical knowledge, practical skills and existing accountability mechanisms as compared to other partners. Their ability to leverage resources is therefore limited because they are unable to compete with international agencies. The latter are often therefore given preference as PR or Lead SRs in the GF grants. The specific comparative advantages of local CSOs and community based organizations including their access to key affected populations, their direct experience of living with HIV and being affected by TB and Malaria, is not being capitalized upon. However, it is noted that capacity challenges are not just true for CSOs only but for the entire health system in general including the procurement system being managed by the MSD as well as the proposal drafting system managed by TNCM which still mostly depends on external TA.

4.4 Communication and information sharing:

4.4.1 Challenges in readily accessing information for effective oversight

Some implementing partners face challenges in accessing information needed in order to fulfill strategic roles in GF grant processes. This is because the information is, at times, scattered, not well known and therefore not accessed. For instance, CSOs indicated their need to access relevant information on GF grants in order to effectively track the use of funding and make evidence-based recommendations to the TNCM. They do not always have up-to-date information on the GF architecture and requirements. Inadequate understanding of the ever changing GF architecture and supported interventions makes it difficult for implementing partners to fulfill all the strategic roles in GF grant implementation. They also lack information on who implements what grant within their communities. However, the LFA, which is aptly informed about the GF grants, has not been formally mandated to share critical issues related to GF with the implementing partners.

4.4.2 There are instances of inadequate or delayed communication, feedback and reporting by implementing partners leading to delayed disbursements and late implementation

Stakeholders who were interviewed, noted that at times late submission of implementers reports and requests, delayed feedback on the submitted reports and prolonged clarifications and questions prior to approval of requests have led to delayed or unpredictable disbursement of funds. This causes pressure in the implementation of activities – many times after deadlines. Delayed reporting is mainly brought about by complex requirements and reporting processes stipulated by GF. This is worsened by weak capacity for monitoring and data collection among the community level implementers who are unable to submit complete and accurate reports on time. In addition to and as implied by the above, there is also a lack of documentation of best practices coupled with the lack of a coordinated medium for disseminating such best practices and achievements to stakeholder constituencies with an absence of formal and regular communication and information sharing.

4.5 Monitoring and accountability:

4.5.1 Absence of guidelines on how TNCM monitors implementation

Some stakeholders interviewed also noted that in the past TNCM meetings were conducted in a rather formal but not very interactive manner. The TNCM does not have documented guidelines which are mutually agreed and which govern monitoring roles and interaction of all partners in the TNCM. These guidelines are needed to address: process of conducting meetings in a participatory manner, interactive grant monitoring and oversight, step-by-step procedure in approving decisions, addressing conflict of interest among members and dealing with problems and challenges that may arise regarding grant

management. It was noted however that a TNCM oversight plan and a policy on conflict of interest, which might address some of these issues, are currently being developed.

4.5.2 Absence of mutually accepted mechanism for accountability

The main system used to track progress in activity implementation and to thus hold implementing partners' accountable is the dashboard. The PRs use the dashboard to give a summarized overview of implementation progress to the TNCM. The dashboard is however limited in highlighting all grant and implementation challenges and weaknesses. Not all implementing partners report using the dashboard; information required to hold them accountable is normally available to TNCM only upon request.

4.6 Civil Society and Private Sector engagement

4.6.1 Other potential CSOs partnership roles beyond implementation are not fully exploited

Within the GF grants, CSOs seem not to play a larger role in proposal writing and implementation. Only a few CSOs are engaged in GF related advocacy, monitoring or tracking to improve quality of management and implementation of grants. The expertise and outreach channels of CSOs in specific disease areas is not integrated; e.g. linkages between key GF implementers with CSOs working on gender, sexual and reproductive health, key affected populations such as commercial sex workers and drug users are not very well established. Furthermore, the CSOs, which are so diverse as to include FBOs, indigenous and international NGOs, Community Based Organizations (CBOs), trade unions and academia, have not mutually agreed upon the strategic roles of CSOs in GF grants.

4.6.2 Engagement of private sector partners in all stages of the grant cycle is still not fully developed therefore their contribution is not optimal

Some private sector businesses in Tanzania do not yet subscribe to concepts of social responsibility. They see little need to support ATM interventions including GF processes and grants. Owing to the Public-Private Partnership (PPP) concept being underdeveloped, resources within the private sector have not been fully taped to fill the critical gaps in GF grants implementation.

5.0 OPPORTUNITIES FOR ENHANCED PARTNERSHIP AND COORDINATION

Tanzania Mainland is considered one of the countries in Africa with a fairly well-developed partnership mechanism addressing development cooperation programs. This mechanism provides invaluable opportunities to enhance partnerships for GF grants in the country. The most significant opportunities are as described below:

> A well established SWAP system in Tanzania exists under the leadership of GoT- with structures, processes and broad scope of partner institution. Aiming at results-based financing and management and based on the principles of Paris Declaration, Accra Agenda of Action, including on aid effectivenss, this an important asset for the GF to capitalise on. Moving from 'Crisis to sustainability' it is of crucial importance for the GF and related Global initiatives to harmonise and align to the many reform initiatives, supported at country level.
> Inge Baumgarten, DPG Health Chair, GIZ

5.1 Joint monitoring and oversight by TNCM is possible through partner coordination and dialogue forums, partners field supervision visits and national programme reviews

5.1.1 Partner coordination and dialogue forums: Tanzania Mainland has various partner dialogue and coordination forums where stakeholders discuss ATM issues. These forums include the: TC-SWAp, SWAp Technical Working Groups (TWGs), Joint Thematic Technical Working Group (JTWG-AIDS), HIV&AIDS TWGs, DPG-AIDS, DPG-Health, HSS TWGs for HRH and M&E and Pharmaceuticals, and health basket fund committee as well as audit committee. These forums could be used to discuss and resolve partnership-related challenges encountered during GF grant management and implementation and for all partners to account mutually to each other. Grant proposals could also be discussed and updated by the TC-SWAp before being submitted to the TNCM for approval. Currently the forums consider GF as part of GoT funding and therefore do not allocate time for discussing GF grant specific issues.

5.1.2 SWAp joint partners' field visits: Once in a year, delegations of GoT, CSOs, FBOs, private sector and DP representatives undertake field visits to assess the situation at health facility, district and regional level. This is part of the country's aid accountability efforts to oversee, harmonize and align work done by different implementing partners. These joint assessments could be expanded to include for instance some TNCM members or other GF partners. These assessments could also be tailored to include, in the general framework, a specific component focusing on GF-funded activities at the regions, districts and other sub national levels. The GF grant issues could be assessed by TNCM members and various partners during these field visits.

5.1.3 National programme reviews: In the country, several programme reviews, which focus on ATM, take place. These include the: annual JAHSR, two yearly JAPR, health basket fund meetings to assess management and systems issues, financial audit of the health basket fund and Mid Term Reviews (MTRs) of the national strategic plans for each of the diseases and MTR of the Health Sector Strategic Plan (HSSP3). These forums tend to look at systemic issues in relation to how to make sure that resources are allocated along priorities, reach timely and are used in an efficient way to produce more results. The duration of these programme reviews could be extended briefly to enhance meaningful involvement of all partners by mainstreaming and jointly assessing GF grants related issues and concerns as part of the agenda.

5.2 Potential for expanded programme coverage through CSO and Private sector partnerships

CSOs and private sector organizations have relevant expertise and structures that can expand programme reach and be instrumental for effective oversight. If their capacity is built, through CSS, the CSOs would be able to scale-up and accelerate implementation of GF grants that provide high quality services in the communities. On the other hand the private sector has a well developed logistics and distribution network which could be used to enhance the procurement of commodities and management of supplies under the GF grants. Private sector could also provide goods, in kind, where gaps occur during the implementation of grants.

5.3 A TNCM with representation of all partners is in place to address partnership challenges among others

The TNCM Executive Committee is made up of representatives of various partners representing constituency groups from GoT, CSO and private sector businesses. This committee meets every quarter to discuss critical issues related to GF including partnership. TNCM therefore provides an opportunity for members to define roles, discuss and resolve partnership-related challenges encountered in GF grant management and implementation. However, there is an urgent need for TNCM to lead stakeholders in analyzing more critically the role and functioning of the SWAp system and TNCM, and then propose some innovative way of working together in order to be more efficient in this time when the country might encounter further resource constraints.

5.4 National coordinating bodies which could be used to coordinate requests and harmonize collective inputs from various partners have been established

All the constituency groups represented on the TNCM have already established at least one form of national coordination mechanism which relates to AIDS, TB or malaria. The DPs have two forums namely DPG-AIDS and DPG-Health. The CSOs have Tanzania NGOs Network (TANGO) and TAF, although they represent a limited number of CSOs. The private sector has Association of Tanzania Employers (ATE) and AIDS Business Coalition of Tanzania (ABCT). PLHIV networks also have NACOPHA as their national coordination body. These national coordination bodies could, and some of them indeed do, provide coordinated input and requests from their constituency members at various stages of the GF grant cycles.

5.5 Various technical support mechanisms are accessible for strengthening partnerships

Within the country technical support to enhance partnerships is accessible through staff and consultants of DPs and technical assistance agencies. It is also possible for GF implementing partners to access technical support readily through mechanisms like UNAIDS-TSF (Technical Support Facility), UNAIDS-TS Hub, World Bank/UNAIDS-ASAP, GIZ BACKUP Initiative and others. This support is critical for building capacity of all stakeholders to fulfill their strategic partnership roles in GF grant management and implementation. However it is noted that although the mechanisms exist they are not always fully exploited for the benefit of GF grant implementation.

5.6 DPs are committed to enhancing partnerships

Enhancing partnerships among all constituency groups is viewed as a priority by most DPs in-country. The DPs commitment to partnership is in line with the Paris declaration on aid effectiveness which promotes harmonization, alignment and managing for results with an aim of strengthening health systems and increasing Government ownership. This commitment enables easier access to additional non-GF funding and other resources like TA for enhancing partnership. This extra support could be used, and is at times already used, to top-up resources received from GF grants where gaps exist or to strengthen the quality of joint TNCM oversight by the diverse partners.

5.7 Existence of relevant data which could be used for resource mobilization within DPs information systems

DPs have elaborate and well established information systems. These systems contain substantial amounts of data which could be used by TNCM to justify gaps, negotiate with GF and attract more GF grants for ATM interventions in the country.

5.8 Opportunities for resource mobilization for coordination

The TNCM is in a position to take advantage of the expanded CCM financing window, to request for additional TNCM funding that could be used for, among other things, coordination meetings with key constituents. Other development partners also may have more rapidly accessible sources of funding such as the USAID Rapid Funding Envelope (RFE) mechanism, to support stakeholder capacity building issues.

5.9 Opportunity to develop a robust Oversight plan

The TNCMs oversight plan is currently in the process of being developed and its implementation rolled out. A strong oversight plan will be a critical response to the high risk classification of Tanzania. A comprehensive approach to oversight should foresee strategies to expand constituencies, e.g. CSOs, bi- and multi-lateral partners, parliamentarians that are not directly represented on the TNCM. The plan would be further strengthened by including risk mitigation activities aimed at demonstrating the engagement of the TNCM in safe guarding resources.

6.0 CONCLUSIONS

The partnership mapping exercise finds that partnership and coordination is a challenging yet very vital component of the GF work in country. The challenges arise from the many complexities and dimensions involved – starting from the capacity of the coordinating structures, the availability of resources to support the different avenues and opportunities for partnership, collaboration and networking, the partners understanding and appreciation of their roles. It is therefore imperative that the way partners relate and interact is revisited and clarified further; and that the partners entry points, roles and responsibilities or expectations are much better defined – while complexities that are no longer necessary are eliminated in the grant management processes.

Further, partnerships must involve all actors both in a vertical (coordinating body, PR, SR, SSR) and horizontal manner (across the different levels of grant implementation and oversight). All the TNCM representatives should be able to take information back to their constituencies, and feedback onto the broader TNCM. This level of engagement will only make the TNCM stronger, and the stakeholder participation more robust and engaged.

The current framework in Tanzania is not perfect, but a number of opportunities exist that can make this more robust, as highlighted in sections 4.0 and 5.0. Coordination mechanisms can be improved, TA can be made more responsive to country needs, capacity development can be made more strategic, communication and information sharing can be made better, monitoring and accountability can be sharpened and partner engagement can be improved and re-energized. Opportunities that can be harnessed to improve the prevailing situation include the existence of partner coordination and dialogue forums, loading on the interest in and opportunities offered by PPPs, taking advantage of the width of representation and diversity in the TNCM and various national coordinating mechanisms, exploiting the prevailing donor goodwill to leverage further support, and supporting the development and implementation of the TNCM oversight plan.

Lastly, considering the funding constraints that the GF is currently facing, as well as the changes foreseen in the Consolidated Transformation Plan, it is recommended that the future role of the TNCM could change in order to focus on: managing optimal use of the lesser resources (up to 2013 if not beyond); ensuring the gains in health outcomes which have been achieved can be sustained (priority to ARV, ACT, RDT, ITNs, TB drugs), and; building upon the HSS issues and the SWAp experience and its policy or technical dialogue system. As a result, the cooperation between GFATM/TNCM and SWAp/Basket will require to be reconsidered thoroughly in order to find innovative ways to work in the face of resource

constraints. The following section highlights the key recommendations related to the mapping exercise findings.

7.0 RECOMMENDATIONS TO STRENGTHEN AND ENHANCE GF GRANT PARTNERSHIPS

A number of recommendations below are made for strengthening and enhancing grant partnerships in Tanzania Mainland:

7.1 Resourcing the TNCM secretariat

In order for the TNCM secretariat to perform its administrative functions, and to facilitate its communication and coordination roles, it will be important to equip it with adequate human and financial resources.

7.2 Support the development and roll-out of TNCM oversight plan

The monitoring and oversight roles of the TNCM are critical for the success of the GF grants in the country, and in this regard there should be formal systems for TNCM oversight. TNCM should mobilize resources from GoT, GF and DPs to support finalize development of and implement its oversight plan.

7.3 TNCM to maximize use of resources and streamline processes by participating in existing partnership mechanisms for basket fund supervision visits and financial audits

DPs and GoT officials through the SWAp normally conduct periodic joint field monitoring. The field monitoring teams could be expanded to include TNCM members. The agenda should be modified to include GF specific grant management and oversight issues. Furthermore, the TNCM could also work with MOH to include GF funding as part of audit and financial management procedures of the health basket fund which also entails deliberating GF finance issues during the health basket audit committee meetings. These actions would reduce duplication of efforts and wastage of resources.

7.4 TNCM should enhance alignment and mutual accountability of all partners through feedback and reporting to existing national monitoring and review mechanisms like TNCM meetings, JAHSR, JAPR and basket fund meetings

All the GF partners could hold each other mutually accountable by reporting on and assessing the extent to which they have each fulfilled their partnership roles during established partner review forums. These include TNCM meetings, JAHSR, JAPR, MTRs, basket fund meetings and financial audits. Additional resources could be allocated to extend the duration of stakeholder meetings during forums in order to allow adequate time to mainstream and discuss all the arising GF related issues and concerns.

7.5 Partners to support CSOs organizational development in order to optimally fulfill a strategic role in GF grant implementation

In order to enhance the meaningful involvement of a critical mass of CSOs and private sector partners at all stages of GF grants in the country, additional resources are required. It is recommended that the country includes funding requests for capacity building for the entire constituency of CSOs in the future GF rounds. The capacity building could focus on organizational development, with an expected outcome being improved capacities for financial and operational management. To enhance CSOs capacity to engage GF in the immediate run, other funding sources like the RFE, Foundation for Civil Society (FCS) and existing partners' interventions could be explored. These resources would be invested in mobilizing, organizing, coordinating and building capacity of CSOs and private sector through several interventions like:

7.5.1 Sharing examples of successful real-life case studies of CSO engagement in GF which could be replicated in Tanzania Mainland

7.5.2 Clarifying and promoting roles and strategic niche which various types of CSOs should play in GF grants in sync with their core business and advocating for a percentage of GF funds to be allocated to CSOs which is mutually agreed

7.5.3 Providing financial and technical support to strengthening the CSO forum currently being established by TACAIDS. This forum which would address all health issues and would be built as a strong united national network of CSOs. It should be largely accepted by the CSO constituency groups. It would represent CSOs in a legitimate, democratic and well governed manner

7.5.4 Fostering clear division of labour and twinning for capacity building and handover between local CSOs, networks and international NGOs

7.6 Support TNCM to engage wider constituencies like Parliamentarians, media, private sector and other stakeholders not directly represented on the TNCM in grant monitoring and oversight

The TNCM should enhance involvement of other strategic partners like parliamentarians, media, and private sector in GF grant management and oversight. For instance CSOs could serve as independent watchdogs in collaboration with parliamentarians and media. DPs could also play a brokering role in sharing critical GF-related information and engage in solving problems where there are delays. Additional private sector agencies could provide logistics and transport support or goods in kind towards the implementation of GF grants in the communities. Related to the above, the TNCM should consider routinely inviting technical experts to its meetings as observers and technical resource persons with the ultimate aim of improving the technical quality of the discussions.

7.7 *Partners to support the development of TA plan so that structured and sustained TA and capacity building can be provided especially in financial management and M&E*

It is recommended that in order to address challenges of late reporting which lead to delayed disbursements, it is important for the capacity of implementers to be strengthened, through a well structured TA plan. This plan could be developed by TNCM in close collaboration with TACAIDS and in harmony with the Technical Support Plan (TSP/CD) plan currently under development. The capacity strengthening could focus mainly on organizational development with focus on financial management, technical aspects, M&E, reporting and various aspects of the grants management, implementation and operations. These are areas where, it is suggested, grant implementers should engage technical assistance from CSOs, private or public sector to provide TA and mentorship for the implementers. These technical partners could even include audit firms and technical consulting agencies.

7.8 Expand LFA mandate to share information by providing progress briefs with feedback on risks and potential challenges to partners at their formal meetings to enhance timely review/resolution of implementation bottlenecks

Currently the LFA is in a good position to have a clear picture of all risks and future potential challenges that could affect GF grants within the country. Therefore it is suggested that the LFA mandate could be formally expanded to include providing feedback on risks and potential challenges to technical support partners of GF implementers. The LFA could also share information on GF guidelines and requirements while show-casing the work of GF by participating in coordination, dialogue and review forums on behalf of GF.

7.10 Addressing division of labor and improving partnerships

Considering the existing opportunities, challenges and recommendations made during the partnership mapping exercise, the plan below for the division of labor is recommended in order to improve health outcomes of the GF grants within the country. Within this plan, the following strategic roles are recommended for each of the GF partners:

7.10.1 The TNCM would maintain overall leadership in proposal writing, grant oversight and partner coordination, while grant implementers such as PRs, SRs and SSRs would implement interventions with more proactive sharing of critical information regarding their activities through existing national joint reviews and evaluations

7.10.2 The LFA would continue to assess implementation capacity and monitor grants. It would also share information with DPs and represent GF in partner coordination and dialogue forums.

7.10.3 The FPM and GF country team could be encouraged to hold bi-annual meetings with country partners and/or actively engage with them

7.10.4 Bilateral and multilateral partners would continue to provide additional technical and financial support for GF activities. They could also play a critical role in sharing GF information, supporting clarifications during grant negotiation, and mediating to resolve challenges related to delays in reporting or funds disbursement. Likewise GFATM should also provide DPs with information on the difficulties and bottlenecks, then share the grant related reports

7.10.5 CSOs could not only implement GF interventions but also engage more in: budget tracking and advocacy while working closely with parliamentarians and media

7.10.6 The currently existing networks of PLHIV, TB and malaria patients would be strategically engaged in promoting uptake of services and adherence to treatment regimens by patients and also monitoring quality of services provided accompanied by relevant advocacy. It is noted however that the groups of cured or ailing TB and malaria patients also need to be strengthened to play a more prominent role in grant planning and decision making

7.10.7 Additional private sector businesses would be involved in supporting transportation of commodities as well as providing goods in kind for GF activity implementation. For instance they could donate drinking water or stationery for community prevention campaigns.

Such division of labor as described above should be based on the comparative advantage and/or mandate of the various partners. The table below provides a summary of how the roles and responsibilities could be divided among key stakeholders.

Table 2: Recommended plan for division of labor for Tanzania Mainland

Area to expand partnership or forge new alliances	Partner organization that is already supporting the area	Potential partner organization to enhance support to the area where there is a gap	Disease
Proposal development stage			
TA in gap analysis and proposal development	UNAIDS, WHO, Dutch TB Foundation, UNICEF	▪ No proposed potential partner	HIV&AIDS
Literacy on GF architecture and requirements	WHO, UNAIDS	▪ LFA	
Grant negotiation and contract			

signing			
Supporting negotiation and clarification of technical issues	No partner identified	▪ Needs to be negotiated with TNCM according to the grant	
Grant implementation			
Promoting uptake of services and adherence to treatment regimens by patients	NACOPHA, USG	▪ Networks of TB and malaria patients/former patients	HIV&AIDS
Development of guidelines, policies and training materials	USG, UNICEF, UNAIDS, WHO	▪ No proposed potential partner	HIV&AIDS
Strengthening health systems to benefit GF grant implementation	CIDA, World Bank, Danida, USG, GIZ	▪ No proposed potential partner	
Strengthening supply chain management for commodities	USG, World Bank, SDC, CHAI, Coca Cola, DANIDA,	▪ Private sector businesses	
Procurement of commodities	USG, World Bank, JICA	▪ No proposed potential partner	
Brokerage role to provide critical information related to GF	UNAIDS, WHO	▪ Which DP ▪ LFA ▪ Private media houses	
Provision of goods in kind to fill supplies gaps in implementation	No partner identified	▪ Private sector manufacturers	
Capacity strengthening implementers in financial management and auditing	UNAIDS	▪ Private auditing and consulting firms	ATM
Strengthening CSO leadership capacity on monitoring, advocacy, gender, human rights, budget tracking and quality of services	UNAIDS/UN system	▪ Which DPs ▪ TA Agencies ▪ Private consulting firms	ATM
Assessments and studies to address grant implementation challenges	CIDA, GIZ, Dutch TB Foundation	▪ No proposed potential partner	ATM

Strengthening grant implementation capacity of partners	UNAIDS, WHO, Dutch TB Foundation, EANNASO, German Leprosy Relief Agency, TIP/PAI	▪ No proposed potential partner	ATM
Monitoring, oversight and reporting			
Financial and technical support to strengthen TNCM monitoring, oversight and coordination roles	USG, GIZ, UNAIDS	▪ No proposed potential partner	ATM
Providing financial support for CSOs and private sector monitoring and oversight functions	No partner identified	▪ Which DPs ▪ RFE ▪ FCS	
Capacity strengthening of implementers in routine monitoring and reporting	UNAIDS, WHO, GIZ	▪ Private consulting firms	ATM
Monitoring quality of services provided accompanied by relevant advocacy	No partner identified	▪ NACOPHA, networks of TB and malaria patients/former patients	ATM
Tracking of budgets and resources utilization with relevant advocacy in GF grants	No partner identified	▪ CSOs ▪ Parliamentarians ▪ Media	ATM
Monitoring and advocating on critical implementation issues regarding gender and human rights	UNAIDS	▪ Which CSOs	HIV&AIDS
Mediating to resolve challenges related to delays in reporting or funds disbursement	No partner identified	▪ Which DPs	
Grant closure or consolidation			
Taking over and financing activities previously funded by GF	No partner identified	▪ Which DPs	

8.0 NEXT STEPS

This report will be used by the TNCM and its partners in Tanzania to enhance and strengthen partnership by dividing labour based on comparative advantages. This will take place through consultative planning processes as well as lobbying and advocacy activities. The most urgent priority actions in order to implement this partnership mapping report will entail:

8.1 TNCM and GF Secretariat working with country partners to develop an agreed upon division of labour in order to optimally engage all partners to support ongoing grants. Responsibilities would be divided based on strategic niche proposed for each partner in this mapping report. This could create ONE entry point per areas for the partners' support (or one stop-shop or one agency/partner that could play a coordinating role.

8.2 TNCM leading stakeholders in the development and implementation of a TA plan in close coordination with TACAIDS and in harmony with the TSP/CD plan which currently under review as well as other plans for TB and malaria. This plan will clearly state what TA needs exist, which partner will provide support to address the TA needs, resources required and anticipated outputs of the TA support.

8.3 TNCM leading stakeholders to develop and implement a roadmap for joint problem solving. This road map will contain guidelines on how partnership related problems will be addressed, by whom and using which procedure.

This report has been reviewed, validated and approved through stakeholder meetings. It is desired that implementing recommendations of this report will contribute a long way towards not only enhancing the partnerships but also strengthening health outcomes for Tanzania in line with the goals and targets set for the MDGs.

ANNEXES:

ANNEX A: OVERVIEW 3RD PARTY PARTNERS PROVIDING ADDITIONAL SUPPORT TOWARDS GF GRANTS

Name of partner organization	Description of support provided to Global Fund processes	Disease	(If applicable) Funding Round & Grant
CHAI	Strengthening supply chain management	All	All
CIDA Canada	Strengthening overall health systems benefiting GF grant implementation	All	All
	Supported study to make recommendations on how the Development Partners can engage and coordinate better with Global Fund structures	All	All
Coca cola	Undertaking advocacy, commodities logistics and distribution and training Medical Stores Department (MSD) and MOH in grant management	Malaria; HIV&AIDS	All
DANIDA	Strengthening overall health systems benefiting GF grant implementation	All	All
DFID	Distribution of bed nets	Malaria	All
Dutch TB foundation	Proposal development, training, data management and survey for TB	TB	
EANNASO-SAT	Networking, advocacy and training of CSOs for accountability, governance and other roles	All	All
	Training of TNCM on GF guidelines		
GIZ	Supported study to make recommendations on how the Development Partners can engage and coordinate better with Global Fund structures	All	All
	Through GIZ BACKUP Initiative provides capacity development/ TA to the TNCM Secretariat in order to prepare an *oversight plan* and a *policy on conflict of interest*	All	All
	Through GIZ BACKUP Initiative supports the training of TNCM	All	All

Name of partner organization	Description of support provided to Global Fund processes	Disease	(If applicable) Funding Round & Grant
	members, alternate members, TNCM secretariat members and Technical Working Group members on new Global Fund guidelines and principles		
JICA	Procurement of commodities for VCT and STI testing as well as condom programming	HIV&AIDS	All
NACOPHA	Advocacy and dialogue for allocation of additional resources for PLHIV	HIV&AIDS	All
	Mobilizing PLHIV to demand, take up services and adhere to prescribed treatment regimen		
Netherlands RNE	Strengthening overall health systems benefiting GF grant implementation by supporting procurement and social marketing of condoms and contraceptives	HIV&AIDS	8, 9, 10
	Strengthening overall health systems benefiting GF grant implementation by supporting M&E Strengthening Initiative (MESI)	All	All
PAI TIP program[2]	TA for proposal development, monitoring grant implementation, advocacy and training stakeholders on HIV&AIDS and RH integration through TIP partners HDT, CADEM and MEWATA	HIV&AIDS	Current and future GF grants
Private H-Facilities	Identifying, enrolling and treating patients	All	All
Swiss Development Cooperation (SDC)	Distribution of bed nets purchased by GF grants	Malaria	GF Round 8
	Supported the creation of an ITN cell in the National Malaria Control Programme (NMCP) in 2002, to coordinate and support all actors and resources of the National Insecticide Treated Nets Programme (NATNETS). Continuous support to the ITN Cell to date, with a few to	Malaria	GF round 1

[2] The TIP project is implemented through local CSO partners namely HDT, MEWATA and CADEM

Name of partner organization	Description of support provided to Global Fund processes	Disease	(If applicable) Funding Round & Grant
	support in the coming years the design and implementation of a keep up mechanism.		
	Technical and financial support to NMCP for both the NATNETS programme as well as all malaria case management SDC funded TAs within NMCP.	Malaria	All
TAF-ICASO	CSO representatives consultative meetings prior to TNCM meetings	All	All
UCC[3]	Training partners and applying the executive dashboard for TNCM monitoring	All	All
UNAIDS	TA to develop conflict of interest policy for TNCM	All	All
	Funded 2 consultants to be contracted to support in the Drafting the Global Fund Round 11 HIV component grant application for Tanzania Mainland	HIV&AIDS	GFR11
	Building capacities of the TNCM members, GFTAM focal persons and joint UN team members on GF architecture and processes	All	All
	Strengthening implementation support to the TNCM and PRs – likely focus on financial systems, M&E and adhoc support	HIV&AIDS	All
UNICEF	TA in proposal development for all diseases	HIV&AIDS	All
	Development of guidelines, training materials for Malaria diagnosis and PMTCT	Malaria, HIV&AIDS	All
USG	TA in supply chain management	All	All
	Procurement of drugs and commodities to cover shortages or stock outs	All	All
	Strengthening capacity of TNCM to implement its functions	All	All
	Financial support and TA to establish strengthened the GF management units in Tanzania Mainland	All	All
	TA during implementation of grants	All	All

[3] University of Dar Es Salaam Computing Centre

Name of partner organization	Description of support provided to Global Fund processes	Disease	(If applicable) Funding Round & Grant
	Development of guidelines, training materials for Malaria diagnosis	Malaria	All
	Technical and leadership capacity building in supply chain management	All	All
	Undertaking BCC related to malaria interventions	Malaria	All
	Proposal writing in areas related to supply chain management	HIV&AIDS	All
	Strengthening overall health systems benefiting GF grant implementation	All	All
WHO	Development of guidelines, training materials for Malaria diagnosis	Malaria	All
	Technical assistance and training in M&E	All	All
	Technical assistance in project implementation for Stop-TB program	TB	All
	Organizing training to the country and consultants to be GF literate-understanding new GF guidelines and proposal forms, proposal development, peer review of proposal, grant negotiation-work plan, PSM and M & E plan development	All	All
	Health systems strengthening by supporting formulating strategies and concepts, policy making and capacity building		
World Bank	Health systems strengthening through strengthening capacity of health laboratories	All	All
	Joint procurement of ARVs		

Annex B: List of organizations interviewed

In an alphabetical order, below is a list of organizations whose staff and officials contributed input used towards developing this document. Their contribution was made through meetings, telephone interviews, document review and other means:

- Aidspan
- African Medical and Research Foundation (AMREF)
- Association of Private Hospitals and Health Facilities in Tanzania (APHFTA)
- Canadian International Development Agency (CIDA)
- Centre for Advocacy and Empowerment (CADEM)
- Christian Social Services Commission (CSSC)
- Dar es Salaam Samaritan Group
- Development Partners Group for AIDS
- Development Partners Groups for Health
- Eastern Africa Networks of AIDS Support Organizations (EANNASO)
- German Development Cooperation (GIZ)
- German Leprosy Relief Association
- Global Fund (GF) Secretariat Geneva
- Human Development Trust (HDT)
- Medical Women's Association of Tanzania (MEWATA)
- Ministry of Finance and Economic Affairs (MOFEA)
- Ministry of Health and Social Welfare - GF Coordination Office
- National AIDS Control Programme (NACP)
- National Council for People Living with HIV&AIDS (NACOPHA)
- National Malaria Control Programme (NMCP)
- National Tuberculosis and Leprosy Control Programme (NTLP)
- Netherlands Government
- Network of Women with HIV in Tanzania (NETWO)
- PAI TIP program (HDT, MEWATA and CADEM)
- Price WaterHouse Coopers
- Social Health Development for People living positively with HIV & AIDS
- Swiss Development Cooperation
- Tanga AIDS Working Group (TAWG)

- Tanzania AIDS Forum
- Tanzania Commission for AIDS (TACAIDS)
- Tanzania National Coordinating Mechanism (TNCM) coordination office - TACAIDS
- Tanzania Women Infected with HIV & AIDS
- United Nations Children's Fund (UNICEF)
- United Nations Joint Programme on AIDS (UNAIDS)
- UNAIDS – Technical Support Facility (TSF)
- United States Government (USG/PMI/CDC/PEPFAR/USAID)
- Wanawake Wajane wa Pugu
- WHO stop tb partnership
- Women Fighting HIV&AIDS in Tanzania (WOFATA)
- World Bank
- World Health Organization (WHO)