

STRENGTHENING GLOBAL FUND SUPPORTED INTERVENTIONS AND PROCESSES IN TANZANIA MAINLAND IN LINE WITH PARIS AID EFFECTIVENESS PRINCIPLES

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I. FOREWORD

The assessment contained in this report took place during the months of September to November 2010 was contracted and managed by the High Commission of Canada in Tanzania on behalf of the DPG-AIDS. The assessment makes recommendations on key areas for Development Partners to focus on in order to improve engagement and coordination to assist the GOT to better take advantage of GFATM resources to improve the health of Tanzanians. The assessment was conducted by an assessment team of Consultant Julie Tumbo with additional technical guidance from Myriam Vuckovic of the German Technical Cooperation (GTZ).

The assessment aimed at informing and advising the Development Partners Groups in Health and HIV&AIDS on how to improve engagement, coordination and communication as concerns the Global Fund processes and interventions in the country. The assessment also focused on how to strengthen engagement with the Global Fund Secretariat in Geneva as well as the Local Funding Agent. Stakeholders consulted during the assessment represented Development Partners, Government agencies, Civil Society, the Local Funding Agent, the Global Fund Secretariat and People Living with HIV&AIDS.

This report contains suggestions which were made by the stakeholders and proceeds to make recommendations on how the Development Partners can engage and coordinate better with Global Fund structures. It will be used by Development Partners to identify and prioritize areas of support so as to enhance communication, engagement, impact, efficiency and effectiveness of Global Fund supported processes and interventions in Tanzania Mainland, for the betterment of the lives of all Tanzanians.

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III. LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CIDA	Canadian International Development Agency
CSO	Civil Society Organization
DP	Development Partners
DPG	Development Partners Group
GF	The Global Fund to fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Cooperation
HIV	Human Immunodeficiency Virus
HSR	Health Sector Review
JAPR	Joint AIDS Program Review
MOFEA	Ministry of Finance and Economic Affairs
MOHSW	Ministry of Health and Social Welfare
MTEF	Medium Term Expenditure Framework
NGO	Non Governmental Organization
SWAP	Sector Wide Approach to Planning
TA	Technical Assistance
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TNCM	Tanzania National Coordinating Mechanism
WHO	World Health Organization

1. EXECUTIVE SUMMARY

Tanzania is one of the countries that has received the largest approvals for funding from Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) which comes up to approximately one billion US dollars between the year 2003 and 2010. Around half of these funds have been absorbed to successfully implement various interventions related to HIV&AIDS, Tuberculosis (TB) and malaria in Tanzania Mainland.

Since the first GF grant in Tanzania in 2003, various Development Partners (DPs) have supported different GF processes at all stages. There are 4 DPs representatives who sit in Tanzania National Coordinating Mechanism (TNCM) and therefore provide technical advice to while participating in TNCM decision making. United Nations (UN) agencies and the United States Government (USG) have been actively involved in supporting proposal writing. The UN also provides various trainings on GF and deploys technical consultants to provide support to GF project implementation. Over the years, substantial improvement has therefore been noted in terms of quality of implementation, participation, involvement, transparency, decision making, communication and leadership in the GF interventions.

However bottlenecks relating to planning, coordination, communication, oversight, alignment, integration and technical capacity still constrain the performance of GF grants. Inadequate absorption of funds, delays in submission of program and audit reports, subsequent delays in disbursement of funds, programs not realizing targets and funding not being provided to the intended recipients by the time some grants come to an end have been encountered in the GF activities.

Furthermore, non alignment and demanding or challenging modalities of the GF seem to create additional transactional costs, erratic seemingly uncoordinated movement and more stress on the health and community systems in Tanzania. Although dialogue structures like the Technical Committee Sector Wide Approach (TC-SWAP), Development Partners Groups (DPGs) and others exist, they are not always fully involved in GF processes and decision making. At times DPs are not well coordinated on GF issues but largely driven by their own

“topics” or headquarters demands which are not always in line with dynamics at country level and areas of interest.

Bearing in mind these constraints, the DPG-Health and DPG-AIDS, commissioned an assessment of GF processes. The assessment was conducted to inform and advise the Development Partners Groups in Health and HIV&AIDS on how to improve their engagement and coordination as it relates to the GF in Tanzania. The assessment was not a comprehensive study but a rapid assessment as a snap shot and first step of a process to strengthen DPs engagement with GF processes in the country.

In line with the Paris Declaration, the assessment looked at the three main pillars of aid effectiveness which include (i) harmonization, (ii) alignment and (iii) GOT ownership. Managing for results was considered as a cross cutting issue. Under harmonization issues concerning information sharing, simplifying procedures and establishing common arrangements were addressed. Within alignment the assessment looked at relying on Government of Tanzania (GOT) systems and alignment with GOT. The assessment also emphasizes GOT ownership and leadership in its recommendations.

The assessment makes the following main recommendations on key areas for DPs to consider in improving engagement and coordination so as to assist the GOT to better take advantage of GF resources to improve the health of Tanzanians:

- 1) Coordinate GF related technical advice to GOT through the DP representatives in existing Ministry of Health (MOH) and Tanzania Commission for AIDS (TACAIDS) led technical committees and working groups as well as through DPs representatives in the GOT led TNCM so as to enhance collaboration.
- 2) Agree on a common plan to continue providing Technical Assistance (TA) to the MOH, TACAIDS and TNCM through the budget support and existing TA mechanisms so as to improve speed and quality of implementation and grant absorption. The assessment found the following main needs for TA:

- 2.1 Support TNCM to develop an annual calendar of GF events which is subsequently included in TACAIDS, MOH and other sector plans so that GF activities implemented, monitored, supervised and coordinated through already existing GOT mechanisms which also foster accountability.
- 2.2 Simplify procedures through extensive independent gap analysis right after the two yearly Joint AIDS Programme Review (JAPR) and annual Health Sector Review (HSR) so as to ensure the gap analysis is done as part of a routine GOT led process, address country priorities and is advised by an external person in order to minimize oriented analysis.
- 2.3 Provide TA to writing GF proposals which are based on and aligned to GOT sector plans, National Multisectoral HIV&AIDS Strategic Framework (NMSF) and National Strategy for Growth and Poverty Reduction (MKUKUTA) so as to not divert focus from GOT priorities to GF project areas of focus.
- 2.4 Strengthen capacity of TNCM members as well its' operational guidelines so as to enhance its oversight and monitoring roles.
- 2.5 Support inter-country peer review in order to enhance learning by drawing lessons on what works across countries and use regional or global initiatives so as to address structural challenges affecting GF supported interventions.
- 3) Orient and improve knowledge base of DPs staff on GF processes, requirements and changes so as to enable them to better advice country stakeholders.
- 4) Negotiate for formal structured pre-planned meetings between DPGs, GF Secretariat and Local Funding Agent (LFA) so as to coordinate channeling of aid in a harmonized and aligned manner.
- 5) Provide evidence and country reality to DPs headquarters offices to connect or link implementation and practice with high level decision making at the GF Secretariat thereby streamlining and harmonizing GF policies with operational procedures of the country.
- 6) Mobilize resources through budget support for TNCM to include GF news on newsletters and orient national partners about new GF developments, requirements, funding opportunities so as to enable them to comply better with GF requirements.

- 7) Work through GOT led technical committees and working groups to develop and implement one joint prioritized TA plan for systems strengthening which is matched to national needs, so as to strengthen coordination and effectiveness of TA in a harmonized manner that scales up high quality interventions.
- 8) Organize bi-monthly coordination meetings between the DPG-health troika, DPG-AIDS lead, DPG-AIDS co-lead and DPG representatives on the TNCM so as to come up with one common position on critical technical issues in the TNCM meetings while being sensitive to individual organizations mandates and focus.
- 9) Engage a DP Focal Point on the GF to be the liaison person so as to actively inform and link DPs with GF stakeholders and processes in the country.

2. INTRODUCTION AND BACKGROUND INFORMATION

2.1 The GF supported grants in Tanzania Mainland

Tanzania Mainland is among one of the countries that has received the largest approvals for GF funding which comes up to approximately one billion US dollars approved from the year 2003 to date for 13 grants as shown on annex B of this report. Approximately half of this funding has been disbursed and absorbed through the GF supported grants which supported HIV&AIDS, TB and malaria interventions in the country. Over the years, improvement has been noted in terms of quality of implementation, participation, involvement, transparency, decision making, communication, and GOT leadership concerning the GF supported interventions. However, some bottlenecks still remain which should be addressed in order to ensure optimal performance of the GF interventions.

2.2 The justification and rationale for the rapid assessment

Despite the successful implementation of GF activities, there are several challenges which have constrained GF interventions including inadequate absorption of funds, delays in submission of program reports and audit reports, subsequent delays in disbursement of funds, reaching the end of the phase before all program targets are met, as well as some cases

of late communication and information sharing for stakeholder inputs. As a result of these challenges, the GF has withheld some funding from the country and in other cases the disbursements have been delayed and the country risks the possibility of further loss of additional funding.

Some DPs have felt that their engagement and coordination as relates to GF in Tanzania could be further strengthened through their involvement in SWAP, NMSF and GF processes. Therefore the DPG-AIDS and DPG-Health commissioned a rapid assessment to inform and advise DPs on how to improve their engagement and coordination as it relates to the GF in Tanzania. More specifically the assessment examined:

- 2.2.1 The effectiveness of DP engagement in the TNCM and how it links to other dialogue structures.
- 2.2.2 Technical support role of DPs to the GOT and TNCM.
- 2.2.3 Knowledge base of DPs on GFATM processes including changes.
- 2.2.4 GF Secretariat and LFA engagement at the Tanzania country level from the perspective of Aid effectiveness principles.
- 2.2.5 DPs' engagement with their headquarters and subsequent involvement in the GFATM Board and Board committees.
- 2.2.6 DPs role or responsiveness to inform national partners about new GF developments.
- 2.2.7 Harmonisation and alignment among TA providers.
- 2.2.8 Interaction and coordination of DPs through DPG-Health and DPG-HIV&AIDS.
- 2.2.9 Possible role for a DP Focal Point on the GF.

3. DESCRIPTION OF THE ASSESSMENT

This rapid assessment was mainly conducted through literature review and key informant interviews which obtained qualitative feedback from key stakeholders within various agencies that finance, manage or implement GF interventions. A check-list of issues to discuss with key informants was developed, updated and finalized as the assessment tool.

This tool was used to interrogate issues and concerns at all stages of the GF grant from gap analysis, proposal writing, grant negotiation, grant implementation and grant closure.

Organizations representing DPs, GOT and Civil Society Organizations (CSOs) were randomly selected and consulted during the assessment. The LFA, GF Secretariat, and TNCM Secretariat were purposively selected for consultation during the assessment. Although guided by the assessment tool, the assessment team held open ended discussions with the stakeholders met. This assessment report therefore contains feedback on issues of concern which were raised by stakeholders with their suggestions on how to possibly deal with the identified concerns. After analyzing discussions with stakeholders, the assessment team makes recommendations through this report on what the DPs should or could consider supporting, in order to strengthen GF grant performance in the country.

4. RECOMMENDATIONS BASED ON FINDINGS FROM THE ASSESSMENT

4.1 Coordinate GF related technical advice to GOT through the DP representatives in existing Ministry of Health (MOH) and Tanzania Commission for AIDS (TACAIDS) led technical committees and working groups as well as through DPs representatives in the GOT led TNCM so as to enhance collaboration.

The effectiveness of DP engagement in the TNCM and how it links to the TC-SWAP for Health and the JTWG for HIV&AIDS was assessed. The TNCM has an Executive Committee which takes decisions based on advice from the TNCM Technical Working Groups (TWGs) for HIV&AIDS, Tuberculosis and Malaria. The Executive Committee decisions are managed by a TNCM Secretariat based in TACAIDS. Within the multi-sectoral response there is a Joint Thematic Working Groups for HIV&AIDS (JTWG-AIDS) which takes all decisions based on the advice of several technical committees structured along thematic areas of the National Multi-sectoral HIV&AIDS Strategic Framework (NMSF). In the MOH there is the Technical Committee for the Sector Wide Approach (TC-SWAP) which takes decisions based on technical advice from various committees in the MOH.

Some stakeholders noted that while the managers of the national programs for HIV&AIDS, tuberculosis and malaria are often fully aware of GF supported plans and interventions; not all the members of the TC-SWAP and JTWG are fully informed about and linked to GF activities or to the TNCM. The vast expertise and experience on the three diseases within these GOT led technical working groups and committees is therefore underutilized in gap analysis, proposal writing, implementation and other GF grant processes.

Among DPs it was noted that that DPs representatives in The TNCM do not always manage to consult their constituency and provide a collective response during TNCM meetings mainly because the TNCM meeting materials arrive late and in bulk not allowing adequate time for reading and consultation. Likewise the TNCM meeting deliberations are not normally discussed among the DP representatives in the DPG, TC-SWAP or JTWG in a formal and structured manner.

In line with suggestions made by stakeholders, the assessment team recommends that:

- 4.1.1 The DPs Focal Person should summarize all large TNCM meeting materials, highlight key issues, and share them with all DPG representatives on the TNCM, TC-SWAP and JTWG so as to facilitate quick review and discussion.
- 4.1.2 DPs could continue to collectively analyze issues with GOT as members of the MOH and TACAIDS led technical working groups and committees and then provide advice to TNCM through the leadership of these committees and groups.
- 4.1.3 DPs representatives on the technical committees and groups could also provide the said technical advice to the TNCM by channeling them through the 4 DPs representatives on the TNCM.
- 4.1.4 The DPG representatives in the TNCM could agree on a common position, and coordinate technical feedback and speak in one voice to TNCM in critical technical issues while being sensitive to individual DPs specific perspective and GF related mandate or agenda.

4.2 Agree on a common plan to continue providing Technical Assistance (TA) to the MOH, TACAIDS and TNCM through the budget support and existing TA mechanisms so as to improve speed and quality of implementation and grant absorption.

The technical support role of DPs to the GOT and TNCM in GFATM proposals, grant negotiation, implementation, monitoring and evaluation was assessed. It was found that various DPs have supported GF processes at all stages through their staff or by deploying technical consultants. However, it was noted that human resource and systems challenges are still bottlenecks for GF grant performance and there is still a need for continued technical support. Some of the existing TA mechanisms for which the DPs Focal Person could link national partners to draw down support from include: AIDS Strategy and Planning (ASAP) was created by UNAIDS and is managed by World Bank; UNAIDS TSF which is managed by Centre for African Family Studies; Grant Management Solutions which is managed by Management Sciences for Health (MSH); The GTZ Backup Initiative which is managed by the German GOT; Capacity Building and supply chain management (CBS/SCMA) assistance initiative managed by John Snow Inc (JSI), University Research Group (URG) and i+Solution.

In line with suggestions made by stakeholders, the assessment team recommends that DPs agree on a common plan to continue providing Technical Assistance (TA) to the TNCM, MOH, TACAIDS and GOT partners through the budget support and the existing TA mechanisms so as to improve speed and quality of implementation and grant absorption. The main areas in which it is recommended that time limited TA is provided to the GOT are as follows:

- 4.2.1 Support TNCM to develop an annual calendar of GF events which is subsequently included in TACAIDS, MOH and other sector plans so that GF activities are implemented, monitored, supervised and coordinated through already existing GOT mechanisms which also foster accountability. This action would address challenges whereby there are times when critical activities like gap analysis, proposal writing, financial audits and submission of reports are delayed. The calendar would also include meetings, reviews, country visits, field visits, TNCM monitoring activities, call for proposals, proposal writing and other events.

- 4.2.2 Simplify procedures through extensive independent gap analysis right after the two yearly Joint AIDS Programme Review (JAPR) and annual Health Sector Review (HSR) so as to ensure the gap analysis is done as part of a routine GOT led process, address country priorities and is advised by an external person in order to minimize oriented analysis. This action would address the challenge whereby gap analysis at times takes place late after the GF announces call for proposals and some proposals could be unduly oriented to the GF focus area. The gap analysis findings would be used to identify priority areas for the next GF proposal.
- 4.2.3 Provide TA to writing GF proposals which are based on and aligned to GOT sector plans, National Multisectoral HIV&AIDS Strategic Framework (NMSF) and National Strategy for Growth and Poverty Reduction (MKUKUTA) so as to not divert focus from GOT priorities to GF project areas of focus. This action would enable the GOT to develop a proposal that is geared to country priorities on time and allow adequate notice for DPs in the technical committees and working groups to review the proposals and also for DPs representatives to provide feedback on the proposal to the TNCM.
- 4.2.4 Strengthen capacity of TNCM members as well its' operational guidelines so as to enhance its oversight and monitoring roles. This action could improve quality of TNCM discussions through support to (a) TNCM members training in leadership and enhancing their technical capacity to critically analyze issues and pass sound decisions based on GF reports (b) Reviewing, updating, and agreeing on operational guidelines for TNCM activities so as to address challenges which could relate to decision making procedures, handling conflict of interest, transparency, governance, the way representatives are "elected" to TNCM seats , proactive field monitoring and dealing with audit concerns.
- 4.2.5 Support inter-country peer review in order to enhance learning by drawing lessons on what works across countries and use regional or global initiatives so as to address structural challenges affecting GF supported interventions. This action

would address similar GF related challenges that countries grapple with. The countries would undertake “peer-review” so that one country team assesses the practice of another and provides feedback as an active and practical learning initiative. And DPs would advise the countries to use existing global and regional initiatives to address structural challenges for instance U4 Corruption in the health sector and UN Learning Initiatives.

4.3 Orient and improve knowledge base of DPs staff on GF processes, requirements and changes so as to enable them to better advice country stakeholders.

The knowledge base of DPs on GFATM processes including changes was assessed. DPs indicated that not all their staff are knowledgeable on GF issues since some of them do not work in areas where interventions are supported by GF and neither do they sit in technical committees or working groups which discuss GF issues. Some DPs indicated that they normally obtain updated GF information from their headquarter offices, but the communication is channeled to individual DPs and not through the DPGs.

Some DPs suggested that a person should be tasked with the responsibility of obtaining and sharing GF information from GOT, GF Secretariat, DPs, the GF website or other sources. Some DPs felt this should be done by a DPs Focal Person for GF. Others felt that GF communication to the DPs should continue to be channeled through and disseminated by the DPG program assistants for DPG-Health and DPG-AIDS are placed in the World Health Organization (WHO) and the Joint United Nations Program on HIV&AIDS (UNAIDS) respectively.

In line with some of the stakeholders’ suggestions, the evaluation team recommends that the DPs Focal Person could empower the DPs staff so as better understand GF and advice country partners if she/he:

- 4.3.1 Proactively obtains GF information from DPs, GOT and the GF and others.
- 4.3.2 Orients and improves knowledge of DPs staff on GF issues so that they can better advice country stakeholders, especially during their annual retreats.

4.3.3 The DP Focal Person could channel GF related information through the DPG secretariats in Joint United Nations Programme on AIDS (UNAIDS) and World Health Organization (WHO).

4.4 Negotiate for formal structured pre-planned meetings between DPGs, GF Secretariat and Local Funding Agent (LFA) so as to coordinate channeling of aid in a harmonized and aligned manner.

GFATM engagement with DPGs at the Tanzania country level from the perspective of Aid effectiveness principles, both through the Local Fund Agent and the Secretariat in Geneva was assessed. Some stakeholders noted a need for coordination between funding sources to so that Aid is channeled in a manner that preempts and addresses possible issues like non-duplication, financial management, common procurement, reducing transaction costs, unpredictability and harmonizing operational procedures.

By virtue of the GF being a funding mechanism that is located outside the country, staff from the Secretariat are often absent in the joint planning, basket funding discussions, monitoring, oversight, and donor dialogue forums in the country. In the last couple of years, the GF Portfolio Manager and members of the DPG have organized some irregular meetings when the Manager was in country and had time available. The Portfolio Manager is in the process of discussing with DPs how they could arrange for two formal pre-planned annual meetings.

Stakeholders noted that the LFA acts as the 'ears' and 'eyes' of the GF Secretariat in-country. The presence of the LFA in joint planning, monitoring, oversight and donor dialogue forums has been minimal but has been gradually increasing in the previous year. Although contractually the LFA is not obligated to share information with in-country stakeholders, the LFA has now been attending the TNCM and some DPG-Health meetings. In addition, the LFA normally holds debriefing meetings with stakeholders to discuss the performance, achievements, challenges, bottlenecks, concerns and actions required for GF grants.

In agreement with the suggestions of DPs and the Portfolio Manager, the assessment team recommends that:

- 4.4.1 The DPG-Health and DPG-AIDS continue negotiating with GF Portfolio Manager to organize annual pre-planned and formal information sharing and coordination meetings, while keeping the TNCM informed of the discussions.
- 4.4.2 DPs invite the LFA so as to provide feedback when the DPGs plan to discuss GFATM related issues.
- 4.4.3 The two DPGs could organize bi-monthly feedback meetings between the LFA, DPG-health troika and DPG-AIDS lead, DPG-AIDS co-lead and two other DP representatives who are members in TNCM.
- 4.4.4 However it is cautioned that these meetings should not supersede and weaken in one way or another the role of that the TNCM secretariat is supposed to have in sharing GF information and coordination of all the stakeholders including the DPs.

4.5 Provide evidence and country reality to DPs headquarters offices to connect or link implementation and practice with high level decision making at the GF Secretariat thereby streamlining and harmonizing GF policies with operational procedures of the country.

DPs' engagement with their headquarters and subsequent involvement in the GFATM Board and Board committees was assessed. Stakeholders noted that some DPs headquarters staff sit in the GF Board and Board committees, but these staff are not always formally informed of the country issues by the DPGs. However the DP headquarters and their country offices communicate and share GF information only with their respective country offices and vice versa. This communication is mainly done on an adhoc basis without and not formally shared with the DPGs. In line with some stakeholders' suggestions, the assessment team recommends that:

- 4.5.1 DPs Focal Person at the country level would consolidate critical and relevant evidence and country reality from GF stakeholders.
- 4.5.2 This evidence would be discussed at the DPGs.

4.5.3 The DPGs would formally communicate the evidence and country realities to the headquarters staff who sit at the GF Board and Board Committees.

4.5.4 The DPs headquarters staff would discuss the pertinent issues raised with a view to streamline and harmonize GF policies with operational procedures of the country.

4.6 Mobilize resources through budget support for TNCM to include GF news on newsletters and orient national partners about new GF developments, requirements, funding opportunities so as to enable them to comply better with GF requirements.

DPs role and responsiveness to inform national partners about new: GF developments like Health Systems Strengthening and gender, SOGI; GF revisions like key strategic documents; GF requirements and funding opportunities like direct funding and National Strategy Applications, was assessed. Stakeholders noted that the GF architecture transforms rapidly and not all stakeholders are on board with its current requirements; for instance the malaria program is due to be transformed into single stream funding but staff are not fully informed on the process and implications of this change. Usually the GF Principle Recipients (PRs) and UNAIDS have budget for respective trainings and information sharing. And the latter has previously conducted the orientation workshops for upgrading skills and knowledge of GF stakeholders on the new GF aid architecture.

In line with the stakeholders' suggestions, the assessment team recommends that:

4.6.1 DPs mobilize resources through budget support for TNCM to (a) include GF news on GOT newsletters and (b) orient national partners about new GF developments, requirements, funding opportunities so as to empower them to comply better with GF requirements.

4.6.2 The TNCM could be supported to orient national partners on GF architecture through existing dialogue structures like the TNCM, JAPR, HSR, TC-SWAP, technical committees and working group meetings so that they comply with GF grant application and management requirements.

4.7 Work through GOT led technical committees and working groups to develop and implement one joint prioritized TA plan for systems strengthening which is matched to national needs, so as to strengthen coordination and effectiveness of TA in a harmonized manner that scales up high quality interventions.

The assessment team discussed with stakeholders about increased harmonisation and alignment among TA providers towards toward effective TA, communication regulations, priorities for TA matching the national priorities. Over time various TA has been provided by various DPs including through the basket funds, GF grants and their existing TA mechanisms. As a result, GF interventions in the country have gradually strengthened capacity in systems, processes, technology and human resource over the years. It was noted that in some cases there are inadequate human resources (skills, knowledge and numbers) of GF stakeholders to meet the set grant targets. Others also expressed that processes, requirements and procedures in health and financing systems at times delay disbursements and subsequent implementation of GF funded activities. However the requests for support by country stakeholders are at times adhoc and submitted to DPs late and with short notice.

In line with the stakeholders' views, the assessment team recommends that DPs work through GOT led technical committees and working groups so that:

- 4.7.1 DPs provide TA for an in-depth assessment of the bottlenecks to implementation while looking critically at issues relating to systems, processes, human resource, alignment and integration.
- 4.7.2 Based on the assessment, DPs support stakeholders to ddevelop and implement one joint prioritized TA plan for systems strengthening including human resource, M&E, procurement, finance and administration, stewardship, transparency, strategic information, domestic accountability and other issues matched to national needs so as to strengthen coordination and effectiveness of TA.
- 4.7.3 Activities in this TA plan are subsequently included in and funded through the respective sector plans so as to strengthen coordination and effectiveness of TA in a harmonized manner that scales up high quality interventions.

4.7.4 DPs could also support the TA plan through their technical staff or existing technical support mechanisms which are managed by DPs.

4.8 Organize bi-monthly coordination meetings between the DPG-health troika, DPG-AIDS lead, DPG-AIDS co-lead and DPG representatives on the TNCM so as to come up with one common position on critical technical issues in the TNCM meetings while being sensitive to individual organizations mandates and focus.

Interaction and coordination of DPs through DPG Health and DPG HIV&AIDS in terms of their engagement in GF processes was assessed. DPs noted that the DPG-Health and DPG-AIDS do not have a structured and formal routine mechanism to meet and discuss GF related issues, although these take place among members of both DPGs in an adhoc and informal manner. Also it was noted that some DPs are actually members in both the DPG-Health and DPG-AIDS and therefore they participate in GF related deliberations in both the DPGs. In line with suggestions made by some stakeholders, the assessment team recommends that:

4.8.1 The DP Focal Person organizes bi-monthly coordination meetings between the DPG-health troika, DPG-AIDS lead, DPG-AIDS co-lead and DPG representatives on the TNCM so as to come up with one common position critical technical issues in the TNCM meetings while being sensitive to individual organizations mandates and focus.

4.9 Engage a DP Focal Point on the GFATM to be the liaison person so as to actively inform and link DPs with GF stakeholders and processes in the country.

The assessment team explored with stakeholders the need for and possible role of a DP Focal Point on the GF. DPs consulted all expressed that sometimes communication and information sharing by the TNCM Secretariat and other country stakeholders is not comprehensive or is belated. Some DPs expressed the need for a Focal Person responsible for liaison, availing and interpreting information to DPs for more effective coordination of GF activities. Other stakeholders felt that the Focal Person should be deployed and based in the TNCM

Secretariat to serve as a liaison person who shares information with all stakeholders, not only the DPs.

In line with some stakeholders’ suggestions, the assessment team recommends that a Focal Person could be deployed to serve as a liaison person who obtains and shares GF related information with DPs. The Focal person should be based in one of the DPG Secretariats so as to have better access to information and DPs and to focus on the task of strengthening DPs knowledge and engagement in GF in line with the job description proposed below:

JOB DESCRIPTION: GF FOCAL PERSON FOR THE DPGs	
Reporting to:	DPG-Health and DPG-AIDS
Description of main responsibilities	To be the liaison person who links DPGs with GF stakeholders, avails, interprets, and shares information with an aim to facilitate alignment, harmonization and coordination of GF supported interventions in line with the Paris Aid Effectiveness principles for development cooperation.
Description of duties	<p>a. Technical assistance.</p> <ul style="list-style-type: none"> • Assess requests and advise DPs on technical and financial support required for GF interventions. • Participate in identification and selection of TA to support DPs. • Review and comment on quality of TA provided. • Identify TA needs, match and link country partners to existing sources of TA. <p>b. Information sharing.</p> <ul style="list-style-type: none"> • Proactively obtain GF information from DPs, GOT and the GF and others and circulate for discussion among DPGs. • Provide key documents including GF proposals, annual calendar of events, GF dashboard for DPG to review and comment. • Document collective decisions and DPGs feedback to the TNCM. • Orient and update DPs and their selected partners on GF related issues and most recent architecture during the DPs annual retreats or partner meetings. • Consolidate critical and relevant evidence and country reality from GF stakeholders to headquarters. <p>c. Organizing meetings</p> <ul style="list-style-type: none"> • Set appointments and organize meetings between the DPGs and GF stakeholders (TNCM, TC-SWAP, JTWG, LFA and GF Secretariat) • Organize bi-monthly coordination meetings between the DPG-health troika, DPG-AIDS lead, DPG-AIDS co-lead and DPG representatives on the TNCM. • Document and share deliberations of meetings between DPGs and GF stakeholders. <p>d. GF Planning and dialogue forums.</p>

	<ul style="list-style-type: none"> • Review and advise the TNCM on the proposed annual calendar of GF activities. • Summarize all TNCM meeting materials, highlight key issues, and share them with all DPs. • Participate in strategic national dialogue forums and processes including GF stakeholder meetings, GF proposal writing, annual health sector review and JAPR. • Participate in discussions with GF Secretariat, Board or Board committees when requested. <p>e. Monitoring and shared learning.</p> <ul style="list-style-type: none"> • Monitor and document processes relating to DPG support for GF processes. • Document and disseminate experiences, lessons learnt, advantages and limitations of harmonization and alignment of GF activities in Tanzania. • Obtain and disseminate lessons learnt, effective strategies and experiences from other countries pertaining to GF processes and organize inter-country learning visits for GF stakeholders when requested. • Obtain evidence for critical GF issues to be used by DPs for advocacy and lobbying. <p>f. Increasing DPs understanding of GF.</p> <ul style="list-style-type: none"> • Assess the GF related knowledge and information needs of DP staff. • Obtain and disseminate to DPs feedback on GF Board and Board committee meetings. • Obtain and disseminate information and updates on GF processes, requirements, guidelines and structures to all DPs staff in country. • Orient DP staff on GF during the annual retreat or planning meetings so that they can better advise country stakeholders. • Advise DP staff on how they can better engage and support GF processes in-country. • Participate in DPG meetings to share GF Board and Board committee issues.
Qualifications and attributes required	<ul style="list-style-type: none"> • Postgraduate training in a health related field or social sciences. • 3 years experience in liaison work within development cooperation programs. • Ability to manage technical and financial support to partners. • Experience in management and organizational development processes. • Understanding of gender related concepts and processes in programming. • Overview of HIV&AIDS, TB and malaria interventions in Africa. • Familiarity with GF processes, guidelines and requirements. • Experience working with and being accepted by both donors and GOT. • Preferably originating from one of the DP countries.
Competencies and skills needed	<ul style="list-style-type: none"> • Excellent writing, presentation and communication skills. • Very good analytical and problem solving skills. • A high degree of flexibility and adaptability. • Proven ability to work in multicultural settings.

	<ul style="list-style-type: none"> • Ability to negotiate and dialogue with partners.
Key relationships	<p>The position will primarily maintain relationships with:</p> <ul style="list-style-type: none"> • DPG-Health. • DPG-AIDS. • DPG Secretariats in UNAIDS and WHO. • DPs country and headquarter staff. • TNCM. • TC-SWAP and MOH TWGs. • JTWG-AIDS and multisectoral technical committees. • GF Secretariat and LFA.

5. CONCLUSIONS AND NEXT STEPS

Stakeholders noted that for these recommendations to succeed, the main GF stakeholders in the country will require to commit to transparency, open communication, timely consultation, collective feedback as well as a willingness to partner with other stakeholders in their development cooperation work. The DPGs will discuss recommendations made in this report and prioritize what actions to immediately implement. After that the DPs will engage GOT and other GF partners in planning and implementing the most urgent recommendations from this report. The recommendations will be selected based on which ones will have the highest impact on improving absorption, performance and impact of GF grants for the betterment of health and welfare of all Tanzanians.

ANNEX A: LIST OF CONTRIBUTING ORGANIZATIONS

By alphabetical order below is a list of contributors who were interviewed during this assessment:

- African Medical Research Foundation (AMREF)
- Canadian International Development Agency (CIDA)
- German Technical Cooperation (GTZ)
- Global Fund Secretariat
- International Labour Organization (ILO)
- Joint UN Program on AIDS (UNAIDS)
- Local Funding Agent (LFA)
- Ministry of Finance and Economic Affairs (MOFEA)
- Ministry of Health and Social Welfare (MOHSW)
- National AIDS Control Program (NACP)
- National Council for People Living with HIV&AIDS (NACOPHA)
- National Malaria Control Program (NMCP)
- Royal Netherlands Embassy
- Swiss Development Corporation
- Tanzania AIDS Forum (TAF)
- Tanzania Commission for AIDS (TACAIDS)

- Tanzania National Coordinating Mechanism (TNCM) Secretariat
- United Nations Children's Fund (UNICEF)
- United Nations Population Fund (UNFPA)
- United States GOT (USG) PEPFAR
- World Bank (WB)

ANNEX B: GF COUNTRY PORTFOLIO FOR TANZANIA

s/n	Grant type	Round	Grant title	Principle Recipient	Signed grant agreement	Status	Dates
1	Malaria	1	National insecticide treated nets implementation plan	Ministry of Health of the United Republic of Tanzania	US\$ 78,079,834	RCC I	01 November 2003 - 30 April 2011
2	HIV&AIDS	1	Scaling up effective district HIV&AIDS response focusing on communities, primary schools and informal sector in Tanzania	Ministry of Finance of the United Republic of Tanzania	US\$ 5,400,000	Phase I	01 November 2003 - 31 October 2005
3	HIV/TB	3	Scaling up access to quality voluntary counseling and testing for TB and HIV&AIDS in Tanzania Mainland	Ministry of Finance of the United Republic of Tanzania	US\$ 83,466,904	Phase II	01 November 2004 - 30 April 2010
4	HIV&AIDS	4	Filling critical gaps for Mainland Tanzania in the national response to HIV&AIDS in impact mitigation for OVC, condom procurement, care and treatment, M&E and national coordination	Ministry of Finance of the United Republic of Tanzania	US\$ 184,228,749	Phase II	01 September 2005 - 31 December 2010
5	HIV&AIDS	4	Filling critical gaps for Mainland Tanzania in the national response to HIV&AIDS in impact mitigation for OVC	PACT Tanzania	US\$ 55,675,970	Phase II	01 July 2005 - 31 December 2010
6	HIV&AIDS	4	Condom procurement for social marketing	Population Services International (PSI) in Tanzania	US\$ 17,985,799	Phase II	01 July 2005 - 31 December 2010
7	HIV&AIDS	4	Filling critical gaps for Mainland Tanzania in the national response to HIV&AIDS in care and treatment	African Medical and Research Foundation (AMREF)	US\$ 25,201,730	Phase II	01 July 2005 - 30 June 2010
8	Malaria	4	Prompt and effective treatment of malaria cases and detection and containment of malaria epidemic	Ministry of Finance of the United Republic of Tanzania	US\$ 76,086,764	Phase II	01 August 2005 - 31 January 2009

9	TB	6	Acceleration of TB and TB/HIV services in Tanzania	Ministry of Finance of the United Republic of Tanzania	US\$ 16,498,948	Phase I	01 November 2007 - 31 October 2009
10	Malaria	7	Improving malaria diagnosis and treatment in Tanzania	Ministry of Finance of the United Republic of Tanzania	US\$ 20,707,304	Phase I	01 July 2008 - 31 December 2010
11	Malaria	8	Achieving universal coverage with long lasting insecticidal nets in Tanzania		US\$ 100,427,017	Phase I	01 November 2009 - 31 October 2011
12	HIV&AIDS	8	Sustaining the momentum: The march towards universal access to HIV&AIDS	African Medical and Research Foundation (AMREF)	US\$ 2,397,626	Phase I	26 October 2009 -
13	HIV&AIDS	8	Sustaining the momentum: The march towards universal access to HIV&AIDS services in Tanzania	Ministry of Finance of the United Republic of Tanzania	US\$ 118,744,452	Phase I	01 June 2010 - 31 May 2012

Source: GFATM website, January 2011

ANNEX C: EXISTING TECHNICAL ASSISTANCE MECHANISMS

- AIDS Strategy and Planning (ASAP) was created by UNAIDS and is managed by World Bank to complement existing options for country assistance by providing a one-stop shop where countries can seek advice and technical support for strategic and action. ASAP service helps clients develop well-prioritized, evidence-based, results-focused and costed AIDS strategies and action plans. ASAP supports rapid peer reviews of draft strategies and action plans, technical and financial support to develop strong strategies and action plans, tools and guidelines to assist clients to assess and improve their strategies and training for policymakers and practitioners.
- Alliance Civil society Technical support hub for east and southern Africa was established by UNAIDS and is managed by the International HIV and AIDS Alliance. The Hub Provides technical assistance to civil society organizations in East and Southern Africa GF implementation.
- UNAIDS TSF in Eastern Africa which is managed by Centre for African Family Studies supports partners in all aspects of GF implementation.
- The GTZ Backup Initiative is managed by the German Government. The Initiative's services include providing international, national and regional organisations with process and technical consultancy by seconding short-term and long-term experts. It supports technical assistance schemes for Governmental and civil-society actors.
- Grant Management Solutions provides short-term technical assistance to Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) confronting urgent deadlines, bottlenecks to implementation, and systemic problems hindering performance and is managed by Management Sciences for Health. GMS provides support in four technical areas: Governance and leadership for CCMs; Organizational and financial management for PRs; Procurement and supply management of pharmaceutical and health commodities and; Monitoring and evaluation of grants.
- Through the Capacity Building and supply chain management (CBS/SCMA) assistance initiative TA is provided by John Snow Inc, University Research Group and i+Solution. Objectives of CBS/SCMA are (a) To attain a balance between the short-term effectiveness and benefits of the VPP (Voluntary Pooled Procurement) and the long-term in-country capacity (b) Pooled Procurement and cost effective ordering process (c) Capacity Building / Development including Internal / national systems developed

/ strengthened and effective and efficient supply chain management.

Source: UNAIDS orientation training on GF Architecture