Rapid Funding Envelope, second External Review

Economic Development Initiatives (EDI LTD)

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FINAL

Rapid Funding Envelope for HIV/AIDS

Second External Review

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Acronyms

ABCT	AIDS Business Coalition Tanzania
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ARV	Anti-Retroviral
CAIBA	Children Affected and Infected by AIDS
CARF	Community HIV/AIDS Response Fund
CIDA	Canadian International Development Agency
CSO	Civil Society Organisation
DANIDA	Danish International Development Agency
DCI	Development Cooperation Ireland
D&T	Deloitte and Touche
DfID	Department for International Development
DP	Development Partner
EC	European Commission
FBO	Faith-Based Organisations
FCS	Foundation for Civil Society
GBS	General Budget Support
GBV	Gender Based Violence
GFATM	Global Fund for HIV/AIDS, TB, and Malaria
HIV	Human Immunodeficiency Virus
HBC	Home Based Carers
IEC	Information, Education and Communication
IGA	Income Generating Activities
JAST	Joint Assistance Strategy Tanzania
LMS	Leadership Management and Sustainability
MDA	Ministries, Department, Agencies
MOHSW	Ministry of Health and Social Welfare
MSH	Management Sciences for Health
NMSF	National Multi-sectoral AIDS Strategy Framework
NSGRP	National Strategy for Growth and Reduction of Poverty (MKUKUTA)
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PSI	Population Services International
RFA	Regional Facilitating Agencies
RFE	Rapid Funding Envelope
SAAT	Southern Africa AIDS Trust
SDC	Swiss Agency for Development and Cooperation
TACAIDS	Tanzania Commission for AIDS
TACECA	Tanzania Contractors and Civil Engineers Association
TMAP	Tanzania Multi-Sectoral AIDS Programme
TAMOFA	Tanzanian Mozambique Friendship Association
TOMSHA	Tanzania Output Monitoring System on HIV and AIDS
USAID	United States Agency for International Development
USP	Unique Selling Point
VCT	Voluntary Counselling and Testing
WED&TF	Women Entrepreneurial Development Trust Fund
ZAC	Zanzibar AIDS Commission
ZPRP	Zanzibar Poverty Reduction Paper

1 Executive Summary

The Rapid Funding Envelope (RFE) to date has managed to facilitate the production of many success stories and results in the response to HIV/AIDS in Tanzania and has received accolades and requests for assistance in replicating the mechanism in other countries. It has however outgrown its original purpose of being a temporary and rapid mechanism for supporting HIV/AIDS initiatives and the excellent results that have been created have not effectively been scaled-up or replicated.

There is definitely a need, a funding gap, and general commitment for the continuation of support to medium sized NGOs in the response to HIV/AIDS. The need has evolved from purely short-term rapid responses to the need for development of more medium term solutions.

Projects funded under the RFE have been well aligned with the national priorities as determined by MKUKUTA and the National Multi-Sectoral Framework (NMSF) and the funding criteria are likely to remain in line with NMSF2, although more emphasis could be provided to supporting actions that incorporate a greater gender and governance focus.

It has been suggested that the RFE should have more of an involvement at all levels of the development of CSOs involved in HIV/AIDS responses and that three different types of support could be offered to emerging creative CSOs, (via linkage with the Foundation for Civil Society) established CSOs with innovative ideas, and to initiatives deserving scaling up.

The one-off funding period of twelve months has been found to be insufficient for CSOs to complete their activities and no longer fully meets their needs. It is therefore suggested that flexible funding periods be introduced to allow for grants' periods of up to two years, with an option for an extension should there be an accepted justification for it.

On the whole RFE donors were happy with the general performance of the managing agents and despite some of the concerns raised in the last audit report, they still believed that the current set-up affords them the best security that their money is being well managed and that the risk of misappropriation is low.

The successful increase created in awareness of the RFE however, and subsequent increase in applications and projects funded has not been effectively matched with a suitable increase in human resources to manage the augmented number of applications and larger portfolio. This has resulted in a downturn in the efficiency and 'rapidity' of the fund in all areas of the grant management processes.

Despite the pre-award assessment visits and all other pre-grant checks and funding rules, the level of financial and project management abilities of the sub-grantees is lower than was originally anticipated thus causing delays in the implementation of projects and highlighting the need for enhanced pre-grant management training particularly in financial management areas.

Furthermore there is a suggestion that the RFE should offer its sub-grantees places on targeted outsourced training courses, following a needs assessment to determine what are the most common areas of need for capacity enhancement. In the short-term this can be done using the interest that it has accumulated from the donor funds and in the longer-term incorporate an outsourced capacity building element into the mechanism.

The current monitoring and evaluation of the sub-grantees from particularly a financial point of view is not regarded to be as efficient as previously and many delays were reported in clearing accountability queries.

The cost implications of the delays in clearing accountabilities and hence the need to pay management costs for overseeing the extension of the sub-grantee contracts needs to be established.

The level and extent of the implementation of previous recommendations has been mixed, with most successful improvements made in disseminating information about RFE to a wider audience, increasing the geographical coverage of RFE funded projects and the creation of some real and thriving partnerships.

There has however been no establishment of formal linkages with other funding mechanisms, particularly the Foundation for Civil Society (FCS) and the Regional Facilitating Agencies (RFAs). These are both missed opportunities to share information about the regional/district specific needs of the communities, learn from each other's funding experiences (particularly as over 70% of FCS activities funded under the safety nets thematic area have gone to HIV/AIDS related activities) and pool resources for building the capacities of the Civil Society Organisations (CSOs).

Although it was the original intention of the RFE to be able to upgrade the capacity of the Tanzanian Commission for AIDS (TACAIDS)/Zanzibar AIDS Commission (ZAC) and provide experience in grant making, in reality this has not occurred to any real degree with staff or management other than Commissioners who participate in the RFE Steering Committee.

An area of concern that has been raised in general within the HIV/AIDS funding environment and also in relation to the RFE is the amount of duplication in producing materials that are already available from other organisations i.e. the production of Home Based Care (HBC) toolkits and other Information Education Communication (IEC) materials. The lack of formal linkages and lack of an accessible knowledge bank of this type of resources fosters the potential continuation of development of duplicated available materials.

In order to ensure that the RFE remains at the forefront of innovation and can continue to be a purveyor of best practice, a more permanent infrastructure and framework with clear goals and objectives is required.

The study therefore suggests that a future RFE should not only focus on 'grant making' activities but that it should also incorporate the establishment of a national HIV/AIDS resource and development centre where all previous, current and new RFE 'results' and any other best-practice innovations from other funded activities, can be strategically and systematically replicated, disseminated or scaled-up.

2 Introduction

The Rapid Funding Envelope (RFE) was created and set-up in 2002, by the Tanzania Commission for AIDS (TACAIDS) and bilateral donors as an interim grant mechanism to support innovative interventions by Civil Society Organisations (CSOs) in the response to dealing with HIV/AIDS in Tanzania. The RFE was intended to be a short-term mechanism while other funding arrangements, in particular the World Bank sponsored Tanzania Multi-sectoral AIDS Program (TMAP)'s Community HIV/AIDS Response Fund (CARF), and Global Fund were established.

The RFE has been funded by the Canadian International Development Agency (CIDA), the Royal Danish Embassy (DANIDA), the Embassy of Finland, the Embassy of Norway, Irish Aid, the Royal Netherlands Embassy, the Swiss Agency for Development and Cooperation (SDC), the Bernard van Leer Foundation, the United Kingdom Department for International Development (DFID), and the United States Agency for International Development (USAID).

Two technical contractors have been managing the RFE on behalf of the donor agencies. Deloitte (D&T) act as the RFE grants manager and Management Science for Health (MSH) provides technical oversight and monitoring and evaluation of the programme. The RFE is governed by a Steering Committee comprising of representatives from TACAIDS, the Zanzibar AIDS Commission (ZAC) and representatives from donor agencies.

Since its inception the RFE has conducted seven grant making rounds and has approved over $11.2 million of grants for 78 projects. Projects are funded with a grant of between $50,000 and $200,000 for up to a maximum of 12 months. To receive funding through the RFE, proposed projects and activities must be aligned with the National Policy on HIV/AIDS and the National Multi-sectoral Strategic Framework (NMSF) in at least 1 of 5 of the following priority areas:

- Prevention through advocacy and IEC
- Care and support
- Impact mitigation
- Baseline and applied research
- Institutional strengthening, including monitoring and evaluation

Projects are also required to meet one or more of the following criteria:

- Demonstrate urgency and innovation
- Target hard to reach groups
- Complement and promote national HIV/AIDS strategy and policy
- Foster partnerships
- Scale up best practices or test innovations
- Develop materials or approaches appropriate for broad-scale implementation

Whilst the RFE was initially intended to operate for 18-24 months, the first review in 2004 recommended that the programme be extended for a further two years with the same operational structure and grants management systems and procedures but that they be reviewed again in 2006.

Given that financial support to the national response to HIV/AIDS under the NMSF has increased dramatically since 2002, that TMAP and its projects such as Community AIDS Response Fund (CARF) and the establishment of Regional Facilitating Agencies (RFA) have been operational since 2004, and other global initiatives in the response to HIV/AIDS are now active in Tanzania, a key outcome of this review has been to determine whether the RFE still has a role to play in the fight against HIV/AIDS and to define that role.

2.1 Objectives of the Review

The objectives[1] of this second review are:

1. To assess the **performance** (effectiveness and efficiency) of RFE as a funding mechanism in relation to strengthening the national, district and community response to HIV/AIDS.

2. To assess the **relevance** of RFE in the present context, identify/validate whether RFE still fills a niche and determine whether it will continue to do so in the foreseeable future.

3. To analyse, review and make recommendations for the RFE **institutional arrangements** in the medium to longer-term.

[1] Appendix 7 - The TOR for this review.

3 Findings of the Review

The findings of the review are broadly based around the three key investigation areas of **performance**, **relevance** and **future institutional arrangements**.

3.1 Current Performance (effectiveness and efficiency) of the RFE

The RFE was initially designed as a short-term mechanism in anticipation of the creation of a more permanent arrangement for funding civil society's work within the HIV/AIDS sector. Donor agencies and TACAIDS agreed on the initial short-term nature of the RFE as a mechanism to stimulate innovation and achieve rapid results with minimal administrative burdens and risks.

Assessing **Performance** has involved identifying some of the outcomes of grant funded initiatives, assessing the effectiveness and efficiency of the grants management systems, processes and managers as well as reviewing the level of implementation of the recommendations from the previous review.

The following section identifies some of the key outcomes and successes that have been and are being achieved at community level.

3.1.1 Highly Successful Projects – Results/Outcomes/Impact being created in the Community

Since the establishment of the RFE there have been many successful activities implemented and some have gone on to become national interventions. Some of the most recent successes include[2]:

Femina Hip which is a multimedia initiative working throughout Tanzania to promote sexual health, HIV/AIDS prevention and healthy lifestyles. Femina Hip has received two rounds of funding and the latest round was used to translate printed materials into Kiswahili to provide information on coping with Children Affected and Infected By AIDS (CAIBA) and to educate children to lead healthier lifestyles. The booklets are designed to facilitate behaviour change through 'edutainment' using attractive, entertaining and emotionally engaging materials

Tanzania Civil Engineering Contractors Association (TACECA) provides an example of best practice through partnership with AMREF and working to raise the awareness of road construction workers. As most road workers have to work away from home they are considered to be of higher risk of exposure to HIV/AIDS. The project included creating awareness and sensitisation of contracting companies, distribution of condoms and improving the delivery of HIV/AIDS interventions by producing guidelines for road workers. These guidelines are now being used to form national guidelines and TANROADS would like to distribute them nationwide.

Islamic Association of Education and Economic Development/ Umoja wa Kiislamu wa Uchumi, Elimu na maendeleo (UKUEM) is working in Pemba and Zanzibar to assist families affected by HIV / AIDS with vocational training and equipment for youth. Training was provided in various professions such as carpentry, tailoring and electrical repairing. Once training was complete the youth were provided with equipment to start their own businesses and to enable them to earn a living and lead independent lives.

[2] More examples of successful RFE initiatives can be requested from MSH and found on the website (www.rapidfundingenvelope.org).

The Centre for Counselling, Nutrition and Health Care (COUNSENUTH) provides nutritional care and support for PLWHA and children living with HIV/AIDS aged 2 – 8 years. This project was centred in Kilimanjaro and Mbeya with 20,000 booklets on nutrition being distributed nationwide. There were also 3,000 copies of a training and reference manual reprinted and distributed along with the training of 100 carers and 29 CSOs being provided with technical support.

The RFE has been supporting short-term initiatives and has not focused on creation of long-term impacts in the community; rather, it targets the creation of 'short-term changes in access, demand, quality and capacity[3],

The focus group discussions (FGDs) that were held with a combination of RFE end beneficiaries and non-beneficiaries highlighted some key changes that were occurring to them personally and in their community and derived to a large extent from the RFE interventions. The following table provides some extracts of activities that were undertaken and what key changes have been realised from them:

Table 1: Extracts of Changes Created from RFE Grants as Described by Beneficiaries during Focus Group Discussions.

Activity	Change(s)
Training to Community Leaders	ESOTO reduced by 80% Reduction of sexual interactions amongst young people.
Primary Health Educator training	Increased number of PLWHAs who come out in public Increased turn over for VCT.
Training HBC	Stigmatisation reduced to bearable levels. Increased support to PLWHAs from community. Increased use of ARVs.
School guidance trainings	HIV education became active.
Training toward HIV/AIDS committees.	Subcommittees for village/sub village formed. Increased awareness curiosity to know more on HIV. HIV/AIDS committee established in sub village.
Support to orphans (uniforms).	96 orphans provided with school uniforms.
Support to PLWHAs with food aid/blankets	Increased people getting ARVs. Increased awareness sessions conducted by PLWHAs.
Provision of grants to women groups and Maasai Moranis.	Entrepreneurship skills increased in the local community. More engagement in business. Reduced vulnerability and exposure to risky behaviour.
Provision of lactating lamb/goats to PLWHA	Increase in HIV/AIDS education Improvement in the health of PLWHA
Micro credits to PLWHA	Increase in income
Training to peer educators	The target group have become peer educators
Awareness Raising	Increase in the use of condoms
Training in business management and entrepreneurship	450 beneficiaries are more aware of business management and entrepreneurship
Home Based Care training programme	PLWHA are more open and people are aware of how to prevent HIV
Training in Income generation activities for PLWHA	PLWHA are undertaking income generating activities
Production of a home based care manual	A home based care manual has been produced and is in use to provide better care to PLWHA
Production of religious guidelines	Has led to national guidelines being produced

[3] Proposal Format fourth round

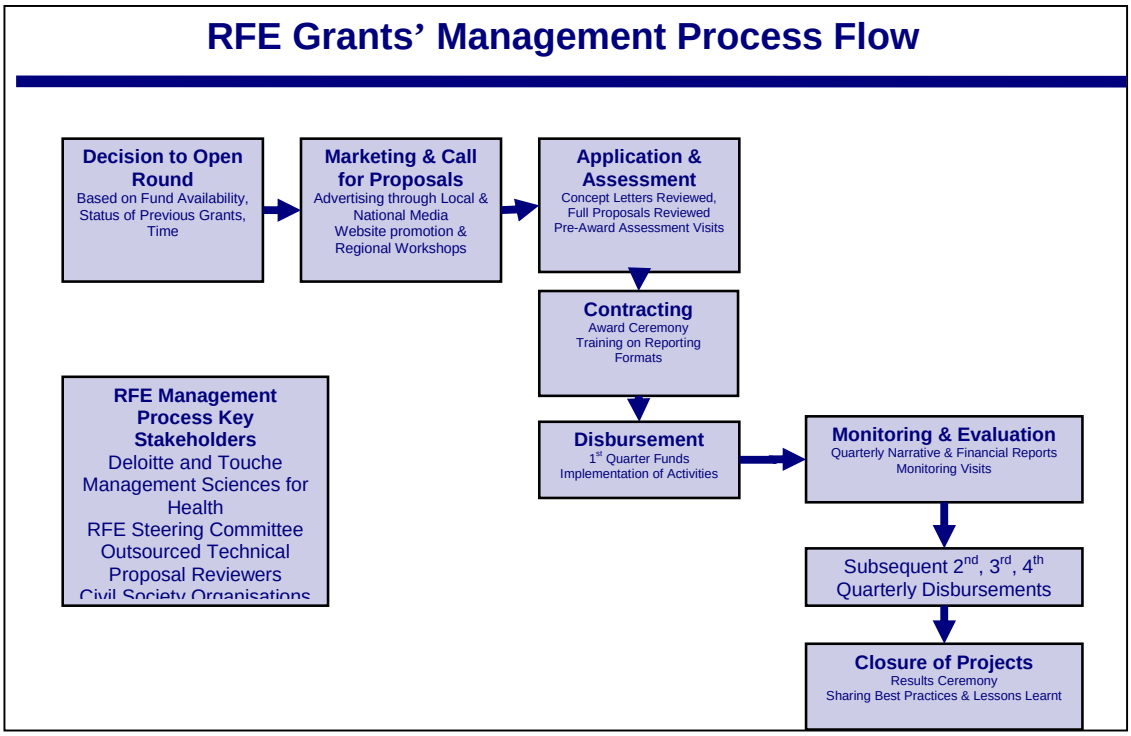
There is no doubt that the RFE funded activities are creating change at community level and particularly for those infected and affected by HIV/AIDS. The most frequent changes recorded from the FGDs, the results meeting and monitoring narrative reports appear to be in relation to the first stage of creation of long term impact – **increase in awareness**. Without awareness of issues, one cannot begin to think about the second stage – **change in behaviour.** It is apparent that behaviour change is the second most frequent type of change recorded from the RFE project samples reviewed. The third key stage which involves **access to services and increase in living standards,** is the stage where more tangible changes can occur, such as the commencement of business following income generating training or access to ARVs and VCTs. These have also been recorded by the beneficiaries as changes that have occurred due to RFE funding.

3.1.2 RFE Grant Management Processes

Reviewing whether the RFE is effective and efficient, involved an analysis of the strengths and weaknesses of the processes, tools and stakeholders involved in the management of the RFE, the findings of which are documented in the following sections.

Figure 1 below provides a pictorial representation of the current high level process steps involved in the management of the RFE grant.

Figure 1: Management Process of RFE Grants



3.1.3 Planning for an Open Round

The key strengths and weaknesses identified with regards to planning for an open round stage are highlighted below:

Key Strengths

- The decision of what type of applications to target i.e. special round, open round, targeting specific regions is determined collectively using current knowledge of need in the country.

Key Weaknesses

- It was found that there is no pre-established annual timetable for determining when a round of applications will occur.
- At the establishment of the RFE there were two rounds of applications processed in one year, whereas during 2006, only one round of applications was undertaken. This was due to the significantly greater response from the round in 2006 resulting in 484 concept letters and subsequently 23 successful applications. However this points to the fact that the resources needed to process larger numbers of applications in shorter time-frames were not sufficient to still allow the opportunity for two rounds to take place during the year.

3.1.4 Marketing and Call for Proposals

Having taken the collective decision to 'open a round', the next stage involves the marketing and the call for proposals. The following identify the key strengths and weaknesses of this process step:

Key Strengths

- The call for proposals is widely advertised in the national press and through radio stations
- Information can be sourced from the website at anytime
- The marketing road-shows create a much larger awareness of the RFE in the targeted areas, where in some cases demand to attend the workshops outweighed the available space and resources.
- The road-shows generated 4 successful proposals, and 64 concept letters (14% of the total received.)

Key Weaknesses

- Marketing 'road-shows' can only be undertaken in a very limited number of areas
- All marketing is conducted in English as is the application and management of the grants
- Although the road-shows generated 64 concept letters, they were still deemed to be relatively weak technically

3.1.5 Application, Approval and Award

The key strengths and weaknesses identified with regards to the application approval and award stages are highlighted below and further discussion is provided:

Key Strengths

- The use of concept letters reducing the time and cost burden of the CSOs & appraisers
- The use of electronic applications reducing the paper burden and cost
- Robust and relatively easy to use tools for the assessment of the proposals
- The use of collective decision making for assessing proposals, using specific financial and technical expertise
- The efficiency in monetary terms of sourcing external assessors rather than paying for full time staff
- Applicants are kept informed of the stages and outcome of their application, and if rejected at any stage they are informed of the decision

- Pre-award assessment visits are valuable for determining whether the applicant has sufficient technical and managerial capabilities to manage the project (although it is costly)
- The award ceremony and results meeting provide good networking and publicity opportunities.

Key Weaknesses:

- The use of the internet and English language limiting applications from some more rural CSOs
- The lack of full time administrative staff managing the RFE at DT causes delays and frustrations
- The time given to applicants to prepare a full proposal is too short (3 weeks)
- Some good concepts are rejected because they are poorly presented or expressed, which is not a problem solely unique to RFE, but generic to many funding mechanisms
- Coordinating the diaries of all stakeholders involved in the approval & award process causes delays when no pre-set dates have been agreed upon and are adhered to
- The rejection letters are not specific enough, particularly post full proposal stage
- The Grant's Management training provision is insufficient to ensure effective grant management by all CSOs

Some of the areas are discussed in more detail below:

There was a mixed response from CSOs regarding the user-friendliness of the application tools and no general consensus was determined. Some CSOs reported that the forms were clear and easy to use, and caused no problems provided that your English language skills were perfect. Others reported that the proposal format was too detailed and 'bulky' to try and complete in the time frame that is allotted to them. (3 weeks).

The RFE management team also expressed frustrations about having to reject good concepts and proposals because they were poorly presented or expressed. Several CSOs supported this by commenting that they felt applications are approved based more on the ability to write a good proposal, rather than the concept and creativity of the proposed interventions.

During 2006 there was only one application round whereas in previous years, two or more rounds per year were undertaken. This was reportedly due to the large number of applications being received during the first round. The fact that more CSOs are applying for funding positively shows that the RFE has become more widely known and that there is still a demand for RFE type funding. However, the increase in applications has not been met with an adequate increase in resources to process them efficiently and thus the original concept of 'rapid response' was lost during last year.

Even though the timeframe between acceptance and award is now longer some of the CSOs interviewed during this review felt that the timeframe between the concept letter being accepted and the deadline for the proposal was too short and would like at least an extra week to prepare their proposal. CSOs are only afforded three weeks to put together a full technical and financial proposal, in contrast to the six months that were spent by the RFE between receipt of proposals and subsequent disbursement of funds in December.

Although the award ceremony is an excellent PR opportunity, it is inopportune that when stakeholders' diaries cannot be coordinated in a timely fashion for attendance, that the whole commencement of implementation of the projects is significantly delayed.

During the period of award, CSOs stated that the pre-grant training provided is not sufficient to allow them to effectively manage their projects, particularly the financial management under the rules of D&T. This observation is believed to be justified given the delays that are experienced by the CSOs during implementation due to incorrect or poor presentation of reports (financial & narrative) halting any further disbursements until queries have been dealt with.

3.1.6 Contracting, Disbursement & Implementation

The key strengths and weaknesses identified with regards to the contracting, disbursement and implementation are as follows:

Key Strengths

- Legal binding contract formats that allow appropriate action to be taken with serious defaulters
- Low risk of complete loss/misappropriation of funds with strict subsequent disbursement rules and policies
- All necessary supporting documents and records are kept in respect of the payments made with clear linkages to the reports submitted by sub-grantees[4]

Key Weaknesses

- Delay in first disbursement of funds in 2006, disrupting CSO plans and delaying implementation of activities
- The delays in disbursement render the RFE to no longer be rapid or efficient
- Not one project has been completed within the 12 month timeframe
- For a large part of the extension period there are no binding contracts
- Disbursements of subsequent quarter's accounts are often delayed for long periods of time whilst queries with accountabilities are dealt with

When the RFE mechanism first began the timeframe between call for concept letters and first disbursement of funding was envisaged to be approximately 6 months. However, the RFE is no longer as quick and efficient as it was intended. During the last round, launched in February 2006, the contracting of projects did not commence until August 2006 and disbursement of first quarter funds was only completed at the end of December 2006.

Furthermore, the 2005 audit report from PWC identifies that not one RFE funded project has managed to complete and be closed within the twelve month contractual time period and that contract extension letters are delayed:- thus for a large part of the extension period there were no binding contracts between the RFE and its Sub-grantees.

Some of the RFE grantee organisations interviewed reported that they were delayed in implementation of their activities due to delays in the disbursement of the second, third and fourth tranches. One organisation said that they requested funds in July 2006, however, over the course of several months, queries arose regarding receipts, and 3rd and 4th quarter funds were only received in February 2007.

Four key problems arise from this situation:

a) Some CSOs are unable to halt activities and staff still need to be paid whilst waiting for the funds to be disbursed. In some instances this has caused CSOs to use funding from other sources to continue their activities, in the hope that they would eventually receive the RFE funds;

[4] Source: Audit Report 2005

b) Key technical staff can be lost - in one instance, a project officer who was employed for a period of one year, had to leave at the end of the year as he was on secondment and thus the CSO was left to continue its activities without the key technical expertise that was needed and intended; which is a serious issue, as it affects the continuity and quality of project implementation as often there are additional funds to hire new staff. And even when funds are made available from other sources, bringing someone new often take time for them to get into the rhythm

c) The cost of delay of subsequent disbursement could be higher than the cost of loss of funds[5]

d) Service delivery of the CSOs is also interrupted which causes mistrust by the community in which the grantee is serving making it difficult to re-build trust after several months of waiting for the next disbursement.

All these in totality have negative implications to the technical quality of the projects.

The current process also determines that subsequent disbursements may take place once 80-85% of the previous quarter funds have been properly accounted for. Although an improvement in efficiency from the former requirement of 100%, this system is also perhaps not the most efficient as it means that the sub-grantees can only carry out activities up to two weeks before the end of a quarter, in order to ensure that accounts are submitted in time and then they cannot commence activities in the next quarter, for at least two weeks following acceptance of accountabilities by D&T and processing of subsequent disbursements. (providing that there are no queries)

Understandably further funds should not be disbursed to CSOs who have been unable to properly account for their expenditure. However, the delays in being able to clear the queries in order to allow the CSOs to continue their activities are too long.

3.1.7 Monitoring, Evaluating and Reporting of CSOs

During the implementation of a CSO project, the managing agents D&T & MSH are jointly responsible for the ongoing monitoring, evaluation and general communication with the sub-grantees. The starting point for monitoring and evaluating sub-grantees is from the narrative and financial reports that are to be submitted each quarter.

Key Strengths

- The report formats provide the managing agents with sufficient detail for them to be able to identify problem areas quickly
- Allows long-distance monitoring and identification of issues for review
- The appointment of full time technical adviser at MSH has allowed for a higher level and a more consistent service of technical project monitoring and advice provision
- Monitoring and technical support provided has increased the capacities of the CSOs and enabled some to access subsequent support from other sources

Key Weaknesses

- Sub-grantees feel they spend more time reporting than on implementing activities
- Difficulties in coordinating monitoring visits between D&T and MSH causing delays in visits and hence subsequent disbursements
- Communication and long response times for dealing with financial queries
- Reportedly insufficient funds available for D&T to conduct efficient on-site monitoring

[5] An analysis of the cost-benefit of ensuring complete accurate financial accountabilities versus the RFE costs involved of managing the 6-12 month extensions should be undertaken.

It appears that it is the reporting and evaluation areas that CSOs have the most concerns with. They say that it feels like they spend more time on reporting than on actually implementing activities, and that there is a high burden to them to report on their activities four times per year. As one organisation said:

'We are trying to meet the needs of our target group but having to do so through the requirements of Deloitte and Touche'.

CSOs further conveyed that they have been frustrated with the response times from the grant managers (D&T) after submitting their reports. The audit report of Price Waterhouse Coopers (October 2006) also highlights its concern over the delays in action to rectify financial oversights. Others were concerned that it can sometimes take several weeks of telephone calls and emails to receive answers to specific queries.

During the review one CSO reported that it has unspent money and the project finished over 2 months ago. A request was made to spend the money on enhancing the project activities but no feedback has been received and the money is very slowly disappearing through bank charges.

During an interview with D&T however, they stated that if any problems arose from the reports they would investigate them within a week. Furthermore D&T did also note that their management contract does not afford them sufficient funds to be able to conduct as many site visits as would be necessary to ensure faster clearance of accountabilities. The management contract between D&T and USAID allows for one site visit per organisation per sub-grant.

There appears to be a general consensus of opinion that the current system of evaluation of accountabilities is not as efficient as it should be and is causing a hindrance to the timely and successful implementation of the activities. Both RFE development partners and CSOs would like to see more emphasis being placed on the ability to continue the implementation of activities and the CSOs ability to perform their activities.

On a more positive note, during the focus group discussions CSOs did feel that D&T has helped them to become better at financial management because of the strict regulations in financial reporting. Several CSOs have successfully applied for funding from other sources and the Tanzanian Mozambique Friendship Association (TAMOFA) have expressed thanks to the RFE for having improved their capacity in organisational skills, writing of proposals, concept letters and grant management, all of which has now enabled them to secure financial resources from the Global Fund for HIV/AIDS, TB, and Malaria (GFATM). The tight regulations have also enabled D&T to expose 3 or 4 cases of fraud and misuse of funds.

3.1.8 Closure of the Projects and Sharing of Lessons Learnt

The key strengths and weaknesses identified with regards to the closure of projects and lessons learnt from the RFE implemented activities are as follows:

Key Strengths

- TACAIDS and ZAC are armed with an array of best practice results and lessons learnt
- Results meetings allow sharing of lessons, skills, experiences and knowledge particularly among CSOs
- Good PR for donors, sub-grantees, TACAIDS and ZAC

Key Weaknesses

- Projects were found not to be closed in a timely fashion and there were delays in sending out project closure letters to sub-grantees
- Although TACAIDS and ZAC are provided the 'results', there is still a complete lack of follow-on, roll-out and scaling-up of successful interventions.

3.1.9 Performance of the Managing Agents and Governing Bodies

This section provides further information as to the performance and role of the managing agents and TACAIDS/ZAC in the management of the RFE:

Key Strengths

- Clear division of roles and responsibilities and working partnership between managing partners and steering committee
- Donors are happy with the general performance of the managing agents
- Technical assistance provision is of a good quality
- The risk of misappropriation of funds is perceived to be very low
- The administrative burden on the donors is greatly reduced through the work of the managing agents
- The Steering Committee as it stands is a suitable and working representation of the key stakeholders and believed by all to be the correct and most effective governing set-up.

Key Weaknesses

- Reporting to donors is very financially oriented with insufficient emphasis on sub-grantee achievements
- Inability to identify and fully confirm which donors funds had been received
- Concerns that D&T is too visible and overshadows the RFE and TACAIDS in particular
- TACAIDS/ZAC non-dissemination of RFE results

There is a clear division of roles and responsibilities and a working partnership between D&T, MSH and the Steering Committee. On the whole RFE donors were happy with the general performance of the managing agents and despite some of the concerns raised in the last audit report in relation to D&T, they still believed that the current set up affords them the best security that their money is being well managed and that the risk of misappropriation is low. The membership and role of the Steering Committee is also believed by all to be suitable and sufficient for governing the RFE in its current form.

Concerns were raised regarding D&T's current HR capacity to manage the multiple grants and there were some concerns noted in the field with regards to the fact that the 'face' of RFE is very much D&T, 'an international private audit firm'. Furthermore there was little knowledge or awareness in the field of MSH's role (as they were often assumed to be part of D&T) and minimal understanding of the role of TACAIDS[6] within the RFE.

Although the team were not provided with an exact figure for the actual management costs of the RFE, it was suggested that the costs were in total between 15-16% per annum of the value of the fund that is managed. The previous review identified that the running costs of the Foundation for Civil Society versus the amount of grants disbursed stood at around 48%. However, this was in relation to 2003, the year which FCS was formed and was not really a comparable figure to use.

[6] From the visits in Zanzibar, the same cannot be said for ZAC, whose role was better understood – probably due to the greater involvement of ZAC in the application and approval processes during the special Zanzibar round.

Under the remit of this assignment it is still not really possible to give a full analysis of RFE costs vis a vis the costs of the Foundation for Civil Society as FCS running costs also includes the provision of capacity building and other grantee focused services as well as human and institutional development of the Foundation that do not exist at the RFE. Albeit to say that during 2006, a total of US$4,010,920 was disbursed to FCS Grantees and US$1,472,7654 was spent as a total of running costs, which equates to 37%. If one was to strip out FCS's 'Cap Building/Other' costs and 'Human and Institutional Development' from FCS running costs, US$651,745 and US$66,454 respectively then the proportion of running costs versus grants disbursed is equal to 19%, which is likely to be more comparable to the current management costs of the RFE.

It would therefore appear that at the present time the running costs of the RFE could be less proportionately to those of the FCS, although access to the content of all expense lines of each organisation would be needed to provide a more definitive analysis.

3.1.9.1 The Role of TACAIDS and ZAC in Relation to Management of the RFE

As TACAIDS and ZAC have a mandate to act on a national level as a coordinating body and to provide resource mobilization, monitoring and evaluation and capacity building to promote CSO participation in the national response to HIV/AIDS, the RFE was to allow them to send positive signals to CSOs about their importance in the delivery of effective HIV/AIDS interventions.

Although the Commissioners of TACAIDS and ZAC are members of the RFE Steering Committee, are involved in the annual RFE awards and results meetings and take an active role in reviewing and approving the applications, there were concerns that this was the limit of their involvement. One of their original roles and responsibilities was to ensure that the sub-grantees' results are actively being disseminated to a wider audience. But this has not occurred to any degree.

There were further concerns raised that the role of TACAIDS and ZAC should also have included the active promotion and development of formal linkages between the RFE and the Regional Facilitating Agencies (RFAs). On the mainland, this also has not occurred to any notable extent. On Zanzibar however, it was reported by ZAC that they are planning to continue supporting the CSOs that were funded by the RFE through other funding mechanisms particularly via the Community AIDS Response Fund (CARF). This is a more unique situation as the funding for CSOs on Zanzibar focussed more on the building of their capacity and targeted much younger and inexperienced CSOs. On the mainland however, the linkage needed to be focused more on the RFA funded CSOs moving on to seek RFE funds than vice versa.

This general lack of up-take of the role of TACAIDS and (and to a lesser extent ZAC) in relation to the RFE is of concern, particularly when considering any future developments that may require a greater participation of TACAIDS/ZAC. At the present time, almost all stakeholders spoken to, talk about the 'lack of capacity of TACAIDS' to be able to undertake their current roles and responsibilities to the fullest degree, both in terms of HR numbers and also in terms of expertise. They have reportedly been tasked with too much and are struggling to be able to fulfil all their current responsibilities efficiently or effectively. There has also not been any one person solely designated the responsibility of ensuring the dissemination or promotion of RFE results, or specifically tasked with developing formal linkages rather they have stayed more as high level strategic ideas as opposed to actually trickling down to an operational plan with a budget and dedicated human resources to implement.

Any future expansion or development of the RFE requiring greater and more active participation from TACAIDS and ZAC would require a dedicated task-force whose sole remit would be in relation to the tasks specific only to the RFE, a full operational plan along with a relevant budget to do so.

3.2 Recommendations from Previous Review

A key task within this review has been to evaluate the extent of implementation of the recommendations made in the previous review conducted in 2004[7]. The majority of the previous recommendations focused on issues surrounding increasing communication and dissemination of information, linkages with other funding mechanisms, partnerships, geographical ranges and diversity of applications, and sharing experiences with TACAIDS.

Overall there has been some improvement in the suggested areas for development with the most improvements seen in the dissemination of information. However, there is still scope for further emphasis and implementation of most of the previous recommendations.

3.2.1 Increasing Communication, Perception and Dissemination of Information

The previous report recommended that there was a need to change the misperceptions about the RFE and what it can fund and further suggested that the information about the RFE should be shared with and disseminated to a wider audience.

The communication strategy developed in 2005 for 2005-07 was a positive response to this recommendation, it included the introduction of the annual RFE results meeting where information is now being shared with other CSOs and interested stakeholders. It is designed as a forum in which CSOs can network and reflect on the activities and practices carried out. The establishment of the website has improved marketing and awareness, along with the region specific workshops held in 2006 in Mtwara, Lindi, Ruvuma and Singida, providing information to a geographically wider audience. The RFE has regularly been reported in the DPG HIV/AIDS where DPs were informed on various progresses such as new awards, best practices etc.

Development and promotion of the 'success stories' - human interest stories about individual projects demonstrating the impact of RFE interventions on the lives of affected and infected Tanzanian have been presented at the Global HIV/AIDS conference in Canada 2006 and at the HIV/AIDS Implementers conference in Durban and are now available in print and electronic format. Delegations have been hosted with the Irish Aid Board, the French Embassy NGO Forum meeting, the Swiss Development Cooperation and others from Uganda, with expressions of interest for information being received from India and Brazil.

A large focus of the improvement in awareness of the RFE and dissemination about the RFE has been international, although further work is still required at national, regional and community levels where the perception and understanding of the RFE was still found to be limited (even with those CSOs who have received funding from the RFE).

During one focus group discussion CSOs reported that their communities thought that the RFE would provide employment and clothing. In another, the role of TACAIDS was questioned, the name of MSH was unknown and that the RFE was reportedly believed to be a private sector fund owned by Deloitte.

Donor agencies, particularly those not funding the RFE, said that they would also like to receive a regular newsletter or more information to pass onto CSOs requesting funding for HIV/AIDS activities.

[7] One point to note is that both D&T and MSH said they were not given a chance to respond to the previous recommendations.

3.2.2 Linkages with Other Funding Mechanisms

A strong and very valid recommendation from the previous review was to improve and develop more formal linkages with other funding mechanisms.

Positively, there are a large number of informal links and information sharing between various funding mechanisms that do exist due to representatives of MSH participating in a number of committees of the CARF and TACAIDS where the RFE can be represented informally and information regarding CARF can be gained. MSH have also participated in supervisory review visits of the RFAs in Arusha/Manyara and both MSH and Deloitte have provided various Technical Assistance (TA) to Global Fund. Furthermore, the auditors of the RFE, PWC, are also the fund managers of the GFTAM, several of the donors of the RFE also provide funds and are members of the council of the FCS, thus a number of other implicit links are apparent

There are currently however, no specific formal links between the RFE and any other funding mechanisms, nor is there a strategy for formally sharing information with other funding mechanisms and this is a missed opportunity. Particularly, a linkage with the RFAs (under CARF) could provide information about the CSOs and the types of activities being conducted in their regions. A more formal information sharing link would have enabled the RFE to develop a strategic approach in identifying areas being overlooked and where the most need for funding is required.

Furthermore, there are also no links or regular communication being made with the Foundation for Civil Society (FCS) even though in 2005 under the FCS thematic area of 'safety nets' over 70% of the CSOs were conducting HIV/AIDS interventions, and 19% of RFE funded organisations have also received funding from FCS during 2005 and 2006[8]. It was reported that there had been a few discussions in the early days between FCS and RFE, although there have been three changes of Executive Director at FCS and currently no real dialogue exists.

It has also been suggested that further communication strategies and linkages directly between the RFE and village, wards and council Aids Committees (VMACs, WMACs and CMACs) should be developed where they could forward information to the potential/desirable CSOs within their constituencies.

3.2.3 Sharing of Grants Management Experience with TACAIDS

The previous study identified that the RFE should be an opportunity for TACAIDS and ZAC to gain experience and learn more about grant-making processes, project coordination and in particular, the outsourcing of financial and grants management. However, it does not appear that either the grants managers or TACAIDS and ZAC have the human resources or strategies in place to ensure that this type of capacity building has taken place, or will occur.

3.2.4 Partnerships

The previous review identified that a greater emphasis should be given to the establishment of partnerships and particularly to the encouragement of partnerships with the private sector. Although some CSOs stated that partnerships and building relationships takes extra effort and impedes on the time in which they could be concentrating on implementing activities, no specific mention of failed partnerships were uncovered. The review did however note a concern that a few partnerships are still no more than a paper exercise, but that on the whole a number of successful partnerships have been built.

[8] 5.9provides background info to the Foundation for Civil Society.

In addition to the already excellent, well known and well disseminated example of TAYOA's help line and the toll-free lines provided by the mobile phone companies, another example of a successful partnership is between AMREF and Tanzania Contractors and Civil Engineers Association (TACECA) who jointly carried out a project conducting HIV/AIDS education among construction workers.

A rapid needs assessment was conducted in the small towns along the highways, then peer health educators, village chairmen and village education officers, at ward levels, were trained within the highway villages. 450,000 condoms and brochures were distributed to the villagers and construction workers, and training guidelines on HIV/AIDS interventions for road construction workers were produced.

The private sector generally has begun to take a more active role in the response to HIV/AIDS. Commercial companies have formed the AIDS Business Coalition Tanzania (ABCT) in which they work together to combat HIV/AIDS within their companies.

There have been suggestions of utilising a bartering type system where CSOs could begin to identify areas of mutual benefit in which they are sponsored or supported by private organisations in return for providing services. One example would be for a CSO to provide training and facilitators in return for the use of a professional auditor to assist with their financial reporting requirements. The coordination and implementation of this approach could be done through an organisation such as the ABCT, and supported by the RFE.

The current partnership concept has generally been successful where also, through the RFE, religious groups of different denominations have been working together to combat HIV/AIDS.

3.2.5 Geographical Coverage

The implementation of the regional information workshops was to provide general information about RFE prior to a round being launched, in order to help expand the geographical range of applications. The following table identifies the regions where the RFE has now reached through projects implemented by its sub-grantees[9].

Table 2: Geographical Coverage of RFE Funded Projects

Regions	No. of CSOs with a presence in the region from RFE activities
Arusha	6
Coast	6
Dodoma	4
DSM	22
Iringa	5
Kagera	2
Kigoma	1
Kilimanjaro	9
Lindi	2
Manyara	1
Mara	2
Mbeya	8
Morogoro	6
Mtwara	2
Mwanza	6
Pemba	13

[9] More than 78 are shown as some CSOs have conducted RFE activities in more than one region.

Regions	No. of CSOs with a presence in the region from RFE activities
Pwani	2
Ruvuma	2
Shinyanga	3
Singida	2
Tabora	1
Tanga	11
Zanzibar	14
Not specified	4
Nationwide	3

It can be seen that the RFE has definitely expanded its geographical diversity, and it currently has some reach in all regions aside from Rukwa (although this could be covered in the not specified, or nationwide section.) Although there is still much more scope for expansion in more remote areas of the regions and an analysis by district would yield very different results, thought really needs to be given to the widening of geographical location versus the need/prevalence of the population and the amount of funding being received from other sources (for example, one third of districts receive no funding from TMAP or GFATM[10]). A further note of caution needs to be expressed as to the already overburdened administration and monitoring of CSOs over a larger geographical range. The wider spread of geographical locations makes monitoring visits more difficult and more expensive. MSH and D&T are supposed to conduct assessment and monitoring visits together, however, this already has proven difficult to arrange due to other work commitments.

3.2.6 Diversity of Applications

The last round saw a total of 23 grants being awarded to CSOs with interventions under care and support, prevention through advocacy and IEC, impact mitigation and institutional strengthening. Of these projects different sections of the population were covered such as the elderly, orphans and vulnerable children (OVC), youth, women, road construction workers and religious groups.

The previous review had suggested that the diversity of applications be increased, either through conducting joint information sessions with FCS and/or through more targeted promotion of the RFE. Although the former does not take place, the RFE has undertaken targeted promotion in the areas of OVC and also via geographical location through the Zanzibar special round and promotion in South of Tanzania. Furthermore, at the recent results conference in 2007 it was reported that 69% of the total projects funded by the RFE were to non-health, including amongst others lawyers and engineers.

Grants are currently to be awarded based on a project's innovation, creativity and technical feasibility. There is no doubt that whilst some of the interventions are innovative, the majority of the activities are focused far more on general awareness raising of HIV and AIDS through the training of trainers and peer educators, income generating activities (IGA), HBC and producing guidelines. Whilst all of the above activities do have a genuine place in the response to HIV/AIDS, the purpose and USPs of the RFE are being lost and perhaps a more strategic and programmatic way of working needs to be implemented, with more emphasis on assessing the needs of particular areas or specific population groups.

[10] Tanzania Public Expenditure Review – Multi-Sectoral Review HIV/AIDS December 2006

3.2.7 Sustainability – Short Term Activities, Longer Term Impacts

The aim of the RFE to date has been to support short-term activities that will lead or contribute to longer term efforts and impacts.

The RFE has successfully supported some excellent short term projects that will and are having longer term effects and impacts as discussed in section 3.1.1. During the Focus Group Discussions however, it was identified that some RFE funded projects do include activities/components that require longer term commitment and funding than the one year that is currently offered through an RFE grant. There are examples of projects that have elements of provision of support to orphans others have a component of provision of food or essentials, or even care and treatment that will continue to be needed post the end of the RFE funding.

The previous review also suggested that although the emphasis was on immediate outcomes there was a need for applicants to explicitly state how their outcomes will be sustained in the longer term. Question 5 C of the proposal template used in round 4 does now ask, 'At the end of this project, will products, activities, staff be absorbed into your ongoing program or will they require new funding?' No other emphasis on continuity or sustainability is provided.

3.2.8 Technical Inputs

It was previously suggested that there was a need to improve upon the technical review of proposals, through assessing the level to which the community had participated in the development of the proposals, whether the work-plans and budgets were realistic and feasible and to better assess the technical capabilities of the grantees and any technical partners. These comments were taken on board and the review process is updated and improved after each round.

There was also a concern previously that the success of the technical review and inputs was very much reliant on one person – the MSH resident adviser. This fear is no longer relevant as there are three key people from MSH involved in the RFE and during project evaluation other key technical resource specialists are seconded to assist with the reviews. The study has shown that MSH have been undertaking two visits per sub-grantee per annum, to provide targeted, relevant and tailor-made support to the grantees that has been very well received and assisted in ensuring well implemented activities.

3.2.9 Evaluation of Longer Term Impact of Projects

There was a former suggestion that greater attention needs to be paid to assessing the impact – in addition to the immediate outcomes of projects and of the RFE overall. This recommendation was addressed with MSH and D&T, with D&T responding, 'Because of the short term nature of the program we have not put in place any strategy to assess the long term impacts.' MSH however do acknowledge the need to develop a strategy for measuring the changes and impact that is being created at community level and suggest that they are in the process of doing so.

3.2.10 High Priority to Documenting and Disseminating Lessons Learnt

The RFE has definitely given a higher priority to documenting and disseminating lessons learnt as was previously recommended. The recent results conference provided an opportunity for lesson learning and sharing and an opportunity for the results to be given to TACAIDS and ZAC. Furthermore, part of the current communication strategy involves the documentation of success stories and their posting to the website and production of other PR materials.

Unfortunately a very vital element to the success of the dissemination is the need for TACAIDS and ZAC to have in place a strategy for ensuring that the results do get communicated and disbursed to the whole community. To date this has not happened and is an area that will be discussed in greater detail in the 'Future of the RFE' section of this report.

3.2.11 Conclusions about Performance

The RFE has supported some excellent examples of innovative and replicable projects that are creating change at community level for people affected and infected by HIV/AIDS. The most frequently reported change that is occurring is an increase in awareness of various issues surrounding the disease, followed by reported behavioural change. Other key changes that the RFE is creating, although less frequently reported are in improved access to services and increase in living standards.

There has definitely been an increase in awareness about the RFE proven by the significantly large increase in concept letters received during the fourth round, although this has not been effectively matched with a suitable increase in human resources to financially manage the larger portfolio.

On the whole the RFE donors are happy with the general performance of the managing agents and despite some of the concerns raised in the last audit report, they place heavy emphasis on low risk of misappropriation and the benefits of the security that they are afforded through using D&T and the technical expertise that is brought by MSH.

Unfortunately, there has however, generally been a downturn in the efficiency and rapidity of the fund in almost all areas of the grant management process, with particular concerns regarding the delays in clearing accountabilities and the effect this is having on timely implementation of projects and the potential extra cost of managing these projects for longer time periods.

In order for the RFE to ensure that it can return to being a fully efficient and effective mechanism for strengthening the national, district and community response to HIV/AIDS, suggested changes/improvements can be found in the recommendations section 4.

3.3 Assessment of the Relevance of RFE in the Present Context

This section provides an overview to the current HIV/AIDS funding environment in Tanzania and assesses the relevance of the RFE in currently and in the future.

Since the previous review, three key global HIV/AIDS funding mechanisms have become very active in supporting HIV/AIDS initiatives in Tanzania.

The World Bank TMAP fund is a five year programme that commenced implementation in October 2003 and is due to close in September 2008. The total MAP fund earmarked for Tanzania was US$ 70 million[11]. On both the mainland and Zanzibar, TMAP has three main components: institutional support to TACAIDS/ZAC; support to Ministries, Departments Agencies (MDAs) and support to the communities and local government capacity building through the CARF. The first phase of the CARF has been very much focussed on the establishment of Regional Facilitating Agencies (RFAs) and capacity building of LGAs to review and evaluate proposals.

The concept of the CARF was to empower communities in rural and urban areas in designing and implementing interventions to control HIV/AIDS according to their social and cultural environment, and particularly through the Community Partnership Plans developed at village level. Unfortunately TMAP has been faced with many problems and as at the time of the study, about US$7.7 million had been committed as sub-grants to small community based CSOs on the mainland and only US$0.24 million to Zanzibar. The majority of grants available for CBOs nationwide through TMAP tend to be small and in the most part less than US$5,000. There is currently uncertainty as to the future role of the RFAs post the end of 2008, although there are strong indications that under NMSF2, the LGAs will play a much greater role in the coordination and assessment of all HIV/AIDS interventions within their respective domains and that any funding mechanism will need to ensure that it has developed suitable and effective mechanisms for coordinating with the LGAs.

During the financial year 2006, PEPFAR, one of the largest funding mechanisms for supporting HIV/AIDS in Tanzania committed over US$130 million to Tanzania[12] through 'prime' large national (including GoT and NGOs) and international partners many of which are research and medical institutions. See Appendix 9 for a list of some of the partners and amounts funded in 2006. (This list is apparently not exhaustive – but is the most recent that was available during the study)

Also during 2006, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) granted Tanzania $157.4[13] million to support HIV/AIDS and malaria initiatives in the country[14]. Of these funds, over US$100 million is to be used to scale up the national response to the HIV/AIDS epidemic, purchase condoms and provide treatment and support for children affected by the disease. Grants from the GFATM to date have been provided to the Tanzanian Government via MOF and MOHSW and to three key international NGOs--AMREF, PACT and PSI.

TMAP and GFATM have jointly been the main funders of local Government HIV/AIDS budgets although the geographical distribution of these funds has been highly distorted with a third of districts receiving no funding from either GFATM or TMAP.[15]

[11] US$65 million for the mainland and US$ 5 million for Zanzibar
[12] Source: PEPFAR website www.pepfar.gov – verbally informed by USAID the amount is US$130 million and not US$48 million as shown on the website
[13] US$ 563 million pledged to Tanzania since 2002
[14] Source: Global Fund website www.globalfund.org
[15] Source: PER HIV/AIDS December 2006

The HIV/AIDS PER Multi-Sectoral Review of December 2006, envisages that in the future, the LGAs will play a much larger role in supporting CSOs financially through the use of HIV/AIDS block grant funding, although Local Government Financial Regulations would need to be updated to do so.

Other current support to HIV/AIDS in Tanzania comes from organisations such as the Clinton Foundation and the Mkapa Fellowship which are supporting initiatives in Tanzania that focus on getting health human resource specialists into the rural areas. The Foundation for Civil Society has provided around 836 million Tshs in 2006 to activities that focused on HIV, and primarily through grants that have not exceeded Tshs 5 million. The South African Aids Trust (SAAT) currently supports twenty five projects nationwide with grants of US$15,000 to US$50,000 and provides support to develop their internal financial and management capabilities. The table below gives a further indication of the type of support that other bi-lateral and multi-lateral development partners are providing for addressing HIV/AIDS in Tanzania and includes (not exhaustive):

Table 3: HIV/AIDS Funding Areas by Development Partner

Development Partner	HIV/AIDS Funding Areas
CIDA	Support to NMSF, RFE
DANIDA	Health sector reforms and system strengthening, FEMA, Zanzibar earmarked funding
DfID	GBS, Women Dignity Project and FCS, RFE
GTZ	Head of DPG on HIV/AIDS, district health/quality management, HIV/AIDS Control, Health financing, Prevention and Awareness at Schools, Reproductive Health
Irish Aid	RFE, Support Ministry of Health and Social Welfare, Healht Basket
Netherlands	Health basket, social marketing of condoms, technical assistance, FCS
European Commission	Small HIV/AIDS project funding component
Norway	RFE, GBS, FCS
SIDA	RFE, Tanzania HIV/AIDS Care and Treatment Plan (CTP), Health
Swiss Development Cooperation	Mainstreaming HIV/AIDS (Internal/external), RFE, FCS, Support to health sector reform process (basket), Fem HIP Community based health initiatives
USAID	RFE, HIV/AIDS, health, the environment, economic growth, democracy and governance, disaster response, education and the World Food Programme
UNAIDS	Coordination of HIV/AIDS activities between all UN departments and GoT Mainstreaming of Provision of technical support to GoT Provision of technical support to private sector
UNDP	Development & establishment of TACAIDS, Assistance to development of NMSF

Although Development Partners are committed to the Joint Assistance Strategy (JAST) and future funding commitments have been made by some donor agencies to provide funding through general budget support (GBS) several people interviewed expressed concerns about funding HIV/AIDS solely through GBS, as it runs the risk of not being a high government priority. Equity of resource distribution is needed and the government needs to allocate and disburse funds in a timely manner to ensure the desired impact.

In light of these concerns CIDA have provided earmarked HIV/AIDS funds to the tune of two million Canadian dollars to support activities under the NMSF/NMSF2. This is one potential strategy that other donors could follow in the future. It is also a possibility (that would need to be investigated further), that the funds provided here could be channelled to a future RFE type mechanism.

The review has identified that whilst the majority of development agencies are more than willing to continue to fund HIV/AIDS interventions, and most of the current RFE donors have expressed willingness to continue funding an RFE type mechanism for at least the next 2-3 years, none could give any specific commitment post 2008. It should be noted that in a couple of instances, donors did suggest that further support to the RFE may not be required as there is and has been a large account of unspent funds and they would want to see those funds being used first before determining whether there is a need for them to continue with support.

Although vast amounts of funds are entering the country the majority of funds are being targeted and channelled through the Government, large national and international NGOs, or at very small CBOs.

There are therefore very few other funding opportunities available for medium sized CSOs to become involved in the response to HIV/AIDS. This is causing a problem with sustainability and continuity, particularly as the RFE was to 'allow CSOs to spring board to the next stage' and access other funds, however, there is not a next stage that does specifically cater for them, and five of the 78 RFE funded organisations are known to have so far moved on to access funds from either PEPFAR, Global Fund or other larger funding.

Although the RFE was set-up as a temporary funding mechanism to fill a gap whilst other global, national and international HIV/AIDS programmes/projects became active, it has also become a method in which to test the need for the establishment of a longer-term mechanism to fund medium sized CSOs participation in the national response to HIV/AIDS.

Furthermore, in the next five years, today's 'mushrooming' small CSOs will have gained experience in managing projects involving small amounts of funds from both Foundation for Civil Society and through the projects funded under CARF all of which lead to the conclusion that there is definitely a need for the establishment of a longer-term mechanism that can ensure that medium NGOs will continue to play their vital role in the response to HIV.

3.3.1 RFE Funding Criteria versus National Priorities & Priority Target Groups

The RFE's funding criteria were originally based on the National HIV/AIDS Policy and the National Multi-sectoral Strategic Framework (NMSF). To receive funding through the RFE, proposed projects and activities must be aligned with the national response in five priority areas: prevention through advocacy and IEC; care and support; impact mitigation; baseline and applied research; and institutional strengthening.

Projects are also required to meet one or more of the following criteria: demonstrate urgency and innovation; target hard to reach groups; complement and promote national HIV/AIDS strategy and policy; foster partnerships; scale up best practices or test innovations; and develop materials or approaches appropriate for broad-scale implementation.

The following table provides an overview of the national priorities along with the RFE's areas of focus and shows that the RFE is well aligned with the national priorities except within the areas of gender and good governance. Although there is an institutional capacity building component within the RFE, during the last round only three grants were awarded in this area with two of those CSOs focusing on HIV/AIDS awareness raising amongst their target groups rather than strengthening their institutions.

Table 4: Summary of National Priorities in Relation to the RFE

National Strategies	National Priorities in Relation to RFE			
National Strategy for Growth and Reduction of Poverty (NSGRP) MKUKUTA	**Good governance** and accountability	Improved quality of life and social well being	Growth and reduction of income poverty	
National Multi-sector Strategic Framework for HIV and AIDS (NMSF)	Cross-cutting issue related to the entire national response	HIV/AIDS care and support	Social and Economic impact mitigation	Prevention including **gender**
Rapid Funding Envelope for HIV/AIDS	Institutional strengthening Baseline and applied research	Care and support	Impact mitigation	Prevention through advocacy and IEC

CSOs have definitely been encouraged to engage in activities that support the national priorities. Listed below is an analysis of the 78 RFE funded organisations and the priority areas that their interventions fall under.

Table 5: RFE Priority Areas

RFE Priority Areas	RFE Organisations Funded	Percentage
Prevention	26	30%
Care and Support	21	25%
Impact Mitigation	15	23%
Institutional Strengthening	13	19%
Research	3	3%

Although NMSF2 is still in the discussion and assessment process, early indications suggest that there will be few if any changes to the priority areas that it will address. Thus the RFE funding areas will remain in line with the national priorities, although some thought should be given to a providing a greater emphasis on gender and good governance issues if it wants to be fully in line with current thinking.

3.3.1.1 Priority Target Groups as Identified by FGD Participants

During the course of the focus group discussions some specific areas that the focus group respondents felt were generally being overlooked or under-funded in Tanzania, included the disabled, the elderly, migrant workers, youth (particularly 15-24 year age group) and particularly empowerment of women, with minimal attention having been given so far also to Workplace Interventions.

Table 6: Target Groups and Areas Overlooked

Target Groups/Areas Overlooked
Women
Disabled
Elderly
Youth in/out of School
Indigenous minority groups
Workplace interventions

A review of the projects funded by the RFE show that they are managing to cover the vast majority of these groups with their interventions, aside perhaps from workplace interventions which have not really been the focus to date of RFE projects.

In relation to the specific needs of Zanzibar, it has been suggested that the RFE do target the most at risk populations and the gender aspects of HIV and AIDS to help ensure that the concentrated HIV epidemic in Zanzibar does not become a generalised one.

3.3.1.2 Type of Activities Being Funded

The following is an indication of the type of activities that the RFE has supported to date:

Table 7: RFE Supported Activities

RFE Priority Areas	Summary of CSO Completed Activities[16]
Care and Support	**Training** on nutritional care, hygiene, CAIBA, legal implementers, HBC training for elderly, peer educators, animal husbandry, diagnostic and treatment Training and **reference manuals** on nutrition, ARV treatment, HBC, M&E, HIV/AIDS legal rights **Establishing VCT centres** **Surveys** on HBC, nutrition Establish home gardens for **nutritional** benefits **IGA** for PLWHA Researching effects of **nutritional** benefits on OVC Psychosocial support for CAIBA
Impact Mitigation	**Training** on animal husbandry, HIV/AIDS, vocational training for OVC Legal and psychosocial support for women, OVC, widows **Provision** of animals Provision of vocational tool kits Study tour to Zanzibar and Uganda
Prevention, Advocacy, IEC	**Training** on GBV, youth peer education, construction workers, out-of-school youth **Reference manuals** and **guidelines** on helplines, road construction

[16] This analysis does not take into account the activities from round 4.

RFE Priority Areas	Summary of CSO Completed Activities[16]
	workers, drug abuse, Islamic approach Scaled-up distribution of Soul City booklets **HIV/AIDS materials in Braille** Increased **VCT centres** Theatre productions on safer sex Film and CD produced Children's **resource centre**, university **resource centre** Formation of **support groups**, university campaign office Establish and scale-up HIV/AIDS helpline **IGA**
Institutional Strengthening	**Training** in service delivery, TOT in Christian communities, elderly and elderly peer educators, advocacy, counsellors, medical personal on ARV Purchase of equipment for diagnosis, basic medical kits
Research	Clinical research on medicinal herbs Accessibility of CSO funding Impact of HIV/AIDS on elderly Existence of sexual risk behaviour

It can be seen that the majority of type of activities conducted include the training of various target population groups in service delivery and the production of materials such as manuals, guidelines and booklets.

One key area of concern raised is the amount of duplication in producing materials that are already available from other organisations i.e. the production of HBC toolkits and other IEC materials, not just within RFE funded projects, but within the whole HIV/AIDS support sector. CSOs need to be more systematically and strategically encouraged and facilitated to access existing materials that could be used immediately or adapted for their own target beneficiaries' needs, thus cutting down on costs and time.

There is a worry that should the RFE close, then many of the excellent results that have been generated to date could be lost and more money wasted through other mechanisms in re-designing and reproducing the same or similar training courses, guidelines manuals etc.

Therefore more strategic thought needs to be given as to how the materials produced through RFE funding could be re-produced and disseminated on a national basis through the government, civil and private sectors in a more 'top-down' approach. For example, the guidelines for road construction workers mentioned previously, TANROADS have expressed an interest in publishing and distributing the guidelines, however, they do not have the funds to print multiple copies. The Home Based Carers (HBC) toolkit, produced by Women Entrepreneurial Development Trust Fund (WED&TF) and the docu-drama 'Children Say No to Sexual Abuse' produced by the Dogodogo Centre are also prime candidates for replication and dissemination nationally. Suggestions for incorporating this vital element into the future of the RFE are given in section 3.4.

3.3.1.2.1 RFE Capacity Building Element

When deciding on the criteria for CSOs one underlying assumption was that registered and established CSOs of four years and over would already have good technical management skills and be capable of financial management and reporting. Experience has shown that this is not always the case and almost all the respondents interviewed expressed a need for providing CSOs with capacity strengthening, particularly in financial management.

Whilst there is definitely a need to build the capacity of CSOs in Tanzania in general and those that are funded by the RFE specifically, it was never previously the mandate of the RFE to expressly do so other than in Zanzibar. One concern articulated on several occasions during the review, was that directly providing capacity building of the CSOs could dilute the real purpose of the RFE and move the focus of it away from funding innovative HIV interventions, particularly as there are already other funding mechanisms such as the Foundation for Civil Society or SAAT, that CSOs can access to fund their own capacity building programmes.

However, the study has shown that a) the pre-grant training is insufficient to ensure correct and timely financial reporting, b) the general project, financial and organisation management skills of the funded sub-grantees are lower than were originally anticipated when the RFE was conceptualised and c) there are a large number of CSOs who apply for RFE funding whose capacity is insufficient to meet the required criteria for accessing RFE funds (484 concept letters to 23 funded projects in 2006).

Therefore there is certainly a need to:

a) increase the length and content of the training the sub-grantees receive prior to commencement of the contracts, with greater focus, time and attention given to financial management issues as it is here that there appears to be the most problems.

b) enhance the general project and management skills of the funded CSOs. Thus the RFE should consider funding and offering its sub-grantees places on some targeted outsourced training courses, perhaps via or in conjunction with the Foundation for Civil Society or from another service provider, following a needs assessment to determine what are the most common areas of need for capacity enhancement. This could be funded currently from the interest that has been generated from donor funds and in the future a targeted programme of support could be built into the mechanism.

And c) the RFE could make an investment in building the technical capacity (in the field of HIV response) to the best identified emerging smaller CSOs with innovative ideas who are currently being funded by the FCS, to enable them to make the transition to be eligible for managing larger projects directly under the RFE.

3.3.2 Grant Size and Length of Funding Period

The majority of people interviewed were reasonably happy with the size of the grants, certainly on an annual basis, as the nearest comparable national fund, (FCS), provides up to Tshs 100 million a year for a maximum of 3 years.

However, the length of the funding period is the one area in which almost every single person interviewed felt should be changed, particularly as none of the CSOs have been able to conduct their activities within the 12 month period with most requiring extension periods between 6 and 12 months.

Furthermore, the projects funded previously were genuinely for short-term activities, but now there is evidence in a number of projects that RFE is providing short-term support for longer-term activities. Care and support of OVC, which has appeared in a number of projects for example, is required on a long-term, and very often a lifetime basis.

Most people interviewed have suggested that there should be an option for longer funding periods of two and perhaps even three years.

It has been noted however that the RFE in its future form could look to developing different funding packages/tracks for the differing needs of the CSOs and the projects themselves. There was noted a very valid fear that if one makes the minimum funding period two years then one could lose the more dynamic, creative and 'quick-win' projects that need a shorter implementation period as CSOs seek to 'drag-out' proposals specifically to meet the length of time criteria

If the RFE is to remain the specialised support mechanism for CSOs involved in the HIV/AIDS response, then it has also been suggested that the RFE should have more of an involvement at all levels of the development of CSOs involved in HIV/AIDS responses and as such it is suggested that in future it could consider provision of three types of support:

1. To **emerging CSOs with innovative ideas but limited management capacities**. RFE could extend technical support (In the field of HIV response), to innovative and creative CSOs applying for HIV related small and medium grants from FCS. FCS would then also be in charge of the organisational strengthening of these CSOs.

   It is suggested that those who have been involved in the screening of proposals for RFE projects, are given a role in the FCS screening committees for HIV/AIDS response focused proposals to help identify which projects and CSOs have the potential for technical strengthening and further investment by the RFE.

2. To **CSOs with a stronger management structure**, RFE would extend financial and technical support as it has been doing up to now. Although the length of period should be flexible with options up to two or three years dependant on the type of activity and need of the project. A needs assessment of other organisational capacity strengthening needs should be identified and specifically targeted outsourced capacity building offered prior or during implementation of the grant.

3. To **initiatives deserving scaling up**, RFE could support financially and technically the CSOs which have developed them, with FCS (or another) being responsible for strengthening their management capacities. In the case of CSOs with clear limitations for scale up, RFE (and FCS) could support the transfer of these initiatives to other CSOs who could ensure the scaling up.

3.3.3 Altering the Type of Funding in the Context of Aid Effectiveness

One element of the review was to identify if the type of funding of the RFE should be altered in the context of aid effectiveness, i.e. could the RFE join a basket that funds a CSO's strategic plan?

It is known that the Foundation for Civil Society has recently introduced funding a CSO's strategic plan, as opposed to simply funding project activities. As this is a relatively new concept, it would perhaps be prudent first to observe the success or otherwise of this strategy being employed at FCS before also embarking on the strategy and placing 'all eggs in one basket'

What is definitely apparent, however, is the need to enhance and develop more formal linkages and to ensure that the results, outcomes and impact of the RFE are being shared and input into Tanzania Output Monitoring System on HIV AIDS (TOMSHA), the multi-sectoral M & E system being developed in line with the NMSF.

3.3.4 Conclusion on the Relevance of the RFE

Although vast amount of funds are entering Tanzania the majority of them are being targeted at the GoT, large national and international NGOs or at small Community Based Organisations. There are very limited other funding mechanisms at present available for medium sized NGOs to become involved in the response to HIV/AIDS.

There is definitely a niche and a need for the establishment of a longer term mechanism that can ensure that medium NGOs with higher capacities will continue to play their role in the response to HIV and AIDS.

In order to ensure that emerging CSOs also have an opportunity to develop and meet the organisational and technical requirements for RFE funding, the RFE could make a contribution to the screening of CSOs applying for FCS funding for HIV/AIDS projects and assist in the early identification of potentially emerging CSOs involved in HIV/AIDS responses worthy of extra investment to allow them the opportunity to become eligible for RFE funding.

There was no identified need to change the grant size on an annual basis, although there is a need to allow the option for flexible project funding periods of between one and two or three years as a standard package of support. A subsequent phase of funding could also be offered in order to allow for replication of the good initiatives.

The project management, technical and financial skills of the sub-grantees are lower than were originally anticipated during the project's inception and the pre-grant training needs to be expanded allowing more time for financial management training.

Although it was not identified that the RFE should directly provide capacity building support, it is suggested that the RFE consider funding and offering sub-grantees places on targeted and outsourced training courses, utilising the interest on donor funds to do so currently and developing a programme of targeted outsourced support into the future mechanism relevant to the needs of the CSO and the project that is to be implemented.

The RFE funding criteria and funded projects are still well aligned with the national priorities and are likely to remain in line with the national priorities as are expected to be defined in NMSF2. The two areas where more emphasis could be placed by the RFE are on gender and good governance.

The RFE should also ensure that it develops clear criteria for granting short-term support to activities requiring long term commitment (support to OVC, complementary nutrition …) Such activities should be meant for developing new approaches, with an inbuilt mechanism to ensure sustainability.

The majority of the types of activities that have been funded by the RFE are training of service providers or production of manuals, guidelines, booklets. There is concern in the whole HIV/AIDS sector about the duplication in production of such materials/courses, and particular concern that should the RFE close that the current results will be lost and money wasted through other mechanisms in reproducing the same or similar materials.

More strategic thought should be given as to how the materials produced through RFE funding can be re-produced and disseminated on a national basis through the Government, civil and private sectors in a more top-down approach.

3.4 The Future of the RFE

It is clear that a continuation of a mechanism to support medium-large CSOs in their response to HIV/AIDS in Tanzania is needed and desired by almost all stakeholders who were interviewed.

It is also clear from the review that although the RFE has made many achievements, in order to ensure that the RFE remains at the forefront of innovation and can continue to be a purveyor of best practice, a more permanent infrastructure and framework with clear goals and objectives is required.

The study has suggested that a future RFE should not only focus on 'grant making' activities but that it could formally assist TACAIDS and ZAC in ensuring that best practice and innovation can be properly scaled up, rolled out and replicated.

This could be attained through the establishment of a national HIV/AIDS resource and development centre targeted at CSOs that would ensure that all the previous and new RFE 'results' and any other best-practice innovations developed through other funding mechanisms, could be properly replicated and disseminated as relevant.

The following section provides a discussion on the potential future institutional arrangements of the RFE that are likely to best meet the current and future needs of all RFE stakeholders and the community.

3.4.1 Future Institutional Arrangements of the RFE

Once it was established early on in the review that there was almost unanimous agreement that a funding mechanism to support medium sized NGOs was still desired, needed and would receive donor support, many subsequent discussions were focussed around what form would be most appropriate now and in the future.

The previous options for potential institutional arrangements were re-addressed and assessed, along with the identification and analysis of another new/hybrid option.

3.4.1.1 Analysis of Previous Options for Institutional Arrangements of the RFE

During the previous review two key options for longer-term arrangements for the RFE mechanism were put forward. The first key option was to **continue as a virtual organisation** in which the present management arrangements were maintained or tendered for outsourced grant management and technical inputs. The second key option was to **institutionalise the RFE** through various alternatives such as sub-contracting to an RFA type mechanism, establishing a separate HIV/AIDS foundation, integration within an existing funding mechanism, shifting management to a government institution or to an NGO umbrella network.

The previous review determined that aside from the adopted option of continuing with a virtual organisation, the next most preferred option in 2004, was to integrate the RFE into an existing funding mechanism such as the FCS, or through the RFA approach if the mechanisms were in a strong enough position to absorb the RFE.

Re-assessing those options today the following was found:

Integrate with RFAs

The research conducted within this review suggests that although there is most definitely potential for establishing linkages with the RFAs in the immediate future and utilising their knowledge of the needs of their respective communities and the capacities of the local CSOs to perform, that from 2008, when it is likely that TMAP funds will be integrated into the GBS, the long term continuation of the RFAs is unclear and thus integration of the RFE with the RFAs is not recommended. Furthermore, a likely outcome of the development of NMSF2, will be the increased role and responsibilities of the LGAs in coordinating the interventions to support the needs and priorities of the communities and thus any future set-up of the RFE will need to ensure that it has the ability to properly integrate with the systems that will be developed and link and liaise effectively with the LGAs as opposed solely to the RFAs that may or may not exist.

Integrate into the Foundation for Civil Society

Background information to the Foundation for Civil Society can be found in Appendix 5.9. The key pros and cons of integrating the RFE into the Foundation for Civil Society are listed below:

Table 8: Pros and Cons of Integrating the RFE with the FCS.

Pros	Cons
Uses and builds upon established existing systems	Loss of focus of HIV/AIDS and innovation
Reduction in transaction costs as FCS donors are also RFE donors	Technical Capabilities and knowledge of FCS staff in HIV/AIDS are low
Potential reduction and money savings in management costs – although it is uncertain as to how USAID would be able to continue to fund management costs under this set-up	Current capacity and institutional set-up of FCS not conducive to integration
Capacity building of CSOs would be carried out under one roof	Reduction in tight financial monitoring and assessment, with overall internal controls needing attention
Merging and learning from the processes and tools of the two funding systems should bring about improvements	FCS donors are also RFE donors, higher risk of 'all eggs in one basket'
Potential for centralising information about CSOs	Currently there are some issues with upper level governance of FCS that need to be addressed
FCS already provides around Tshs 800 million per annum in support to community HIV/AIDS activities, by way of small grants of Tshs 5 million	Still unclear as to how TACAIDS and ZAC can be included in the governance arrangements
	Would need technical inputs from D&T and MSH to begin with
	No formal hand-over strategy in place
	The FCS could incur greater management costs than the RFE (although a more detailed analysis would need to be undertaken)

In reality the level of importance placed on the 'Cons', particularly with the risk of all eggs in one basket, the potential loss of focus and the loss of tight financial regulations with the integration of the RFE into the FCS, leads us to not recommend this option for further investigation at this stage.

Furthermore, the three benefits of capacity building under one roof, improvement of processes, tools and systems and centralisation of FCS information could still be attained through the development of proper systematic and formal linkages between the two organisations without the inherent risks of full integration.

Integrate into Other Funding Mechanisms or NGO Network/Umbrella Organisations

Assessing various other options for integrating the RFE into other funding mechanisms like SAAT, or into NGO network or umbrella organisations like TANGO, the newly formed Tanzania AIDS Forum or even ABCT, found that these organisations are either still in their infancy and/or do not have sufficient technical or managerial capacity to manage such activities without high levels of additional technical support, higher risk and administrative burden on the donor agencies.

Establishment of a Separate HIV/AIDS Civil Society Foundation

The previous idea of establishing a separate HIV/AIDS Civil Society Foundation has not been pinpointed by this review as one of the most relevant and suitable options. This is primarily because the cons that were identified in the former study remain valid and still outweigh the pros. In addition, the general feeling was that if you were to establish a 'Foundation' for HIV/AIDS then you would also need one for malaria, TB and a myriad of other diseases and afflictions.

Shifting Management to Government of Tanzania

In today's current environment where much emphasis is being placed on the JAST, pressure to provide funds through the general budget support exists, and there is general donor commitment to the national priorities and the National Multi-Sectoral Framework, the option of shifting management of the RFE to GoT via TACAIDS or another MDA such as PMO-RALG or MCDGC has a much higher relevance.

Although many concerns were raised about the capacity, ability, efficiency and effectiveness of any of the potential MDAs to take on the management of the RFE at this juncture, it was felt that the theory, future emphasis and end aim should to be greater ownership of the RFE by the GoT. This does not however mean that many of the key management tasks of the RFE cannot still be outsourced or technical assistance provided and one of the recommended options below explores these ideas further.

3.4.2 Two Recommended Options for Potential Institutional Frameworks

Outlined below are the two most preferred and recommended institutional frameworks for the future of the RFE. Option one suggests maintaining the current arrangement but ensuring improvements to processes and efficiency. Option two capitalises on many of the benefits of option one, but also manages to provide a greater level of permanency, sense of ownership by GoT and alignment with the NMSF.

It is suggested that both these options should be investigated further, alongside determining the future objectives and goals of the RFE, conducting a financial and technical feasibility study of each option, and determining a step-by-step action and time plan for the new set-up to take place.

Option 1 – Maintain the Current Management Arrangement but with Improvements to Systems and Efficiency

This review has shown that although most partners are generally happy with current institutional arrangements and the management of the RFE to date, there are concerns about the general efficiency, and improvements would be needed to some of the systems and processes in any future set-up of the RFE.

Further, for the continuation of the RFE with the current institutional arrangements to be successful it requires a proper strategic framework, outlining its objectives, a proper M&E framework to monitor and assess the achievement of its objectives, full-time dedicated staff at D&T, higher focus on development of formal linkages and greater promotion of RFE as a TACAIDS/ZAC initiative.

The table below identifies the key pros and cons associated with continuing the RFE in a strengthened form following improvements to the systems, efficiency, staffing arrangements:

Table 9: Pros and Cons of Maintaining Current Management Arrangement – Following Strengthening of the Current Set-up

Pros	Cons
Minimal costs in improving services	No guarantee of long-term funding
Uses and builds upon established existing systems	No regional administration
Effective governance arrangement	Visibility of TACAIDS and ZAC are low,
Minimal administration for TACAIDS/ZAC and donors	Lack of ownership by TACAIDS and ZAC
Donor agencies satisfied money is accounted for	No formal strategy for results management, replication and dissemination
Management costs currently are linked to value of funds managed	
Would cause the least amount of disruption	

Governance Arrangements

The current governance arrangements of the RFE have worked well and no suggested change to the governance structure would be required if option one was taken up. It is suggested however, that the Executive Director of the Foundation for Civil Society also be invited to attend the Steering Committee meetings as an observer and to ensure that formal linkages are set into place and vice a versa, an RFE delegate is invited to attend FCS meetings.

The option of continuing with the current institutional framework is very viable, would require the least disruption and would be the easiest to implement. Recommendations in section 4.4 identify those areas that need to be enhanced in order for the institutional framework to successfully remain in place.

Option 2 – National HIV/AIDS Resource and Development Centre

Option two fully builds upon the successes to date of the RFE, incorporates the features of option 1 but also takes into consideration the future of the NMSF, further partnership building between the GoT and Civil Society, as well as addressing a large number of the areas identified for improvement.

This study identified that although the RFE funded projects to date have developed some wonderfully innovative and successful tools, guidelines, radio shows, TV programmes, to name but a few, there is currently a large missing link in being able to ensure that these results are not lost, forgotten or remain unique to the district or village in which they were developed.

There is therefore a need to be able to identify those best practices and tools that are definitely worthy of replication and dissemination nationally and to have in place a mechanism and funds to be able to ensure that these can be and are scaled-up and disseminated to the most appropriate audiences.

It is suggested therefore that the RFE should become more than just a 'Grant Making Mechanism' and should incorporate and build upon the lessons learnt and innovative results generated and transform the RFE into a 'National HIV/AIDS Resource and Development Centre'.

The overall remit of the centre would be to ensure that innovative and best practice tools, materials, and methodologies for addressing HIV/AIDS are conceptualised, tested and developed, scaled-up, replicated and disseminated in the most effective and efficient manner possible.

The Centre would have two arms that would work closely together:

- **Grants Section**
  Responsible for encouraging conceptualisation, testing, and development of creative, innovative best practices for addressing HIV/AIDS through the provision of grant funds, and;

- **Resource and Development Section**
  Responsible for ensuring the best 'results' are scaled-up and replicated and access to the best practices is made widely available to all interested stakeholders

The envisaged set-up would allow the 'Grants Section' to actually be 'Option 1' above with the same strengthened grants' management and technical support arrangements and with very similar governance arrangements (independent of the R&D section if required) so that rapidity and efficiency of the grant mechanism can be ensured.

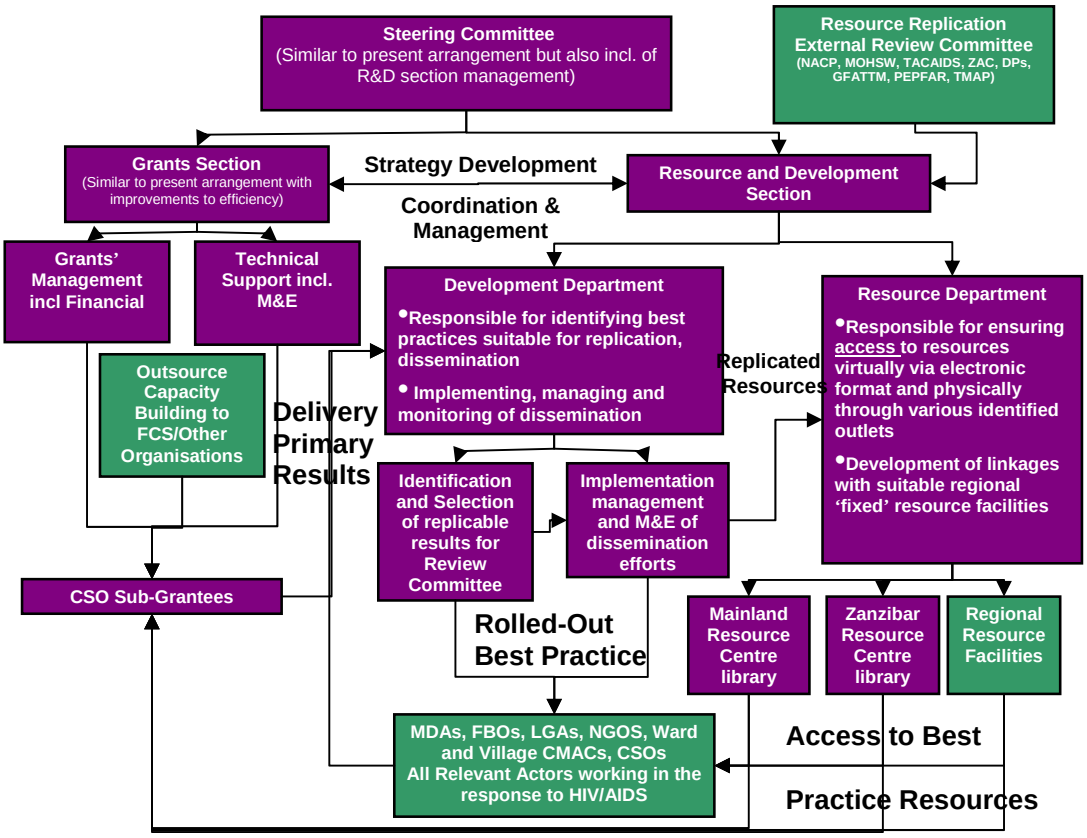
The natural ownership for such facilities and particularly the resource and development section should lie jointly with TACAIDS and ZAC. Concerns have been raised however from a number of sources as to whether there is sufficient capacity and human resources available in TACAIDS and ZAC for them to be able fully embrace the ownership of such an endeavour at this juncture, yet it is undoubtedly the responsibility of TACAIDS and ZAC to ensure that resources are available for responding to HIV/AIDS in Tanzania/Zanzibar. It is understood that some initial discussions have been under-way in each organ for the establishment of 'some kind of resource centre/facility' although nothing has yet been fully developed.

This proposal therefore should provide TACAIDS and ZAC with an opportunity and starting point for them to be able to implement their communication strategies and develop synergic HIV/AIDS resource facilities on both the mainland and Zanzibar.

In order to assist with relieving the resource and capacity burdens at the present time, the Resource and Development Section could also be managed initially under a similar arrangement to the current RFE framework with the design, set-up, strategy and first few years' management outsourced to a managing agent and the governance arrangements remaining similar as to those currently. The governance arrangements could entail the same Steering Committee as for the Grants Section (shown on the diagram below), or could be governed by a separate or sub-committee if required.

It is envisaged that for at least the initial design, pilot, set-up stages that the following structure could be put in place:

Figure 2: Proposed Initial Set Up for the National HIV/AIDS Resource Centre



The **Development Department** would not only focus on tools and methodologies that have been developed through the RFE, but could eventually be a central location for all actors working in HIV/AIDS to share and deposit their 'results', with the development department responsible for identifying those that are worthy of further replication and dissemination, or deserving of access by the other stakeholders as examples of best-practice.

In addition to continuing to fund 'bottom-up' new and innovative projects through the 'Grants Section', a portion of the funds should then also be set aside to fund 'top-down' initiatives, which would be the scaling-up or replication of former successful initiatives. It is envisaged that this would fall under the remit of the development department and in particular it would be tasked with the identification of suitable products and partners/implementers for rolling out or scaling-up the initiatives.

It is suggested that an 'External Resource Replication Review Committee' could also be established who would act as an advisory and review body for assessing whether certain practices, tools, trainings, guidelines should be scaled-up following receipt of analysis and proposals presented by the Development Department. It is suggested that on a quarterly basis the Development Department could prepare an analysis of potential initiatives for scaling-up, replicating etc to the Review Committee who would then deliberate and endorse or otherwise the suggestions. This committee could incorporate members from NACP, MOHSW, TACAIDS and ZAC, as well as others from other HIV/AIDS funding mechanisms and potentially one or two representatives of CMACs.

The Development Department would also be responsible for developing and maintaining formally established linkages with other key 'sector' stakeholders, but particularly strong linkages with the Foundation for Civil Society, the LGAs and RFAs is highly recommended for the following reasons:

Table 10: Reasons for Linking with Key Sector Stakeholders

Organisation To Develop Formal Linkage	Objective(s) of Linkage
Foundation for Civil Society	• Capacity Building of CSOs • Sharing, database of info. regarding grantees • Disbursement/Dissemination of Tools, guidelines, resources to Regional NGO Networks • Sharing and improving of Grant Management processes • Identifying emerging creative CSOs
Local Government Authorities/RFAs	• Identification of Regional/District Specific Needs • Identification of eligible/suitable CSOs for implementation • Assistance with the coordination of the 'top-down' dissemination of best practice tools and methodologies

Under this suggested model, the **Resource Department** would be tasked with ensuring that the endorsed/approved resources are made accessible for reference and use to the widest audience possible. This is likely to involve areas such as:

- developing an accessible 'virtual' web-based library of resources that any actor involved in the response to HIV/AIDS can access;
- dispatching hard copy resources to the various physical locations (libraries, agents, hospitals)
- developing, implementing and managing two key resource centre libraries on the mainland and Zanzibar;
- developing and implementing a strategy for creating physical access to paper-based resources at regional/district level (eg: via local agents, LGAs, RFAs, NGO networks, dispensaries or hospitals);
- development of a database of recommended/approved or trainers, consultants or practioners for specific activities

The key pros and cons of Option 2 can be seen below:

Table 11: Pros and Cons

Pros	Cons
TACAIDS and ZAC fully involved	Transition time and set-up costs
Capacity of TACAIDS/ZAC is built	Would need commitment of technical inputs to begin with
Avoidance of duplication (saving time and money)	Extra workloads for TACAIDS/ZAC
Utilisation of existing resources	Higher long-term costs and commitment required
Could continue to fund innovative activities	Uncertainty as to whether TACAIDS/ZAC have the capacity to fully embrace this proposal
Innovative approaches can be scaled-up	
Resources disbursed on a national basis	
Allow potential for permanency in funding (via GoT budget in the future)	
Security of donor money could be maintained via outsourcing the financial management and oversight of both sections	
An effective coordination system with LGAs can be developed from the outset of NMSF2	

The full establishment of such a resource centre and incorporation of all the elements suggested is likely to be a very large undertaking, which would take significant time, planning and resources for setting-up and there are still questions as to whether TACAIDS and ZAC would be able to fully embrace this proposal.

There is the potential however, that should the undertaking in its whole form be deemed unfeasible, that the thrust of the work and remit of the envisaged resource and development departments could still commence on a smaller scale by simply adding an addendum to the roles and responsibilities of MSH to include:

- identification and selection of RFE (and other) results suitable for rolling-up and scaling up;
- preparation of analysis of these for the Resource Replication Review Committee's endorsement;
- identification of suitable partners/implementers for roll-out/dissemination;
- monitoring and evaluating the dissemination efforts
- commencing the development of a virtual library of best practice HIV/AIDS resources

The above would obviously involve an increase in financial, human and equipment resource requirements although not to the extent that would be required if the full proposal is undertaken and this could certainly be an option for a trial/pilot.

There are undoubtedly still many areas for discussion and thought, particularly:

- Cost and feasibility of the full option
- Long term future incorporation and 'fit' into Government Infrastructure
- Physical location of such a centre (s)
- Split of roles between TACAIDS/ZAC
- Government of Tanzania commitment
- Donor commitment
- Outsourced Agents and Technical Assistants Role and type of contracts

3.4.2.1 Conclusion Regarding the Future of the RFE

It is clear from the review that although the RFE has made many achievements, in order to ensure that the RFE remains at the forefront of innovation and can continue to be a purveyor of best practice, a more permanent infrastructure and framework with clear goals and objectives is required.

Continuing with the current institutional framework is very viable provided that sufficient full-time dedicated financial oriented staff are employed to ensure that financial accountability issues can be cleared in a timely fashion, that TACAIDS and ZAC become more visible and that the other recommendations for improvements to processes and systems provided in the following section are implemented. This option would definitely require the least disruption and would be the easiest option to implement.

However, the study suggests that a future RFE should not only focus on 'grant making' activities that conceptualise and test innovative and best practice tools, materials and methodologies, but also on ensuring that they are scaled-up, replicated and disseminated in the most effective and efficient manner possible.

It is suggested that this can be done on a permanent larger scale through the establishment of a National HIV/AIDS Resource and Development Centre or on a smaller scale through adding an addendum to the roles and responsibilities of MSH to take on some of the suggested replication and dissemination tasks.

It is hoped that this study has provided the RFE stakeholders with some thought provoking ideas for the future direction of the RFE, and it is suggested that the Steering Committee should discuss the general viability of these options and undertake a full technical and financial feasibility in order to develop them further. Whichever specific or hybrid option is decided upon, a plan of action identifying the time and process steps required will need to be developed.

4 Recommendations

The overriding recommendations from the study are as follows:

1. A funding mechanism should definitely remain in place that supports medium sized NGOs in their response to HIV/AIDS.
2. The remit of a future 'RFE' should be expanded and not only focus on 'grant making' activities but also on the provision of 'top-down' replication and dissemination activities.
3. The establishment of a more permanent mechanism is recommended through the establishment of a National HIV/AIDS Resource and Development Centre which still benefits from and relies upon outsourced technical and financial management.

4.1 Recommendations for Future RFE Type, Length and Amount of Funding

1. The RFE's funding criteria should remain the same, although a higher emphasis could be given to projects that incorporate gender or good governance or that address the needs in particularly under-funded areas and or in other high priority target groups.

2. It is recommended that the RFE should have more of an involvement at all levels of the development of CSOs involved in HIV/AIDS responses and that three types of support could be offered:
    a. To **emerging CSOs with innovative ideas but limited management capacities**. RFE could extend technical support (In the field of HIV response), to innovative and creative CSOs applying for HIV related small and medium grants from FCS. FCS would then also be in charge of the organisational strengthening of these CSOs.
    b. To **CSOs with a stronger management structure**, RFE would extend financial and technical support as it has been doing up to now, although the length of period should be flexible with options up to two or three years dependant on the type of activity and need of the project.
    c. To **initiatives deserving scaling up**, RFE could support financially and technically the CSOs which have developed them, with FCS (or another) being responsible for strengthening their management capacities. In the case of CSOs with clear limitations for scale up, RFE (and FCS) could support the transfer of these initiatives to other CSOs who could ensure the scaling up.

3. The annual size of grant available should not change.

4.2 Recommendations for Provision of Capacity Building

4. The RFE should consider funding and offering its sub-grantees places on some targeted outsourced training courses, perhaps via or in conjunction the Foundation for Civil Society or from another service provider, following a needs assessment to determine what are the most common areas of need for capacity enhancement. This could be funded currently from the interest that has been generated from donor funds and in the future a targeted programme of support could be built into the mechanism.

4.3 Recommendations for Improving the Image and Public Face of the RFE

5. The public face and image of the RFE should place TACAIDS (and ZAC) much more visibly with the outsourced agents in the background.

6. Email addresses and general communications should be filtered through an 'RFE' address.

7. It is suggested that the name of the RFE may need to be changed in light of the changing emphasis away from purely rapid funding and show a higher ownership of TACAIDS and ZAC.

4.4 Recommended Improvements to Grant's Management Processes

More specific recommendations for improvements to the Grant's Management Processes are given below and are relevant to any future institutional framework of the RFE:

4.4.1 Recommendations for Improving Planning for a 'Round' and Call for Proposals

8. An annual timetable for implementation and completion of all steps in the application to first disbursement processes should be agreed upon for each round, published and adhered to prior to the commencement of the year in order for CSOs to be able to plan activities in a timely fashion and for other stakeholders to plan their diaries and involvement.

9. The time frame from call for proposals to first disbursement should not exceed six months and should ideally be completed in four months.

10. Further discussion and a potential cost-benefit analysis should be undertaken into the ability of CSOs to apply and report in Swahili.

11. Applicants should be given longer to prepare their full proposals – a minimum of four weeks.

4.4.2 Recommendations for Improvements to Application and Approval Processes

12. Organisations presenting good concepts that are normally rejected because they are poorly presented or expressed could be earmarked to the Foundation of Civil Society as an organisation worthy of investment in capacity building in proposal writing, project planning and project management.

13. Rejection letters after full proposal stage should be more detailed in giving reasons and useful tips for improvement in the future

4.4.3 Recommendations for Improvements to Contracting, Disbursement and Implementation Processes

14. The Pre-Grant Management training should be extended by at least one day with further emphasis and training on financial management issues.

15. An increase in full-time RFE dedicated human resources is required, particularly at D&T to be able to manage the current and future portfolio of sub-grantees effectively and to eliminate delays in clearing accountability issues and subsequent disbursements.

16. Extensions to contracts should be prepared and signed prior to the expiry date of the original contract.

17. An analysis of the cost-benefit of delaying disbursements whilst awaiting full approval of 80% accurate financial accountabilities against the costs involved in managing 6-12 month extensions of each project should be undertaken.

18. Sub-grantees could be provided with first quarter funds plus funds for the first six weeks of activities of the second quarter in the first disbursement to try and ensure continuity of activities and more timely completion of funded projects.

4.4.4 Recommendations for Improvements to Monitoring and Evaluation

19. Initial review of accountabilities should be dealt with immediately upon receipt and any further follow-up and communication undertaken within one week of receipt. All queries should be cleared within one month from receipt of the initial accountabilities.

20. A timetable for regular/standard monitoring visits should be agreed upon between the managing agents as at the time of each award ceremony and followed.

21. Sufficient budget should be provided for follow-up and clearing of financial queries and provision of other technical support and monitoring in a timely fashion.

22. A strategy could be piloted that would allow a regionally appointed representative (approved by D&T) to be able to verify and follow-up on accountability queries in the field to ensure more efficient disbursements and implementation of activities.

23. Managing Agents could develop, promote and follow a 'Client Service Charter' that would document their pledge for communication response times, feedback provision etc.

24. A log-frame should be established and a strategy for being able to properly monitor and assess the impact and/or changes that are being created at community level should be developed.

25. The outcomes and impact of the RFE should be input into TOMSHA, the multi-sectoral M&E system being developed in line with the NMSF.

26. The reports from managing agents to donors were requested to have more emphasis on outcomes and results than the current high emphasis on financial information, particularly at the completion of grants, but also perhaps more emphasis on implementation issues or financial problems can be included in the quarterly reports.

27. A system should be put in place that immediately upon receipt of donor funds into the basket account that D&T seek confirmation of the amounts purported to have been deposited from the respective donors and not wait until Steering Committee meetings to ask for confirmation.

4.5 Recommendations for Improving Communications and Development of Formal Linkages

28. It is recommended that a regular (bi-annual) newsletter be developed that can be distributed to all LGAs, donor agencies and other funding mechanisms to keep them informed on the successes and developments of the RFE projects and results and make them aware of any new tools, guidelines, strategies, trainings that have been developed and are available for distribution or replication.

29. A formal linkage with documented objectives and activities should be developed with the Foundation for Civil Society for sharing information regarding the activities and projects being funded in the HIV arena and for combining any future capacity building exercises that are undertaken.

30. It is also recommended that RFE proposal 'screeners' be invited by FCS to screen and review HIV/AIDS related proposals that they receive to help identify emerging CSOs who could go on to undertake projects under the RFE.

31. A formal linkage should be established with the RFAs (and in the future the LGAs) to provide knowledge and background to the capacity and legitimacy of CSOs who are applying to the RFE and to ensure that projects which are likely to be approved for funding are in line with the identified needs of the district.

4.6 Recommendations for Replication and Dissemination of Results

32. Whether option one or two for the future is taken up, it is still recommended that a 'Resource Replication External Review Committee' is established to determine which 'results' have the potential for being labelled 'best-practice' and/or warrant scaling-up or replication.

33. Again, whether option one or two is taken-up, it is highly recommended that a strategy, operational plan and budget is established within TACAIDS/ZAC to ensure that results can be and are properly disseminated.

34. It is also highly recommended that at the very least, a 'virtual' electronic library/accessible database of best practice HIV/AIDS resources is developed.

4.7 Recommendations for the Immediate Way Forward

35. A technical and financial feasibility study should be undertaken to further explore the recommended future options and a clear plan of action identifying the time and process steps required to move into the next phase will need to be developed.

APPENDICES

5 APPENDICES

5.1 Appendix 1 - The Role of Deloitte and Management Sciences for Health in the Management of the RFE

The Grant Manager (Deloitte & Touche), in collaboration with the Technical Advisor and team (Management Sciences for Health), is responsible for all aspects of grant management including drafting and publishing requests for concept letters, and proposals where appropriate; conducting initial reviews of concept letters and proposals and preparing the short list and briefing information for RFE Steering Committee members; conducting pre-award organizational and financial assessments on the final list of candidates; negotiating and awarding sub-grant agreements based on Steering Committee decisions; conducting technical, financial and administrative monitoring of sub-grantees; receiving funds from donors and ensuring timely payments to sub-grantees; and, if required, providing procurement assistance to sub-grantees; and conducting sub-grant evaluation and closeout.

Application, Approval and Award Process

The concept of the RFE application, review and notification process is to provide a quick and efficient service with use of e-mail and a two-stage application process to keep paperwork and time to a minimum. Currently there is one round per year, in the past there were two rounds per year, because there were fewer CSO applications. The decision to open a new round is dependant on factors such as the status of previous grants, the length of lapsed time since the last round and availability of funds.

In order to promote transparency, open rounds and the call for concept letters are published in local and national newspapers, on the radio and via the RFE website. . During the last round local signage and publicity workshops were conducted in four regions: Singida, Ruvuma, Mtwara and Lindi in order to encourage proposals from the more remote areas of Tanzania. The workshops were created in order to explain the application processes involved, however they cannot tell potential applicants specifically what to write.

The concept letters are reviewed and then the successful applicants are asked to submit a full proposal. The application process is designed so that it uses a 'collective wisdom', throughout the process proposals are scored using standard criteria and decisions about funding are taken collectively between D&T, MSH, TACAIDS and donor representatives. Previously D&T have brought in people from Kenya and Uganda to assist in keeping funding decisions objective and on occasions brought in experts to provide advice on the technical feasibility of a project. During the last application round in February 2006 a total of 484 concept letters were submitted, from which 70 full proposals were reviewed and 23 grants of up to $200,000 US were awarded.

Information about successful applications at each stage of the process are also publicised. Unsuccessful applicants receive a feedback letter explaining why their proposal was rejected and, where appropriate, are encouraged to reapply.

The full proposals are reviewed and submitted to the Steering Committee for final selection. A pre-award assessment visit is then undertaken prior to making a final decision on the award of the grant and entering into a contractual arrangement with the CSO.

An award ceremony then takes place as a means of bringing all the successful CSOs together for networking and publicity opportunities. The CSOs are also expected to attend a one day training workshop to learn about the required reporting procedures and format

5.2 *Appendix 2 - Summary of Progress of Implementation of Previous Recommendations*

The following table provides a brief overview of the progress in implementation of the previous recommendations:

Previous Recommendations	Progress	Comments
Increasing Communication, Perception and Dissemination of Information to change the misperceptions about the RFE and disseminated to a wider audience.	The introduction of the annual RFE results meeting provides PR opportunities. International improvement in awareness	Increased communication is still required at national, regional and community levels where the perception and understanding of the RFE was still found to be limited.
To improve and develop more formal linkages with other funding mechanisms.	No specific formal links between the RFE and any other funding mechanisms. Number of informal links exist due to the Country Representative of MSH participating in a number of committees and activities	A linkage with the RFAs (under CARF) could provide information about the CSOs and the types of activities being conducted in their regions.
Sharing of Grants Management Experience with TACAIDS and ZAC to gain experience and learn more about grant-making processes, project coordination and the outsourcing of financial and grants management.	Does not appear that either the grants managers or TACAIDS and ZAC have the human resources or strategies in place to ensure that this type of capacity building can take place.	A more formal and programmatic approach is required.
Greater emphasis to partnerships.	CSOs are encouraged to partner and learn from each other.	The current partnership concept has generally been successful. Religious groups of different denominations and CSO/private sector partners have been working together to combat HIV/AIDS.
Geographical Coverage in order to help expand the geographical range of applications	RFE has definitely expanded its geographical diversity, currently reaches all regions aside from Rukwa (although this could be covered in the not specified, or nationwide section).	Thought needs to be given to the widening of geographical location verses the need/prevalence of the population and the amount of funding being received from other sources.
Diversity of applications be increased, either through conducting joint information sessions with FCS and/or through more targeted promotion of the RFE.	RFE has undertaken targeted promotion in the areas of OVC and also via geographical location through the Zanzibar special round and promotion in South of Tanzania.	A more strategic and programmatic way of working needs to be implemented, with more emphasis on assessing the needs of particular areas or specific population groups.
Substantiality - a need for applicants to explicitly state how their outcomes will be sustained in the longer term.	The RFE has successfully supported some excellent short term projects that will and are having longer term effects and impacts	The proposal template asks how products, activities, staff will be absorbed into ongoing program or require new funding
Technical Inputs -improve upon the technical review of proposals. Technical input was very much reliant on one person – the MSH resident adviser.	These comments were taken on board and the review process is updated and improved after each round.	There are 3 key people from MSH involved in the RFE and during project evaluation other technical resource specialists are seconded to assist with the reviews.
Evaluation of Longer Term Impact of Projects	Because of the short term nature of the program there is no strategy in place to assess the long term impacts.	The future direction of the RFE would determine if the focus should continue on short-term or change to a longer-term focus
High Priority to Documenting and Disseminating Lessons Learnt	Definitely given a higher priority to documenting and disseminating lessons learnt on the website, PR materials and the Results Conference	The need for TACAIDS to have in place a strategy for ensuring that the results do get communicated and disbursed to the whole community.

5.3 Appendix 3 - Persons Interviewed

Name	Position	Organisation
Stephan Meershoek		Bernard van Leer Foundation (email questionnaire)
Peggy Thorpe	Senior Health & HIV/AIDS Advisor	CIDA
Sanne Olsen		DANIDA
Deodatha Mwakasisi	Programme Officer	DfID
Bodil Tærud Day	Program Officer	Embassy of Norway
Rik Peeperkorn MD	MPH First Secretary	Royal Netherlands Embassy
Jacques Mader	Assistant Country Director	Swiss Development Cooperation
Jacqueline Mahon	Regional Health Adviser	Swiss Development Cooperation
Jackie Matoro	HIV/AIDS Focal Person	Swiss Development Cooperation
Susan Monaghan	HIV/AIDS Officer	USAID
Dr Fimbo	Head of IEC Unit	National AIDS Control Programme
Dr Joseph Temba	Global Fund Coordinator	TACAIDS
Nuru Mbarouk	Head of Advocacy and IEC	ZAC
Mwana Kombo Ngingiet	Principal Economist	Ministry of Finance
Robert Semkiwa		Ministry of Labour Youth and Sports
Jones Sikira	Executive Director	AIDS Business Coalition Tanzania
Dr Florence Temu	Head of Programmes	AMREF
Dr Subilaga Kasesela	Head of HIV/AIDS Program in Workplace	AMREF
Joe Eshun	Director Management Consulting	Deloitte
Rhoda Mshana	Management Consulting	Deloitte
Henriette Kolb	Attaché – Governance	European Commission
John Ulanga	Executive Director	Foundation for Civil Society
Ken Heise	Resident Adviser	Management Sciences for Health
Grace Mtawali	Senior Program Associate	Management Sciences for Health
Thomas Kipingili	Assistant Technical Advisor RFE	Management Sciences for Health
Jane Calder	OVC Programme Manager	PACT Tanzania
Nada Margwe	Partner, Public Services Group	Price Waterhouse Coopers/GFATM
Aladous	Country Programme Manager	Southern African AIDS Trust
Dr Peter Bujari		Human Development Trust/Tanzania AIDS Forum
Bernadette Olowo-Freers	Country Coordinator	UNAIDS
Julie McLaughlin		World Bank/TMAP
Emmanuel Malangalila	Health Specialist	World Bank/TMAP

5.4 Appendix 4 - Participants of Focus Group Discussions

Zanzibar

Alama Jumbe	WEDTF
Hassan Salum	WEDTF
Tunu Ubwa	WEDTF
Khamis Ibrahim	WEDTF
Bimkubwa Nassor	WEDTF
Ramadhan Haji	WEDTF
Halima Omar	WEDTF
Zawad Yussuf	West District Planning Office
Hamoud Amour	UKEUM
Mtumwa Ali	UKEUM
Abdelkil Sulelman	ZANGOC
Omar Ali	ZANA
Ali Shauri	White Star Soceity
Khamis Hassan	White Star Soceity
Masoud Haji	ZAIADA
Mbaizouke Ali	ZAIADA
Mtnajuma Moh'd	ZAIADA

Arusha

Albert Baltazar	Arumeru District Council
Kaanael Kaaya	Simanjiro District Council
Elias Mbarnot	Simanjiro District Council
Jakob Lukendo	Simanjiro District Council
Reginald Moshi	Heifer International
Bernadina Michael	Heifer International
Matilda Thadey	Heifer International
Alson Lyimo	Heifer International
Samwel Golugwa	Heifer International
Jackson Lembri	Afya Bora Mobile Unit
Matthew Ole Suma Brown	– Afya Bora Mobile Unit
John Lyimo	Afya Bora Mobile Unit
Tom Elisikar	Afya Bora Mobile Unit
Godwin Lipawaga	Afya Bora Mobile Unit
Paul Wilson	MWEDO
Ndimimi Kimesena	MWEDO
Hezekia Wenje	AAIDRO CRS Project
Priscus Mosha	AAIDRO CRS Project
Dr Suresh Kokku	Skillshare International

Dar es Salaam

Ezekiel Marko	Dogodogo Centre
Chaulo Patrobor	Dogodogo Centre
Dani Cleophaei	Dogodogo Centre
Sauko Said	Dogodogo Centre
Clement Mworia	TACECA
Happiness Charles	MAWAVITA
Ouan Dlbaauibl	MAWAVITA
Theodore Nshange	MADEA
Rutha Krobias	MADEA

Organisation Visits

Arusha

Jackson Lembri	Afya Bora Mobile Unit
Matthew Ole Brown	`Afya Bora Mobile Unit

Zanzibar

Jeury Kassim R'dhan	WEDTF
Alma Jumbe	WEDTF
Hassan Salum	WEDTF
Ali Ameir	WEDTF

Dar es Salaam

Sabas Masawe	Dogodogo Centre

5.5 Appendix 5 - Documents Reviewed

- Prime Minister's Office, National Policy on HIV/AIDS, 2001
- National Multi-sectoral Strategic Framework on HIV/AIDS 2003-2007 (NMSF)
- National Health Sector HIV/AIDS Strategy 2003-2006
- National Strategy for Growth and Reduction of Poverty (NSGRP/MKUKUTA), Vice President's Office, April 2005
- Zanzibar, HIV/AIDS Strategic Plan 2004- 2008
- Tanzania: Public Expenditure Review. Multi-sectoral Review: HIV/AIDS December 2006
- Tanzania Commission for AIDS, ACT, 2001, Government of Tanzania, 2002
- Government enacted Act No. 3 of 2002, to form the Zanzibar AIDS Commission (ZAC)
- Assessment of the Institutional Capabilities of TACAIDS, By Roger England, Liberatus Shirima, Fred Moshi, November 2004
- Tanzania Multi-Sectoral AIDS Project Appraisal Document, World Bank, 2002
- DFID, Tanzania Country Assistance Plan, January 2007
- Global Health Initiatives in HIV/AIDS in Tanzania: Situation Analysis and review of key issues, by Guy Hutton, July 2004
- Rapid Assessment of the 'Three Ones' Initiative in Tanzania, Dar es Salaam May 2005
- 'Review of the Rapid Funding Envelope (RFE) for HIV/AIDS', 18-29 October 2004, Kathy Attawel and Georgia Mutagahywa
- Various operating/management documents of the RFE incl:
    - Proposal formats (4th round)
    - Concept letter formats (3rd and 4th round)
    - Guidance for preparation of full application (4th round)
    - Completed proposal review sheets for Afya Bora and Heifer International
    - Issue Clarification formats
    - 'Procedures for looking after your project'
    - Project Funding Guidelines
    - Project Review Procedure
    - Job Descriptions of Grants Officer and Grants Manager
    - Quarterly Report of the RFE to 31st December 2006
    - RFE Processes and costs 25/07/05
    - Quarterly Report of the RFE to 30th June 2006
    - Various pre-award and reporting templates
    - Various sub-grantee completed quarterly reports
    - Various completed monitoring reports
    - RFE Communication Strategy
    - Powerpoint Presentations in Durban and to the French Embassy
- 2005 External Audit Report of the RFE by PriceWaterhouseCoopers
- The Foundation for Civil Society Annual Report 2005
- The Foundation for Civil Society Application Form and Pack
- Various web pages regarding PEPFAR and GFATM in Tanzania

5.6 Appendix 6 – Portfolio of Projects funded by the RFE

1	RFE 561 CL1	East African Development Communication Foundation	Printed HIV/AIDS IEC Materials	*Prevention, Advocacy,IEC,BCC Materials* scaled-up distrubtion of Si Mchezo and 2 Soul City booklets	Tandahimb, Tunduru, Lindi	203,002,148
1	RFE 093 CL1	Environmental Human Rights Care and Gender Organisation (ENVIROCARE)	The Children's Court Room	*Prevention, Advocacy,IEC,BCC Materials* Raising HIV/AIDS awareness, established childrens resource centre	Kilimanjaro, DSM, Mara	134,820,000
1	RFE 360 CL1	The Anglican Church of Tanzania	KIVUKO (Behaviour change campaign youth focused)	*Prevention, Advocacy,IEC,BCC Materials* Peer to peer behavior change, established 6 VCT centres	Mwanza, Shinyanga, Mbeya, Arusha, Kilimanjaro, Tanga, DSM, Iringa, Dodma, Unguja, Pemba	181,339,000
1	RFE 147 CL1	Tanga AIDS Working Group (TAWG)	A study to carry out the efficacy of the traditional herbs used to treat opportunistic infection in HIV/AIDS in Tanga region	*Research* Clinical research on herbal medicines for PLWHA	Tanga, Muheza	138,211,500
2	RFE 103 4 CL2	District Designated Hospital/ Hospitali Tuele Muheza	Positive patient package	*Care & Support* Holistic care	Tanga	80,128,130
2	RFE 113 9 CL2	Makiungu Hospital	Makiungu CBHC pastoral activities & services for people with AIDS and Nuru VCT	*Care & Support* Established VCT centre, HBC, peer educators	Singida, Rift Valley	93,648,765
2	RFE 125 8 CL2	MUCHS, Department of Medicinal Chemistry	training pharmacists on the management of HIV/AIDS using antiretroviral drugs and sensitization of pharmacists on the importance of good pharmacy practice in the fight against HIV/AIDS	*Care & Support* Training curriculum on ARV treatment	DSM, Morogoro, Mbeya, Mwanza	101,635,317

2	RFE 1150 CL2	Sokoine University of Agriculture, Faculty of agriculture, department of food science & technology	nutrition capacity building for HIV local NGOs and CBOs	*Care & Support* Training curriculum on nutritional care and support, reprint COUNSENUTH booklets, trained personnel	3 Regions (not specified)	127,596,000
2	RFE 1100 CL2	Heifer International	Tanzania dairy goat program for HIV/AIDS afflicted families	*Impact Mitigation* Families receive 1 goat, 3 chickens and 1 cockerel Training on animal husbandry	Kilimanjaro	200,000,000
2	RFE 1270 CL2	Diocese of Shinyanga	Building for HIV/AIDS Prevention and Mitigation in Shinyanga Diocese	Institutional Strengthening training in HIV/AIDS advocacy, counseling, basic medical kits supplied	Shinyanga	169,997,625
2	RFE 1117 CL2	Shree Hindu Mandal, Dar es salaam	HIV/AIDS Treatment Centre of Excellence	Institutional Strengthening Renovation, purchase of equipment, training counselors	DSM	195,920,400
2	RFE 1083 CL2	The good samaritan foundation (Kilimanjaro Christian Medical Centre -KCMC)	Capacity building for care and drugs access for PLWA in Kilimanjaro region	*Institutional Strengthening* Training of medical personnel in ARV delivery	Northern & Central Regions	199,907,910
2	RFE 1248 CL2	Students Partnership Worldwide (SPW)	Establishment and pilot year of SPW ex volunteer network and campaign activities in the Universities of Dar es Salaam.	*Prevention, Advocacy, IEC,BCC Materials* Established network campaign office, trained volunteer counselors, inter-active website, university information resource centre	DSM	95,618,775
2	RFE 1156 CL2	Tanzania youth aware trust fund (TAYOA)	Scaling up the campaign on country wide anonymous HIV/AIDS help-line on risk perception	*Prevention, Advocacy, IEC,BCC Materials* HIV/AIDS helpline, IEC materials, helpline manual	DSM, Zanzibar	146,952,000
2	RFE 1081 CL2	Action Aid Tanzania	Documenting accessibility of HIV/AIDS funding to the local NGOs, FBOs and CBOs in Tanzania.	*Research* documentation of CSO funding accessibility	Unspecified	69,580,000

			(Looking at facilitating, limiting and potential enabling factors)			
2	RFE 1013 CL2	HelpAge International	Study on the impact of HIV/AIDS on older people	*Research* To asses impact of HIV/AIDS on the elderly	Tanga, DSM	124,750,500
3	RFE 1697 CL3	Heifer Project Tanzania (HPT)	Smallholder Livestock keeping and Capacity Building of Rural Communities to Mitigate the Effects of HIV/AIDS Pandemic	*Care & Support* 500 families receive 1 goat, 3 chickens and 1 cockerel Training on animal husbandry	14 Regions	199,500,000
3	RFE 1512 CL3	HelpAge International	Reducing Impact of HIV/AIDS on older carers and their affected family members	*Care & Support* Adapt national HBC guidelines, HBC training for elderly, Develop monitoring framework on VCT access	Arusha, Coast, Tanga, Iringa, DSM	196,796,250
3	RFE 1363 CL3	Pastoral Activities and Services for People with AIDS Dar Es Salaam, Archdiocese (PASADA)	Strengthening community-based services for PLWHA and sharing of best practices in a holistic approach to care and support.	Care & Support Sharing best practices of using an holistic approach to care and support of PLWHA	Temeke, Ilala, Kinondoni, Kibaha, Mlandizi, Chalinze, Bagamoyo, Mkuranga, DSM, Zanzibar, Coast, Morogoro, Tanga, Mbeya, Iringa, Moshi	186,391,800
3	RFE 1336 CL3	Shree Hindu Mandal, Hospital	HIV/AIDS treatment Centre of Excellence	*Care & Support* Strengthen the diagnostic and treatment capability, establish MIS	DSM	225,739,280
3	RFE 1347 CL3	Society for Women and AIDS in Africa Tanzania (SWAAT) Muheza Chapter	Development of high nutritive diet formulae based on Orange Fleshed Sweet Potato (OFSP) for children infected with HIV/AIDS	*Care & Support* Train carers of 0-8yrs CAIBA on nutrition and hygiene, Drying of orange-flesh sweet potatoes, 34 CAIBA eating and being monitored	Muheza -Tanga	71,894,301
3	RFE 1318	Tanzania Women Lawyers Association	Awareness Campaign on Legal Rights of Women and Children in Mitigating	*Care & Support* Renovation of legal aid building, increase knowledge of collaborators/	DSM, Arusha, Tanga, Dodoma	195,903,103

	CL3	(TAWLA)	HIV/AIDS Impact.	implementers/magistrates, guidelines on HIV/AIDS legal rights		
3	RFE 1694 CL3	The Centre for Counseling, Nutrition and Health Care (COUNSENUTH)	Nutritional Care and Support for People Living with HIV/AIDS focusing on Nutrition and ART, and children living with HIV/AIDS aged 2 – 8 years.	Care & Support Training and information on nutrition for PLWHA	Killimanjaro, Mbeya Information distributed nationwide	215,470,500
3	RFE 1272 CL3	The Salvation Army Tanzania Command	Psychosocial Support For the Children Affected and Infected by HIV/AIDS – CAIBA	Care & Support Psychosocial support for CAIBA	Temeke - DSM, Bukoba - Kagera, Chalinze -Coast, Same, Moshi-Kilimanjaro	140,175,000
3	RFE 1623 CL3	Archdiocese of Mwanza - Health Department	HIV/AIDS Prevention Project Ukerewe Island	Prevention Increase and sustain prevention programs, TOT, purchase of AV euip, vehicles and communication tools	Ukerewe Island	66,294,480
3	RFE 1590 CL3	Caritas Kigoma	Joint community response strategy in the Faith Based Approach to combat HIV/AIDS in Kibondo district, Kigoma region	*Impact Mitigation* Study tour to Zanzibar and Uganda, inter-faith teaching materials, OVC support and legal advisory services for OVC and widows	Kigoma	80,628,450
3	RFE 1633 CL3	Catholic Diocese of Shinyanga	Impact mitigation for HIV/AIDS orphans and vulnerable children in the Shinyanga diocese	Impact Mitigation	Shinyanga	199,895,010
3	RFE 1420 CL3	Environmental, Human Rights Care and Gender Organisation (ENVIROCARE)	Vocational Training for HIV/AIDS Orphans and Vulnerable Children in Musoma.	Impact Mitigation Vocational training and IGA for OVC	Musoma - Mara	217,382,400
3	RFE 1635 CL3	Catholic Secretariat,Tanzania episcopal Conference.	Reduction of stigma by mainstreaming HIV/AIDS in small christian communities in Tanzania	*Institutional Strengthening* TOT and focus group discussions in Christian communities	DSM, Coast, Morogoro, Dodoma, Tanga, Zanzibar	84,426,300
3	RFE 164	Dar es salaam Chamber	HIV/AIDS Intervention Programme for DCC	Institutional Strengthening	DSM	173,913,285

	9 CL3	commerce (DCC)	Members at the Work Place.			
3	RFE 141 3 CL3	The Kilimanjaro NGO Cluster on HIV/AIDS and Reproductive Health Interventions (KINSHAI)	Increasing HIV/AIDS Awareness Among Elderly Men and Women in Hai and Same Districts, Kilimanjaro Region	*Institutional Strengthening* HIV/AIDS awareness for the elderly and training peer educators	Killimanjaro	113,909,250
3	RFE 134 1 CL3	Afya Bora Mobile Medical Unit (T)	Simanjiro Community Based HIV/AIDS Project	Prevention, Advocacy, IEC/BCC HIV/AIDS education and formation of support groups	Simanjiiro	200,478,075
3	RFE 152 2 CL3	Dogodogo Street Children Trust Fund	Mobile street Children Arts Against Aids (MAAA)	*Prevention, Advocacy, IEC/BCC* 9 vulnerable children trained in multimedia course, music CD and film produced	DSM, coast	148,215,900
3	RFE 165 0 CL3	East African Development Communication Foundation	HIV/AIDS IEC Booklets	*Prevention, Advocacy, IEC/BCC* Scaling up of Si Mchezo magazine, Translate into Kiswahili information on ART, caring for CAIBA, healthy lifestyles for children	Nationwide	207,145,313
3	RFE 162 9 CL3	Kivulini Women's Rights Organization.	A Celebration of Freedom & Liberation: Breaking the Silence and the Stigmas Surrounding HIV/AIDS & Empowering the Community to Take Action	*Prevention, Advocacy, IEC/BCC* Advocacy materials developed, support for IGA, credit and savings schemes TOT to increase awareness of links between GBV and HIV/AIDS	Nyamagana, Ilemela	176,539,656
3	RFE 136 5 CL3	Tanzania 4H Organisation	HIV/AIDS prevention Activities in Tanga (HAPATI)	*Prevention, Advocacy, IEC/BCC* Youth-based peer education programme in sexual behaviour change	Tanga	90,856,500
3	RFE 160 4 CL3	Tanzania Civil Engineering Contractors Association (TACECA)	Design and implementation of HIV/AIDS programme on road works sites	*Prevention, Advocacy, IEC/BCC* Designing guidelines and delivery of HIV/AIDS prevention for road construction workers	Manyoni, Kiomboi, Shinyanga, Biharamulo	139,374,000
3	RFE 169 6	Tanzania Youth Aware Trust Fund (TAYOA)	Scaling Up The Capacity Of The National AIDS Helpline Toll-Free	*Prevention, Advocacy, IEC/BCC* Expand capacity of national HIV/AIDS helpline	Nationwide	199,993,040

	CL3		Services In Partnership With The Private Sector.			
3	RFE 1564 CL3	Zanzibar Association of information against Drug abuse abd Alcohol (ZAIADA)	Youth voice against HIV/AIDs and substance abuse.	*Prevention, Advocacy, IEC/BCC* Education on risks of HIV/AIDS and links to drug abuse	Unguja, Wete, Chake Chake - Pemba	73,305,645
4	RFE 40030 CL4	Njakihutco Group	Care and support to orphans, widows/widowers and people living with HIV/AIDS and their families in Mafinga district	*Impact Mitigation* Interventions through HBC, IGA, psychological and material support.	Mafinga	99,072,000.00
4	RFE 40044 CL4	Zanzibar Association for Children's Advancement (ZACA)	Protecting children and youth from HIV/AIDS through behaviour change communication	*Institutional strengthening* Community mobilization, establishment of information centre for children and youth, institutional capacity building and Life Planning Skills training.	Zanzibar	92,569,575.00
4	RFE 40047 CL4	Pure Environmental Management and Health Care Women Action (PEMWA)	Community empowerment on Home Based Care for improvement of Health of PLHAs	*Care and Support* Address problems of stigma, inadequate food and drugs, training of care providers on nutrition, production of crops, establish fruit and vegetable nurseries, poultry unit established	Lindi	51,424,800.00
4	RFE 40054 CL4	Tanzania Public Health Association	Advocacy for Accelerated Voluntary Counselling and Testing (VCT) in Tanzania mainland	Prevention Increased publicity on VCT through mass media coverage including radio, TV and newspaper announcements, increased number of VCT services and testing, increased knowledge on VCT delivery through meetings held with national, regional and district level leaders	Nationwide	189,751,737.00
4	RFE 40071 CL4	Lusungo Ward Development Association (LUWADA)	HIV/AIDS Community Based Intervention in Kyela District	*Prevention* T-shirts & Caps distribute, signboards fixed at strategic places, leaflets and posters fixed at counseling centers, public shows at trade centers, Message songs	Lusungo - Kyela	100,035,600.00

				and theatre displayed. volunteers on M&E, volunteer counselors trained on VCT, Doctors hired, Counseling rooms secured, VCT centers furnished.		
4	RFE 40091 CL4	Masasi Women Development Association	Nutritional education and care for people living with HIV/AIDS	*Care and Support* To improve the skills and knowledge of 1700 women on nutrition, To strengthen the capacity of women on solar drying of fruits and vegetable.	Masasi Disrict	178,353,700.00
4	RFE 40109 CL4	Iyana Educational Trust (IET)	HIV/AIDS capacity building through prevention, awareness creation, community outreach programmes, and advocacy through information, education and communication on positive behaviour change.	*Impact Mitigation* M&E skills provided to at least 40 representatives from district, NGOs, CBOs, FBOs, ward and village HIV committees, peer educators. School uniforms provided, shoes, text books, exercise books, mathematical sets, advocacy manual published, strategy paper on youth networks drafted.	Bagamoyo	165,140,850.00
4	RFE 40119 CL4	Orphans Relief Services (ORES)	Scaling up Intervention: Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT)	*Prevention Developing* translating and printing 300,000 IEC awareness materials, train women living with HIV/AIDS on PMTCT, TV spots aired on RV for Prophylaxis	Ruvuma, DSM, Mwanza.	195,352,500.00
4	RFE 40140 CL4	St. Anthony Vocational Training Center	Vocational Training and Moral Reform to HIV/AIDS Orphans and Delinquent Youth in Mara Region	*Impact Mitigation* impart orphans and delinquent youths with vocational skills in different trades also with entrepreneurship skills so that they can establish their income generating activities. Help them to reform morally	Mara	246,157,800.00
4	RFE 40164 CL4	Society for Women and AIDS in Africa Tanzania (SWAA-T)	Capacity building to caregivers on psychosocial support to orphans and vulnerable children	*Institutional strengthening* psychosocial support to OVC (0-8yrs) by building capacity of caregivers through action plan implementation and monitoring and evaluation	Ten districts in four zones of Tanzania mainland (not specified)	98,868,000.00
4	RFE 40191 CL4	St. Benedict's Hospital Ndanda	Establishing Continuum of Care from Community Programme with Prevention and Care to Full Access for Treatment	*Care and Support* Set up a community based program for home based family care, establish a new integrated VCT and Care and Treatment Centre, improve and expand the existing	Ndanda, Masasi Disctrict	125,839,371.50

				Care and Treatment services, set up a referral system to /from the community.		
4	RFE 40195 CL4	The Pemba Island Relief Organization (PIRO)	Promoting Community competence Against HIV/AIDS	*Institutional strengthening* Peer educators from new sites and old sites trained to promote responsible sexual behaviors among youth groups, develop Assorted Video Cassettes with training and entertaining themes, 2 inter district forums held per district incorporating student leaders from Primary and Secondary Schools, furnished Centre with Audio Visual Set, Voltage Stabilizer, indoor games facilities, computer & internet facilities	Pemba	175,010,575.00
4	RFE 40210 CL4	Diocese of Morogoro (RC) - Amani Centre for Persons with Disabilities	Launching HIV/AIDS education campaign, counselling infected or affected victims and care for children (0-8 years) in order to combat the HIV/AIDS pandemic among the disabled community in 40 Wards within four districts in Morogoro Region.	*Prevention* project will raise awareness on HIV/AIDS infection, provide counselling and strengthen existing care units for CAIBA 0-8yrs, education campaign facilitators trained, education campaign meetings/seminars, HIV/AIDS information, materials prepared, Amani awareness cultural troupe provided with theatre costumes, existing care centres strengthened by providing them with toys, games, pencils, brushes and pens, learning equipment wheelchairs, classroom desks and meals for children	Morogoro	88,987,500.00
4	RFE 40238 CL4	Zanzibar Association of People with HIV/AIDS (ZAPHA+)	Opportunities for Positive Living	*Impact Mitigation* basic information and care for living positively with HIV along with opportunities for earning income to meet basic needs, members are trained on management of soap making and tailoring projects, products distributed to hotels, training in peer counseling, counseling services at CTCs/VCT clinics and ZAPHA+/WAMATA offices	Zanzibar, Pemba	85,851,780.00
4	RFE 40239	Kimara Peer Educators and Health	Community Based Networks on Stigma Reduction for Effective	*Institutional strengthening* to make available to community networks the toolkit and TOTs to fight of stigma and	Kinondoni	181,555,500.00

4	RFE 40281 CL4	Hindu Union Hospital	HIV/AIDS Diagnostic & Treatment Unit Partnership Building for HIV/AIDS Multisectoral Actors in Tabora region	*Care and Support* Establish an expanded VCT site, improve laboratory diagnostic infrastructure to facilitate the diagnosis of opportunistic infections and monitoring of patients on ARV. The project will also help strengthen the care & treatment team of the Hospital.	Mwanza	225,689,362.50
4	RFE 40343 CL4	Ifakara Health Research & Development Centre (IHRDC)	Prevention of HIV transmission among youths Integrated Prevention of Mother to Child Transmission of HIV/AIDS	*Prevention* To establish and strengthen a base of peer educators in and out of schools, churches, and mosques to educate youth, situation analysis survey on peer educators' needs, Monitoring & Evaluation tool drafted.	Kilombero and Ulanga	100,035,600.00
4	RFE 40383 CL4	Zanzibar Nurses Association	Provide comprehensive quality home based care and support and mitigate stigma for PLWHAs	*Care and Support* To improve provision and knowledge of HBC. The project will also provide capacity building in home gardening to improve nutrition, TV announcements, radio programs	Zanzibar	143,065,125.00
4	RFE 40457 CL4	Social Action Trust Fund (SATF)	Impact Mitigation of the effects of HIV/AIDS - Tumaini Rombo Project Orphans and Vulnerable Children Vocational Education Support Programme	*Impact Mitigation* To enable 500 OVC from rural districts to access vocational training skills and start up kits, to impact knowledge of HIV/AIDS, life skills and psychosocial training	Mbeya municipality, Kyela, Rungwe, Tanga Urban, Kilosa, Mvomelo, Ulanga ,Dodoma	272,144,310.00
special	OVC 001 CL1	Women against AIDS in Kilimanjaro (KIWAKKUKI)	Impact Mitigation for HIV/AIDS Orphans and Vulnerable Children Through Vocational Training	*Impact Mitigation* *HIV/AIDS* education for ovc aged 14-20 and provision of tool kits for vocational skills	Killimanjaro	265,803,846
special	ZNZ 009 CL1	Zanzibar Nurses Association (ZANA)	Provision of HBC and Support to PLHAs	*Care & Support* Survey on nutrition and HBC Guidelines and M&E tool developed Establish home gardens	West & South-Unguja, Wete - Pemba	59,189,840
special	ZNZ 017 CL1	Women Entrepreneurial Development Trust Fund (WEDTF)	Building Capacity in Handling HIV /AIDS patients	*Care & Support, Institutional Strengthening* HIV/AIDS prevention information IGA for 12 PLWHA	6 districts in Unguja	43,484,250

special	ZNZ 031 CL1	Islamic Association of Education and Economic Development/ Umoja wa Kiislamu wa Uchumi, Elimu na maendeleo (UKUEM)	Assist Families Affected with HIV / AIDS	*Impact Mitigation* vocational training and equipment for youth affected by HIV/AIDS	Zanzibar, Pemba	48,220,410
special	ZNZ 004 CL1	Pemba Press Club (PPC)	Capacity Building and Community Awareness Programmes on HIV / AIDS using Media	*Prevention, Advocacy,IEC,BCC Materials* Providing HIV/AIDS information through the local media	Unguja, Pemba	35,944,020
special	ZNZ 025 CL1	Walio katika Mapambano na AIDS Tanzania (WAMATA) Pemba	Raising of Awareness of HIV / AIDS / STD risk perception amongst youth aged 14 -24	*Prevention, Advocacy,IEC,BCC Materials* Peer Education Providing HIV/AIDS information to 14-24yr olds	Pemba	23,216,550
special	ZNZ 023 CL1	Zanzibar Children's Fund (ZCF)	Advocacy on HIV / AIDS using Islamic Approach	*Prevention, Advocacy,IEC,BCC Materials* HIV/AIDS prevention using an Islamic approach	4 districts Pemba, Tumbatu Isle-Unguja	52,112,130
special	ZNZ 016 CL1	The Pemba Island Relief Organization (PIRO)	Building Community Skills for Comprehensive HIV / AIDS Awareness	*Prevention, Advocacy,IEC,BCC Materials, Institutional Strengthening* Increase capacity of partners and HIV/AIDS prevention for out-of-school youth	Pemba	34,039,950
special	ZNZ 013 CL1	Zanzibar International Film Festival (ZIFF)	Minimising risk of infection of HIV / AIDS of Nungwi residents through Advocacy and Preventive Interventions	*Research, Prevention, Advocacy,IEC,BCC Materials* Field study to determine existence of sexual risk behaviour	Nungwi	35,992,950

5.7 Appendix 7 - Terms of Reference

Final Draft 23-Nov-06

1. Introduction

The Rapid Funding Envelope for HIV/AIDS (RFE) is a Tanzanian grant mechanism funded by a group of bi-lateral donors and governed by a Steering Committee including representatives of the Tanzania AIDS Commission, the Zanzibar AIDS Commission as well as the donors. After four years of operation the Steering Committee, on behalf of the Government of Tanzania and the pooling partners, wishes to conduct an external review of the RFE in order to assess the achievements, performance, structure, and relevance in today's context and to propose options for the future.

2. Government Response to HIV-AIDS

By enacting a National Policy on HIV/AIDS (2001), establishing a multisectoral Tanzania Commission for HIV/AIDS (TACAIDS) for strategic leadership and coordination on the mainland as well as a Zanzibar AIDS Commission (ZAC) for the islands, and defining a National Multisectoral AIDS Strategic Framework (NMSF, 2003-2007) the Tanzanian Government has clearly demonstrated its commitment to a multi-sectoral national response.

As preparation for the development of the next NMSF (2007-2012), a mid-term evaluation of the present NMSF was recently undertaken which provided critical input into the second Joint NMSF Review (Feb 06) involving many stakeholders This review highlighted some clear achievements:

- the commitment of the top level government remains high,
- the funding has increased from 16 (2002) to 381 (2005) billion TShs
- the three ones are in place – one coordination structure, one strategic framework and one M&E system,
- the Government has increased its financing (up to ~10% of the overall financing),
- the district comprehensive planning has been enhanced (establishment of Regional Facilitating Agencies and Council Multisectoral AIDS Committees),
- the care and treatment plan has started to be implemented…

The review has also identified some issues which make it difficult to achieve the set targets.

- Despite the top level commitment, the good coordination framework and the high degree of ownership and leadership by TACAIDS, there remains a lack of urgency and commitment in middle management of the Ministries, Departments and Agencies (MDAs), and an insufficient coordination/cooperation between TACAIDS and Key MDAs (health and education).
- The Human Resource Crisis (particularly in the Health Sector) and capacity limitations challenge the sustainability of strategies and activities.
- There is a high sense of readiness at community level which has not been tapped due to low ownership and capacity at the various levels (for instance limited implementation capacities at district level).
- .Although the Government and Development Partners, through the development of a Joint Assistance Strategy (JAST), have committed to further enhance aid effectiveness and to increasingly deliver assistance through the government system, a large share of the funding for HIV/AIDS is channeled outside of the Government system with only a limited predictability (no commitment beyond 2008). This makes it difficult for the GoT to maintain an appropriate balance between the resources put into prevention and those put into care and treatment, and to ensure quality.

3. The Rapid Funding Envelope

In 2002, with the aim of increasing participation of civil society and to strengthen TACAIDS' leadership role in the national HIV/AIDS response, a number of bi-lateral donor agencies and TACAIDS agreed to cooperate in creating a "Rapid Funding Envelope for HIV/AIDS" to support innovative, one-off civil society HIV/AIDS activities.

The Rapid Funding Envelope (RFE) was initially designed as a short-term mechanism to last from 18-24 months, in anticipation of the creation of a more permanent arrangement for funding civil society's work in HIV/AIDS through the World Bank-sponsored Tanzania Multisectoral AIDS Programme (TMAP). Donor agencies[17] and TACAIDS agreed on the initial short-term nature of the RFE and on the implications inherent in managing a short-term grants program (in terms of particular types of activities and organizations eligible for funding, and capacity of subgrantees to absorb and report on funds rapidly and transparently).

RFE was to allow TACAIDS and ZAC to:

- Send a positive signal to Civil Society Organisations (CSOs),
- Test the absorptive capacity of experienced CSOs to deliver HIV/AIDS interventions effectively,
- Learn about grant-making process and in particular, outsourcing financial and grants management,
- Provide TACAIDS Commissioners and ZAC directors with governance and grants management experience.

RFE was to allow donor agencies to:

- Work effectively with TACAIDS, ZAC and civil society,
- Increase coordination of and funding for HIV/AIDS interventions,
- Achieve impact with minimal administrative burden and funds risk,
- Test the conditions for establishment of a long-term mechanism to fund civil society's participation in the national response to HIV/AIDS.

RFE was to allow CSO grantees to:

- Implement projects sooner rather than later,
- Gain experience in proposal writing,
- Improve project coordination and management skills,
- Build partnerships with other CSOs,
- Test and gain experience and lessons learned on innovative HIV-AIDS interventions,
- Provide needed services and products to clients and beneficiaries in selected areas

The RFE was approved by the bi-lateral donors in July 2002. USAID Tanzania proposed to finance the management costs of the mechanism and Deloitte & Touche Tanzania were selected as grants managers. Management Sciences for Health, an American NGO, was maintained as technical advisor following its initial design of the RFE. These two contractors work in partnership to manage the RFE, conduct grant making, and provide staff support to the Steering Committee.
The RFE has been working formally since October 2002. It has, to date, conducted seven rounds of grant making and approved $11.2 million for 78 Projects.
A review conducted in October 2004[18] recommended extending the RFE for a further two years with the same organizational set up and same level of and criteria for funding CSOs. The review recommended also that the RFE role and longer term institutional arrangements be reviewed in

[17] Canadian International Development Agency(CIDA), DANIDA, Embassy of Finland; Embassy of Norway; Irish Aid (formally Development Cooperation Ireland); Royal Netherlands Embassy; Swiss Agency for Development and Cooperation(SDC); United States Agency for International Development (USAID/Tanzania) + since 2004: Bernard van Leer Foundation and United Kingdom's Department for International Development (DFID)

[18] Review of the Rapid Funding Envelope (RFE) for HIV/AIDS, 18-29 October 2004, Kathy Attawel and Georgia Mutagahywa

2006 in order to reassess the funding context and the potential to adjust the present mechanism or shift to another institutional set up.

4. Second External Review of the RFE

4.1. Objectives of the review and specific issues

The objectives of this second review are:

1. To assess the **performance** (effectiveness and efficiency) of RFE as a funding mechanism in relation to strengthening the national, district and community response to HIV/AIDS.
   Specific issues
   a. Is RFE still rapid, transparent, user friendly, responsive to the needs and well managed (financial and operational management => role of Deloitte and Touche and MSH)?
   b. Have the areas for improvement identified during the previous review been addressed?
      - communication and dissemination of information,
      - linkage with other funding mechanisms in order to avoid overlap,
      - sharing experience on grant management and outsourcing with TACAIDS,
      - putting more emphasis on partnership,
      - being proactive to expand geographical range and diversity of application,
      - selection short term activities with longer terms effects.
   c. Is RFE still contributing to innovative approaches, reaching groups that are difficult to reach, reinforcing the CSOs and allowing scaling up of their activities?
   d. Does RFE reach to the different levels (national, regional, district, community)?
   e. What important lessons have been learned from projects supported by RFE (influence at policy or strategy level)?

2. To assess the **relevance** of RFE in the present context, identify/validate whether RFE still fills a niche and determine whether it will continue to do so in the foreseeable future,
   Specific issues
   a. Has the position and specificity of the RFE changed given the HIV/AIDS financing context and changing aid environment (JAST) in Tanzania?
   b. What is the relation between the RFE and other existing funding mechanisms (CARF, CSF, GFATM…)?
   c. What is the present absorption capacity of large and medium Tanzanian CSOs (from the point of view of CSOs and of Donors) ?
   d. Are the services offered by Deloitte and Touche as well as by MSH responding to the needs of the CSOs ? If not what, else would be necessary ?
   e. Are RFE criteria for CSO selection and the four areas of focus still adequate or do they need to be adjusted (eg in relation to Mkukuta/NMSF, gender, HIV/AIDS mainstreaming, governance)?
   f. Is the length of funding period still relevant, or should this be adjusted? Further, should the type of funding be altered in the context of aid effectiveness (ie could the RFE join a basket funding a CSO strategic plan, and use the reporting requirements of that basket as opposed to its own?)

3. To analyze, review and make recommendations for the RFE Institutional arrangements in the medium to longer-term. The Consultants should recommend two options which appear the most appropriate taking into consideration the current set-up, proposals made by the previous review, and any possible other options as identified during the evaluation.

   Specific issues
   a. What are the benefits of RFE for TACAIDS and ZAC? How do they perceive their role (at present and in the future) with respect to RFE?
   b. Do TACAIDS and ZAC consider that the RFE supports the national priorities and contributes to the national response to the epidemic?
   c. Which of the different options envisaged by the previous review are still relevant?

d. Are there, in today's context, new options to be considered for longer term institutional arrangements? (considering for instance the fact that TMAP funds are to be put into the GBS beyond July 2008)
e. Should support for the RFE be broadened to include international foundations/private philanthropy and Tanzanian philanthropy?
f. Should the RFE include a capacity building element – either within the existing structure or through a partnership with a capacity building organization?
g. What are the pros and cons of each and every option?
h. What can RFE learn from the Foundation for Civil Society (FCS) which is also a granting mechanism targeting CSO? (in particular, the different levels of grants for different types of CSO)
i. What elements of the FCS can RFE build on in its new structure?
j. For the proposed options what would be the governance arrangement?
k. How can the costs of managing the RFE be covered in the long run?

4. Conclusions and Recommendations
The Reviewers should draw conclusions about the place, role and performance of the RFE. They should make specific recommendations and propose options for the immediate future as well as for the medium term. If the need for a rapid funding mechanism of CSOs appears to remain in the present context, what areas of performance need to be improved and how might these improvements be brought about? What changes would be necessary in the case of the two options for long term RFE management (include a brief analysis of strengths and weaknesses of each scenario)?

4.2. Methodology
The consultants will review the literature on the HIV-AIDS response in Tanzania, the RFE project (including the recent audit report) and other relevant funding mechanisms. They will conduct interviews and focus-group discussions with the different stakeholders from the Government, development partners using different aid modalities (including those giving only GBS), Deloitte and Touche, MSH and CSOs (beneficiaries and non beneficiaries). They will visit at least three projects (in and outside Dar-es-Salaam). The consultants will present the preliminary results of the review to the RFE Steering Committee (or subgroup) for comments. They will then hold a debriefing for all RFE donors and staff, TACAIDS representatives, ZAC representatives and invited observers.

4.3. Deliverables
1. A debriefing session for the presentation and discussion of the preliminary draft results, major conclusions and recommendations (logistics to be arranged by RFE Steering Committee).
2. Within 2 weeks from the debriefing, a draft report submitted to the stakeholders for comments and suggestions.
3. A final report (max. 15-20 pages plus annexes) to be sent to the RFE Steering Committee (date will be specified in the contract). The annexes should include a list of documents consulted and persons interviewed, as well as the PowerPoint presentation used for the debriefing, but material from the RFE should not be attached. The report should be delivered in 5 paper copies and a virus-free electronic (email, CD) version in an appropriate computer software.

4.4. Time frame and human resources
The assessment is to take place over a period of 15 days, and shall be completed no later than March 2007.
The assessment team will be composed of two to three consultants, including at least one national and one international, with field experience as well as institutional/organizational expertise.

4.5. Qualifications

Two/three consultants will be required, including Tanzanian and Regional/International in a gender balanced team.

The following experiences and competences are expected to be provided in the team:

- Senior program management experience in public health or related development field;
- At least one consultant to have 5+ years experience with development assistance (in Tanzania or elsewhere);
- At least one consultant to have 2+ years experience with HIV/AIDS programs and preferably with the Tanzania national response to HIV/AIDS;
- Familiarity/experience with CSOs working in the field of HIV-AIDS
- Knowledge of the Tanzanian context (policy and strategies, stakeholders….)
- Experience with different funding mechanisms and management of complex programmes (incl. fund management, technical and organisational support…)
- Preference for consultants who have managed donor funded programs, experience with bi-lateral/multi-lateral donors, experience with civil society organizations;
- Methodological competences (FGD), technical writing expertise;
- Social science, finance, business, health or related training at Masters level or above;
- Fluent in English, at least 1 consultant to be conversant in Swahili.

To avoid conflict of interest, consultants may not be connected professionally or personally with any of the RFE grantee institutions, Deloitte & Touche or MSH.

5.8 Appendix 8 - PEPFAR partners and amounts funded in 2006

Prime Partner:	**Academy for Educational Development**
Obligated FY06 Funds:	$1,000,000
Program Areas:	Abstinence/Be Faithful Condoms and Other Prevention

Prime Partner:	**African Medical and Research Foundation**
Obligated FY06 Funds:	$463,366
Program Areas:	Laboratory Infrastructure
Sub-Partners:	African Inland Church of Tanzania, Shinyanga (Isaka and Nzega) African Inland Church of Tanzania, Shinyanga VCT Centre Aga Khan Health Centre Mwanza Aga Khan Medical Centre Morogoro Al Jumaa Mosque Charitable Health Centre Biharamulo Designated District Hospital PMTCT Centre Biharamulo Roman Catholic VCT Centre Bulongwa Lutheran Hospital Bunda Designated District Hospital Bunda Designated District Hospital PMTCT Centre Chumbageni VCT Centre, Tanga Faraja Hope VCT Centre Tukuyu Iambi Hospital VCT Centre Ilembula PMTCT Centre Iringa Municipal Centre Karagwe VCT Site Katandala Health Centre VCT Centre Kazilankanda Dispensary VCT Centre Kigoma Clinic VCT Centre Kilimanjaro Christian Medical Centre Kilimatinde VCT Centre Kyela VCT Centre Lindi Town Council Machame Hospital Mackay Annex VCT Site Dodoma Mafinga VCT Centre Magomeni Health Centre Makambako VCT Site Makete VCT Centre Makongoro Health Centre Marangu Hospital Matumaini VCT Centre Kanisa la Menonite Tanzania Mbozi Mission Hospital VCT Centre Mnazi Mmoja Health Centre Moravian Church, Tanzania Muhimbili Health Information Centre Mvumi Hospital VCT Centre Mwambani Hospital VCT Centre Mwananyamala Youth Centre Mwanga Evangelical Lutheran Church of Tanzania Health Centre VCT Centre Ndolage Town Dispensary VCT Centre Bukoba Ngara Voluntary Counseling & Testing Site Njombe VCT Centre Evangelical Lutheran Church of Tanzania Diocese Nyakahanga Designated District Hospital Nyangao Hospital VCT Centre Peramiho PMTCT Centre Peramiho VCT Centre Songea Seventh Day Adventist Makao Mapya VCT Site Arusha

	Sokoine VCT Centre Singida Songea Town Council Sumbawanga Municipal Council Tumaini VCT Centre Korogwe Tumaini VCT Centre Tarime Tunduma Holy Family Health Centre VCT Site Uhai Baptist Centre Mbeya Upendo African Inland Church of Tanzania VCT Site Mwanza Uviwana Dispensary (& VCT Centre) Uzima VCT Centre
Prime Partner:	**American Society of Clinical Pathology**
Obligated FY06 Funds:	$269,710
Program Areas:	Laboratory Infrastructure
Prime Partner:	**Association of Public Health Laboratories**
Obligated FY06 Funds:	$200,000
Program Areas:	Laboratory Infrastructure
Prime Partner:	**Bugando Medical Centre**
Obligated FY06 Funds:	$300,000
Program Areas:	Treatment: ARV Services
Prime Partner:	**CARE International**
Obligated FY06 Funds:	$2,200,000
Program Areas:	Palliative Care: Basic Health Care and Support
Sub-Partners:	Africare
Prime Partner:	**Central Contraceptive Procurement**
Obligated FY06 Funds:	$1,200,000
Program Areas:	Condoms and Other Prevention
Prime Partner:	**Clinical and Laboratory Standards Institute**
Obligated FY06 Funds:	$195,776
Program Areas:	Laboratory Infrastructure
Prime Partner:	**Columbia University**
Obligated FY06 Funds:	$1,600,000
Program Areas:	Treatment: ARV Services
Prime Partner:	**Crown Agents**
Obligated FY06 Funds:	$439,598
Program Areas:	Counseling and Testing
Prime Partner:	**Deloitte Touche Tohmatsu**
Obligated FY06 Funds:	$500,000
Program Areas:	Palliative Care: Basic Health Care and Support OVC
Prime Partner:	**Elizabeth Glaser Pediatric AIDS Foundation**
Obligated FY06 Funds:	$4,700,000

Program Areas:	PMTCT Treatment: ARV Services
Sub-Partners:	Anglican Church of Tanzania EngenderHealth Igunga District Council Kilimanjaro Christian Medical Centre Masasi District Council Newala District Hospital Nkinga Mission Hospital Nzega District Hospital Tandahimba District Council The Moravian Board of World Mission Urambo District Council Uyui District Council

Prime Partner:	**Family Health International**
Obligated FY06 Funds:	$2,350,000
Program Areas:	Abstinence/Be Faithful Condoms and Other Prevention
Sub-Partners:	African Medical and Research Foundation Christian Council of Tanzania Dar es Salaam Regional Vocational Training and Service Centre Dhi Nureyn Islamic Foundation Diocese of Njombe Economic Development Organization for Rural Women in Tanzania Evangelical Lutheran Church in Tanzania - Southern Diocese Evangelical Lutheran Church of Tanzania Southern Diocese Family Life Action Trust Iringa Development of Youth Disabled and Children Care Mufindi Education Trust Students Partnership Worldwide Tanzania 4H Usawa Group

Prime Partner:	**IntraHealth International, Inc**
Obligated FY06 Funds:	$1,285,238
Program Areas:	Counseling and Testing Other/Policy Analysis and System Strengthening

Prime Partner:	**JHPIEGO**
Obligated FY06 Funds:	$200,000
Program Areas:	Other/Policy Analysis and System Strengthening

Prime Partner:	**Macro International**
Obligated FY06 Funds:	$300,000
Program Areas:	Strategic Information

Prime Partner:	**Management Sciences for Health**
Obligated FY06 Funds:	$1,309,750
Program Areas:	Treatment: ARV Drugs Other/Policy Analysis and System Strengthening

Prime Partner:	**Ministry of Education and Culture, Tanzania**
Obligated FY06 Funds:	$300,000
Program Areas:	Abstinence/Be Faithful

Prime Partner:	**Ministry of Health - Zanzibar, Tanzania**
Obligated FY06 Funds:	$849,915
Program Areas:	PMTCT Treatment: ARV Services Strategic Information

Prime Partner:	**Ministry of Health and Social Welfare Tanzania**
Obligated FY06 Funds:	$1,390,000
Program Areas:	PMTCT Injection Safety Laboratory Infrastructure

Prime Partner:	**Mnazi Mmoja Referral Hospital**
Obligated FY06 Funds:	$202,440
Program Areas:	Treatment: ARV Services

Prime Partner:	**National AIDS Control Program Tanzania**
Obligated FY06 Funds:	$1,250,000
Program Areas:	Abstinence/Be Faithful Condoms and Other Prevention Counseling and Testing Treatment: ARV Services

Prime Partner:	**National Institute for Medical Research**
Obligated FY06 Funds:	$1,211,292
Program Areas:	Laboratory Infrastructure Other/Policy Analysis and System Strengthening

Prime Partner:	**National Tuberculosis and Leprosy Control Program**
Obligated FY06 Funds:	$600,000
Program Areas:	Palliative Care: TB/HIV

Prime Partner:	**Partnership for Supply Chain Management**
Obligated FY06 Funds:	$14,293,966
Program Areas:	Treatment: ARV Drugs

Prime Partner:	**Program for Appropriate Technology in Health**
Obligated FY06 Funds:	$550,000
Program Areas:	Palliative Care: TB/HIV

Prime Partner:	**Regional Procurement Support Office/Frankfurt**
Obligated FY06 Funds:	$1,325,515
Program Areas:	Blood Safety Laboratory Infrastructure

Prime Partner:	**Rukwa Regional Medical Office**
Obligated FY06 Funds:	$25,000
Program Areas:	PMTCT

Prime Partner:	**Ruvuma Regional Medical Office**

Obligated FY06 Funds:	$25,000
Program Areas:	PMTCT

Prime Partner:	**The Futures Group International**
Obligated FY06 Funds:	$925,000
Program Areas:	Other/Policy Analysis and System Strengthening
Sub-Partners:	Africa Alive Tanzania Anti-Female Genital Mutilation Network Association of Journalists against HIV/AIDS in Tanzania Christian Council of Tanzania Legal And Human Rights Centre National Muslim Council of Tanzania State University of New York

Prime Partner:	**University of Medicine and Dentistry, New Jersey**
Obligated FY06 Funds:	$500,000
Program Areas:	PMTCT

Prime Partner:	**University of North Carolina, Carolina Population Center**
Obligated FY06 Funds:	$800,000
Program Areas:	Strategic Information

Prime Partner:	**University Research Corporation, LLC**
Obligated FY06 Funds:	$1,058,750
Program Areas:	PMTCT Treatment: ARV Services

Prime Partner:	**US Agency for International Development**
Obligated FY06 Funds:	$140,200
Program Areas:	Management and Staffing

Prime Partner:	**US Centers for Disease Control and Prevention**
Obligated FY06 Funds:	$4,286,832
Program Areas:	PMTCT Abstinence/Be Faithful Blood Safety Palliative Care: Basic Health Care and Support Palliative Care: TB/HIV Counseling and Testing Treatment: ARV Services Laboratory Infrastructure Strategic Information Other/Policy Analysis and System Strengthening Management and Staffing

Prime Partner:	**US Department of State**
Obligated FY06 Funds:	$50,712
Program Areas:	Management and Staffing

5.9 Appendix 9 – Brief Background to the Foundation for Civil Society

The following are extracts taken from the Foundation for Civil Society Application Pack to provide some background information:

'The Foundation for Civil Society (The Foundation) is an independent Tanzanian organisation established as a non-profit company, supported and funded by a group of like-minded development partners in Tanzania and governed by an independent board'

Its Vision is:

'To become a sustainable model of excellence that contributes to the development of a vibrant, creative, imaginative and effective civil society that enables citizens to engage in the democratic process, promote human rights and contribute to poverty reduction and a better quality of life for all Tanzanians.'

Its Mission is:

'To provides grants and other capacity building support to civil society organisations to enable citizens, including the vulnerable and poor (economically disadvantaged) to:

- Access information and understand their rights, laws and policies;
- Engage effectively in policy monitoring and dialogue on poverty reduction;
- Contribute to social development and to constructively hold the Government and private sectors to account on matters of social development'

What the Foundation for Civil Society Supports

'The Foundation for Civil Society will support applications for a wide variety of activities that are of particular relevance to the poor and vulnerable, and fall clearly into one of the following thematic areas:'

- Participation in Policy Development and Implementation (Policy)
- Enhancing Good Governance and Civic Rights (Governance)
- Promotion of Safety Nets and Support to the Vulnerable (Safety Nets)
- Strengthening Lobbying, Advocacy and Networking Abilities of CSOs (Advocacy Strengthening)

It is primarily under the thematic area of 'Safety Nets' where there is significant cross over with the RFE and in 2005, over 70% of the projects funded in this thematic area were HIV/AIDS related.

Donors of the Foundation for Civil Society include; DFID, CIDA, RNE, DANIDA, Ireland Aid and SDC, all of whom also support the RFE.