

**FUNDING FOR CIVIL SOCIETY RESPONSES TO
HIV/AIDS IN TANZANIA:
STATUS, PROBLEMS, POSSIBILITIES**



Kevin Kelly & Karen Birdsall

Centre for AIDS Development, Research and Evaluation
Johannesburg, South Africa
www.cadre.org.za

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Abbreviations and acronyms

CARF	Community HIV/AIDS Response Fund
CBO	Community-based Organisation
CCM	Country Coordinating Mechanism
CHAI	Clinton HIV/AIDS Initiative
CMAC	Multisectoral HIV/AIDS Committee
CSO	Civil Society Organisation
DACC	District AIDS Control Coordinator
DFID	Department for International Development
DPG	Development Partners Group
FBO	Faith-based Organisation
FCS	Foundation for Civil Society
GTZ	Gesellschaft für technische Zusammenarbeit
HBC	Home-based Care
INGO	International Non-Governmental Organisations
JAST	Joint Assistance Strategy for Tanzania
LGAs	Local Government Authorities
MKUKUTA	Mkakati wa Kukuza Uchumi na Kuondoa Umaskini Tanzania
MoH	Ministry of Health
MTP	Medium Term Plan
M&E	Monitoring and Evaluation
NAC	National AIDS Committee
NACP	National AIDS Control Program
NGO	Non-governmental Organisation
NMSF	National Multisectoral Strategic Framework
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
RACC	Regional AIDS Control Coordinator
RFA	Regional Facilitating Agency
RFE	Rapid Funding Envelope
SAT	Southern African AIDS Trust
SATF	Social Action Trust Fund
STD	Sexually Transmitted Disease
TACAIDS	Tanzania Commission for AIDS
TACs	Technical AIDS Committees
TANGO	Tanzania Association of Non-Governmental Organisations
TANOPHA	Tanzania Network of Organisations of PHAs
TANEPHA	Tanzania National Network of People with HIV/AIDS
TAP	Tanzania AIDS Project
TASAF	Tanzania Social Action Fund
TMAP	Tanzania Multicountry AIDS Program
TNCM	Tanzania National Coordinating Mechanism
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
ZAC	Zanzibar AIDS Commission

SUMMARY

This report presents the findings from a review of the funding environment in Tanzania from the perspective of local civil society organisations (CSOs) working on HIV/AIDS.

Fieldwork for the review was conducted in October and November 2007. A detailed case study was undertaken of a Tanzanian non-governmental organisation (NGO) based in Morogoro, and interviews were conducted with 18 respondents from civil society bodies, donor and international institutions, and international NGOs in Dar es Salaam. A review of literature and documentation pertaining to funding and support for civil society responses to HIV/AIDS was also undertaken.

The report addresses the role of civil society organisations in Tanzania's HIV/AIDS response, with attention to the evolution and growth of CSO involvement in HIV/AIDS and the civil society structures that seek to coordinate and support local responses to the epidemic. It explores the position of civil society within the HIV/AIDS funding environment in Tanzania, reviewing the major sources of funding for AIDS response in the country, the mechanisms used to support civil society initiatives, and the way in which support for civil society activity is incorporated into donor funding portfolios. Attention is also paid to the aid harmonisation processes underway in Tanzania and the implications of these for donor funding modalities in respect to support for HIV/AIDS.

The report then discusses the 'funding effects' of the present funding environment on Tanzanian civil society organisations seeking to resource their HIV-related work. It considers the impact of this environment on the development of Tanzanian responses to AIDS, the availability of resources to support local CSOs' work, and the suitability of these mechanisms for growing and developing more sustained civil society responses. It concludes with reflections on how civil society might work to strengthen its own effectiveness in AIDS responses in Tanzania, as well as how funding relationships and mechanisms could be re-oriented to build upon civil society's natural assets and inherent strengths.

PART 1 – INTRODUCTION AND OVERVIEW

1. Introduction

Background

Civil society organisations (CSOs) have become a mainstay of HIV/AIDS responses in Tanzania and have been so since the early 1990s. They take many forms, from community-based organisations (CBOs) such as support groups and income-generating projects, to large-scale, professional non-governmental organisations (NGOs) that work at a national scale. CSOs in Tanzania also include international NGOs. Despite all this activity, there has been little work done to categorise and take response of the scope and scale of CSOs' work in HIV/AIDS responses.

CSOs have often been referred to as pioneers of local-level responses to HIV/AIDS, bringing innovative approaches to HIV prevention, care and support in affected communities and mobilising around the rights of people living with HIV/AIDS. More recently, they have come to be seen as partners in national HIV/AIDS programmes, acting as bridges between communities and national or international resources and frameworks.

The way that CSOs interact with each other, with government and with donors is subject to national and international influences. It is important to understand the influences at work, including local economic and political trends that shape relationships with government and donor-government relations, as well as macro trends that affect donor funding modalities.

Over the past five years, there have been significant increases in funding for HIV/AIDS, as well as critical shifts in the way that international development assistance is conceived of and delivered. Changes include increasingly coordinated national HIV/AIDS interventions, greater national ownership and control over development assistance, and better harmonisation of donor activity at country level. These trends potentially have important implications for CSOs in terms of how they access, utilise, and report on funding for HIV/AIDS and other development issues. However these impacts have largely not been documented. "As the recent initiatives for direct, government to government development aid are implemented...it remains to be seen how NGOs will be affected or will respond."¹

This study represents an attempt to review current funding developments from the perspective of HIV/AIDS civil society actors in Tanzania. There have been no comparable analyses undertaken of the funding environment in Tanzania.

This is a companion to a case study document which focuses on The Faraja Trust, a civil society organisation based in Morogoro which over a period of 17 years has striven to develop community-based responses to HIV/AIDS. This case study exemplifies the changing nature of HIV/AIDS response in Tanzania and the successful contribution of The Faraja Trust to the town of Morogoro and its surrounding areas, but also points to the need to shape funding mechanisms such that they are more supportive of community initiatives. It is a case study which exemplifies many of the points made in the current document. It draws attention to the work of The Faraja Trust and shows the tensions between what civil society can contribute to HIV/AIDS responses, on the one hand, and the existing models for civil society funding, which are not conducive to supporting comprehensive, developmental responses, on the other.

¹ REPOA (2007, p. xii).

Objectives of the review

- To provide an overview of the development, growth and current status of civil society responses to HIV/AIDS in Tanzania²;
- To provide an overview of the funding environment for civil society responses to HIV/AIDS;
- To identify key features of the funding environment and their effects on the development and sustainability of civil society responses to HIV/AIDS;
- To develop an understanding, based on the views of civil society representatives and the perspective of civil society initiatives, of ways of better supporting responses to HIV/AIDS;
- To write a report on the work which will inform and stimulate public discourse, particularly amongst local NGOs and international donors, on the impact of the current HIV/AIDS funding architecture in Tanzania and in the region as a whole; and
- To present the document for discussion by Tanzania's civil society leadership.

Methodology of review process

Literature search and review

A bibliographic search was conducted for literature pertaining to civil society funding and support in Tanzania. This included documents on the development of civil society in Tanzania, civil society responses to HIV/AIDS, national HIV/AIDS funding mechanisms and the evolution of international funding modalities.

Data was also collected on the funding portfolios of some of the largest HIV/AIDS donors in Tanzania, with an eye to understanding how support to civil society is incorporated into current funding modalities. Sources of information included programme documents, annual reports, operational plans, country summary documents, evaluation documents and grant performance summaries. The comprehensiveness of the funding information available differed strongly from donor to donor, and in most cases it was possible to develop only a general picture of donors' HIV/AIDS funding patterns from this publicly available information.

Fieldwork

Three fieldwork visits were undertaken between September and November 2007.

Five days were spent in Morogoro, closely assessing the funding context from the perspective of a well-established community-based civil society organisation, The Faraja Trust. During this period meetings were held with the staff and management of the Trust as well as other community based HIV/AIDS responses in and around Morogoro.

Following this the researchers focused on the national picture of the HIV/AIDS funding environment in Tanzania, and the experiences of Tanzanian CSOs in working within this environment. Eighteen interviews were conducted with representatives of a range of civil society organisations and interests, as well as organisations involved in providing funding or other support to civil society. (See Appendix 1 for list of interviewees.)

On November 30, 2007, initial findings from the research were presented to a group of 12 key civil society leaders (see Appendix 2) and others involved with HIV/AIDS response in Tanzania. This involved a discussion on the current funding environment and its impact on civil society responses to this. Discussions at this meeting further shaped the findings.

The final findings of the report were presented to the 2008 AGM of the Tanzania AIDS Forum in Bagamoyo. Following this meeting this final version of the report was prepared.

² CIVICUS (no date) speaks of the civil society 'arena', which includes not only civil society organisations and actions, but also a contextualised and embedded understanding of the wider social and political context in which civil society is evolving.

Limitations

1. The research specifically sets out to cover civil society perspectives on the current funding environment. The information collected has largely covered the relationships between the donor community and civil society, and although official structures and processes related to civil society funding have been discussed, the manuscript does not purport to represent government views per se.
2. This review only applies to the Tanzanian mainland.
3. The case study work reported on is limited to Morogoro and Dar es Salaam, although extensive literature dealing with other areas has been reviewed and included, and respondents based in Dar es Salaam have spoken about work conducted throughout the country, increasing the relevance of the work.
4. A number of respondents are cited below without being named, as they chose to speak 'off the record' to avoid the risk of being incorrectly cited and also so that they could engage in reflections without any assumption that they are reflecting an official point of view, in areas where there may not be an official position already established.

2. Outline of national HIV/AIDS response

Tanzania's national response to HIV/AIDS has followed a similar evolution to that of other sub-Saharan African countries.

It began in the mid-1980s with the establishment of an AIDS Task Force within the Ministry of Health (MoH). The first medium-term plan (MTP-I) was developed in the late 1980s; this marked the introduction of a 'decentralised' national response, with the creation of regional and district-level HIV/AIDS focal points (coordinators). A National AIDS Control Program (NACP) was created within the MoH in 1988.

The review of MTP-I concluded that the national response was highly vertical in structure, and that the health sector was dominating the response to HIV/AIDS and acting on behalf of other sectors. The second medium term plan (MTP-II, 1992-1996) focused more attention on decentralisation, multisectoralism, community mobilisation, and the engagement of other stakeholders, including from within civil society. Although still driven by the NACP in the MoH, the national response began to include greater roles for non-health and non-governmental actors.³

Under the MTP-III (1998-2002), Technical AIDS Committees (TACs) were formed within all public institutions in the country to ensure that HIV/AIDS was being addressed across sectors. The focus of the national HIV/AIDS response was also expanded to cover 11 key areas.⁴

The current strategic framework for HIV/AIDS response in (mainland) Tanzania is the National HIV/AIDS Multisectoral Strategic Framework (NMSF), which was launched in 2003.⁵ All HIV/AIDS response activities in Tanzania are meant to be aligned to the NMSF.⁶

HIV/AIDS has also been integrated into the country's medium and long-term development frameworks, including the National Strategy for Growth and Reduction of Poverty (MKUKUTA).⁷

Despite efforts towards promoting multisectoral response under the leadership of the NACP/MoH, by the early 2000s it was determined that responsibility for coordinating the national response needed to be vested in an independent institution located outside the

³ NACP website.

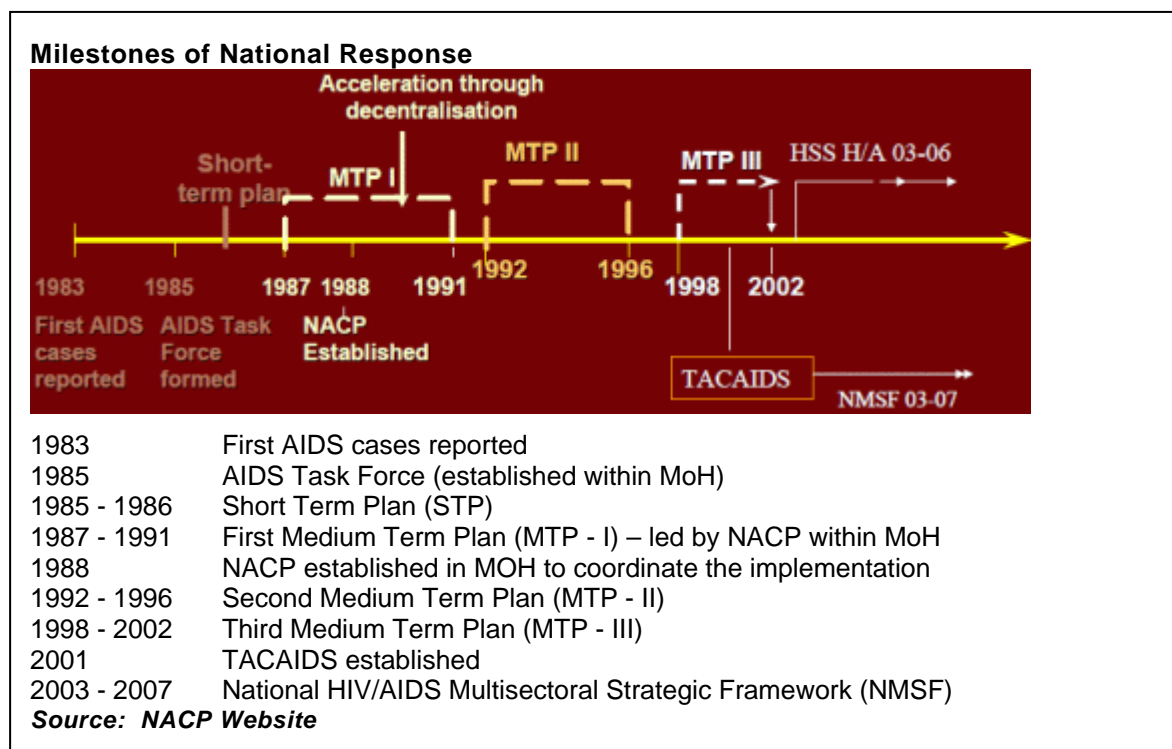
⁴ NACP website.

⁵ Zanzibar has its own strategic framework.

⁶ (2005). *Rapid Assessment of the Implementation of the Three Ones Initiative in Tanzania*.

⁷ TACAIDS (2006).

Ministry of Health. The Tanzania Commission for AIDS (TACAIDS) was established in 2001 by an Act of Parliament and was located under the Prime Minister's office.⁸ Its roles and functions were to include policy formulation, coordination of national multisectoral response, M&E, advocacy, partnerships, and community mobilisation.⁹



The NACP remains the technical advisory and implementing arm for health interventions under MoH. Its specific responsibilities are implementation of health sector prevention and care activities (sexually transmitted disease (STD) services, home-based care (HBC), hospital care, blood safety, public health education, voluntary counselling and testing (VCT)), research coordination, epidemiological surveillance, procurement and distribution of supplies, and technical support to other sectors.¹⁰

TACAIDS is now seen as the recognised coordinating agency for HIV/AIDS response on mainland Tanzania. It is comprised of a full-time staff and a Board of Commissioners, who serve three-year terms and represent various constituencies including the private sector and civil society. Although at the time that TACAIDS was established it was not envisioned that TACAIDS would become directly involved with financing the multisectoral response, over time its mandate in this regard has extended to overseeing Regional Facilitating Agencies (RFAs) that provide technical support in building the capacity of Multisectoral AIDS Committees at district, council and village levels.¹¹

Another key coordinating structure is the Tanzanian National Coordinating Mechanism (TNCM), which acts as the Country Coordinating Mechanism (CCM) for the Global Fund and also manages elements of other streams of external funding – e.g. US President's

⁸ TACAIDS is comprised of a 10-person Board of Commissioners, each serving three-year terms, who represent various social groupings and the private sector. Their responsibilities include: 1) formulate policy guidelines and strategies; 2) mobilize, disburse and monitor resources to ensure equitable distribution; 3) promote high-level advocacy; 4) disseminate and share information for AIDS control. (2005). *Rapid Assessment of the Implementation of the Three Ones Initiative in Tanzania*.

⁹ (2005). *Rapid Assessment of the Implementation of the Three Ones Initiative in Tanzania*.

¹⁰ NACP website.

¹¹ UNAIDS (2007).

Emergency Plan for AIDS Relief (PEPFAR) and Tanzania Multicountry AIDS Program (TMAP).¹² By the account of one of the international partners interviewed it is difficult to approach and engage with this mechanism.

The 2006 UNGASS report notes that the strategic environment for HIV/AIDS response in Tanzania is 'conducive.' It is characterised by high levels of donor support, a policy and strategic support framework, growing budgetary allocations, and political stability.

The 2007 UNGASS report¹³ notes challenges to HIV/AIDS response which include a number which can only be addressed through local level initiatives. However, insufficient human resources continue to compromise the quality and availability of services at all levels, but especially at local level. Limited coordination capacity at district and lower levels has also resulted in scattered interventions that are ineffective in bringing about desired changes.

Although local government is seen as the agency for effecting local level initiatives, ultimately the engagement can only come from civil society organisations with local government serving coordination and ultimately funding conduit functions¹⁴. We now turn to civil society responses to HIV/AIDS.

¹² UNAIDS (2007).

¹³ TACAIDS (2008).

¹⁴ Tanzania Public Expenditure Review (2006).

PART 2 – CIVIL SOCIETY RESPONSES TO HIV/AIDS

1. Civil society in Tanzania

There has been much said and written about the role of the state in development in Tanzania. Government policies in the 1960s and 1970s firmly exercised a state vision for social organisation and development. In this vision there was relatively little space for the non-governmental organisation, at least in the sense of being an independent social force outside of government.

National and international non-state organisations¹⁵ in Tanzania were in this context largely “surrogates of the state”¹⁶; the concept of the state encompassed the concept of civil society.

Although there is a long history of community-based groups in Tanzania¹⁷, the growth of formally (legally) constituted CSOs was slower than in many other southern and eastern African countries. The growth of CSOs began in the mid-1980s when Tanzania began implementing liberalisation policies.¹⁸ There were only 17 registered NGOs in Tanzania in 1978¹⁹. In the early 1990s this number grew to about 200 registered NGOs²⁰ and reached 813 by 1994²¹. The growth of NGOs in the 1990s was fuelled by transformations in donor funding strategies which increasingly began to channel aid funds through international and locally based NGOs, which were considered to be more efficient and less corrupt, and to operate closer to the poor than government bureaucracies²². As NGOs took up these opportunities their ranks swelled to the point of there being 4,000²³ by 2005. The Foundation for Civil Society²⁴ estimates that there are now between 7,000 and 8,000 NGOs in the country.²⁵

There have recently emerged a number of national organisations, in the form of foundations, councils, coalitions and networks, concerned to coordinate and develop civil society in Tanzania as an independent force for social development and accountability.

The forms of organisations that have emerged may be summarised²⁶ as:

- **Umbrellas/Platforms:** process oriented bodies, focusing on generalised support, coordination and capacity building for civil society organisations which can be made up of networks and/or individual organisations; e.g. Foundation for Civil Society, National Council of Non-governmental Organisations, Tanzanian Association of NGOs²⁷, Tanzania Social Forum, and Tanzania Council for Social Development,²⁸ which can be made up of made up of networks and/or individual organisations.

¹⁵ Jennings (2007) has written about the role of Oxfam in assisting villagisation.

¹⁶ Jennings, R. (2007).

¹⁷ Ingelstam, A. & Karlstedt, C. (2007b).

¹⁸ ECDPM (2005).

¹⁹ Kiondo, A. (1993).

²⁰ Lange, S., Wallevik, A. & Kiondo, A. (2000).

²¹ PMO (1996).

²² REPOA (2007).

²³ Government of Tanzania and UNDP (no date).

²⁴ The Foundation for Civil Society was created by development partners as a national mechanism for managing local funds to CSOs and capacity development.

²⁵ Itemba (2003) estimates 6,000 NGOs in 2003.

²⁶ ECDPM (2005).

²⁷ Founded 1988; current membership is 620 NGOs, with proxy membership (including the member organisations of TANGO members that are themselves associations of organisations) of about 1500.

²⁸ TACOSODE aims at improving capacities of NGOs and CBOs through training facilitating, networking, policy analysis and lobbying and advocacy. In 2007 it had more than 250 CBOs and NGOs as members. TACOSODE receives funding from FCS.

- **Networks**²⁹: with a more restricted membership around a certain theme or area; e.g. Tanzania Gender Networking Programme; TEN/MET (Education); Tanzanian Network of NGOs; and Tanzania Network of Organisations of PHAs (TANOPHA).
- **Individual organisations**: including organisations termed civil society organisations, community-based organisations, faith-based organisations and non-governmental organisations³⁰.

There are also a number of research-oriented organisations fuelling thinking about the development of civil society. Amongst these are Economic and Social Research Foundation³¹ and REPOA (Research On Poverty Alleviation).

The 'First National NGO Forum' was organised by Tanzania Association of NGOs (TANGO) in July 2001. One of the key issues of concern to civil society then, and now, was the NGO Policy which was released by Government in spite of lack of approval by civil society in November 2001. In 2002, in the face of protest, the Tanzania Parliament passed the NGO Act. While the NGO policy reflected the government's recognition of NGOs as partners, the 2002 Act did not, in the view of many civil society actors, create a favourable environment within which they can work³². Debate about these issues continues. The issue of the Act has been notable for mobilising a range of civil society stakeholders to work in unison, which has otherwise been quite uncommon. There is also an NGO Act group which meets to discuss civil society responses to the NGO Act and revisions of the Act.

From the beginning of the development of the Tanzania NGO Policy³³ there were allegations that the government selected people of its choice to participate in discussions. Allegations of this kind are rife in civil society circles, amounting to accusations that the government is determined to harness or co-opt civil society, and for this reason consultative forums are often approached with an attitude of suspicion. A survey³⁴ of Tanzanian NGOs on their perceptions of their relationships with the government and donors finds that in spite of opportunities for government and civil society to interact³⁵, an atmosphere of suspicion and wariness remains.

There have been other landmark events in the development of civil society, notably the 2005 government ban on the education rights organisation HakiElimu from undertaking and publishing further research studies and articles on the Tanzanian education system. This raised questions at the time about the government's attitude to independent civil society and re-energised the view of civil society actors that independence from government is to be safely guarded.

"Recent donor funding strategies are increasingly re-directing development aid to the Government of Tanzania, thereby transferring greater responsibility to the government for the future development of an autonomous civil society." (REPOA, 2007, p.ix)

A survey of NGOs³⁶ in 2005 found that 47% of surveyed organisations had a mixture of service delivery and advocacy functions. A civil society database³⁷ shows that organisations engaged in activism, policy engagement and advocacy tend to be urban-based, while rural-

²⁹ One count lists 16 national networks, but there are likely many more, certainly at the regional and sub-sectoral level (Care International and ActionAid International, 2006).

³⁰ The National Policy on NGOs defines NGOs as "a voluntary grouping of individuals or organisations which is autonomous and not-for-profit sharing; organised locally at the grassroots level, nationally or internationally for the purpose of enhancing the legitimate economic, social and/or cultural development, or lobbying or advocating on issues of public interest or interest of a group of individuals or organisations."

³¹ Established in 1994 as an independent, not-for-profit institution for research and policy analysis.

³² REPOA (2007).

³³ Rwehumbiza, P. (2003).

³⁴ REPOA (2007).

³⁵ Especially during the development of the National Strategy for Growth and Reduction of Poverty (MKUKUTA) in 2003-05.

³⁶ REPOA (2007).

³⁷ Web-portal 'Tanzania Development Gateway', <http://www.tanzaniagateway.org/civilsociety/>

based CSOs are often confined to a service delivery focus. The focus on advocacy versus service delivery is an important point of distinction within civil society formations. It is particularly important in understanding HIV/AIDS CSOs which tend to be more service delivery than advocacy oriented. Within the general health sector, however, civil society reportedly had good representation in the health sector review showing an inclination to interest in macro-level issues³⁸.

Advocacy and policy-oriented CSOs tend to focus on issues of social accountability, ensuring that social policy and practices are effective and deal with underlying social issues and inequities. However, civil society voices are more muted regarding the civil society arena itself, although a number of the umbrella organisations are involved in supporting CSO capacity building.

2. Civil society responses to HIV/AIDS

Growth and evolution

As is the case in other countries in the region³⁹ there appears to have been rampant growth of civil society organisations responding to HIV/AIDS in Tanzania.

There are no national estimates of the number of organisations involved with HIV/AIDS and such an estimate would be bedeviled by problems of definition. HIV/AIDS affects almost all facets of social life and almost any community organisation is likely to have some concern about HIV/AIDS. However, UN estimates are that approximately 10% of Tanzanian CSOs are primarily HIV/AIDS oriented, which probably amounts to about 700 to 800 organisations.⁴⁰

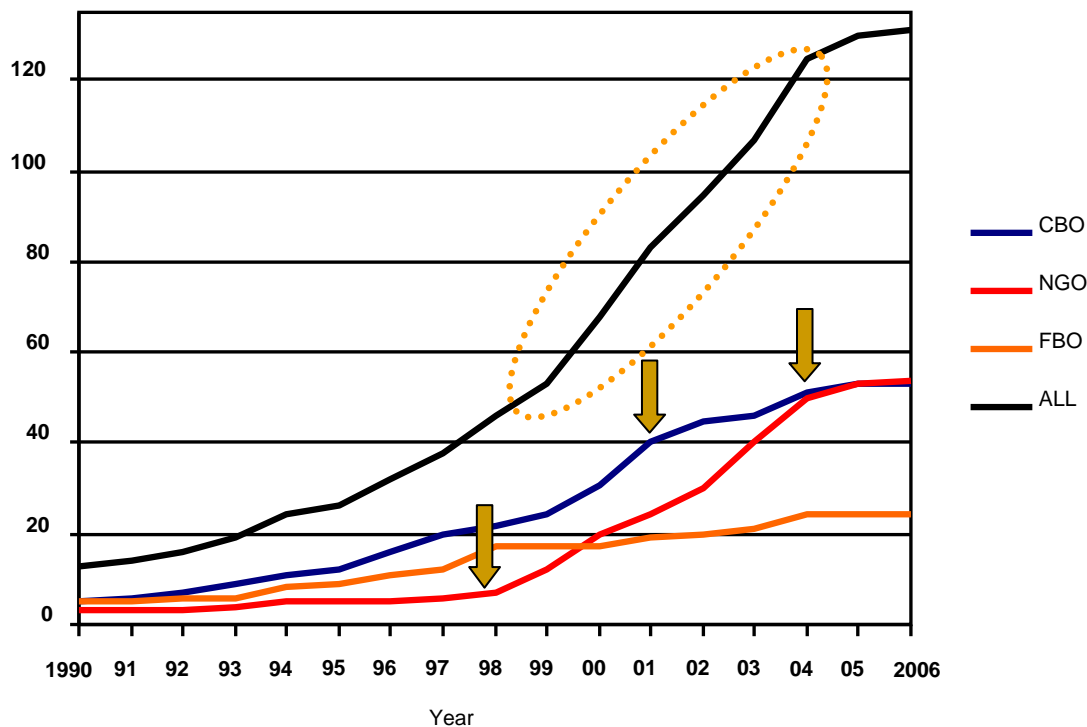
The following chart focuses on one municipality only and indicates that in this municipality the surge in numbers of new CSOs registered occurred between 1999 and 2004. Although not necessarily representative of other municipalities, it suggests that CBOs became involved in HIV/AIDS responses at an earlier stage than NGOs and faith-based organisations (FBOs). Their increase in numbers was gradual, as was the increase in numbers of FBOs. NGOs on the other hand lagged in their rate of growth until 1998, surpassed FBOs in 1999, and then caught up to CBOs in 2004. It is not clear what spurred these different rates of growth of different organisations. However, since 2004 there has been a notable fall off in rate of new registrations.

Growth in number of CSOs – Morogoro Municipality*

³⁸ Interview with Dr Bergis Schmidt-Ehry

³⁹ Birdsall, K. & Kelly, K. (2007).

⁴⁰ Interview with UNDP representative



* Data supplied by: Etedy Mwanakatwe, Morogoro

There is no way of knowing to what extent this represents a more general picture.

It should not be assumed that the existence of a large number of small community organisations means a close network of organisations tied together at the local level. Many of them work in isolation. The element of collaboration is markedly lacking in many areas, with some exceptions, and collaboration has had to be encouraged and supported.⁴¹ We might speculate that some of this growth was spurred by programmes encouraging community responses to HIV/AIDS, but it also comes at a point where there was a strong growth in civil society more generally.

There should be some concern about rampant growth of new organisations. Many community-level organisations do not have basic human resources to manage the organisation through challenging periods of development and the viability of thousands of small organisations as being the backbone of local HIV/AIDS responses is questionable. Since the commencement of growth of a centralised and then increasingly decentralised governmental response, civil society has progressively been fitted into this programme of action. This is appropriate in one sense, since the national strategy is multisectoral and founded on concepts of partnership. But in other respects, the growth of national planning and funding arrangements made civil society beholden to government and its coordination structures, as well as to planned national funding arrangements.

Division and fragmentation, competition for funds, lack of complementary planning and resource mobilisation between civil society actors, and lack of management and technical capacity in smaller CSOs are commonplace. In many respects the situation as identified in

⁴¹ For instance in the GTZ programme in Mwanza district.

the 1994 Tanzania AIDS Project (TAP) organisational assessment of NGOs interested in STI/AIDS programming still prevails. This points to a flaw in attempts to build capacity and coordination of NGOs through training, without addressing underlying factors relating to the support and funding of NGOs. It is a necessary but not sufficient condition to have management and technical capacity.

The National Multi Sectoral Strategic Framework on HIV/AIDS (2003-2007) recognises the role of CSOs in mobilising and strengthening the competence of communities to respond to HIV/AIDS epidemic and requires local councils to strengthen collaboration with CSOs at local level. But local councils have had limited capacity to take stock of local level responses.

To address this limitation TACAIDS in collaboration with GTZ (Gesellschaft für technische Zusammenarbeit) Multi sectoral AIDS Control Component developed and piloted the use of Civil Society Mapping and Capacity Assessment tools between 2003 and 2005. This was adapted and adopted for use in Local Government Authorities countrywide. These technical tools provide some assistance to the challenges of assessing the extent of development and types of engagement of CSOs.

The diverse forms of civil society

The concept of 'civil society organisation' encompasses international NGOs working in Tanzania, Tanzanian-registered NGOs working within the framework of international organisations, faith-based organisations with and without funding, national NGOs with offices in multiple sites, single-site or community-based NGOs, and non-registered groupings working for community interests.

In addition there is a range of networking-type organisations working to coordinate civil society initiatives in HIV/AIDS responses. Some of these compete for funding as service delivery organisations, alongside the organisations that they represent. Advocacy functions, service delivery functions and networking functions are not well differentiated.

The civil society arena is populated by many small organisations and few organisations operating at scale. Whereas there are a good number of organisations working across the country, they are not in most cases recognised or supported at a national level at any scale. Certainly there is little evidence of national NGOs having sufficient strength to take on roles such as are adopted by international NGOs including management of sub-granting programmes.

Mostly civil society organisations are co-opted as service providers. Their innovations remain localised and there is little sharing of expertise gained by organisations or joint learning from experience.

Their influence may even have waned as international NGOs took on the 'important' jobs. Organisations such as Faraja Trust and networks such as TANEPHA (Tanzania National Network of People with HIV/AIDS), which previously played strong roles in training and working with smaller organisations in other districts, have curtailed many of these operations.

CSO coordination and support organisations

One development partner commented in response to a question about the state of civil society in Tanzania that "the whole is less than the sum of the parts". Another commented that "civil society is extremely weak".

TACAIDS' formation of NACOPHA (National Council of People Living with HIV/AIDS) in 2006 as a council of people living with HIV/AIDS was, by the account of three other network organisations of people living with HIV/AIDS, done without consulting them. The claim that the decision to form NACOPHA had been reached by representatives of people living with

HIV/AIDS⁴² in the country is disputed. It is alleged that this is part of a pattern of forming NGOs which are surrogates of the state and eroding the independence of civil society.

However, on the other hand, the proliferation of a number of organisations aiming at supporting people living with HIV/AIDS and reportedly competing for members is seen as an obstacle to strong advocacy and engagement with government and donors.

The universe of civil society is made up of many small scale organisations that are barely known to each other, poorly linked and only coordinated in an *ad hoc* fashion as well as a number of national NGOs which have international profiles and engagements.

Civil society has not coalesced as a force in HIV/AIDS response. It is not clear what organisations are strong, which are effective, and what different purposes they serve.

There is little evidence of growth of a movement of civil society response to HIV/AIDS and there is little evidence of advocacy apart from organisations such as TANEPHA and SHEDEPHA+ which appear to have lost rather than gained in stature over the years as the field of organisations has grown.

There are very few capacity building institutes and projects in Tanzania generally and also in the HIV/AIDS sector and health sectors. There has been a history of training and provision of various workshops and courses, but if anything this appears to have waned. One organisation that has served capacity building needs in the past is TRACE, but it has found that over recent years as funding has been 'projectised' capacity building has increasingly been concerned with creating efficiency in project management rather than in comprehensively building organisations.⁴³

There is no common platform representing civil society responses to HIV/AIDS. This has proved an obstacle for the Development Partners Group (DPG) looking to engage civil society in responding to HIV/AIDS. The lack of a united front and policy directives has led to a confusing approach. HIV/AIDS has been one of the fastest growing civil society sectors, yet it has not been strongly represented in civil society debates. This has, from the point of view of some civil society leaders, been a weakness.

The Tanzanian AIDS Forum was launched as a body to collectively represent civil society organisations responding to HIV/AIDS. This was seen as a replacement for Tanzanian AIDS Service Organisations which was perceived to have become defunct. It is in the early stages of creating a platform for civil society organisations responding to HIV/AIDS with only two general meetings already conducted and a clear agenda not yet determined.

⁴² The NACOPHA introductory booklet misleadingly states that 'the decision to form NACOPHA had been had been reached by representatives of people living with HIV/AIDS in the country'.

⁴³ Interviews with TRACE

PART 3 – THE FUNDING ENVIRONMENT

1. Main funding sources for HIV/AIDS in Tanzania

Tanzania is a major recipient of international development assistance, including in the areas of HIV/AIDS. The total budget for HIV/AIDS in Tanzania in 2007 was 90% funded by donors and only 10%⁴⁴ funded by the national budget.⁴⁵ It is notable that the overall government budget is to a much lesser extent funded from external sources (46% in 06/07) as compared to the HIV/AIDS budget.

However, Government spending on HIV/AIDS increased by 79% from 2002/3 to 2005/6. Donor spending on HIV/AIDS has increased even faster, and is expected to rise to 15% of total overseas development assistance during the 2005/6-2007/8 medium term expenditure framework. Furthermore, according to the 2006-07 Public Expenditure Review, the total government plus donor spending on HIV/AIDS increased by two thirds in real inflation adjusted terms in 2006/7⁴⁶.

The three largest funders of HIV/AIDS are the Global Fund, the World Bank MAP and PEPFAR programme. Together these account for about 75% of the national HIV/AIDS budget⁴⁷.

The remainder of foreign assistance is accounted for by a large number of donor institutions. A Norwegian ambassadorial memo from 2003 noted that:

‘The HIV/AIDS arena in Tanzania is quite “crowded,” with considerable risks for duplication and inefficiencies. There are also strong drives to speed up processes. Many donors and NGOs are expanding their support to HIV/AIDS, with strong pressure to invest and report on results. In the present situation shortage of funding does not seem to be the major problem, but rather limited absorptive capacity at the lower levels.’⁴⁸

2. Funding of civil society responses to HIV/AIDS

Direct funding to CSOs by various donors, foundations and development agencies accounts for more than 70% of the resources coming into Tanzania⁴⁹. The greater portion of this is accounted for by PEPFAR, the US Government’s funding support for HIV/AIDS, and the Global Fund. As will be seen below, a large portion of this does not go to national civil society organisations, but to implementers of programmes, most of which are international NGOs that sub-grant to national programmes

It must be noted that it is difficult to obtain details about funding to civil society organisations specifically. There are a number of reasons for this including: difficulties in distinguishing the HIV/AIDS funding component within donor portfolios; difficulties disaggregating the various channels of HIV/AIDS funding that a donor may use (including contributions to multilateral channels, regional programmes, and international NGOs based in home countries); comparing funding data from different donors which use different fiscal years and different categories for reporting, and often only funds committed are reported rather than actual expenditure; and difficulties analysing recipients of funding when funding is only reported to the level of consortia or intermediary bodies.⁵⁰

⁴⁴ An amount of US\$45 million spent by government from domestic sources

⁴⁵ Information supplied by Beng’i Issa, Director of Finance, Administration and Resource Mobilization, Tanzania Commission for AIDS.

⁴⁶ Tanzania Public Expenditure Review (2006).

⁴⁷ Beng’i Issa, TACAIDS.

⁴⁸ Berggrav, M. & Dover, P. (2003).

⁴⁹ Beng’i Issa, TACAIDS.

⁵⁰ Birdsall, K. & Kelly, K. (2007).

Government support for CSOs

Ministries are all allocated funds under the Medium Term Expenditure Framework. There are no significant mechanisms for ministries to support civil society actions at any scale. Government ministries and bodies certainly do work with civil society HIV/AIDS initiatives, from Parliament to clinic and classroom level, but it does not involve significant transfer of funds to civil society. The forms of support to civil society at this level may involve sharing of transport and venues, sometimes reimbursements for costs, and support for volunteers in the form of stipends. But for the most part, the support is mutual with partners benefiting from joint inputs and efforts.

TACAIDS

TACAIDS' role in monitoring, coordinating and directly managing HIV/AIDS funding appears to be somewhat in flux. At the time TACAIDS was established it was apparently clear – at least to external observers⁵¹ - that TACAIDS should not play a direct funding role, but rather should be providing overall leadership, coordination, and guidance on monitoring and evaluation (M&E).

Over time, however, this role seems to have slipped and TACAIDS now finds itself taking on a range of additional roles, including providing technical assistance and financing to organisations involved in the multisectoral response, coordinating joint programme reviews, supporting local government initiatives, supporting CMACs (Multisectoral HIV/AIDS Committees), and supporting CSOs getting support from the Rapid Funding Envelope. One of the first steps in this 'slippage' into greater involvement with funding was the World Bank TMAP programme, launched in 2003, in which TACAIDS was given an indirect role in financial decision-making – funds allocated to the Community AIDS Response Fund (CARF) programme component could only be released by Treasury upon approval of TACAIDS.⁵²

National funding mechanisms

There are two primary funding mechanisms for funding civil society responses: Regional Facilitating Agencies and the Rapid Funding Envelope (RFE). Both of these mechanisms rely on civil society to generate proposals. These are the only two mechanisms where funding priorities and deliverables are not strongly prescribed; however the amount of funding is negligible (US\$20 million in total over the years) compared to the overall expenditure on HIV/AIDS in the country.

Regional Facilitating Agencies

The main government mechanism for supporting CSOs is through the Regional Facilitating Agencies. These are comprised of local and international NGOs⁵³ contracted as consultants to build the capacity of local organisations to apply for funds and, if they are successful, to manage funds.

The Tanzania AIDS Commission has put in place Regional Facilitating Agencies to provide technical support to build capacity of Multisectoral AIDS Committees established at district, council and village levels. Civil society organisations at the various levels also benefit from technical support provided by the Regional Facilitating Agencies.

The source of funding is World Bank's CARF fund, designed to provide direct financial and technical support to community structures and the private sector – NGOs, CBOs, FBOs, workers' organisations, religious groups and PLWHA (People Living with HIV/AIDS) groups.

⁵¹ Berggrav, M. & Dover, P. (2003).

⁵² Berggrav, M. & Dover, P. (2003).

⁵³ ActionAid, CARE, DAC, GFA Medica, GTZ, Koshika, Sachita, ST Associates and Tanesa.

CARF's funding is intended to be in the form of small grants – there is a cap on the number of grants that can be issued over US\$5,000 – so as to retain a community focus.

The grant administration arrangements are fairly complex: local government authorities (LGAs) are intended to play a large role at the level of approving proposals and monitoring activities. CARF provides training to LGAs on how to integrate HIV into workplans, as well as on participatory approaches for appraisal and M&E related to the fund. However a key role is allocated to Regional Facilitating Agencies who 'support the Government in the administration of the Fund' at the level of project management, fiduciary oversight, provision of training, notifying LGAs when funds have been disbursed, upwards reporting to TACAIDS and downward reporting to the LGAs.⁵⁴ Proposals under US\$5,000 are reviewed by a local Technical Committee, are then passed on to the LGA and finally to the RFA for financial disbursement; TACAIDS is informed of these awards, but does not approve them. Proposals worth more than US\$5,000 must be approved by TACAIDS.

CARF is intended to complement the World Bank-funded Tanzania Social Action Fund (TASAF) programme, which also provides funding for development projects at community level.

Between April 2005 and September 2007 a total of US\$4.9 million was distributed to 12 regions for enabling CSOs respond to the HIV pandemic at the community level. Activities for prevention of HIV constituted the largest share i.e. 38% of the total funds disbursed to the CSOs, followed by impact mitigation (30%).⁵⁵ It is anticipated that after 2008 TMAP funds will be integrated into general budget support; if this transpires, it is unclear what the future of RFAs will be. It is expected that in NMSF2 there will be an increased role for LGAs in coordinating interventions to support the needs and priorities of communities.

There are contradictory accounts of how well the RFA arrangement presently works. On the critical side there is much negative sentiment about inefficiencies in the system, leading to failed commitments to make decisions by certain dates, to make funding available, to poor communication and lack of reporting reasons for decisions.

Reflecting on uncertainty about the future directions of the RFA funding mechanism, the public expenditure review of 2006/2007 foresees the local government authorities playing a much larger role in supporting CSOs financially through the use of HIV/AIDS block grant funding. Given poor capacity this seems a tenuous prospect.

Rapid Funding Envelope

The Rapid Funding Envelope is a pooled funding mechanism, whereby CSOs access funds through a management agent who invites submissions for grants, manages disbursement and monitors implementation.

The Rapid Funding Envelope is a multi-donor fund that was set up in 2002 to facilitate 'rapid responses' at community level. Through an agreement with TACAIDS, 10 bi-lateral donors contribute to the RFE⁵⁶, with 'design guidance' from Management Sciences for Health and grants management by Deloitte & Touche. The RFE is designed to provide grants in the range of US\$50,000-200,000 to civil society organisations for HIV/AIDS-related projects of six to 12 months duration. The RFE is overseen by a steering committee comprised of three representatives from TACAIDS and three donor representatives.

The RFE was established prior to the roll-out of TMAP and the Global Fund, at a time when HIV/AIDS funding was seen not to be flowing to district level and to civil society partners. The fund was put together rapidly – within a six-month period – from the stage of donor buy-in to

⁵⁴ World Bank (2003, p. 13-14).

⁵⁵ TACAIDS (2008)

⁵⁶ The original eight donors are: CIDA, Embassy of Finland, Irish Aid, Danida, Royal Netherlands Embassy, Royal Norwegian Embassy, Swiss Agency for Development & Cooperation and USAID. DFID and the Bernard van Leer Foundation joined in 2004.

the first grant awards. It was initially seen as an interim (18-month) measure, but it is still in operation.⁵⁷

To date, the RFE has approved 115 grants totaling US \$15 million.⁵⁸

The RFE sees itself as meeting a particular need that is not covered by either TMAP or the Global Fund – that is, ‘national and regional groups providing materials, curriculum, training, baseline studies and other activities useful across the country.’⁵⁹ This can be contrasted with the CARF focus on district-level funding of NGOs and CBOs that are working more closely to the grassroots. Eligible institutions include: registered NGOs, CBOs and FBOs; academic institutions, partnerships between two or more of these institutions or with for-profit institutions; and partnerships with smaller CBOs/NGOs that alone would be ineligible. Preference is given to Tanzanian organisations.

Criteria for grant awards include: the urgency of the proposed activity; strategic value (alignment with national priorities – the NMCF); scaling up or replicating a proven best practice; innovative value; filling a geographic or targeting gap; fostering partnerships, including with smaller CBOs; providing quality materials that can be used widely; and adequate technical and financial experience of applicant. RFE prides itself on a ‘low cost, high tech’ grant-making process that works on the basis of fast turnaround.

The amounts of money available through RFAs or through Global Fund service delivery contracts do not meet the needs of this band of relatively capacitated and innovative NGOs. There are no significant possibilities for these NGOs to secure general commitments of longer-term support to continue their work.

The demand for funding at these levels is demonstrated by the marked growth in numbers of applications. There have been some concerns expressed that this is the only fund suitable for medium-sized NGOs - organisations that really have the most promise for making a difference and growing strong and sustainable civil society responses. For some, the programme should be expanded and adopt the status of a public body to a much greater extent.

There can be little doubt that there is a need and funding gap for medium-sized NGOs and that the RFE has been largely successful in fulfilling its original purpose of being a temporary and rapid mechanism for supporting HIV/AIDS initiatives. According to an independent external review,⁶⁰ the RFE has allowed a range of innovative and very promising CSO interventions to come to fruition, to the point of demonstrating success. Some of these have gone on to become national interventions and are having longer term effects and impacts. The prospect of project activities leading to longer term programme development is considered in assessing proposals, but there is little other emphasis on continuity or sustainability in the programme.

The RFE does not incorporate a capacity strengthening element to promote sustainability of projects after termination of funding and the general funding environment, being largely oriented to project funding, provides few opportunities for longer-term funding, meaning that sustainability of these prioritised projects is in question. But apart from sustainability It has been the experience of the grant managers responsible for pre-award assessments that the levels of financial and project management ability were lower than expected and worked against the hoped for rapidity in implementation. Financial management of grantees in particular has posed a problem, and this highlights the need to support enhanced funding with expanded capacities to deal with funds and manage funded projects.

Pre-grant capacity building attached to the RFE may be helpful in building capacity for managing projects and reporting to the RFE, but for the most part the programme assumes

⁵⁷ Interview with Ken Heise, Management Sciences for Health.

⁵⁸ Interview with Ken Heise, Management Sciences for Health.

⁵⁹ Management Sciences for Health (2003).

⁶⁰ EDI (2007).

rather than builds capacity. It largely supports programme operations and does not build capacity of the organisations. Without a national programme for supporting capacity development of this level of project it is unlikely that the successes of the programme will translate into long-term success.

It is also of concern that some good concepts are rejected because of poorly prepared proposals⁶¹, meaning that the proposal rather than potential value of the intervention is a stumbling block. This appears to be a problem shared by most funding mechanisms, further exacerbated by problems of poor English language capacity on the part of applicants, which should not be an obstacle to funding. It is also said that rejection letters are not specific enough, especially following the full proposal stage, which means that organisations are not in a position to know how to improve future proposals.

The RFE is not formally linked to any other funding mechanisms and there has been no concerted attempt to understand how the different mechanisms are serving different types of CSOs and the extent of their combined reach⁶². TACAIDS is the link between RFAs and the RFE, but the RFE has clearly been led by the grant managers and the RFAs are scattered and administered by different agencies, making the grasping of the big picture and its needs difficult and unlikely. There also does not appear to have been much sharing of experience in grant-making across RFE and RFA mechanisms, apart from the participation of TACAIDS commissioners on the RFE Steering Committee. In the Zanzibar AIDS Commission (ZAC) there are plans to continue supporting CSOs funded by the RFE through other funding mechanisms, principally the CARF. On the mainland the link seems to be more about supporting RFA funded CSOs moving on to seek RFE funds than vice versa⁶³.

Foundation for Civil Society (FCS)

The Foundation for Civil Society⁶⁴ is a civil society grant-making and capacity building mechanism that was originally developed by the UK Department for International Development (DFID) as a response to the increasing trend towards general budget support, but which now operates as a Tanzanian CSO.

The fund was intended to be a mirror of the growing trend to general budget support, but aimed at civil society and intended to promote a basket fund for donors to contribute to civil society alongside general budget support. The FCS is largely supported by bilateral funders.

Over 70% of FCS-funded activities under the 'safety nets' thematic area have gone to HIV/AIDS-related activities amounting to around US\$634,000. This is primarily through small grants not exceeding Tshs 5 million (US\$ 4,000), but as large as Tshs 100 million (US\$ 82,000) for a maximum of three years.

As promising as this initiative is, it has limited funds and the total amounts involved in respect of HIV/AIDS support are small.

The FCS has questioned its own role as a funding agency and increasingly is focusing on its role as supporting civil society development rather than funding specific projects or programmes.

⁶¹ EDI (2007).

⁶² It is reported that the main link currently is through MSH; Deloitte and PWC being involved in various ways in other funding programmes (EDI, 2007).

⁶³ EDI (2007).

⁶⁴ The Foundation for Civil Society was created by development partners as a national mechanism for managing local funds to CSOs and capacity development.

Major donors

Global Fund

The Global Fund awarded a total of US\$288.5 million in HIV/AIDS funding to Tanzania in Round 1 and Round 4 applications; US\$104.1 million of this has been disbursed to date.⁶⁵

The Ministry of Finance was the sole principal recipient for Round 1 funding (US\$5.4 million), while Round 4 funding (US\$283 million) is shared between the Ministry of Finance (US\$79.7 million), Pact Tanzania (US\$7.9 million), Population Services International (US\$2.4 million), and African Medical and Research Foundation (AMREF) (\$13.2 million).⁶⁶ Pact, Population Services International, and AMREF are all international NGOs which work in Tanzania.

AMREF leads the care and treatment sub-component and coordinates the work of CSOs and FBOs, as well as procuring medical equipment for regional and district hospitals, procuring vehicles and accrediting VCT sites.⁶⁷ The range of organisations which are implementing the project under AMREF's oversight is largely made up of international NGOs as well as some national networks and NGOs⁶⁸.

Population Services International administers the condom social marketing component of the Global Fund grant, alongside the Ministry of Health. It does not have any sub-recipients and no funds from this Global Fund support flow to CSOs.

Pact Tanzania works with the Department of Social Welfare (funded through the Ministry of Finance's Global Fund grant) and the Social Action Trust Fund (SATF) to administer an impact mitigation programme for orphans and vulnerable children. The programme targets 24 districts over a five-year period, providing a mix of elements including access to education, health, food and nutrition, shelter and legal protection.

The programme is implemented through a tiered network of (predominantly) civil society organisations, with Pact and SATF sharing responsibility for managing funds and monitoring the services being delivered through a cohort of local CBOs and FBOs.⁶⁹ 'Facilitating partners,' located between Pact/SATF and district-level activities, help to 'coordinate a web of NGOs and community based CBOs/FBOs to deliver the service package directly to the children.'⁷⁰ During the first year of the programme, the facilitating partners included World Vision, Plan International, Catholic dioceses, Tanzania Home Economics Association (TAHEA), and Iringa Development of Youth, Disabled and Children Care. A number of other key partners⁷¹ include other international NGOs, religious organisations and international NGOs.

World Bank TMAP

The World Bank MAP programme in Tanzania has been in place since 2003 and is worth a total of US\$70 million. The four operational components of the US\$70 million programme from 2003 to 2008 include:

- The Public Sector Fund (US\$32 million), which provides support to line ministries;
- Institutional support to TACAIDS (US\$15 million);
- Support to Zanzibar through the Zanzibar AIDS Commission (US\$5 million); and
- The Community HIV/AIDS Response Fund, worth US\$14 million.

⁶⁵ Country summary of HIV/AIDS grants for Tanzania. Generated on Global Fund website, 17 April 2008.

⁶⁶ Amounts are for Phase 1 of the programme only.

⁶⁷ GFATM (2007, p. 19).

⁶⁸ Press conference by AMREF Global Fund Programme Manager, 31 March 2008. Available at <http://www.ippmedia.com/ipp/guardian/2008/03/31/111424.html>

⁶⁹ http://www.pacttz.org/html/global_fund.html

⁷⁰ http://www.pacttz.org/html/global_fund.html

⁷¹ http://www.pactworld.org/cs/filling_critical_gaps

Concerning support to civil society, the larger component of the CARF fund goes to the Regional Facilitating Agency granting process, and a smaller component goes directly to local government. This has been reported on in the section on Regional Facilitating Agencies above.

PEPFAR

Tanzania is one of the 15 designated 'focus countries' for the President's Emergency Plan for AIDS Relief. Committed funds for the five-year period 2004-2008 are US\$804 million.⁷²

PEPFAR funding is channelled to a large extent through independent implementing agencies, many of which are international NGOs, universities, and private contractors. It also channels funding through host country institutions, such as ministries and research councils. However PEPFAR releases only limited information about the recipients of its allocated funding and it is not possible to know with precision how much funding has been channeled to which implementing agencies for what types of activities.

The United States Agency for International Development (USAID), a major PEPFAR contracting agency, endorses the Paris Declaration, but notes⁷³ that the declaration concerns relationships with governments, not CSOs or civil society in general. USAID endorses the need for supporting civil society directly. This is a general position on the part of USAID, and has specific applicability in Tanzania where the civil society sector is perceived to be divided and weak.

The majority of PEPFAR's prime recipients are non-local institutions. By PEPFAR's own count, in 2005, 60% of the 37 prime recipients in Tanzania were non-local institutions.⁷⁴ Nine international NGOs⁷⁵ received large awards (at least US\$1 million/fiscal year) under PEPFAR in 2005 and 2006, of which only four acted as conduits of funds to at least five secondary recipients, most of which were local organisations. Of 67 organisations sub-contracted by the prime recipients, 93% were local groups and 72% were FBOs/NGOs. FBO and NGOs accounted for 37.8% of awards to local recipients, followed by host government agencies (29.7%), and private contractors (16.2%).⁷⁶ USAID reports a total of 275 sub-grantees that are local level organisations at present⁷⁷.

The Tanzanian authorities have difficulty monitoring PEPFAR-related expenditure in the country. As the 2006 UNGASS report notes: 'We do not know details of its actual budget and expenditures in the country as these resources have not been captured in the National budget.' (p. 21)

From the government perspective USAID is criticised for providing 'projectised funding' through its PEPFAR programme, rather than contributing to basket funding or general budget support.⁷⁸

From the civil society perspective, recommendations of a meeting of 21 East African civil society organisations⁷⁹ regarding US global HIV/AIDS policy concluded that PEPFAR country plans are not adequately aligned with national plans or accountable to civil society. It was felt that "US programs are too often operated as parallel systems duplicating, undermining, or even weakening country-level capacity to respond effectively to health issues. While civil-society organisations have been at the forefront of the fight against HIV/AIDS, we are not consulted or meaningfully able to contribute to US efforts, policies, plans, and priorities."

⁷² OGAC (2005, 2006a, 2007)

⁷³ Information from interview with Elise Jansen, USAID.

⁷⁴ OGAC (2006b).

⁷⁵ Academy for Educational Development, AMREF, CARE International, Catholic Relief Services, Elisabeth Glaser Pediatric AIDS Foundation, Family Health International, Management Sciences for Health, Pathfinder International, Futures Group. OGAC (2006c).

⁷⁶ OGAC (2006b)

⁷⁷ Interview with Elise Jensen, USAID.

⁷⁸ Interview with Else Jensen, USAID.

⁷⁹ KETAM (2007).

Recommendations called for more consultation, especially with networks of people living with HIV/AIDS, working more with in-country partners rather than international NGOs, and greater emphasis on the sustainability of interventions.

Other criticism includes the burden of reporting under PEPFAR regulations and the narrow parameters of output reporting, which reflect PEPFAR's concern to reflect results, but may limit the creativity of CSOs in achieving results.

USAID funding has over the years not overlooked non-project components in its civil society support. The FHI/AIDSCAP Tanzania AIDS Project (1991-1997) emphasised development and support of NGO activities as a response to the NACP's accent on decentralisation and horizontal, multisectoral programme implementation⁸⁰. It adopted an NGO cluster approach which supported activities of multiple community-based NGOs, with the aim of 'anchoring' interventions in communities. It involved nine regional NGO clusters and 180 CBOs. The programme appears to have focused on behaviour change intervention, although there was some emphasis on other services and project management. It trained hundreds of NGO partner staff. Many of the current PEPFAR programmes (for example, FHI's Ujana programme) include capacity building for participating CBOs in the form of development support, including organisational development, operationalised through development NGOs and strategic partners.

Finally, it is of interest to note that in a recent review of the PEPFAR expenditure from 2004 to 2006⁸¹ the following are key recommendations: that PEPFAR work more closely with host country governments and help coordinate their efforts with those of non-governmental recipients, and that the programme expand its efforts to build the capacity of local groups by ensuring that more of its funds reach local recipients.

UN support

The UNAIDS family is interested in supporting civil society responses, but it is not so much a funder as a provider of technical support and assistance. It also supports key processes aimed at intensifying and mainstreaming HIV/AIDS responses in keeping with the "Three Ones" principles.

It facilitates consultations between TACAIDS and UN partners to develop the UN Joint Implementation Support Plan. It provides technical support to monitoring and evaluation and has provided technical support to TACAIDS in the implementation of district and community responses to HIV including the recruitment of Regional Facilitating Agencies.

UN agencies have not really engaged with the challenges of civil society funding, although it is an issue that has been discussed as worthy of attention. But UNAIDS have supported a range of activities related to promoting civil society including support for the establishment of the Tanzania AIDS Forum.

Bilateral sources of funding

By far the largest bilateral funding programme is PEPFAR (see above). In contrast with PEPFAR, other bilateral funders are increasingly opting for basket funding programmes and joint funding arrangements which are intended to reduce their administrative costs and increase their aid efficiency. The international NGOs play a central role in the development partners' support to civil society.

There are approximately 25 bilateral donors active in Tanzania,⁸² many of which provide funding for HIV/AIDS. According to the OECD DAC database which tracks allocations for HIV/AIDS, the largest donors in the field of HIV/AIDS over the period 2000-2005 were the

⁸⁰ AIDSCAP/FHI (1997).

⁸¹ Oomman, N., Bernstein, M. & Rosenzweig, S. (2008).

⁸² Sida (2007b).

United States (\$188.3 million), the Netherlands (\$40.2 million), Sweden (\$31.3 million), and Norway (\$25.3).⁸³

Bilateral contributions to basket funds, foundations and trusts are often sub-granted to specific programmes, making it more difficult for bilateral funders to exactly account for who the final recipients are.

In the context of the Joint Assistance Strategy for Tanzania (JAST), most of the major bi-lateral donors active in Tanzania have agreed to concentrate their resources in a handful of sectors, rather than spreading their funding across projects in multiple sectors. Swedish Sida, the United Kingdom's DFID, Irish Aid, Norad, Canadian CIDA, Danida and German Development Cooperation all use similar language in describing how they have re-aligned their portfolios, taking responsibility for leading work in certain sectors, while ceding responsibility to counterparts in other sectors. This is described as "greater specialisation through a more vigorous division of labour."⁸⁴ The HIV/AIDS sector continues to remain crowded, however, with bi-lateral agencies from 10 countries designated as 'active Development Partners' in JAST programme documents as of December 2006; the health sector has nine active partners.⁸⁵

Apart from the United States, whose PEPFAR programme has adopted an independent and largely un-aligned approach, most of the bilateral agencies active in HIV/AIDS funding in Tanzania now operate according to a similar model. The majority of their funding is provided in the form of general budget support (in alignment with the MKUKUTA poverty-reduction agenda) and/or sector support, with the remainder taking the form of direct support to international NGOs, UN-led initiatives or basket funds.

In Appendix 3 a brief summary is provided of how the leading bilateral agencies have incorporated HIV/AIDS funding into their assistance portfolios.

Bilateral agencies have generally retained some direct or indirect funding relationships with civil society organisations working on HIV/AIDS in Tanzania, often but not only through embassies.

The Rapid Funding Envelope has emerged as a framework through which many bilaterals channel support to local CSOs without having to administer grants directly, thereby supporting a general trend towards streamlining assistance portfolios and minimising the administrative burden.

⁸³ These figures can only be taken as broadly indicative, as it is difficult to isolate HIV/AIDS-specific funding from broader support to the health sector or from support in other sectors where an HIV focus is mainstreamed. There is also significant bi-lateral HIV/AIDS funding channeled through international NGOs, churches and other institutions.

⁸⁴ DFID (2007, p.7).

⁸⁵ The 10 countries are: Belgium, Canada, Germany, Ireland, Japan, Netherlands, Norway, Sweden, Switzerland and the USA. DPG (2006, p.45).

The loss of 'loyal' support

The shift away from direct relationships with long-term funders poses a major problem, if not a crisis, for organisations that have benefitted from such 'loyal' support; sometimes over a good number of years. A case in point is Kiwohede, which is primarily concerned with support of girls ensnared in child prostitution, trafficking, child labour and abuse, and often affected by HIV/AIDS. Direct funding involvement of the International Labour Organisation, Norad, United Nations Children's Fund (UNICEF) and the United Nations Development Program (UNDP) led to the growth of a programme with major commitments, including providing holistic support for nearly 6,000 girls. But Kiwohede now finds its historical funding sources on the retreat, and it is increasingly turning to local communities in its 23 centres across 10 districts for whatever assistance they can provide to keep the programme running; for example, by providing food to those engaged in the programme. This is directly a result of shifts in the funding environment. The organisation reports approaching embassies and bilaterals only to be referred to the RFE, to which it has repeatedly applied, but been unsuccessful, without being provided with any reason for its lack of success. Ironically, at least one of its major bilateral funders in the past is a contributor to the RFE fund. The opportunity to maintain relationships with traditional supporters has waned and many larger scale NGOs are struggling to find alternatives which allow them to continue on an independent basis to develop their programmes, and which do not require such high management investments as are involved in scrambling for funds on an annual basis.

To the extent that bilaterals have continued to fund civil society organisations directly, these tend to be large international NGOs (e.g. Marie Stopes, Population Services International, Save the Children), often but not always based in the donor's country of origin. It is not uncommon to find a few CSOs in a bilateral portfolio that reflect historical loyalties, but clearly, the trend is away from direct support for individual organisations and aiming to lessen administrative burden, by focusing higher up in the funding chain, if not through general budget support, than through basket-funding, for example to the RFE and Foundation for Civil Society.

There is also some indication of direct support for Tanzanian CSOs in the form of small short-term grants to local organisations, administered directly by embassies in Dar es Salaam. These are often for a year at a time and are sometimes renewed. They are frequently supported with discretionary funds and recipient organisations are not always disclosed.

Private foundations and trusts

Foundations

The Clinton HIV/AIDS Initiative (CHAI) has one of its eight country offices in Tanzania. The collaboration between CHAI and the Government of Tanzania began in 2003, when the Clinton Foundation and the government entered into an agreement around the provision of care and treatment for more than 1.2 million HIV-positive Tanzanians over a five year period, including provision of ART to 400,000 people. The role of CHAI in this initiative includes technical assistance, clinical mentoring and procurement support; it is structured to work with governments directly and uses its resources as a catalyst to fill particular gaps, especially in relation to rural areas and paediatric care. It is not, therefore, a funder per se (it mobilises commitments of funding from other donors) and its direct links with civil society organisations appear to be minimal.⁸⁶

Since 2000, the Bill and Melinda Gates Foundation has made a number of grants to for work related directly or indirectly to HIV/AIDS in Tanzania. The Gates Foundation in Tanzania

⁸⁶ Information taken from the website of The Clinton Foundation (www.clintonfoundation.org), CHAI initiative.

appears to have worked exclusively with non-governmental grantees although most are international NGOs or institutions that work with Tanzanian partners, or which have a programme presence in Tanzania, as opposed to indigenous Tanzanian institutions. These include US\$ 14.9 million to BRAC Tanzania for a microfinance, agriculture and health programme with rural populations; US\$ 2.1 million to Orphan Support Africa to support community groups caring for orphans in Tanzania and Malawi; US\$ 57 million to Americans for UNFPA for adolescent reproductive health programmes aimed at reducing incidence of HIV/AIDS and STIs in four countries including Tanzania; US\$ 10 million to Imperial College of London for an integrated health programme in Tanzania, Burkina Faso and Niger; and to the International Center for Research on Women for an HIV/AIDS collaboration with African parliamentarians.⁸⁷

Typically foundations and trusts provide direct financial and technical support through long term funding arrangements with selected CSOs in strategic partnerships. For example, the Southern African AIDS Trust (SAT) has provided support to larger CSOs⁸⁸ which covers capacity development, service delivery, advocacy and mentoring of other CSOs. Funding is provided to SAT by the Canadian International Development Agency. Since the early 1990's SAT has supported twenty five projects with grants of US\$15,000 to US\$ 50,000. The funding has led to the development of a significant group of CSOs, amongst which is Faraja Trust.

Previously SAT was a multi-country umbrella body, but it is now decentralised to country level and faces the challenges of embedding within country HIV/AIDS response systems. Problems in managing the decentralised programme have led to a distinct loss of momentum in the programme in Tanzania.

International NGOs (INGOs)

INGOs are not funders in a strict sense, but they are a major conduit for funds and support to reach local CSOs and particularly smaller, community based organisations. They pay for costs, stipends and sometimes fees for direct services rendered, and for many smaller CSOs such funds represent the only external funding received.

Besides the RFA mechanism, most of the funding to smaller CSOs in Tanzania is passed through INGOs. These funds are effectively the end point in the funding chain leading from the major donors. Effectively INGOs are acting as funding intermediaries, although their role is usually not conceptualised as such.

INGOs in effect sub-contract CSOs to deliver particular outputs: these may be as specific as delivering commodities or paying for fees on the behalf of a project. In providing payment for attendance fees⁸⁹, per diems and transport costs, most funding programmes, including PEPFAR and TMAP, are in fact funding community contact and consultation. There is understandably some recognition of this as a problem by some development practitioners as well as CSO leaders who feel that it erodes the volunteer ethos of civil society and is a slippery slope to aid dependency. It is also regarded by some as perverse that people would be paid to receive training that is in their own interests.

There are few strong structures at community level and faith-based organisations and CBOs are often the only contact points within communities. Whereas there is sometimes quite good capacity and long histories of informal community support, often support organisations are rudimentary. Funding for community CBOs is formalising and developing community support mechanisms, although it is not clear to what extent the financial elements of this fundamentally change the character of community voluntarism and philanthropy (see 'Funding effects' below).

⁸⁷ Data taken from a search of grants since January 2000 from the website of the Bill & Melinda Gates Foundation (www.gatesfoundation.org).

⁸⁸ e.g. Faraja Trust and TANEPHA.

⁸⁹ A sum of Tsh40,000 (US\$32) per trainee for each of five days training was noted in one proposal.

INGOs reaching down into communities need to deliver services, and they are often formed into strategies of breaking complex tasks (e.g. support for most vulnerable children) into manageable units of assistance. There are concerns about this, not least about quality. The complexities of supporting orphans and providing quality care are often displaced by the sheer scale and need to deliver basic supplies, which becomes a technical challenge, and by some accounts tends to overlook the complexities and deeper challenges of the matter at hand.

It is abundantly clear that the INGOs managing PEPFAR and Global Fund programmes are hard pressed to sustain useful contact with NGOs. Short funding cycles and clear targets create pressure to deliver and this increases the likelihood of reducing complex social issues to component parts, often physically delivered by community CSOs.

In the words of one INGO manager: “We have enormous expectations of NGOs. We expect them to provide sensitive services to children. But they are often not prepared with the necessary experience.” The role of community CSOs is especially needed given the inadequacy of government services in social welfare. In the area of orphan support, for example, there are only 54 social welfare officers across 132 districts.⁹⁰ In this context there may be a value in developing a category of auxiliary, community-based ‘social workers’⁹¹. But this need is neglected in the face of the significant new challenge it would pose, without strong government or civil society leadership in the area. INGOS, hard pressed to deliver ‘numbers’ as programme outputs, face considerable difficulties in additionally facilitating innovative solutions.

It is abundantly clear that the efficiencies that can be achieved by international NGOs are limited by lack of their own capacity to deliver services at local level and the lack of existing capacity in civil society organisations and government in most priority areas of HIV/AIDS intervention. Successes will be capped until local systems of support are developed. It is critical that whatever measures are put in place to deliver needed services rapidly, they be accompanied by parallel systems for development of capacity and innovative local systems supported both from the bottom and the top.

The irony is that, even when good local systems are in place these are not used, because such is the emphasis on delivery that any forms of engagement with existing systems which work slightly differently is problematic.

There are some systems in place for partner groups to come together to discuss these issues. For example there is a monthly meeting of development partners working with orphaned and vulnerable children. There are real possibilities for coordinated approaches, but technical and national steering committees that need to lead such developments rarely meet and progress is slow. The same was reported concerning the functioning of the National Youth Council and youth coordinating bodies. The sluggishness of coordinated and active development at the national level means the international organisations like Pact and Family Health International, working in the middle, have difficulty in finding support either above or below.

There are some international NGOs, such as Plan Tanzania, that focus on delivering needed development services such as water and sanitation, but include HIV/AIDS as a mainstreaming strategy in income generating and livelihoods programmes – for example, by ensuring free water for orphaned children in developing market-based strategies for water supply. This work is through local government and NGOs and takes the form of introducing HIV/AIDS. In such instances it has been the experience of Plan that it has not always been easy to engage CSOs as partners. Although they pay ‘sitting allowances’⁹², they do not directly fund CSOs to do the work.

⁹⁰ Information supplied by Jane Calder, Pact.

⁹¹ Information supplied by Jane Calder, Pact.

⁹² A stipend paid to someone for participating in a workshop or meeting.

3. Trends in donor assistance and harmonisation

The Paris Declaration on Aid Effectiveness

The 2005 Paris Declaration on Aid Effectiveness⁹³ calls for greater national ownership and control over development assistance and better harmonisation of donor activity at country level. These trends have had important implications for CSOs in terms of how they access, utilise, and report on funding for HIV/AIDS and other development issues.

Regarding funding modalities, the most direct implication of the Paris Declaration has been the shift to general budget support. By signing the Paris Declaration the international community agreed that development partners need to align with the priorities, systems and processes of national governments, to coordinate country missions and donor collaboration in the direction of national governments taking control over their development processes, and to reduce transaction costs and duplication of efforts. The practical interpretation of this has for many bilateral donors led to increased pressure to jointly fund government programmes through budget support, and to fund civil society through government programmes for civil society funding.

The Paris Declaration is silent on how civil society will be funded. The assumption is that civil society support will happen through government relations with civil society.

Joint Assistance Strategy for Tanzania

Tanzania has in many respects been ahead of other countries in the region in terms of addressing questions of aid effectiveness, leading to concerted initiatives in donor harmonisation. There have been joint government and development partner commitments dating to 1997, culminating in the July 2006 adoption of the Joint Assistance Strategy for Tanzania.

This is a 'national, medium term framework for managing development cooperation between Government and development partners,' putting into practice the core articles of the Rome and Paris declarations on aid effectiveness.⁹⁴ While MKUKUTA sets out the development objectives and targets, the JAS is intended to act as a roadmap for how the government and development partners will cooperate in attaining MKUKUTA goals. The JAS presupposes an overall shift towards general budget support, a clearer 'division of labour' among donors, a focus on building national capacity, and 'demand-driven technical assistance.'⁹⁵

Led by government, JAST is a medium-term framework for managing development co-operation, particularly in relation to achieving development and poverty reduction goals. Elements of JAST include commitments on alignment, increased use of government systems, increased aid predictability, open dialogue between government and domestic stakeholders, improved division of labour, and a move towards the government's preferred aid modalities.

All major development partners are in a process of coordinating their support and their relations with the Tanzanian government according to the JAST, in which budget support is considered the primary and preferred modality of support. Many development partners are to various degrees presently transforming previous project support to budget support.⁹⁶

HIV/AIDS support and funding trends

Although HIV/AIDS is incorporated as an element within the JAST, donor assistance and concerns about aid effectiveness in the HIV/AIDS field have had their own impetus and momentum. Growing levels of funding for HIV/AIDS have coincided with broader trends in the

⁹³ OECD (2005).

⁹⁴ Sida (2006).

⁹⁵ Sida (2006).

⁹⁶ Ingelstam, A. & Karlstedt, C. (2007b, p.7).

harmonisation of development. These have affected the manner in which funds have flowed to civil society.

Harmonisation efforts specifically related to HIV/AIDS include the following:

- A Memorandum of Understanding between the government of Tanzania and development partners which reflects donor commitment to support the NMSF and intention to harmonise partnerships.⁹⁷
- The creation of an AIDS sub-group of the Development Partners Group which works to facilitate 'harmonisation and alignment of national priorities, including resource mobilisation.'⁹⁸ Thematic sub-groups have also been established to provide specific forms of technical support.⁹⁹
- The Joint UN Team on AIDS, established through the UN system in 2006 to manage a joint budget of pooled UN support, thereby streamlining UN assistance to the Tanzanian government.¹⁰⁰
- Bi-monthly meetings between the Development Partners Group and TACAIDS, focusing on sharing information, joint reviews, strategic planning, and resource mobilisation.
- The Tanzania National Coordinating Mechanism which was formed in 2005 by restructuring the Global Fund CCM to expand coordination of resources to include resources from other sources for HIV/AIDS, TB and malaria and any health related emergency requiring multisectoral action (notably PEPFAR and TMAP).

The Three Ones

The Paris Declaration was preceded by development in 2003 of the Three Ones statement of commitment.

The 'Three Ones' principles were not so much concerned with aid effectiveness as with development of coordinated and concerted national HIV/AIDS efforts. But the drive towards a national coordinating authority, a national strategy, and a national monitoring and evaluation framework represents something of the same set of concerns that run through the Paris Declaration. The effectiveness of international support and funding, which comprises the bulk of HIV/AIDS funding in most sub-Saharan countries, requires strong national strategies, leadership and planning.

The incorporation of national efforts under a single plan, authority and M&E framework has increasingly led donors to fund efforts that fall under the jurisdiction of national authorities and which are conceived as part of national strategies, and shaped by the results frameworks as designated in country response planning.

This has had a significant effect on the formulation of funding mechanisms, which are increasingly rationalised as fulfilling components of the national strategy and as falling under a national authority, the TNCM.

There are civil society representatives in TACAIDS, as well as in almost all multisectoral bodies, and it is envisaged that civil society would play an important role at local levels. This has given room for a new space of dialogue between government, donors and civil society, but many troubling concerns have been raised about the impacts of the new institutional architectures that have arisen, about the meaningfulness of the opportunities provided for civil society to engage, and most significantly about the implications for civil society of the various funding mechanisms that have arisen in support of national HIV/AIDS responses.

⁹⁷ (2005). *Rapid Assessment of the Implementation of the Three Ones Initiative in Tanzania*.

⁹⁸ According to a 2003 Norwegian aid memo, the 'HIV/AIDS donor group is strong and well-organised, to the extent that it has made the UN Theme Group redundant as a coordinating body.' Berggrav, M. & Dover, P. (2003).

⁹⁹ UNAIDS (2007).

¹⁰⁰ UNAIDS (2007).

Recognition of problems associated with the new funding modalities

In relation to funding of NGOs focused on advocacy and policy influencing work (not specifically HIV/AIDS related), there has been some recognition that support for civil society is “too fragmented, uncoordinated, short sighted and cumbersome for civil society organisations to manage, as well as ... lacking a clear strategic focus”¹⁰¹. This was based on perceptions gained during the Public Expenditure and Accountability Review in 2006, where civil society organisations noted that development partners focused on support for the Government of Tanzania through the Joint Assistance Strategy, at the expense of any notable attempt to systematise their support to civil society organisations. This led to a specific request that the development partners should apply a set of common and agreed principles in their dealings with civil society, leading to greater alignment between development partners in relation to agreed principles of cooperation with civil society. It was intended that this would set out a common framework along the lines of the Paris agenda which establishes principles of donor-government engagement.

The Development Partners Group recently supported research aimed at making proposals for a more coordinated approach to NGO support in the country. The position paper¹⁰² drafted by way of taking stock of current developments valuably distinguishes between two types of support: support to civil society and support through civil society.

‘Support to civil society’ involves support for the development of civil society itself by nurturing young and weak organisations and providing generic capacity building to CSOs, e.g. in terms of organisational development of internal systems, structures and routines, improved financial management and leadership development.

‘Support through civil society’ involves funding civil society operations, as a way of supporting society using civil society as a service provision or development agency. In this approach the development partners focus on the work of CSOs: they are financiers who support CSOs that are able to deliver services corresponding to the needs of programmes.

In the HIV/AIDS field there has been a strong trend towards increasing support ‘through’ civil society, and a corresponding decrease in support ‘to’ civil society. The Faraja Trust is a case in point. Faraja has been able, in recent times, to obtain funds to support particular programmes. It has, for example, performed functions for orphans and vulnerable children within the context of a national funding programme. Yet its own programme for CSOs is desperately under-resourced. Faraja is funded only to deliver particular services; the organisation itself is not funded. It is also the case that organisations such as TANEPHA, TANOPHA, and SHEDEPHA+ were previously able to receive funding to support a range of activities relating to their own strategies for supporting people living with HIV/AIDS, yet now they can only attract funds for activities more oriented to service delivery, such as promoting treatment literacy.

Clearly the trend has been to support through civil society rather than support for civil society and at least some civil society assets are lacking sustenance themselves, increasingly lacking the capacity to be a conduit for support.

4. Funding effects

Interventions may have positive and negative unintended consequences in addition to intended consequence. ‘Funding effects’ refer to what funding brings about, positive and negative, unintended and unintended. Whereas intended effects are often more apparent, because participants monitor these, unintended effects usually only reveal themselves through critical analysis.

¹⁰¹ Ingelstam, A. & Karlstedt, C. (2007a).

¹⁰² Ingelstam, A. & Karlstedt, C. (2007b).

There can be little doubt that funding a large range of small CSOs promotes HIV/AIDS response activities. But where this is ultimately headed is by no means clear. It is not clear that this is leading to a viable and efficient system of local responses. There has been limited critical analysis paid to these issues, and it is very much needed.

The role of international NGOs

There is a pronounced perception that international NGOs have adopted a dominant role in Tanzania. Their role as intermediaries and facilitators in the Global Fund programme, PEPFAR, the RFA and the RFE is evident, and it is a source of concern to some civil society leaders that there is not greater presence of indigenous Tanzanian organisations in managing these initiatives.

There is, however, a growing concern among national NGOs that the INGOs are competing unfairly with them for resources and may be undermining the growth of an independent indigenous civil society.¹⁰³

There is need to rationalise diverse HIV/AIDS budgets across government, and to increase the capacity of Local Government Authorities, with local civil society organisations, to plan and deliver services. Finally, the district response continues to be the most elusive and critical piece to lowering prevalence and providing care and treatment. It was widely expressed by civil society leaders that there is disaffection at the current funding situation which is leading to international agencies, once seen as funders, now implementing programmes.

There is a feeling that the vibrancy of Tanzanian civil society has been sapped by this current state of affairs.

Development of the indigenous CSO sector

“What happens is that we **tap into** civil society resources, **but don’t really invest** in civil society.” (Development partner speaking off the record)

“Civil society is a sorely underutilized sector.” (Development partner, speaking off the record)

Civil society has traditionally played an important role in the health sector. For example, it is estimated¹⁰⁴ that 40% of health services in Tanzania are delivered by faith-based organisations. It is also apparent, given that the bulk (70%) of external funding for HIV/AIDS is spent through non-state actors, that civil society is playing a significant role in HIV/AIDS responses. It has been afforded a massive role in service delivery.

Yet CSOs feel that their roles are largely prescribed and this has curbed what civil society does best, which is connect with and respond to community needs and, through higher levels of civil society organisations, ensure that systems are created for addressing policy and strategy issues related to this. Many of those interviewed felt that current funding modalities have done little to support a vibrant and independent civil society leadership in the field of HIV/AIDS.

The alignment of funders with government has developed apace in Tanzania, and there has been no parallel development to assist civil society to fulfill its mandate through any kind of meaningful leadership role. Donor commitment to civil society appears to be overlooked in the current environment and it is assumed that support for country-level strategies will include civil society. For example, decentralisation plans see civil society assisting local

¹⁰³ Menocal, A. & Rogerson, A. (2006).

¹⁰⁴ Interview with Dr Bergis Schmidt-Ehry of GTZ.

government to coordinate local responses, but do not recognise the leadership role of Tanzanian civil society at a national level, which is not conceived as independent.

CSOs feel frustrated that their priorities and project structures do not coincide with programme parameters. The programmes of support are for the most part large 'stovepipe' or vertical programmes. Particular channels of funding are established with a view to implementing a particular strategy and sometimes very particular plans. Essentially NGOs are being paid to deliver specific services that have been deemed necessary through higher-level planning processes.

Some civil society leaders feel that money flowing to civil society organisations as payment for services is leaving little in its wake. Clinic fees are paid, or children are supported with basic needs, but other than short-term support little is left in its place. Assistance is tied to short-term numerical targets (from bed nets to home-based care) and there is the perception that there is insufficient development of community response systems.

This raises questions about the development of the indigenous NGO sector, such that it can assume leadership positions and determine roles, rather than follow in the footsteps of donor plans and endlessly service prescribed projects.

Many CSOs working on advocacy and policy do also have components of service delivery in their operational plans¹⁰⁵. Some of the more important advocacy issues are only really encountered in efforts to provide support to people with HIV/AIDS – for example, concerns around elements of traditional culture, such as marriage relationships and inheritance practices, require forms of on-the-ground advocacy in working with traditional leaders (e.g. Faraja Trust) as well as higher levels of advocacy (e.g. Parliamentarians for Women's Health). Concern to develop strategies and leverage concern and policy developments around problems of child trafficking for prostitution only really emerges in the work of Kiwohede. The identification of the problem emerged out of processes of engaging with young girls. In this respect intervention and advocacy are intertwined.

The rights-based approach to HIV/AIDS response is not strongly evident as a central element of civil society responses. There has been relatively little advocacy on the part of civil society on the slow rate of ART treatment roll-out, on inefficiencies in funding mechanisms, and on monitoring the state's obligations and commitments. There are also many issues being spoken about by civil society organisations – for example, user fees for health services, criminalisation of knowingly infecting someone with HIV – but where there is little joint discussion or effort. Only in discussion of the Health Bill and the NGO Act has there been some concerted activity, and not led by HIV/AIDS actors.

Tanzanian CSOs remain relatively minor players at the level of 'the big picture', although in quantity and direct involvement they play a critical service delivery role.

On paper the space for civil society to engage in national policy dialogue has increased. Civil society is typically represented as a matter of course in almost all major initiatives. Yet, there is a gap in actual participation.

The role of civil society in advocacy in the HIV/AIDS field has diminished rather than grown over time. For example, organisations like Faraja Trust and TANEPHA were previously involved in national-level training and development work, but such work has increasingly been taken on by international organisations that have adopted responsibility for building the capacity of their sub-grantees¹⁰⁶.

The shift to general budget support has changed levels of donor funding to NGOs¹⁰⁷ in the advocacy and policy influence field. Funding for advocacy activities in HIV/AIDS is

¹⁰⁵ In a study carried out by REPOA (2007) it was found that 47% of surveyed organisations had a mixture of service delivery and advocacy functions.

¹⁰⁶ For example, FHI conducts capacity building with new partners through to 'graduation' and both RFA and RFE programmes have basic grant management training components.

¹⁰⁷ Ingelstam, A. & Karlstedt, C. (2007b), although not specifically referring to HIV/AIDS NGOs.

reportedly¹⁰⁸ now much more difficult to come by and advocacy type organisations largely survive on funds for delivery of services.

Advocacy for treatment access, for example, is muted in the country, and although civil society representatives are involved in most consultative structures, they have not exerted a strong independent voice.

There is a dearth of ideas about how the Tanzanian civil society sector should be developed and sustained at scale. Not only are there few mechanisms to support larger and more successful NGOs, but there is no coherent vision of how the sector as a whole should grow and be supported. For many CSOs a largely hand-to-mouth existence precludes any real planning and investment in longer term developments. This state of affairs has also meant that civil society has not gathered itself together to the point of addressing their widely held concerns as a sector.¹⁰⁹

There is little evidence that civil society is providing an independent source of information for the public. There is little independent civil society research on HIV/AIDS responses, although there is quite a strong literature on broader development as well as gender issues¹¹⁰. It is imperative that civil society advocacy positions are more knowledge based¹¹¹, yet there is little propensity within HIV/AIDS civil society organisations for evidence-based policy research.

Funding available to CSOs

Decrease in direct funding to civil society: Civil society organisations have found it increasingly difficult to strike up relationships with funders who make decisions about which groups should be funded and which work directly with organisations. Funding is largely through intermediary organisations that enlist CSOs in delivering services.

Few local NGOs have been successful in accessing funds to equivalent degrees to their international counterparts. This is because, in order for one to access funds, justification is needed in the form of a written proposal, a prior track record in related work, as well as financial capacity. All of this is more possible for international NGOs, as they are often supported by their international headquarter offices in terms of finances and technical capacity.

Reach of funding: Information from a number of sources suggests that existing funding mechanisms are not covering the country.

- As of 2006 one third of districts were receiving no funding from TMAP or GFATM.¹¹²
- The RFE has expanded its coverage with some reach in all regions by 2007, although it has not been established whether more remote areas within regions are reached.

The limiting effect of short term funding: "The future of most community-based organisations (CBOs) and non-governmental organisations (NGOs) is fragile because they mainly depend on seasonal funds from donors for their operations. Often very limited resources are made available for organisational running costs, salaries and equipment."¹¹³ The unpredictability of funding, which means that CSOs are unclear whether and when they may receive funding, prevents any systematic planning. The activities of smaller CSOs wax and wane according to funding availability.

¹⁰⁸ Interviews with Alex Margery (TANEPHA) and Joseph Katto (SHEDEPHA+).

¹⁰⁹ The management of RFAs, for instance, is a matter of much concern to all civil society leaders spoken to, yet there is no strong debate in this area.

¹¹⁰ Exceptions are publications by TANGO and TGNP.

¹¹¹ Interview with Rose Mushi, ActionAid.

¹¹² Tanzania Public Expenditure Review (2006).

¹¹³ Head of TACOSODE, Theofrida Kapinga, cited in *Guardian*: 'Tacosode chief says civil organisations' future hugely fragile', 9 September 2007.

CSO participants in a 2005 survey¹¹⁴ strongly called for donors to expand current funding mechanisms to include NGOs' core operating costs, personnel and infrastructure to expand and sustain organisational work beyond the terms of individual projects.

"Tanzanian NGOs largely receive project based funding from donors, and respondents were exasperated by the restrictions attached to this type of funding. Often very limited resources are made available for organisational running costs, salaries and equipment."
(REPOA, 2007, p.xi)

Few opportunities for medium-sized NGOs

There are few funding opportunities for medium-sized CSOs beyond the RFE. Sustainability and continuity have become serious problems for even the most successful CSOs. There is no next stage for the completing RFE grantee, and this poses the risk that successes will not be built on, and capacity acquired may not be exercised. This is a gap in the current funding environment. Whereas there is considerably more funding flowing to civil society organisations, it is thinly spread.

There is ample evidence that medium-sized CSOs¹¹⁵ that have grown on the basis of funder loyalty over long-periods are currently facing funding crises, with direct avenues to bilateral funders closed and only limited opportunities to apply for short-term funds. There is a real risk that valuable assets for responding to HIV/AIDS, built up over many years, may progressively lose their strength and diminish their contribution.

Another example is TANOPHA which once received funding support that allowed it to organise national training workshops on advocacy, nutrition and treatment literacy. According to a former funder TANOPHA became a major force in advocacy work in Tanzania within a short period¹¹⁶ and acted as a capacity builder for other organisations supported by the funder. It is ironic that in the context of well-known capacity constraints in the country that an organisation appraised in this way by independent reviewers, is reduced to a shadow of its former self by lack of long-term funding support.

While in the HIV/AIDS field there has been a marked increase in funds available for service delivery, the opportunity for sustained direct funding support has narrowed. Well-established organisations with long and strong track records and achievements find it difficult to attract long-term support of donors, and many organisations which are in a position to expand their scope and scale are in fact scaling down.

Capacity building

A number of international NGOs, as well as both the RFA and RFE, support limited capacity building in funding management. In some cases¹¹⁷ this capacity building has enabled organisations to ultimately receive RFA and RFE funding.

The CSOs find that the development partners' efforts to support their capacity development are fragmented and supply-driven. Many workshops are offered in various subjects that development partners consider as useful for CSOs. Follow-up activities to support CSOs to internalise new skills are normally not provided and the focus is often on capacity development of individuals rather than their organisations. The particular needs of a CSO are normally not the starting point for the support provided. Their views about and approaches to service delivery are often overlooked in favour of required modes of delivery.

Funding of networks

¹¹⁴ REPOA (2007). Not confined specifically to HIV/AIDS NGOs.

¹¹⁵ Cases in point are Faraja Trust, a comprehensive community support organisation in Morogoro, and Kiwohede, an organisation focused on supporting young girls who have been trafficked into prostitution and ensnared into domestic labour, with 22 centres in 10 districts.

¹¹⁶ Garsonnin, J. et al. (2006).

¹¹⁷ PEPFAR funding FHI, as an example, reports such achievements.

There is little networking at country level. There has been a proliferation of networks which ultimately acts against the aim of networking. In the words of one respondent, “**You can’t have a family with five parents**”.

Although in favour of the idea of networking, and in particular the idea of a more coherent and ‘reachable’ civil society sector, donors appear to be reluctant to fund networks, partly for the above reason.

NGOs themselves seem to have been ambivalent about coalition-building, favouring sporadic attendances at conferences, workshops and seminars over sustained attempts to build networks¹¹⁸. But in many ways they need strong networks in order to have a greater impact and larger voice.

Loss of funding diversity

The era of direct support to NGOs and poor funder harmonisation was not without benefits. The uncoordinated approach to funding has increasingly been thought of as a negative development, but it bred a healthy diversity in funding strategies as well as dialogue and innovation. Civil society is by nature diverse and given the range of community needs, diverse strategies are no doubt necessary.

Whereas in many other countries, where national level plans are not as strongly promoted, CSOs are not generally well aligned with the same. This gives civil society greater room for flexibility and independence as funding programmes are less aligned. In Tanzania there is strong alignment and this has been a constraining factor for civil society.

The funding mechanisms which allow CSOs to craft their own proposals are critically small-scale funds and limited by conditions of short-term funding. The ending of the era of direct support to the type of organisations such as have successfully applied for the RFE grant, and for smaller organisations which typically apply for RFA grants, has led as intended to greater alignment with nationally supported strategies. Ultimately the price may be paid by loss of the rich resources which these organisations have brought to HIV/AIDS responses through their local sensitivity and responsiveness, and their unique understanding of and approach to dealing with community level issues.

Increase in accountability of spending: On a more positive note, although funding flows remain difficult to track, there can be no doubt that increased systematisation, harmonisation and alignment of donors with each other and with national strategy has led to improved possibilities for understanding how funds are being spent. In less consolidated funding systems, there is relatively poor accountability and little real dialogue about results or monitoring and evaluation commitments. Of course, consolidated funding does not necessarily improve effectiveness, but it tends to improve possibilities for understanding effectiveness.

Loss of funder capacity

With the gradual transfer to budget support, the development partners are facing pressure from head offices to reduce transaction costs and numbers of staff.¹¹⁹

Silent partnerships (as in basket and sector funding) and standardising mechanisms for CSO support are likely to allow them to reduce costs further. But there is some risk that this is leading to loss of capacity in development partners for managing direct support and communication with CSOs. There is also a cost in terms of their ‘embeddedness’ in critical issues of the host country. Bilateral donors have in the past produced valuable reports on critical issues and often identified issues requiring attention that otherwise are not reflected in national strategies. But, as importantly, they have also been directly in contact with critical

¹¹⁸ Mercer, C. (2004).

¹¹⁹ Ingelstam, A. & Karlstedt, C. (2007b).

issues and challenges. Their increasing distance runs the risk of leading to them progressively losing touch with realities and needs.

Tarnishing influence of HIV/AIDS funding

Some civil society leaders feel that practices in the HIV/AIDS funding environment are “tarnishing the image of civil society”.

One civil society leader referred to HIV/AIDS as the ‘Trojan Horse’ of civil society, implying weakness and vulnerability for the sector, embedded in what appears to be an attractive and promising growth of civil society activity. There is some concern among ‘non-AIDS’ civil society activists, that independent, advocacy oriented civil society activity is being eclipsed by the concerns of a large number of small organisations oriented to provision of services largely under the stewardship of government and donors.

There can be little doubt that the growth of CSOs has been propelled to some degree by economic opportunism. The term ‘briefcase NGOs’ appears to be well-known in Tanzania and it resonates with a phenomenon of NGOs which are established in response to funding opportunities, but which show little evidence of any sustained accountability to community needs. Briefcase NGOs have not been adequately defined or researched, but there clearly needs to be concern about the risk of funding such NGOs that have little intention of developing into well managed assets for community responses.

Monitoring and evaluation

How have changes in the funding environment affected organisational and programme learning and capacity to improve?

Funder derived monitoring protocols focused on specific outputs may assist organisations to become more efficient and improve operational management, but these do not do much to assist CSOs to learn from experience. For the most part smaller organisations are able to gather just enough funding to continue operations and deliver required outputs, but don’t appear to be strengthening as organisations.

Some projects have adopted formative and participatory evaluation programmes¹²⁰ approaches as a way of assessing the meeting of programme activities and community needs and have had a flexible, responsive approach to programme development. But there appears to have been relatively little development of thinking in this direction, which is arguably the most appropriate approach to evaluation within community organisations.

Learning from experience case study

One of the early programmes in Tanzania, the Southern African AIDS Trust (SAT), strongly emphasised learning from experience.

Through its SHARE (Shaping HIV/AIDS Response) document series it consolidates programme learning, documents practical experiences, identifies lessons learned, and advocates for effective strategies and policies. There is a long-standing culture within SAT of growing organisational intelligence around what constitutes good practice. The organisation promotes developmental ‘evaluation processes’ involving communities served by interventions. Partners are encouraged to conduct participatory evaluations with local stakeholders. These are often overlooked in other funding and support programmes, in favour of quantitative output measures.

¹²⁰ Programmes supported by the Southern African AIDS Trust have been a notable example.

Income generation

Individual CSOs are heavily dependent on donors. In a 2005 survey of CSOs over 90% of organisations surveyed were donor funded with the remainder self-supporting through consultancies, or funded by their membership or individuals. However, 40% receive no funding for 60 to 100% of their activities.

The idea that CSOs can generate their own income in contexts which are characterised by dire need may seem a far cry, but some are making inroads, forced by circumstance. For example, Faraja Trust in Morogoro has lands under cultivation, it is working towards founding a counselling institute that could generate income from training, and it has a unit trust portfolio built up over time. It also has a staffing approach that assists its members to receive education; they later move on to be beneficiaries of the organisation and retain long-term contact with the organisation. The people that the organisation helps seem to regard the organisation as a family and loyalties - not unlike family loyalties - appear to feed back into the organisation.

PART 4 – CONCEPTS FOR FUTURE HIV/AIDS RESPONSE

1. Focusing and engaging the key issues

1.1. Clarifying the role and value of civil society

“When people speak of civil society in Tanzania, it is an ‘add on’.” (Development partner, speaking off the record)

Civil society needs to consolidate and clarify its views and begin to systematise its own approach with respect to engagement with donors and government. There are many issues that need clarification in relation to the role and value of civil society.

Civil society needs to establish itself in the eyes of donors as complementary to government. Strong collaboration between donors and government has no parallel in the civil society sphere and although civil society plays a critical role in delivery of services to people, and although CSOs (national and international) receive the lion’s share of international development assistance for HIV/AIDS, the ‘voice’ and influence of civil society is largely silent in determining how HIV/AIDS money is spent.

Indigenous HIV/AIDS civil society needs to clarify its role and value as independent from government, and needs to reclaim its role in advocacy, as well as articulate a vision of what it uniquely contributes to HIV/AIDS responses in the country.

It may be helpful in pursuing this purpose to develop a joint charter which articulates the role and value of civil society and a vision of how civil society plans to develop as a sector and engage with government and development partners.

1.2 A more united front

Although there is dissatisfaction about who represents civil society and how¹²¹, there are civil society representatives on official structures at various levels, and both government and donors endorse civil society participation and consultation. Yet few of the substantive issues raised in this document have been tabled or addressed in a sustained way.

There is a need for civil society organisations working in HIV/AIDS to find a common platform and a united voice with which to address the many concerns they share, but do not jointly express. HIV/AIDS CSOs tend not to participate in important national debates and are not even evident in annual HIV/AIDS independent review processes. Development partners and government have had strong relationships, but the voice of civil society has been too divided to allow for this.

Divisiveness among civil society organisations is a major problem. It is at least partly a consequence of competition for resources. Like civil society in other fields of social activism, civil society in the HIV/AIDS field would benefit from a stronger and more united voice. It needs a more united external front to turn its internal divisions into healthy diversity.

Civil society organisations on the ground do not strive to be represented, only to have opportunities to fulfill their own missions and work together with those with whom they share common objectives.

There is strong reason to believe that the adoption of a common platform where issues can be debated to the point of adopting united positions is a requirement before civil society can engage with donors on funding issues. It is also a prerequisite for HIV/AIDS CSOs to take a place in the broader civil society movement in Tanzania. It may require an agreed national forum to distill the voices of civil society organisations working in the HIV/AIDS field to a point where their views can be expressed and heard.

¹²¹ For example in the TNCM.

2. Relationships with development partners

The Development Partner's Group in Tanzania has produced a position paper and set of guidelines relating to the need to align and harmonise civil society funding protocols, but focused specifically on civil society organisations involved in advocacy and policy influencing work¹²².

Whilst developed specifically in relation to advocacy work, its principles for good 'donorship' are of broader interest and represent a major initiative which addresses many of the problems identified by civil society actors in this report.

A similar initiative is needed in the HIV/AIDS field. It would be of value for a united civil society front to engage development partners in an initiative to develop a better understanding of how to support a robust and sustainable civil society response to HIV/AIDS, hopefully leading to better funding arrangements more conducive to optimising the contribution of civil society.

It might be expected of development partners that they:

1. Take steps to improve and manage communication with CSOs.
2. Plan to support civil society through mechanisms that mirror budget support to government.
3. Support rights and advocacy-oriented civil society initiatives.
4. Exercise caution not to usurp the roles of CSOs and ensure that responsibility for how to organise Tanzania civil society should always lie in the hands of civil society itself; development partners should support, not design such processes.

3. A viable economy of HIV/AIDS responses

It was noted above that the net effect of development aid management is that civil society is tapped into, but not really invested in.

Whereas donors are falling in line with the need to support national strategies, there appears to have been little long-term thinking about the sustainability of responses. If donors are supporting national strategy and yet civil society (local and international combined) is a primary recipient of much of the aid received, it is essential to consider the need for the long term viability of civil society organisations. There is need for a better understanding of how a system of Tanzanian HIV/AIDS response, with civil society playing a prominent role, can be established.

It is necessary to move from thinking only about getting money to where it is needed, to investing in HIV/AIDS response assets. Were there to be an audit of national assets for HIV/AIDS response, civil society would be an indispensable link in the value chain.

The following elements would be important in reconceptualising support for civil society responses to HIV/AIDS, with the aim of building the progressive internalisation and sustainability of HIV/AIDS responses.

3.1 An asset-based support and funding approach

The current funding environment provides opportunities for organisations to provide specific services as part of a bundle of services that are pre-determined. Whilst not inherently problematic, this approach overlooks the unique capacities of civil society to provide support to the national HIV/AIDS response.

An asset-based funding approach:

¹²² Ingelstam, A. & Karlstedt, C. (2007a, 2007b).

- Would begin with an appreciation of what existing organisations and capacities exist and how these can be scaled up and replicated. It aims at augmenting existing capacities to contribute to HIV/AIDS responses ('additionality') rather than using civil society to provide specific services.
- Focuses on building learning organisations, rather than organisations that meet a particular blueprint in terms of organisational systems and functioning. Building assets is less about transferring knowledge than it is about enhancing learning.
- Would aim at building local systems of integrations of services, rather than simply funding specific services and hoping that this would lead to greater integration. This must again begin with what is there.
- An asset-based funding approach appreciates that investments lead to development of capacities – in other words, there is growth of and return on the investment.
- Is flexible in what it supports, and recognises that results occur at different levels in society and achieving results in the long term requires effective support at all levels.

The development partners need to change perspective, recognise the value embedded in civil society, and assess how they can adjust to the CSOs' needs and not the other way around¹²³.

3.2 A skills economy

A significant amount of training has taken place to enable the current scale of civil society HIV/AIDS service delivery. This has been conducted within project parameters and training courses are typically not assessed or standardised.

There appears not to be any qualifications frameworks in Tanzania for most of the important areas of HIV/AIDS responses training. These include project management, financial management, monitoring and evaluation, counselling, child development and care, home based care, and community education.

In each of these areas there has been ample training, but investments in training have not led to corresponding numbers of people adequately trained to defined levels of knowledge and skills. If training programmes were standardised the skills of civil society participants could be developed and built upon and civil society would become a repository of semi-professional skills which could be developed over time.

Further, there are a good number of larger NGOs in Tanzania that have in the past been involved in generating income through training and skills development. There are significant income possibilities in training programmes – even institutes – with good opportunities for civil society taking the lead in improving the stock of skills for society to draw on.

3.3 An organisation development approach

A small charitable organisation, or a young CBO, does not have the same organisational capacities, and certainly not the same needs, as a more mature organisation.

Funding of CSOs needs to take into account the state of development of an organisation and the differing support needs following this. It is important to assess the capacities and risks that affect capacity of organisations to deliver results, including their capacity to manage risks proactively, strength and coherence of strategy, management systems and operations, financial status, external relationships and supports.

It would be of value to develop a tool that could be routinely used across Tanzania to assess risks threatening results, and also to develop guidelines of criteria to be met to achieve fundability.

¹²³ A point endorsed in a position paper regarding support for advocacy organisations (Ingelstam, A. & Karlstedt, C., 2007b).

Of course risk is not necessarily to be avoided, but it must be known. Although high risk is not likely to lead to high return as in the commercial sector, innovation and support for new initiatives inevitably involves some risk. What is most critical is an assessment of the way that risks are managed, i.e. monitored and mitigated.

3.4 Human resources support

It is a perennial problem of CSOs that funders are prepared to fund operations, but not salaries and recurrent costs. Salaries and perks in indigenous NGOs are considerably less than those in international NGOs. That this has led to some loss of skills on the part of national CSOs is a problem that does not appear to have received much attention. There is much evidence of this, even in the limited number of international organisations working in Tanzania, where talented Tanzanian personnel are drawn to the services of international organisations that have more certain income streams and better benefits.

For the same reasons that it has been seen as necessary to provide salary support for government health employees in rural areas, strategies for retaining staff in national CSOs should be seen as necessary.

A strong civil society sector requires a flow of talent and expertise back into indigenous civil society; development partners together with civil society need to consider strategies for ensuring that international organisations pursue staffing policies that are least damaging to civil society.

4. Building on the natural assets of civil society

4.1 Resource, training and development centres

The assets of civil society are scattered across the country and there are few opportunities to share experiences across distances, organisations and programmes. Much of the innovation and excellence of Tanzanian civil society responses to HIV/AIDS is largely unknown to many.¹²⁴ There is also much duplication in terms of guidelines, toolkits and other programme resources.

There may be a need to develop centres for gathering, developing and distributing resources and tools to support programme development and implementation; conducting high quality, accredited training and research; and gathering, analysing, documenting and disseminating learning from the field.

Centres of learning or institutes in the cross-cutting areas of counselling, health promotion, child-development support and organisational development would greatly assist in alleviating the dearth of learning from experience and lack of development momentum.

4.2 Research on civil society

There are many elements of Tanzanian civil society responses to HIV/AIDS that need to be further understood. If civil society organisations are to be supported, they need to be appreciated more fully on their own complex terms.

NGOs mentioned above, such as Faraja Trust and Kiwohede, have a fundamentally different way of operating from international NGOs working in the country, with extraordinary commitments on the part of staff, to the extent of receiving allowances rather than salaries. These are truly organisations of people deeply invested in their own communities. Whereas they work for, and are partly supported by the organisations, the work relationship is more personal and more committed than the typical employer-employee relationship. There is need to understand how such organisations are constituted and what they represent. Their

¹²⁴ Cases in point are Faraja Trust and Kiwohede which were surprisingly unknown to many development partners and civil society actors interviewed.

management cultures, their ways of accounting to constituencies and even how they manage their funds are subject to variations. These need to be understood and engaged with rather than these critical and constituting differences being smoothed away by initiating protocols aimed as creating organisations which conform to set criteria for fundability. Requirements of a fundable organisation may in some cases erode the characteristics of an organisation and of leadership which makes the organisation viable and effective. Research on ways that such organisations function and sustain themselves over the years may cast a different light on how to support their effectiveness and improve their results.

A national survey of Tanzanian HIV/AIDS CSOs should be conducted, similar to that conducted on the NGO sector by REPOA¹²⁵. It would also be important to establish the scale of the sector and the forms which organisations take, considering that some registered organisations may exist only in name or proposal only, or on a part-time basis with very little operational capacity.¹²⁶ It would be of value to assess its foci and activities, and the impacts of the current funding environment on its growth and consolidation.

4. Civil society friendly funding mechanisms

There are long-term needs such as resource, training and development centres mentioned above that require forms of funding for which there are presently no suitable mechanisms. There is also much good value in existing organisations and networks that is not being built on, or used, and in some cases value is being lost in the sense of capable organisations well-positioned to support and mentor others floundering for lack of funding support.

There would be some value in developing a new funding model and programme, borrowing from both RFA and RFE concepts, aimed at larger organisations with a proven track record, capable of supporting other organisations, and worth supporting for longer periods.

Amongst the growing number of smaller CSOs supported by FCS and CARF there will surely be some that grow in scale to become medium-sized CSOs. A sequence of three funding mechanisms might be envisaged, with design linkages established so that they work towards a developmental sequence. If RFA funding mechanisms are able to support the development of smaller organisations to the point where they are able to make good of RFE funding, a new funding programme which supports larger programmes for longer periods would be the ultimate aim.

The sequence would accommodate the needs of different types and sizes of CSOs and at the top end would allow the development of significant national organisations. Within such a framework there may well be value in creating variants to suit the needs of different kinds of large CSOs, for example, faith-based organisations¹²⁷.

Recognising the value and efficiencies of systematisation, from the civil society perspective there would be great advantage in development partners coordinating their efforts to engage civil society, with an emphasis on focusing efforts, sharing information and basket funding. The advantages of basket funding, with only one set of requirements and conditions, would represent a major step forward for CSOs, considering the burden faced in having to report to multiple sources.

In keeping with findings of this report, and also drawing on guidelines for good donorship,¹²⁸ the following principles should be regarded as central to optimising civil society responses to HIV/AIDS.

¹²⁵ REPOA (2007).

¹²⁶ Similar research was conducted by Birdsall, K. & Kelly, K. (2007) in six southern African countries.

¹²⁷ There has previously been discussion in the Development Partners Group about the needs of faith-based CSOs, some of which are responsible for health services, which may require a specially designed funding mechanisms.

¹²⁸ Ingelstam, A. & Karlstedt, C. (2007a).

Establish a new donor and civil society dialogue structure or forum¹²⁹: to meet the need of HIV/AIDS civil society organisations to consolidate their 'many voices' around donor relationships and support; to meet the need for donors to address inadequacies of current civil society support arrangements; and to consider mechanisms for harmonisation of donor support for civil society and the need for greater commitment to supporting civil society as an autonomous and parallel force for HIV/AIDS response, alongside budget and other government programme support programmes.

Align funding with the civil society sector: applying principles to CSOs equivalent to the principles of the Paris agenda; aiming to enhance ownership by CSOs; aligning to the systems and procedures of CSOs and not vice versa; development partners fitting their requirements to suit CSOs.

Encourage diversity of funding strategies: maintaining a diversity of funding strategies to accommodate the heterogeneity of civil society and the different types of funding appropriate given varying stages of development of CSOs.

Prioritise strategic partnerships for direct funding: allow long-term relationships with CSOs as strategic partners in pursuing the goals of aid programmes' particular thematic areas; development partners will thereby have thematic expertise through which to support both the Government of Tanzania and the CSOs in the same sectors or thematic areas.

Engage in longer-term commitments: engage in long-term commitments with strategic CSO partners, within the frameworks of their strategic plans.

Move towards core funding: development partners should accommodate the need for core funding as a main mode of support to strategic partner CSOs, in the same way as they support government in terms of general budget support.

Recognise the strategic plan, budget and a joint report as the main steering documents: a long-term strategic plan should form the basis for the collaboration between one or a group of development partners and the CSO; development partners should collaborate on commitment to supporting such organisations in the long term; the strategic plan should be the principal tool for endorsing activities and the basis for result reporting, monitoring, dialogue and evaluation; a long-term budget, corresponding to the strategic plan, should contain the entire funding needs of the organisation; and reporting should be one joint annual report to the development partners and the public.

Support institutional capacity building: development partners should support the development of weaker CSOs through intermediary organisations and support the extension of civil society support programmes.

¹²⁹ Such as is evident in some other sectors (e.g. water, education, agriculture)

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Appendix 1: People interviewed

Name	Position / Agency
Dar es Salaam interviewees	
Alex Margery	Tanzania National Network of People with HIV/AIDS
Ankita Mehta	Programme Project Module Coordinator, Plan Tanzania
Dr Bergis Schmidt-Ehry	GTZ
Deanna Duplessis	Programme Manager, Youth Challenge International
Deogratus Mlay	Research & Documentation, Foundation for Civil Society
Djax Biria	Executive Director, TRACE
Donation	Education Coordinator, Plan Tanzania
Edda Kawala	Programme Officer, Kiwohede
Edmund Mutayoba	Programme Manager, NETWO+
Elise Jensen	Head of Development Partners Group; HIV/AIDS Team Leader, USAID
Francis Mtilu	WATSAN Advisor – Water & Sanitation, Plan Tanzania
Gerwas Manjari	Livelihood Advisor, Plan Tanzania
Godfrey Tweve	Member of NGO Board; Programme Manager, Pact
Hamid Al-Alawy	SHDEPHA+ National Network
Hamisu Mwango	Deputy Director, TRACE
Jane Calder	OVC Programme Manager, Pact
Jessica Loziuk	Assistant Programme Manager, Youth Challenge International
Joan Chamunga	Commissioner TACAIDS, Chair of Board of Tanzanian Network of Women Living with HIV/AIDS (TNW+), National Council of People Living with HIV/AIDS (NACOPHA)
Jo-Angeline Kalambo	Assistant Director, Capacity Building & Coordination, Family Health International
Jonniah William	Partnership Advisor, UNAIDS
Joseph Katto	SHDEPHA+
Joseph Mzinga	Development Manager, Foundation for Civil Society
Joyce Bayona	Communication Manager, Plan Tanzania
Justa Mwaiktuka	Director, Kiwohede
Ken Heise	Resident Advisor, Management Sciences for Health, Leadership, Management and Sustainability Program
Dr Louisa Masayanyika	Health Advisor, Plan Tanzania
Dr Luc Barriere-Constantin	Country Coordinator, UNAIDS
Lydia Rwenchugura	Parliamentarians for Women's Health; Project Officer, International Community of Women Living with HIV
Marga Janse	VSO volunteer
Matthew Cogan	Programme Analyst, HIV/AIDS & Gender Unit, UNDP
Dr Peter Bujari	Executive Director, Tanzania AIDS Forum; Executive Director Human Development Trust
Rakesh Rajan	Haki Elimu, Council Member: Foundation for Civil Society
Dr Rose Mushi	Country Director, Action Aid
Simon Malanilo	HDT Programme Coordinator – Human Development Trust
Stella Mwambenja	Counsellor, Kiwohede
Stella Tungaraza	Microfinance Coordinator, Plan Tanzania
Tom Ventimiglia	Project Director, Ujana programme, Family Health International
Usu Mallya	Executive Director, Tanzanian Gender Networking Programme
Wilbert Ngu	Child Rights & Gender Advisor, Plan Tanzania

Morogoro interviewees	
Devotha Minga	Manager, Faraja Trust Youth Centre
Divina Masashwa	School Health Regional Coordinator, Regional Hospital Morogoro
Elibariski Kweka	Coordinator, WAVUMA
Etedy Mwanakatwe	Morogoro Municipal Council HIV/AIDS Coordinator
Issa Mlweta	Volunteer, Faraja Trust
Dr Lucy Nkya	Director, Faraja Trust
Michael Njohole	Fund-raising, Faraja Trust
Mr Moshi	Morogoro Municipal Council HIV/AIDS Coordinator
Muslim Association HIV/AIDS Programme	
Norbert Michael	Mainstreaming Coordinator, Faraja Trust
Pauline Raguera	Support-group Coordinator, Faraja Trust
Severa Motha	Small Grants Programme
Steven Msababa	Field Officer, ActionAIDS International Tanzania (RFA – Morogoro and Coastal Region)
Syoni Mwambola	Legal Aid and Rights Department, Faraja Trust
Victor Mulimila	Deputy Director, Faraja Trust

Appendix 2: Participants in preliminary report back

November 30, 2007, Dar es Salaam

Name	Position / Agency
Alex Margery	Tanzania National Network of People with HIV/AIDS
Dr Carla Sutherland	Ford Foundation, East Africa
Charles Kamugisha	TACAIDS
Christy Wistar	Abbot Fund
Godfrey Tweve	Member of NGO Board; Pact
Hamid Al-Alawy	SHDEPHA+ National Network
Dr Jacob Gayle	Ford Foundation, New York
Justa Mwaituka	KIWOHEDE
Ken Heise	Management Sciences for Health (RFE)
Kenneth Lema	Abbot Fund
Dr. Lucy Nyka	Member of Parliament; Faraja Trust
Lydia Rwechungura	NGO Parliamentarians for Women's Health; International Community of Women Living with HIV (ICW)
Neema Duma	Netwo+
Dr Peter Bujari	Tanzania AIDS Forum
Rhoda Mshana	Senior Consultant Management Consultancy Services, Deloitte
Rustica Tembele	District and Community Response -TACAIDS (RFA)

Appendix 3: Bilateral funders - Incorporation of HIV/AIDS into assistance portfolios

- In 2006, 36.6% of Swedish **Sida's** assistance to Tanzania took the form of General Budget Support and 11.5% was in the form of health sector support.¹³⁰ Specific HIV/AIDS related funding included non-earmarked support for the National HIV/AIDS Care and Treatment Programme, contributions to UNICEF's programme 'Working with Adolescent and Young People and Reaching out for the Most Vulnerable Children', Save the Children's Youth Friendly Approaches to HIV/AIDS, and Student Partnership Worldwide's School Health Education Project.¹³¹ Sida also provided SEK 1.7 million to three Swedish-based NGOs for HIV/AIDS work in Tanzania in 2005, and SEK 668,653 in 2006 to two organisations.¹³²
- Over the period 2007-2010 **Irish Aid** is providing 39% of its overall assistance to the Government of Tanzania through General Budget Support, with the remainder in the form of sector and direct support.¹³³ Approximately 4% of Irish Aid's overall assistance to Tanzania is earmarked for HIV/AIDS over the period 2007-2010,¹³⁴ although its 'direct funding for HIV/AIDS will remain relatively modest due to significant increases in funding from other donors, particularly for care and treatment.'¹³⁵ Irish Aid contributes to the Rapid Funding Envelope and directly supports a number of civil society organisations in each of its focus clusters, with priority given to recipients that can build the capacity of smaller, emerging civil society organisations.¹³⁶ Irish NGOs such as Trocaire, Concern and Oxfam also receive funding directly from Irish Aid headquarters in Dublin and work locally with 'development partners' in Tanzania.
- **Norway's** support for HIV/AIDS in Tanzania takes place through health sector support (National Care and Treatment Plan) and through the work of NGOs focusing on HIV/AIDS.¹³⁷ It also supports the HIV/AIDS programmes at two Tanzanian hospitals, a fellowship programme for health personnel, the Femina Health Information Project, and the Rapid Funding Envelope. The Norwegian Embassy in Dar es Salaam also funds some NGOs directly, including Norwegian Church Aid, the Foundation for Civil Society, and the Tanzania Gender Networking Programme. Some of these agreements are multi-year.¹³⁸ In late 2007, Norway committed US\$ 9.75 million to the Clinton Foundation's CHAI programme in Tanzania, focusing on PMTCT.¹³⁹
- Canadian **CIDA's** support to HIV/AIDS in Tanzania has included CAD20 million to the Government of Tanzania to support the National Multi-Sectoral Strategic Framework for HIV/AIDS over the period 2006-2008; CAD2.6 million to the RFE (over two phases between 2002 and 2011);¹⁴⁰ and CAD3.95 million to the NGO Marie Stopes Tanzania for a reproductive, maternal and child health, and HIV/AIDS services programme (2005-2009). It has also allocated CAD4.8 million to the Foundation for Civil Society over the period 2007-2010.¹⁴¹
- According to the OECD DAC database, the **Netherlands** has provided approximately US\$ 20 million to Population Services International for a condom social marketing initiative in Tanzania (2004-2005), and has also supported PharmAccess, a Dutch-based NGO, with US\$ 3.7 million to provide technical assistance to the National HIV/AIDS Care and Treatment Plan.

¹³⁰ Sida (2007a).

¹³¹ Sida (2006, p.21-22).

¹³² Sida (2007a).

¹³³ Irish Aid (2007, p.19).

¹³⁴ Irish Aid (2007, p. 26).

¹³⁵ Irish Aid (2007, p. 14).

¹³⁶ In particular, it has worked with the Foundation for Civil Society and Haki Elimu.

¹³⁷ Website of Norwegian Embassy, Dar es Salaam. www.norway.go.tz. Accessed 10 April 2008. According to OECD DAC database for HIV/AIDS, in 2004-2005 this included an initiative focused on empowering youth through support; the Ilulua orphan programme, including construction of the orphanage; and a teacher initiative aimed at increasing HIV/AIDS knowledge.

¹³⁸ Website of Norwegian Embassy, Dar es Salaam.

¹³⁹ <http://www.norway.go.tz/Development/HivAids/ClintonAgreement.htm>

¹⁴⁰ <http://www.acdi-cida.gc.ca/CIDAWEB/cpo.nsf/vWebCSAZEn/582FA712AFB3ABF0852570A700317F48> Accessed April 10 2008

¹⁴¹ CIDA funded projects, Tanzania. <http://www.acdi-cida.gc.ca/cidaweb/cpo.nsf/vWebCSAZEn?ReadForm&idx=01&CC=TZ>

- **Danida** has historically 'mainstreamed' HIV/AIDS across its support to the agriculture, roads, environment and business development sectors,¹⁴² although it also contributes to the Rapid Funding Envelope and a youth media project (ISHI). Under its 'local appropriate authority,' Denmark's Embassy in Dar es Salaam funds discrete 'NGO projects' such as one supporting street children in Dar es Salaam.¹⁴³
- 37% of **Germany's** total assistance portfolio to Tanzania is targeted at health and HIV/AIDS.¹⁴⁴ Among the components of its health sector support is a Multi-Sectoral Comprehensive HIV/AIDS Control programme, which is implemented in four regions. The German Embassy in Dar es Salaam also administers a programme for small-scale projects to provide rapid assistance to NGOs.
- The United Kingdom's **DFID** provides over 80% of its assistance through GBS and has limited direct support for HIV/AIDS. However, it has been a contributor to the Rapid Funding Envelope since 2004.¹⁴⁵

¹⁴² Ministry of Foreign Affairs Denmark. (2004).

¹⁴³ Ministry of Foreign Affairs Denmark. (2004, p.25).

¹⁴⁴ Embassy of the Federal Republic of Germany Dar es Salaam (no date).

¹⁴⁵ Website of the Rapid Funding Envelope. <http://www.rapidfundingenvelope.org/Donors.htm>, Accessed on 9 April 2008.