TECHNICAL SUPPORT EFFECTIVENESS ASSESSMENT OF CIVIL SOCIETY AND COMMUNITY GROUPS IN BOTSWANA, LIBERIA, SIERRA LEONE, SOUTH SUDAN, SWAZILAND AND TANZANIA

eannaso

Regional Platform
for Communication and Coordination
on HIV/AIDS, Tuberculosis and Malaria
For Anglophone Africa

TANZANIA COUNTRY REPORT

Tabora

TANZ

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ABREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BMF	Benjamin Mkapa Foundation
CG	Community Groups
CRG-SI	Community, Rights and Gender Special Initiative (CRG SI)
CS	Civil Society
EANNASO	Eastern Africa National Networks of AIDS and Health Service Organisations
FGD	Focus Group Discussion
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
KII	Key Informant Interview
KVP	Key and Vulnerable Populations
LGBTI	Lesbian Gay Bisexual Transgender/Transsexual and Intersex people
M&E	Monitoring and Evaluation
PR	Principal Recipient
SR	Sub-Recipient
TA	Technical Assistance
TB	Tuberculosis
TNCM	Tanzania National Coordinating Mechanism
TNW+	Tanzania Network of Women living with HIV and AIDS
UNAIDS	The Joint United Nations Programme on HIV and AIDSz

ACKNOWLEDGEMENT

EXECUTIVE SUMMARY

Introduction:
Tanzania has an estimated population of 52 million as of the year 2017[1]. The prevalence of HIV among adults ages 15 to 64 years in Tanzania is 5.0% (6.5% females and 3.5% males)[2]. Tanzania is among the 30 countries worldwide with the highest burden of TB. In the year 2016, Tanzania notified 65,908 TB patients; 39,2017 (61%) cases were males and 24,694 (39%) females[3]. Malaria control is still a priority in Tanzania. The percentage of children age 6-59 months, nationally, with a positive Rapid Diagnostic Test (RDT) result was 7.3%[4].

To respond to AIDS, TB, and malaria epidemics, effective response needs also to address the barriers related to human rights, gender and other inequalities and exclusions by involving capacitated civil societies (CS) and community groups (CG). Therefore, CS and CG need the right capacities to assume such roles as planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes.

Aim:
To assess the TA Effectiveness to CS and CG as they engage in the national and Global Fund processes in Tanzania. The results will then help to improve the TA delivery to CS and CG in Tanzania.

Methods:
TA Effectiveness study for Tanzania was done in Dar es Salaam, between the 19th and 20th February 2018. CS and CG and Key Informant Interviews (UN agencies and implementing partners) were involved in the study. We used SurveyMonkey, interviews, and Focus Group Discussion to collect data. A validation meeting was held on the 23rd February to present the findings to stakeholders working with CS and CG responding to HIV, TB, and malaria epidemics.

Summary of findings:
CS and CG are the main stakeholders in addressing the AIDS, TB, and malaria epidemics in Tanzania. The findings related to the TA in Tanzania are as follows:

- CS and CG are extensively involved in the national processes, President's Emergency Plan for AIDS Relief (PEPFAR) and Global Fund related processes.

- TA providers could be TB, HIV, or malaria programmes, and development and implementing partners who may be funded by Global Fund or United States Agency for International Development (USAID).

- CS and CG are coordinated by Non-Sector Actors (NSA) which received funding from EANNASO to conduct a national dialogue for the Global Fund writing cycle.

- CRG SI has been provided to create dialogue and involve key populations in conducting national dialogue, which was critical in the grant writing process of the Global Fund.

- TA is needed to increase the number of CS and CG implementing Global Fund programmes as SR and PR.

[1] HTTP://WWW.NBS.GO.TZ/NBSTZ/INDEX.PHP/ENGLISH/
[2] NBS (2017). TANZANIA HIV IMPACT SURVEY (THIS) 2017: SUMMARY SHEET OF PRELIMINARY FINDINGS
[3] NTLP (2017). NTLP TB ANNUAL REPORT (2017)
[4] MOHCDGEC (2017). TANZANIA MALARIA INDICATOR SURVEY (TMIS) KEY INDICATORS OF 2017

Recommendation:
Below are some of the recommendations from this study.

- Develop an assessment tool that can be used to assess the TA needs of CS and CG so that they can be involved in Global Fund implementation.

- Develop national TA plan that will be advocated for funding from different stakeholders.

- Document TA given to CS and CG to better understand how to improve TA models in the country.

Conclusion:
Non-Sector Actor coordinating body for CS and CG has received short-term technical assistance programmes through CRG SI that has helped to conduct national dialogue for CS and CG in preparation of Global Fund application. However, more efforts are needed in supporting long-term capacity development and meaningful engagement of key and vulnerable populations.

1. INTRODUCTION

Tanzania has an estimated population of 52 million as of the year 2017[1]. The prevalence of HIV among adults ages 15 to 64 years in Tanzania is 5.0% (6.5% females and 3.5% males)[2]. Tanzania is among the 30 countries worldwide with the highest burden of TB. In the year 2016, Tanzania notified 65,908 TB patients; 39,2017 (61%) cases were males and 24,694 (39%) females[3]. Malaria control is still a priority in Tanzania. The percentage of children age 6-59 months, nationally, with a positive Rapid Diagnostic Test (RDT) result was 7.3%[4].

To effectively respond to AIDS, TB, and malaria there is a need to also address the barriers related to human rights, gender an other inequalities and exclusions by involving equipped civil societies (CS) and community groups (CG). The Global Fund has supported Tanzania since 2005 and addresses the gaps in health care delivery including; financial management, procurement, supply and management of medical and pharmaceutical products, health information systems, monitoring and evaluation, and service delivery[5]. To date the summary of the achievements of Global Fund in HIV, TB, and malaria are shown in the box below.

The Global Fund funding circle also known as 'allocation periods' is available for every three years (see Figure 1). CCM which is a national committee oversee the Global Fund application and implementation in Tanzania. CCM has the representatives from all sectors such as government, development and implementing partners, CS and CG.
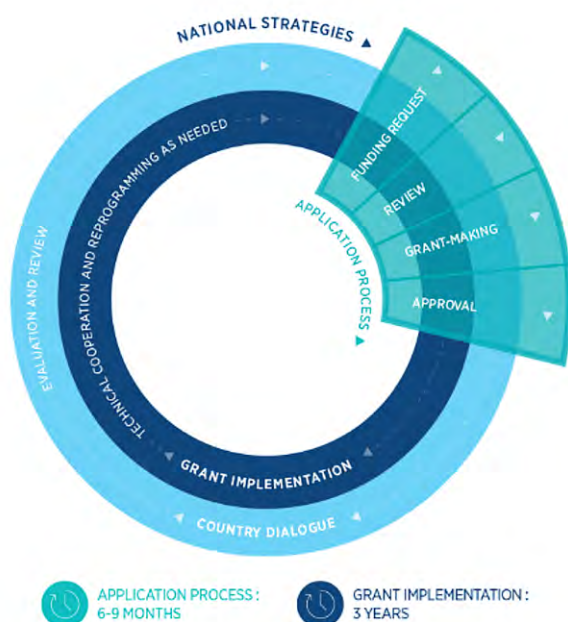
Figure 1. The GF application and implementation processes

Summary of GF Achievements In Tanzania

HIV/AIDS:
People currently on antiretroviral therapy — **850,000**

TUBERCULOSIS:
Laboratory-confirmed pulmonary TB detected and treated (cumulative) — **58,700**

MALARIA:
Insecticide-treated nets distributed — **48,300,000**

INVESTMENTS:
To date in health — **US$ 1,912,208,571**

[1] HTTP://WWW.NBS.GO.TZ/NBSTZ/INDEX.PHP/ENGLISH/
[2] NBS (2017). TANZANIA HIV IMPACT SURVEY (THIS) 2017: SUMMARY SHEET OF PRELIMINARY FINDINGS
[3] NTLP (2017). NTLP TB ANNUAL REPORT (2017)
[4] MOHCDGEC (2017). TANZANIA MALARIA INDICATOR SURVEY (TMIS) KEY INDICATORS OF 2017
[5] HTTPS://WWW.THEGLOBALFUND.ORG

Therefore, CS and CG are important stakeholders in the national responses especially for HIV, TB, and malaria. CS and CG require long- and short-term technical assistance and capacity development initiatives to enable them to effectively take on the roles of planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes.

In November 2016 the Global Fund Board approved $15 million US for the Community, Rights and Gender Strategic Initiative (CRG SI) scheme for the period 2017 - 2019 to support the following three components:

1. Short-Term Technical Assistance Programme;
2. Regional Platforms for Communication and Coordination; and the
3. Long-Term Capacity Development and Meaningful Engagement of Key and Vulnerable Populations.

The TA to CS and CG may include, but not be limited to, the following areas (see Figure 2)

Figure 2. Example of TA areas under Global Fund CRG-SI

1.1 CS & CG PROFILES IN TANZANIA

Tanzania has heavily involved the CS and CG in proving advocacy, health services for the HIV, TB, and malaria. offering both services and advocacy to various health issues especially HIV. Though TB and Malaria are part of the CS and CG agenda, the HIV epidemic in Tanzania has driven the focus of CS and CG. Though we see CS and CG being involved in TB directly as the primary focus such as Mapambano ya Kifua kikuu na UKIMWI Temeke (MUKIKUTE)[1].

CS and CG are part of the health system in Tanzania and are involved in delivering various services to the communities. The highlights of the CS and CG in Tanzania with respect to national responses are as follows:

- CS and CG are among the key stakeholders in the national responses for AIDS, TB, and malaria.

- CS and CG efforts in Tanzania are coordinated Non-State Actors (NSA). The current coordinating organisation is Benjamin Mkapa Foundation (BMF) . Under NSA, BMF - through funding from different partners - organise activities for the Global Fund processes. Especially the national dialogue in preparation for the Global Fund application cycle.

- The mandate of the CS and CG is mainly advocacy and community awareness of diseases and programmes. But some of the CS do also provide health services the communities where they reside.

- The CS and CG beneficiaries include HIV patients, and other Key and Vulnerable Populations (KVP) such as Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersexed (LGBTI) people, Men who have Sex with Mem (MSM), Intravenous Drug Users (IDU), Female Sex Workers (FSW), and prisoners.

1.2. LEGAL AND POLICY FRAMEWORK OF CS & CG

The CS and CG are legally registered in the country and operate under legal limits of the act and the constitution of Tanzania. Registration of the CS and CG is under the Ministry of Home Affairs. The Non-Governmental Act of 2002.

CS and CG working with KVP are work together to address HIV and TB in the marginalised sectors of the population. The National Multisectoral Framework III (NMSF III) and HIV guideline gives directives on programmes for organisations working with KVP. The constitution however, still criminalises same sex marriages, sex work, and drug use.

The protection of KVP and their legal status

- Protection, non-discrimination, non-stigmatisation of people living with HIV and AIDS and other vulnerable groups;

- Respect for human rights;

- Universal access to HIV and AIDS related health services.

[1] HTTP://WWW.MUKIKUTE.ORG/

1.3. CS & CG ENGAGEMENT EXPERIENCES IN COUNTRY PROCESSES

CS and CG are the key stakeholders in the national responses in HIV, TB, and malaria in Tanzania. CS and CG are engaged in both national and Global Fund processes, as summarised in Figure 1.

- Coordination by NAS especially during the country dialogue for the Global Fund grant writing stage

- Country dialogue funded by EANNASO for the global fund concept

National processes: CS and CG are involved in the

- Development of National Strategic Plans/Frameworks

- They serve in various committees and Technical Working Groups (TWG)

- Participate in the Country Operation Plan for The President's Emergency Plan for AIDS Relief (PEPFAR)

- They provide service, advocacy, review and feedback on public programmes and services, and fiscal management (holds the government accountable)

- They also implement projects with the government programmes especially in areas where government health systems do not have a geographical reach of population reach (KVP)

GF processes: CS and CG are engaged is extensively in the GF processes from country dialogues.

- CCM members: they play the oversight role in the Global Fund monitoring role of the programmes

- Implementing partners: CS and CG are implementing several Global Fund programmes. Tanzania Network of Women living with HIV and AIDS (TNW+) and Tanzania Council for Social Development (TACOSODE) are Global Fund implementing partners as SR in the current Global Fund cycle

- Community monitoring: None of the organisations interviewed are working on community monitoring in Tanzania

2. OBJECTIVES

2.1. BROAD OBJECTIVE

To access effectiveness and innovations in provision of TA to CS and CG in the implementation of Global Fund Grants to end HIV, TB and malaria in Tanzania.

2.2. SPECIFIC OBJECTIVES

1. To evaluate if the technical assistance that has been provided to civil society has supported CS and CG involved in country processes related to GFATM, including NSP review and development, GFATM fund request development and grant making process, implementation and as CS/CG representatives on their TNCM.

2. To identify existing knowledge challenges/gaps and lessons on technical support and capacity building that have been delivered to CS and CG in Tanzania.

3. To determine recommendation on improving TS to CS and CG engaged in implementation of Global Fund grants in Tanzania.

4. To identify TS needs and opportunities to support improved engagement of CS and CG in GF processes in Tanzania.

5. To document national case studies in Tanzania on how CS and CG have been able to access TA, and its effectiveness in country GFATM related processes.

3. METHODS

3.1. SETTING AND STUDY POPULATION

TA Effectiveness study for Tanzania was done in Dar es Salaam, between 19th and 20th February 2018. The online data collection was conducted between 01st February and 31st March 2018. The participants of the TA Effectiveness Study came from CS, CG, UN agencies, Ministry of Health officials, and implementing partners. The findings of the TA effectiveness study in Tanzania was collated from the SurveyMonkey, KII and FGD as responded by the participants. The list of study participants interviewed are shown in Appendix 1. The interviews were conducted between 19th and 20th February 2018 in Dar es Salaam. The consultant shared the preliminary findings of the TA Effectiveness study in a validation meeting that was rescheduled to occur on the 23rd February in order to allow more stakeholders to attend.

3.2. DATA COLLECTION AND MANAGEMENT

Capturing of quantitative and qualitative data was achieved through the use of several data collection tools. Table 1 below summarises the data collection tools, and the target population.

The data collection tools are shown in the appendices.

Type of data collection tools	Description	Target population
SURVEY MONKEY	The tool was circulated to CS and CG identified by the coordination organisation.	TA Provider TA users (CS & CG) Technical partners
KEY INFORMANT INTERVIEWS (KII)	KII were done and the findings are presented in this report.	TA Provider TA users (CS & CG) Technical partners CCM secretariats
FOCUS GROUP DISCUSSION (FGD)	The FGD was conducted with CS or CG to further explore the TA assistance experience.	TA users (CS & CG)
VALIDATION MEETING	Presented the summary of preliminary findings	TA Provider TA users (CS & CG) Technical partners

Table 1. Summary of data and the data collection tools to be used in the TA assessment in Tanzania

3.3. DATA ANALYSIS

We used mixed-methods approach to analyse the collected data:

Qualitative data: we used both thematic and content analysis of the data.

Quantitative data: we used Stata version 14 to produce frequency tabulation tables. In addition, we used Microsoft Excel to create figures.

3.4. STUDY LIMITATION

The TA Effectiveness Study employed several data collection tools to minimise the bias in selection of the CS and CG group. However, we would like to mention the following limitations attributed to our methods:

Sampling bias: The KII and CG and CG were only included based on their availability to take part in the study. Therefore, we might have missed other stakeholders who might have different experience with TA, particularly those living in rural areas.

Organisational development TA: The current study has not looked at the organisation development (OD) of CS and CG but rather focused on the processes. Therefore, TA addressing OD is not strongly presented in this study.

4. FINDINGS

4.1. GENERAL FINDINGS

The results of the SurveyMonkey online consultation tool are written in a separate report entitled "Technical Assistance Needs Assessment of Civil Societies and Community Groups in Botswana, Liberia, Sierra Leone, South Sudan, Swaziland and Tanzania: Summary of Findings from Online Consultation Tool." The report combines the responses of the CS and CG in Anglophone Africa.

We interviewed 12 people in Tanzania as shown in Figure 3. We conducted one FGD involving the CS and CG. The validation meeting involved all the stakeholders and additional views and opinions on TA in Tanzania were collected.
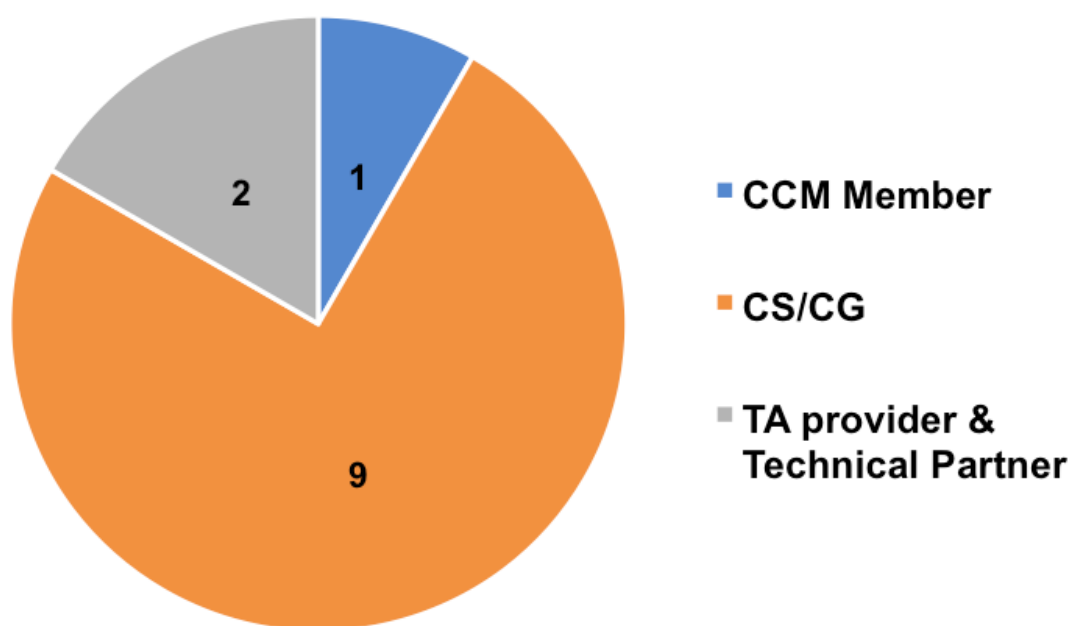

Figure 3. The study participants in TA Effectiveness Study in Tanzania

4.2 TANZANIA CS & CG ACCESS TO TA

4.2.1 SOURCES OF TA

TA to CS and CG was identified by both KII and CS as a critical component to the effective engagement in the national response. TA provision is biased more towards the implementation of the programmes/project compared to other GF processes. The following organisations were reported to provide TA to CS and CG. It is worthwhile to note, the TA provided were not necessary intended for organisations implementing Global Fund programmes.

Organization	Description of the TA
UN AGENCIES	UNAIDS [1] overall is hugely involved in the TA provision to the CS and CG for their engagement in the HIV response.
MINISTRY OF HEALTH	Tanzania Commission for AIDS, National TB and Leprosy Programme, National AIDS Control Programme.
CCM	Provides TA to CCM members on the Global Fund processes and proposal writing.
IMPLEMENTING PARTNERS	There are quite a number of these who provide TA in areas of financial management, project management and disease specific training. Some of these also include Save the Children, Amref, BMF, and PACT Tanzania.
OTHER ORGANISATIONS	Molly's Network [2] is one of the organisations that provide TA to CS and CG in various areas.
CRG SI	Community, Health, Education Services and Advocacy received a CRG SI funding through EANNASO to provide TA to support KP engagement in the Global Fund grant making processes in Tanzania.

Table 2. List of organisations and a range of TA provided to CS and CG in Tanzania

4.3. ACHIEVEMENTS IN ACCESSING TA IN TANZANIA

The success of accessing TA is largely driven by development and implementing partners. We document CRG SI related TA to Community Health Education Services and Advocacy (CHESA).

[1] WWW.UNAIDS.ORG
[2] WWW.MOLLYSNETWORK.ORG/

4.4. CHALLENGES & GAPS IN TA

There are several reasons that have been attributed to building the CS and CG capacity.

1. <u>TA delivery is chaotic:</u> "There are uncoordinated efforts on TA delivery to CS and CG. The partner will decide to train CS without knowing other partners may have trained the same CS in the same TA." - CS representative

2. <u>Funding:</u> "We are a small organisation, and we cannot afford [to] arrange a TA by ourselves as they are expensive. We depend on TACAIDS or any other partner to train us." - CS presentative

3. <u>Supply driven TA:</u> TA implementation drive is more to fulfill the programme/project goals than to meet the demand from the CS and CG.

4. <u>No mentoring programme:</u> It was observed that there are no mentoring programmes for CS and CG. "Such a practice has resulted to repeated trainings which are costly and we are not sure if the knowledge is imparted to CS and CG." - Comments by TNCM Executive Secretary

4.5. CS & CG TA NEEDS

CS and other stakeholders we talked to agree there must be deliberate efforts to build capacity to the CS and CG to better engage not only in Global Fund programmes, but also in other national processes.

"We need to improve our proposals quality especially from CS and CG that are coming to TNCM. CS and CG representative have to demonstrate capacity to engage in all technical aspects of the Global Fund processes."

Comments by TNCM Executive Secretary

The TA needs to CS and CG have to be identified, which should help to i) transform CS and CG to be better performers in the current Global Fund cycle and also ii) grow in their responsibilities from being SSR to SR and finally PR. Building capacity to CS and CG is a process and is summarised in Figure 4. Such transformation will need to build the systems that run the organisation, such as governance and technical skills to contribute to grant making and implementation.
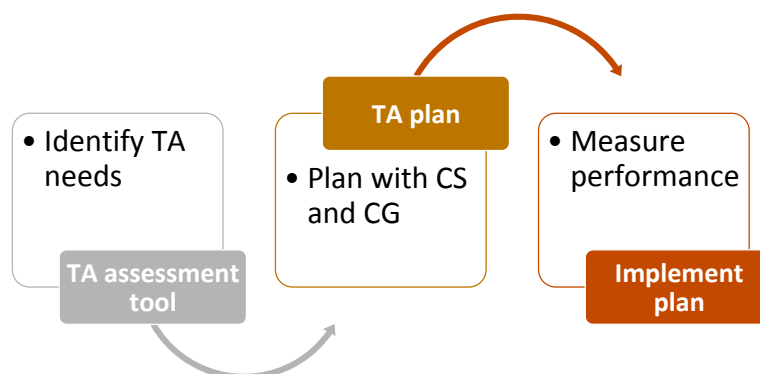

Figure 4. TA needs assessment and TA implementation plan.

We have pragmatically grouped TA needs into i) grant writing, negotiations and monitoring; and ii) implementation as shown in Table 3. These are merely suggestions, as they will need stakeholders to validate TA needs in each grouping. The list is produced from interviews with various stakeholders, and through group discussion and presentation of the preliminary findings at the validation meeting.

Priority ranking	Grant writing & monitoring	GF implementation
HIGH PRIORITY	**Project management** **Disease specific** **grant management**	Organisational Development Governance Strategic planning Project management Financial management Grant management M&E Proposal development Absorption capacity
LOW PRIORITY	**M&E** **Proposal writing**	Advocacy Resource mobilisation Documentation e.g. assessments or evidence Disease specific needs such as drug resistance TB Policy development and analysis Operational research Managing relationship

Table 3. TA needs and prioritization for CS and CG in Tanzania for GF processes

Figure 5. The group discussion with CS and CG representative on the preliminary findings of the TA Effectiveness Study in Tanzania

5. RECOMMENDATION ON IMPROVING TA TO CS & CG

5.1. TA PRIORITIES FOR CS & CG IN GLOBAL FUND PROCESSES

The need to improve access and delivery of the TA is key to capacitate CS and CG in Tanzania. The current study was a focused self-assessment of the CS and CG on their capacity and technical needs to enable them to engage fully in the Global Fund processes. Improving TA to CS and CG will enable CS and CG to:

- Productive dialogue during the concept note writing
- Submit good quality proposal to Global Fund during concept note writing
- Increase the number of CS and CG to implement Global Fund programmes
- Effective implementation of Global Fund programmes
- Facilitate growth in responsibilities of CS and CG from SR to PR

The following recommendations are ranked by priority for CS and CG in Tanzania. The recommendations are directed to government and other stakeholders that work with CS and CG such as government programmes, UN agencies and implementing partners.

The TA to be provided is geared towards improving the number of CS and CG to implement GF programmes/projects in Tanzania.

5.2. GENERAL RECOMMENDATIONS

The implementing partners, CS and CG recognise the importance of government support in improving CS engagement in national response by increasing their capacity through TA. The political commitment should be reflected in the following areas:

1. Funding: CS and CG to explore funding from the government to develop and fund the National TA Plan so as to capacitate the CS and CG to engage in the national response and Global Fund processes.

2. Platform for CS and CG: BMF should i) strengthen its coordination role for CS and CG, and ii) be considered as a local organisation that can offer TA to its members.

3. Mentoring programme: A mentoring programme is key to the capacity building initiative, as one of the stakeholders said:

"We have so many trainings done in Tanzania to CS and I think we should stop that and do a mentoring programme for CS and CG to ensure the skills are constantly checked [to see] if they are being used correctly."

Comments from UNAIDS Strategic Policy Advisor.

Priority	No.	Category	Descriptions of possible outcomes
HIGH PRIORITY	**1**	**Objective assessment of TA needs of CS and CG**	• Conduct an objective assessment of the TA needs based on the robust tool developed (refer 1.1).
	2	**Increase the number and access to local, regional and international TA providers**	• Disseminate the list of TA providers, especially that produced by EANNASO for Anglophone Africa. • Build capacity to local CS and CG to provide TA to another CS and CG.
LOW PRIORITY	**3**	**Mentoring programme**	• The mentoring programme should be included in the priority 1.2. The mentoring programme will ensure TA is utilised by the CS and CG.
	4	**Engage with regional platform**	• The CS and CG need to engage with the regional platform for Anglophone countries coordinated by EANNASO (www.eannaso.org). Through the platform, the CS and CG will know and have access to TA providers and have access to additional information that may be useful in TA resources.
	5	**Study tour or technical exchange**	• The best performing CS and CG, based on the agreed tool, should be encouraged to host and provide TA to another CS and CG. The practice will build local capacity that is sustainable and cost effective.
	6	**Inventory of TA provided**	• Document TA delivered to CS and CG to ascertain the best models.

Table 4. Prioritised recommendations to improve TA to CS and CG in Tanzania

6. CONCLUSION

Non-Sector Actor coordinating body for CS and CG has received short-term technical assistance programmes through CRG SI that has helped to conduct national dialogue for CS and CG in preparation of Global Fund application. However, more efforts are needed in supporting long-term capacity development and meaningful engagement of key and vulnerable populations. Community monitoring is inadequate and needs strengthening.

7. CASE STUDY ON TA

7.1. BMF

BMF is a not for profit trust implementing various programmes on HIV and AIDS, TB and Maternal New Born Health. BMF is also a NSA coordinator in Tanzania. Its main purpose is to coordinate and harmonize CS and CG strategic positions in all the processes for national, USAID or Global Fund.

BMF received CRGS SI through EANNASO to conduct the country dialogue for CS and CG prior to Global Fund cycle. Country dialogue aims to ensure that civil society, key populations and communities have the opportunity to effectively and meaningfully engage in key Global Fund process especially in grant writing stage. As per CRG SI funding directives, the country dialogues activities include:

- Supporting community caucusing.
- Strengthening knowledge on the Global Fund model of work.
- Training and mentoring for funding request writers.
- Translation and consolidation of community sector inputs for submission to CCMs and writing teams.
- Training on effective programming, advocacy and legal literacy for the purpose of funding request preparation.
- Facilitation of funding request review.

The outcomes of the meeting included:

1. Increased number of CS and CG in the Global Fund processes.
2. Set a priority list of interventions to be included into the Global Fund cycle.
3. Improved the quality of the proposals submitted by NSA to the Global Fund grant proposal.

8. APPENDICES

8.1. LIST OF PARTICIPANTS IN THE STUDY IN TANZANIA

S. NO	ORGANIZATION	CONTACT PERSON	CONTACT
1	THE JOINT UNITED NATIONS PROGRAMME ON HIV AND AIDS (UNAIDS)	Marie Engel Strategic Policy Advisor	EngelM@unaids.org www.unaids.org
2	TANZANIA NATIONAL COORDINATING MECHANISM (TNCM)	Ms. Rachel Makunde Executive Secretary	rachel.makunde@pmo.go.tz www.pmo.go.tz/
3	WORLD HEALTH ORGANISATION-TANZANIA	Bhavin Jani	janib@who.int www.who.int
4	TANZANIA NETWORK OF WOMEN LIVING WITH HIV AND AIDS (TNW+)	Ms.Joan Chamungu Executive Director	tzpositivewomen@yahoo.com www.tzpositivewomen.net
5	TANZANIA MUSLIM WELFARE NETWORK (TMWN)	Pazi Mwinyimvua General Secretary	pazisemili@gmail.com
6	COMMUNITY HEALTH EDUCATION SERVICES AND ADVOCACY (CHESA)	Claudio Msengezi Programme Manager	msengezic2@gmail.com
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11	SIKIKA (ADVOCACY ORGANISATION ON HEALTH)	Atuswege Mwangoma	atuswege@sikika.or.tz acenemwango@gmail.com
12	TANZANIA NETWORK OF WOMEN LIVING WITH HIV AND AIDS (TNW+)	Saraphina Batuel	

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The Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) is a regional network bringing together civil society and community voices to inform policies and improve the programming of HIV, TB, malaria and other health issues present in our communities.

As of September 2017, EANNASO was re-selected by the Global Fund Community Rights and Gender Strategic Initiative (CRG SI) to host the Regional Communication and Coordination Platform for Anglophone Africa for the period of December 2017 to December 2019 covering 25 Anglophone African countries.

The regional platform for communication and coordination has a key role in engaging civil society organizations and community networks in Global Fund processes. It is responsible to foster regional dialogue, exchange knowledge and good practices among civil society and community actors and networks, as well as to disseminate information on technical assistance opportunities across all Anglophone countries where the Global Fund has grants countries.