

Study on Technical Assistance and Technical Support to Global Fund Grant Implementation at Country Level: Summary Report

Coordinating AIDS Technical Support (CoATS) Group
2009



International Center for Technical
Cooperation on HIV/AIDS



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AIDS SERVICE ORGANIZATIONS



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Summary of Findings

Access: Technical assistance and technical support (TA/TS) is widely available for GF proposal development. This appears to be mostly supply-driven. Access to TA/TS for implementation is more problematic, largely because country stakeholders are not able to clearly articulate their needs and/or the mechanisms for obtaining TA/TS are not clearly defined or are not effective. In cases where TA/TS is supplied, it is not always matched to needs. Overall there is a clear need for better assessment of TS needs and for these needs to be built in (articulated and budgeted for) to GF grant proposals. With strengthened capacity for oversight of grant implementation, CCMs would be in a better position to coordinate the identification of TA/TS and the procurement and delivery of support.

Cost: The country case studies yielded little information on whether the TA/TS provided by the UN system and other development partners is delivering 'value-for-money'. Consultant rates all across all the countries in the study seemed to fall within a range of USD 150 to USD 650 per day, with international consultants being paid at the higher end of the scale and local or national consultants at the lower end. Within this range, rates were said to depend on qualifications and experience but it was notable that national consultants were often deemed to be as, and in some cases more, effective as their international counterparts.

Quality of TA provided by UN: UN support, particularly with respect to TA/TS for proposal development, is widely recognized and appreciated, and the Cosponsors are generally felt to have provided appropriate levels of support. While from the UN perspective the Division of Labour (DOL) is working well in most countries, and is respected by non-UN providers, users generally have low awareness of the DOL and how it can facilitate their access to TA/TS. Satisfaction is lower where there is perceived to have been little consultation with the user on the nature and level of support provided.

Quality of TA provided by bilaterals and INGOs: There is generally a high level of satisfaction with the quality of support provided by these development partners, particularly USAID, and there is good collaboration with the UN on the provision of such support.

Constraints on effectively accessing and using TA/TS: The constraints include the following: the absence of national-level participatory mechanisms to identify gaps in capacity and facilitate timely, multi-stakeholder planning and budgeting for TA/TS; inadequate leadership from key coordinating mechanisms such as national programmes, national AIDS commissions or CCMs with regard to creating demand for TA/TS; limited information on the availability of TA/TS and how to access it—in particular, information on the UN DOL; unclear/ineffective mechanisms for accessing and paying for TA/TS; limited involvement of TS users, including PRs, PLHA and grassroots organisations in proposal development and TA/TS planning and evaluation.

Contribution to national capacity and sustainability: TA/TS has contributed to sustainability by enhancing capacity for programme planning, design, management and implementation, strengthening policy development and advocacy, and supporting the development of institutional and implementing capacity among stakeholders, including civil society organizations. TA/TS has also played a key role in strengthening CCMs, national AIDS commissions and PRs and has facilitated harmonized planning efforts. However, where technical support needs have been defined and support provided without sufficient consultation with local stakeholders, the resulting interventions are more likely to be considered inappropriate and unsustainable.

Key Recommendations

Creating demand:

- Ensure that key coordinating mechanisms such as national programmes, national AIDS commissions and CCMs play a proactive role in creating demand by disseminating information on the TA/TS available and promoting wider participation in TA/TS planning.

- National coordinating bodies, key sectors and principal TA/TS providers should inventory the available TA/TS; UN agencies should clearly articulate the UN DOL, including the mandates of each sector and the mechanisms for accessing support through this framework.
- Planning and budgeting for TA/TS should be an integral part of the annual national planning process, and should be participatory—involving all relevant stakeholders—and evidence-based.
- Capacity building for implementers on institutional management and M&E should include input on identifying technical support needs.
- CCMs should ensure that TA/TS plans and budgets are built in to GF proposals, drawing on the consolidated TA/TS plan, and ensure greater participation by the proposed PR and identified SRs in proposal development to help define what support is needed to improve programme management and implementation capacity.
- TA/TS plans at both national and proposal level should be flexible enough to accommodate technical support needs that will emerge during the planning/programme cycle.
- CCMs need to be strengthened so that they can conduct oversight effectively, identify TA/TS needs and interact with the UN system and other providers to ensure that it is made available.

Ensuring better outcomes:

- Mechanisms for accessing TA/TS should be more clearly defined.
- Support should be available for all the technical areas where needs have been identified or are anticipated. Furthermore, efforts should be made to ensure that such support utilises national capacity and expertise where feasible and appropriate.
- Can be provided at local level where necessary.
- TA/TS users should be encouraged to report on the quality of the support they receive and monitor its impact. This information should be fed back into the TA/TS planning process.
- Ensure that decisions on the provision of TA/TS are participatory and transparent.
- Allow users to play a greater role in the selection of consultants.
- Make TS providers more accountable to TS users.

CONTENTS

Summary of Findings and Recommendations

Acronyms used in the Report

1. Background

- 1.1 Scope of the Study
- 1.2 Definitions used in the Study
- 1.3 Study Methodology

2. Findings

- 2.1 How well are country stakeholders able to articulate what technical assistance they need?
- 2.2 How easily are country stakeholders able to access technical assistance when needed?
- 2.3 How are prices determined, and what are the going rates?
- 2.4 Is the TA/TS provided by the UN family adequate and appropriate? Are country partners satisfied with the quality, timeliness and effectiveness of the TA/TS received from the UN?
- 2.5 Are the UNAIDS Cosponsors providing adequate TA/TS in their lead areas?
- 2.6 How effectively is UNAIDS able to play a coordinating role for TA/TS, both within the UN family and among other development partners?
- 2.7 Is the TA/TS provided by key bilateral donors and INGOs adequate and appropriate? Are country partners satisfied with quality, timeliness and effectiveness of such support?
- 2.8 What are the main in-country obstacles to accessing and making effective use of TA/TS?
- 2.9 Has TA/TS helped countries build national capacities and achieve sustainable progress?

3. Recommendations

- 3.1 Creating demand: identifying and articulating TA/TS needs
- 3.2 Ensuring better outcomes

ACRONYMS

CC	Country Coordinator (UNAIDS)
CCM	Cambodia Coordinating Mechanism
DFID	Department for International Development (UK)
DOL	Division of Labour (UN)
FHI	Family Health International
GF	Global Fund (to fight AIDS, Tuberculosis and Malaria)
GIST	Global Implementation Support Team
HACC	HIV/AIDS Coordinating Council
IDU	Injecting Drug User
ILO	International Labour Organisation
IHAA	International HIV/AIDS Alliance
INGO	International Non-Governmental Organisation
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NAC	National AIDS Commission
PEPFAR	President's Emergency Plan for AIDS Relief (US)
SR	Sub-Recipient
SSR	Sub-Sub Recipient
TA	Technical Assistance
TS	Technical Support
TSF	Technical Support Facility
TWG	Technical Working Group
UNAIDS	Joint UN Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organisation

1. BACKGROUND

In late 2008, UNAIDS, on behalf of the Coordinating Aids Technical Support (CoATS) group¹, initiated a case study to explore various countries' experience of access to technical assistance/technical support (TA/TS) in support of Global Fund grants in-country, as well as the quality and effectiveness of such assistance. The contributions of relevant UN organisations, as well as those of bilateral organisations and INGOs, to support for the national HIV/AIDS programmes and Global Fund grants in particular, were studied with reference to their relevance, effectiveness, efficiency, timeliness, sustainability and impact. The findings of the study were expected to provide insights into the type of policy and programming changes that will improve the availability and delivery of TA/TS in various settings. This summary report draws on the key findings identified in the country case study reports and offers a number of recommendations on strengthening technical assistance.

1.1 Scope of the Study

The study was undertaken in nine countries, which were selected to represent a range of countries across the world at different stages of the epidemic and with different levels of inputs and efforts in HIV/AIDS prevention, care, support and treatment. There were three Asian countries (Cambodia, India and Vietnam), three African countries (Ethiopia, Senegal and Zambia), two Latin America and Caribbean countries (Peru and Haiti), and one Eastern European country (Ukraine). Each of the selected countries met the following criteria: having a strong UN presence; having a significant bilateral presence; and being a recipient of at least one Global Fund HIV/AIDS grant. Some of the countries in this study also participated in the Five-Year evaluation of the Global Fund (Study Area 2 - Effectiveness of the Global Fund Partner Environment), which also investigated technical support, among other issues.

The study examined instances of TA/TS for Global Fund proposal development and grant implementation in each of the sample countries. The primary focus of the study was the technical assistance and support provided by UNAIDS and its Cosponsors, but support from bilateral and multilateral donor agencies and INGOs was also considered. In keeping with the 'Three Ones' principles, the Global Fund grants were examined in the context of the national HIV/AIDS response in each country.

The analysis of UN contributions was based on the UN Division of Labour (DOL) for technical support. The DOL is a framework for a rational differentiation of the capacities and specializations of the Cosponsors, under which the 10 UN agencies that are Cosponsors of UNAIDS have assessed their capacity to provide TS for 18 support areas. The DOL is intended to allow for a more streamlined and coordinated delivery of technical support to all stakeholders.

The reference period for most of the country studies was 2007–2008, or broadly the period that covered the development and negotiation of Global Fund Round 7 and/or Round 8 proposals, as well as the implementation of and reporting on earlier grant rounds. In cases where insufficient instances of TA/TS were identified within this period, the reference period was expanded to include earlier TA/TS efforts.

1.2 Definitions used in the Study

Technical assistance (TA) refers to the provision of money, materials or human resources to enable new knowledge, build skills and capacities, and provide services or technology to those who may not have it. **Technical support** (TS) refers to the final delivery of required knowledge, training or services. To illustrate, a donor may provide TA by identifying and paying for the services of a consultant or a team with all the associated costs. TS refers to the act of providing services by the consultant, irrespective of the funder. **Instances** are individual cases of TA or TS: for example, a TA instance is a single TA grant or a group of TA activities for a single output, such as a Global Fund proposal. An example of a TS instance would be a single support effort by a consultant or a firm with a single output such as a report, training or proposal. The secondment or long-term appointment of

¹ Formerly known as the Global Implementation Support Team or GIST

staff by a TA provider may also be termed a TS instance if the appointment concerned supports Global Fund-related activities.

Instances of TA and TS for grant proposal development are fairly well-defined; consultants are hired specifically to write proposals, and UN staff time is devoted specifically to various stages of the process. The few instances of support for the grant negotiation phase and for reprogramming prior to Phase 2 of implementation are also clearly defined. For the broader implementation phase, however, it is more difficult to identify where support has been provided specifically for the implementation of the Global Fund grant and where it has been provided in support of the national programme and indirectly benefits grant implementation.

1.3 Study Methodology

Local consultants carried out the studies in each country. In each case, the consultants conducted a review of relevant documents and websites (primarily the Global Fund, AIDSPAN and UNAIDS websites and the country's national AIDS programme website), and face-to-face as well as telephone and web-based interviews with key informants. A number of informants responded to questions by email. Key informants for the case studies included personnel from the National AIDS Council (NACs), Global Fund Principal Recipients (PRs), CCMs, relevant ministries, local NGOs, UN Joint Teams and relevant UN agencies, bilateral development partners, INGOs, Technical Support Facilities (TSFs) and the Global Fund Secretariat.

2. FINDINGS

The study posed a series of key questions relating to access to TA/TS, its cost, the quality of the TA/TS supplied by the UN and by other partners, the key obstacles to accessing and using TA/TS and its contribution to national capacity development and sustainability. The findings from the country studies are summarised and presented below to address each of these key questions.

2.1 How well are country stakeholders able to articulate what technical assistance they need?

It was clear in all the countries that TA/TS is widely available and there are several providers who are willing and able to provide it. In all the countries it appears that ample support is provided for proposal development, much of it supply-driven. UN agencies generally provide intensive input into the proposal development process and source financial support for consultants. There is also demand, but to a lesser extent, for TS for grant negotiation, reprogramming for Phase 2, and a range of technical implementation issues such as financial systems, M&E and procurement. The studies indicated that TA/TS for implementation is usually easy to access, especially from the UN system, if it is requested or budgeted far enough in advance (Ethiopia, Haiti, and Zambia). However, national stakeholders in several countries encounter difficulties in identifying capacity gaps and articulating their TA/TS needs in a timely manner, which in turn places constraints on their access to appropriate support. The reasons for this were diverse.

A key factor seems to be the absence of clear, effective formal planning processes or mechanisms to identify needs. Respondents in several countries (Ethiopia, India, Ukraine, and Vietnam) noted that the provision of TA/TS could be made more systematic and sustainable if such mechanisms were in place. In a number of cases there is a UN-led consultation process to identify TA/TS needs, which may take place at the start of the proposal development process (India and Zambia), or through joint planning exercises. However, the extent to which TS users—particularly those at the SR level—participate in such consultations is not clear. Moreover, it appears that the TS needs articulated through such processes may be determined more by the interests of the providers than those of the recipients.

Where proposal development is participatory and collaborative, with strong involvement of the PR, as reported in Zambia, there is a better chance that TA/TS will be clearly articulated and budgeted for at an early stage. However, in India there was concern that determining TA/TS needs and budgeting for

them at the proposal development stage limits TA/TS provision to only those areas, allowing little scope to address needs that emerge from changes in the programme environment or the development of innovative approaches during the course of implementation.

CCMs do not appear to be playing a major role in needs identification; PRs and UN agencies are generally more active in initiating processes to determine technical support needs. In Cambodia and Haiti, for example, the PRs assess the needs of their implementing agencies once the proposal has been approved. The absence of leadership from the CCM in this regard is seen as a critical gap in some of the study countries, and is ascribed to the CCM's inability to exercise effective oversight over grant implementation.

Informants in Senegal noted that the national programme review mechanisms have proved to be a useful tool for identifying needs, as have the task forces established for specific technical areas (HIV data management, surveillance and nutrition). Again, the extent of TS user participation in these processes is undefined.

A further obstacle to articulating TA/TS needs seems to be that the concept of TA/TS is unclear. Many country stakeholders seem to have limited experience of identifying weaknesses and gaps and determining TA/TS needs. Ukraine provides an example: despite the allocation of a separate budget line for TA/TS in the Round 6 proposal, at the suggestion of a UN consultant, no work plan was ever developed for TA/TS provision. Moreover, up until the date of the case study report—by which time Phase 1 of the grant was coming to an end—there was no evidence that any of this budget had been spent. In Senegal it was reported that potential TA/TS beneficiaries are reluctant to request support as it is perceived as an admission of weakness. In Peru, PRs and SRs are expected *not* to request TA/TS from other providers because they are considered to be responsible for providing the services that they have committed to offer.

2.2 How easily are country stakeholders able to access technical assistance when needed?

As noted above, support for proposal development is readily supplied, but support for grant implementation is more difficult to access unless it has been planned for. Respondents acknowledge the high level of commitment on the part of the UN agencies and other development partners to mobilise any TS required by the country stakeholders when requested to ensure that Global Fund funding is utilised optimally.

However, in the majority of the countries, it appears that stakeholders do not have full or equal knowledge about what TA/TS is available and how to access it (Ethiopia, Haiti, India, Senegal, and Vietnam). National programmes (including government PRs) and CCMs—the memberships of which tend to be dominated by government—usually have pre-existing links to TA/TS providers not only within the UN family but also with bilateral and multilateral donors and INGOs. These links, which are effected either directly or through working groups, committees, review boards, etc., facilitate access to TA/TS. Likewise, some implementing agencies have pre-existing relationships with providers that facilitate their access to supply-driven TS (Cambodia and Senegal). The absence of such links or contacts, on the other hand, can reinforce barriers to access to TA/TS for implementers, particularly at the SR and grassroots levels.

2.3 How are prices determined, and what are the going rates?

The information provided by the studies on the financial cost of technical support is not comprehensive. This is due not only to concerns about confidentiality of data among some providers and consultants, but also because in many cases the TS users are not aware of consultants' rates (these are usually dealt with either by the donor or by a contracting party such as the TSF). Respondents indicated that consultant fees are based on the consultant's salary history, qualifications and experience (Vietnam and Zambia), and in some cases the national market price. While precise details are not available, the studies showed clearly that local consultants in all the study countries

receive far less than their international counterparts: local consultant rates were in the range of USD 100–350 per day, whereas international rates ranged from USD 250–650 per day, with Ethiopia reporting international rates of up to USD 1000 per day. Although there is insufficient evidence with regard to cost effectiveness to draw any solid conclusions, it should be noted that in some countries local consultants are deemed to provide more effective support, in part because of their ability to understand and work within the local context.

It was noted that there is significant variability among the providers in terms of fees paid to consultants. However, only the Senegal study indicated any efforts towards harmonisation of fees and per diems, in this case between the UN system and USAID.

While most consultancies in support of Global Fund proposal development or implementation are short term (usually less than three months), some national programmes, projects and CCMs have sought TA to appoint long-term consultants to certain positions because their own pay scales are too low to attract people with the necessary skills. In such cases the TA provider has no technical role in such appointments except to pay for the consultants/staff.

It should also be noted that the input provided by UN staff on a non-fee/contract basis, which accounts for a considerable proportion of technical support, particularly in Cambodia and Vietnam, is not costed.

Procurement mechanisms for TS were problematic in some countries and cumbersome procedures—usually involving the provision of support to government agencies where payment is involved—have proved to be a challenge to the timely delivery of TS.

2.4 Is the TA/TS provided by the UN family adequate and appropriate? Are country partners satisfied with the quality, timeliness and effectiveness of the TA/TS received from the UN?

The UN family provides support through the following channels and activities:

- pre-proposal consultations (including gap analysis);
- proposal development;
- CCM participation;
- CCM capacity building and operational support;
- membership of different working groups/committees;
- participation in joint reviews, evaluations and partnership forums;
- secondment of staff/appointment of long-term consultants to national programmes;
- support for the design, planning and review of national programmes and multisectoral planning;
- support to national programmes on technical areas such as M&E, stigma & discrimination, civil society involvement and other areas that fall under the traditional domains of the Cosponsors (e.g., workplace issues - ILO, treatment - WHO, etc.);
- mobilising/sourcing financial support;
- coordinating consultants.

There is widespread acknowledgement of the UN agencies' political and strategic role in the provision of TA/TS through promoting best practices and innovative approaches.

There were very few direct instances of UN support for Global Fund grant implementation except for some instances of support for M&E, reporting and program management for the PRs. In all countries the UN made numerous and significant contributions to technical support for the national programme that also benefitted Global Fund grant implementation.

The considerable efforts of UNAIDS and other UN agencies, particularly with respect to providing TA/TS for proposal development, are widely recognized and appreciated. In most cases, UN agencies support the provision of one or more consultants to write the proposal as well as contributing substantial staff time, both to the proposal development process and to coordinating the consultants.

At the global level, UNAIDS and WHO work closely together to coordinate the provision of TA/TS. While UNAIDS plays a key role at this stage at the countries level, the response of the different Cosponsors is variable, reflecting the uneven application of the DOL. It is important to local stakeholders that the TA/TS providers also recognize local input and achievements.

With regard to proposal development, the generally accepted measure of TA/TS quality is the success of the proposal. By this measure, most of the TA/TS has been effective. However, the role of TS providers may sometimes be overstated. In one case (Ethiopia), TA/TS users felt that the successful proposals were largely developed by country stakeholders or with key support from local, rather than international, consultants. In cases where proposals have been rejected, dissatisfaction is often focused on the international consultants concerned.

Despite the intensive provision of TA/TS for proposal development, stakeholders in Cambodia noted that while the support was effective, not having the proposal development consultants on hand for the critical process of addressing the comments from the Global Fund Technical Review Panel (TRP) was a serious drawback. As a result, UN staff are frequently relied upon to provide continuity after the consultants leave. Some UN staff feel this takes a disproportionately large portion of their time, and is what is referred to as the “unfunded mandate”.

The question of appropriateness of TA/TS was raised. It appears that ‘successful’ proposals may not necessarily match the actual needs of the country. Respondents in Haiti were concerned that the chief consideration in proposal development is securing funding, often at the expense of coherence or innovation. As a result, the activities written into the proposal may not be fully aligned with national priorities or capable of delivering the best outcomes. In Ukraine, on the other hand, the Round 6 proposal was too innovative: when it came to the implementation stage, PRs lacked the capacity to carry out some of the innovative approaches that had been written into the proposal by UN agencies and consultants. Both these instances suggest that the proposals concerned were developed without adequate prior analysis of the gaps and priorities—an area that has been identified by some of the countries in the study as lacking TA/TS.

This issue has also arisen in relation to TA/TS provided for grant implementation. There have been a few instances of support provided by the UN that has failed to meet the real needs of either the country programme or the grant implementers. This situation has arisen where there is limited consultation with the users on the precise TA/TS needs.

Several respondents noted that the selection of the TA/TS provider is an important factor in the quality of the TA/TS received. However, in most cases, users do not know how the consultants are selected and have no input into the selection. There was felt to be a need for much greater transparency and the opportunity for TA/TS users to play a role in the selection of the consultants to ensure that their capacities match the demands of the task.

In general, consultants—national and international—are perceived as professional, competent and experienced, though there were a number of instances where consultants were felt to lack the necessary competencies. At least some of these instances appeared to be related to situations in which the TA/TS was arranged at short notice, so more qualified consultants may not have been available. A number of countries reported that national consultants have generally been more effective than international consultants in delivering TA/TS. Among the general drawbacks reported with regard to the appointment of international consultants were the language barrier; a more important issue, however, seemed to be the limited understanding of local context and issues which was felt to restrict their effectiveness (Cambodia and Ethiopia).

In some countries, including Haiti, Peru and Ukraine, experienced local consultants deliver much of the TA/TS. Here, however, there are perceived conflict of interest and neutrality issues with regard to their selection and the services they deliver, because many of them have links to local stakeholders. In Peru it was noted that over-reliance on a limited pool of local consultants may have some impact on quality due to the ‘lack of fresh ideas’.

The absence of clear accountability mechanisms between providers and users was a concern. In Ethiopia it was noted that even though the TSF has put in place accountability mechanisms for the short-term TA/TS it provides, users were unaware of this.

2.5 Are the UNAIDS Cosponsors providing adequate TA/TS in their lead areas?

The level of input from the Cosponsors varies widely across the countries but respondents in most cases—many of whom were themselves UN staff—appear to be satisfied that they have provided sufficient support within their respective mandates. Predictably, WHO, UNDP and UNICEF account for the majority of instances of support, both formal and informal, but UNFPA, ILO, UNODC, UNHCR, WFP and the World Bank have also been active in various countries. In Haiti and India, however, there appears to have been little formal participation by any of the Cosponsors.

It appears that for the most part the UN DOL for TA/TS is respected both among the UN agencies concerned and by other TA/TS providers. The UN respondents almost universally felt that they worked in line with the agreed DOL and that there was no mandate creep.

From the users' perspective however, the picture is somewhat different. In several countries it appears that the DOL is neither widely known nor understood, and efforts to publicise it or share TA/TS work plans with potential users have been limited. Even where information on the DOL has been shared with stakeholders, the perception is that it has had little impact on the way TA/TS is sought or procured. In Haiti, existing MOUs between the PR and UNAIDS and UNFPA may have restricted the involvement of other agencies.

2.6 How effectively is UNAIDS able to play a coordinating role for TA/TS, both within the UN family and among other development partners?

Several countries reported that UNAIDS provides effective coordination within the UN family and that there is generally a high level of information sharing and collaboration, despite a couple of instances of inadequate communication on responsibilities and the perception that UNAIDS should give greater recognition of other agencies' input. Even in Senegal, where UNAIDS does not have a country office, the regional UNAIDS office is playing a proactive role through the UN Theme Group on AIDS, which in turn works closely with the national programme. UNAIDS did come in for some sharp criticism in India, where respondents noted a number of cases where it had played a controlling rather than a coordinating role.

The close collaboration between the UN and other partners, largely fostered by UNAIDS, has facilitated support for implementation in several countries (Haiti, Peru and Ukraine).

2.7 Is the TA/TS provided by key bilateral donors and INGOs adequate and appropriate? Are country partners satisfied with quality, timeliness and effectiveness of such support?

USAID/PEPFAR plays a key role in the response in nearly all the study countries, particularly in Haiti and Vietnam, where it is the largest donor. Other bilateral donors that have made significant contributions to the national programmes include DFID (UK), JICA (Japan), GTZ (Germany), SIDA (Sweden) and others. International NGOs such as the International HIV/AIDS Alliance and the Clinton Foundation are also actively providing support in some of the study countries.

While some of the support provided by these agencies directly supports the Global Fund grants, such as input into proposal development, M&E or support for the CCM, most of it contributes indirectly to the grants in the form of support for implementation, planning and capacity building. These donors frequently coordinate and collaborate with the UN agencies on the planning and provision of such support.

The level of satisfaction with TA/Ts from non-UN providers is generally high and it appears that there is good collaboration between all the development partners, including the UN, on the provision of such support. In Ethiopia the relationship between the Global Fund and PEPFAR has been formalised in a memorandum of understanding (MOU) on the harmonisation and alignment of the interventions they support, which has strengthened the coordination and responsiveness of implementation support. In some of the other countries donor-government working groups have been established to promote similar cooperation and synergy between all the development partners, though in most cases this does not yet incorporate joint planning on TA/Ts.

It was noted in certain countries that the provision of TA/Ts by bilateral donors and INGOs tends not to be based on a consultative needs analysis process with the users.

2.8 What are the main in-country obstacles to accessing and making effective use of TA/Ts?

The constraints on accessing and effectively using TA/Ts have been mentioned above and can be summarized as follows:

- The absence of national-level participatory mechanisms to identify gaps in capacity and facilitate timely, multi-stakeholder planning and budgeting for TA/Ts.
- Inadequate leadership from key coordinating mechanisms such as national programmes, national AIDS commissions or CCMs with regard to creating demand for TA/Ts.
- Limited information on the availability of TA/Ts and how to access it—in particular, information on the UN DOL.
- Unclear/ineffective mechanisms for accessing and paying for TA/Ts.
- Limited involvement of TA/Ts recipients, including PRs, people living with HIV/AIDS (PLHAs) and grassroots organisations in proposal development and TA/Ts planning and evaluation.

2.9 Has TA/Ts helped countries build national capacities and achieve sustainable progress?

TA/Ts has undoubtedly contributed to strengthening the HIV/AIDS response in the study countries through developing capacities across the broad spectrum of stakeholders involved. This support has helped to improve Global Fund proposal development and grant implementation, and has benefitted national responses by strengthening policy development and advocacy, strengthening strategic planning and budgeting, and supporting the development of institutional and implementing capacity among stakeholders, including civil society organizations.

Intensive support, largely from the UN, for Global Fund proposal development has often contributed to countries receiving substantial grants that in many cases constitute the largest single source of funding for the national response. However, if—as is often the case—the gaps in the response have not been adequately analyzed beforehand, there is a danger that the proposed approaches and activities will fail to match the real country needs and may even be unworkable. Moreover, the heavy dependence in some countries on the use of short-term external consultants usually adds little to local capacity development or sustainability. On the other hand, where the UN input has recognized, complemented and facilitated local capacity, obvious benefits are derived for the sustainability of the response.

At the implementation stage, TA/Ts from all providers has contributed to sustainability by, among other things, enhancing programme management capacity, including M&E; improving the quality of care and treatment services; and building institutional capacity, including at grassroots level. Again, however, where TA/Ts needs have been defined and addressed without sufficient consultation with local stakeholders, it appears that the resulting interventions are more likely to be considered inappropriate and unsustainable.

TA/TS has also played a key role in strengthening CCMs, national AIDS commissions and PRs through, for example, capacity building, operational support for CCMs and the appointment or secondment of long-term consultants to NACs or health departments. In some countries TA/TS has been instrumental in promoting and facilitating harmonized planning efforts. However, while improvements have been reported in leadership and multisectoral coordination capacities, it appears that most CCMs are unable to exercise effective oversight over grant implementation, and are therefore not getting the systematic feedback that would enable them to articulate TA/TS needs more successfully.

3. RECOMMENDATIONS

3.1 Creating demand: identifying and articulating TA/TS needs

- Key coordinating mechanisms such as national programmes, national AIDS commissions and CCMs need to be able to play a proactive role in stimulating demand and promoting wider participation in planning for TA/TS. The absence of demand from grant implementers, and in particular civil society stakeholders, suggests a need for more intensive efforts on the part of lead agencies and coordinating bodies to promote understanding of the Global Fund grants and the nature and scope of support that is available. It is particularly important to disseminate this information to implementers at district and grassroots levels.
- Such awareness-raising should be preceded by inventorying the available TA/TS, which should be a joint effort on the part of national coordinating bodies, key sectors and TA/TS providers including the UN, bilateral donors and INGOs. The UN agencies in particular should take such opportunities to clearly articulate the UN DOL, including the mandates of each sector and the mechanisms for accessing support through this framework.
- Planning and budgeting for TA/TS should be an integral part of the annual national planning process. Ideally the process should be participatory, involving or at least providing opportunities for consultation with all relevant stakeholders, including TA/TS providers, users, technical working groups etc. It should also be firmly evidence-based, drawing on programme reviews, evaluations of Global Fund grant implementation and other projects, M&E data and so on. The resulting consolidated TA/TS plan, which should be shared with all users, will reflect the support needed to implement the annual work plan, and should identify the TA/TS needs, map the support available from all providers in-country and indicate the support that needs to be outsourced. Leading government sectors should be a part of this process, as both users and providers of TA/TS, and here the UN system can play an important role alongside NACs to promote more effective interaction and coordination between multiple sectors within their respective mandates.
- Capacity building for implementers on institutional management and M&E should include input on identifying TA/TS needs. With a clear appreciation of their own TA/TS needs as well as information on where to access support, users should be able to plan, request and obtain TA/TS in a timely manner. In addition, the responses from country stakeholders suggest that adequate lead times for procurement tend to lead to higher-quality, more appropriate TA/TS.
- CCMs should ensure that TA/TS plans and budgets are built into Global Fund proposals, drawing on the consolidated TA/TS plan. Several local stakeholders suggested that greater PR and SR participation in proposal development would help to clarify what support is needed to improve both programme management and implementation capacity.
- TA/TS plans at both national and proposal level should be flexible enough to accommodate technical support needs that will emerge during the planning/programme cycle.
- CCMs need to be strengthened so that they can conduct oversight effectively, identify TA/TS needs and interact with the UN system and other providers to ensure that it is made available. Due to time and capacity constraints, as well as a lack of understanding of their oversight role, some CCMs are missing opportunities to monitor the progress of grant implementation and

identify critical points where TA/TS may be needed. This may require establishing dedicated oversight committees of technically qualified personnel, which would need further financial and operational support.

3.2 Ensuring better outcomes

- Several countries reported that the mechanisms for accessing TA/TS are either non-existent or unclear. It should be possible for each TA/TS provider to define the processes for requesting and (where relevant) paying for technical support when the consolidated TA/TS plan is formulated (see above). Some countries reported legal and procedural obstacles to the procurement of TA/TS, particularly for government institutions. In such cases, UNAIDS and NACs may need to advocate for appropriate legal channels to be put in place to allow for the timely delivery of TA/TS.
- While adequate TA/TS appears to be provided for proposal development, support for other phases of the grant cycle is less readily available. The joint TA/TS planning mechanism proposed above should be a means of ensuring that support can be provided in all the technical areas (such as care and treatment, M&E, prevention of mother-to-child transmission [PMTCT], harm reduction, etc.) where needs have been identified or are anticipated. Furthermore, efforts should be made to ensure that such support can be provided at local level where necessary.
- TA/TS recipients should be encouraged to report on the quality of TA/TS they receive and monitor its impact. This information should be fed back into the TA/TS planning process.
- The experience of country stakeholders suggests that ensuring that decisions on the provision of TA/TS are participatory and transparent, rather than imposed by providers, will lead to more effective and sustainable outcomes.
- The country reports revealed a number of cases where there was a poor fit between the consultants provided by TA/TS providers, the terms of reference (TORs) of the task and the local context in which they were working. This can be addressed on a number of levels:
 - Ensure that users request TA/TS with sufficient advance notice to allow for the selection of an appropriate consultant. Suitably qualified consultants may be less likely to be available at short notice.
 - Enable TA/TS recipients to play a greater role in selecting providers and approving the deliverables.
 - Ensure that prospective consultants have a clear understanding of the TORs before they are engaged. This could be accomplished by requiring consultants to submit a brief technical proposal or work plan prior to the start of the consultancy.
 - Make use of national consultants wherever persons suitably qualified for the task are available, unless significant conflicts of interest are likely to arise. Apart from eliminating delays and misunderstandings caused by unfamiliarity with the local language, culture and context, using suitable local expertise reduces costs and contributes to the development of country's national capacity.
 - Strengthen the capacity of TA/TS recipients, including PRs, to manage international consultants.
 - Ensure that TA/TS providers' primary accountability to recipients, rather than the funders or managing agencies, is clearly defined.