

CONSULTATION ON DUAL TRACK FINANCING UNDER GFATM

By

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Purpose

Seek consensus of stakeholders on consultation areas, and concurrence on process and timeline.

Areas for consultation

1. Consultation/reaffirm on need and rationale for dual track financing (additional PR)
2. Consultation on criteria for selection of additional PR
3. Consultation on options
4. Seek concurrence on process and timeline

Overview

1. Background
2. What is Dual Track Financing?
3. Roles and responsibility of PR
4. Advantages of DTF
5. Principles DTF should take into account
6. Criteria for selection of PR
7. Options for Dual Track Financing in Uganda
8. Malaria and TB
9. Process and timeline

1. Background

- A 2nd PR in Uganda is not a new idea, was mooted even before suspension of GFTAM grants. LTIA states that a 2nd PR for CS would be put in place
- Civil society has put forward a concept paper/consultations
- Lately, GFATM has refined idea of second or multiple PRs to mean Dual Track Financing (DTF)
- From Round 8 under GFATM, countries are strongly advised to include DTF in their proposals or reasons for not doing so. Proposals have a high risk of not being funded without DTF
- The CSF makes it important that we examine different options for DTF in Uganda
- UNAIDS has been asked by CCM to support consultation process

2. What is Dual Track Financing?

- The practice of having a PR or PRs drawn from and granting to the public sector on one hand and PR or PRs drawn from and granting to the CS/private sector on the other.
- In Uganda currently there is one PR - MoFPED serving both the CS and public sector
- PRs are nominated by the CCM. Their systems are assessed by the LFA
- CCM provides oversight of PR

3. Reminder role of PR

PR is responsible for financial and programme accountability and specifically focuses on:

1. Financial Management
2. Programmed leadership and management
3. Procurement and supply chain management
4. Monitoring, evaluation and reporting
5. Sub grantee engagement, supervision and mentorship

4. Advantages DTF

1. Greater reach, scale and scope for programs
2. Stronger linkage between PR and implementing partners creates potential for greater involvement by communities affected
3. Multiple PRs in Uganda will help spread risk if one PR has difficulties
4. Improved sustainability
5. Potential for greater accountability as PRs responsible for specific areas.

5. Principles DTF should consider

- Paris and Accra Declaration on **harmonization, alignment and AID effectiveness** (Uganda and GFATM are signatories)
- **LTIA** – principle on use of existing systems
- **Simplification** and avoiding fragmentation
- **Principle of 3 ones-** One national strategic Plan (NSP), one national coordinating body and one M & E system

6. Criteria for selection

- Must be legal entities
- Standard criteria which is provided by GFATM
- CCM in Uganda needs to consider whether there are additional specific criteria?
- E.g – Ideally non government PR's under DTF are indigenous NGOs or can be private sector
- but if capacity is lacking or there is a specific need they can be a UN body or other non government international organizations
- What would be best for Uganda?
- The consultations will try to reach consensus on this

7. Two options considered for DTF in Uganda

1. PR working through the Civil Society Fund (AIDS) or an expanded CSF (TB, Malaria)

- CSF is a mechanism for funding CS, but it not a legal entity that can contract with GFATM as a PR
- Nominated PR would become like a 'donor' to the CSF. Subcontract to the FMA, TMA, MEA

2. **PR/s working parallel**

Considered for DTF in Uganda

- Pros, cons, risks and considerations for the options (and sub-options) will be considered in the consultations.
- If DTF is agreed in Uganda. How many PR's do you want?
- One to cover all the 3 diseases, one for each disease, one to cover particular communities?
- What would be best for Uganda?
- Remember CCM has to provide oversight

8. Malaria and TB

- How will malaria and TB CSOs be managed under dual track financing ?
- Will the PR (s) selected also handle malaria and TB ?
- What institutional reengineering is required if any single PR is to handle HIV/AIDS, TB and malaria and function within CSF mechanism ?
 - Finding a new home for the CSF other than UAC ?
 - MOU between UAC and MOH ?
 - Reconstituting the SC, CSF ?
 - Making the SC, CSF a subcommittee of the full CCM not PC ?
 - Making SC, CSF report to full CCM ?

Malaria and TB

- Can such a PR have a dual reporting relationship to SC,CSF for HIV/AIDS and to HPAC for TB and malaria ?
- The issue of whether CSF will handle CSOs in malaria and TB has never been resolved in the current CSF mechanism
- At its next meeting, HPAC is to discuss issue of malaria and TB involvement in the CSF (Decision of CCM meeting of 2nd April 2009)

9. Process and Timelines

Three areas for agreement now:

1. PR/s to be selected through competitive bidding process
2. PR needs to be selected by June in order to be submitted (by 15th June)
3. Will need extra-ordinary meetings of CCM (HPAC and PC)

Process and Timeline for DTF

1. CICC consultative meeting - 10th March
2. ADP/HDP discussions- 30th March
3. Brief CCM – 2nd April 2009
4. Hold consensus meeting – 6th April 2009
5. Other smaller consultations as deemed necessary
6. Prepare consensus report – 13th April
7. Consensus report to CCM – 14th April
8. CCM approval of consensus report 17th April

Process and Timeline for DTF

8. Technical Committee of the CCM on 2nd PR/s named by CCM – 17th April 2009
9. Advertisement in press inviting applications for PR- 22nd April 2009
10. Closing date for receiving applications- 13th May 2009
11. Evaluate applications received- by 19th May
12. Submit evaluation report to CCM-20th May

Process and Timeline for DTF

13. CCM to nominate PR(s) for CS- 25th May 2009
14. Notify successful and unsuccessful applicants- 26th May 2009
15. Include nominated PR(s) in country proposal submitted to GFATM- by 1st June 2009
16. Develop Technical support plan for nominated PR (s)- by 30th July 2009
17. LFA assessment of the nominated PR (s)-date set by GFATM Secretariat (Geneva)