CS4ME

CIVIL SOCIETY FOR MALARIA ELIMINATION

NMCP – CS4ME TASK FORCE OVERSIGHT MEETING TO GLOBAL FUND GRANTEE IN SHINYANGA REGION

Tanzania

HeCOTz

Health For Children Organization

Health for Children Organization (HeCOTz)

Context and Need:

For more than two decades, community voices were largely absent from malaria programme oversight in Tanzania. While the National Malaria Control Programme (NMCP) conducted field monitoring and engaged selected stakeholders, civil society organizations (CSOs) and the communities they represent had no formal, independent mechanism through which to observe how malaria interventions were being implemented on the ground or to feed their findings back to decision-makers.

This gap had real consequences. Without a structured channel for Community-Led Monitoring (CLM), implementation bottlenecks went undetected, community barriers to accessing malaria services were poorly understood at the policy level, and accountability between grantees and the populations they served remained limited. Malaria CSOs operated in isolation from the NMCP, duplicating effort and missing opportunities for collective action.

The 2024 establishment of the NMCP-CS4ME National Task Force in Tanzania marked a turning point. Convened and supported by the Health for Children Organization (HeCOTz) as the CS4ME national implementing partner, the Task Force brought together NMCP officials, malaria CSOs, and community representatives around a shared mandate: to strengthen coordinated civil society participation in malaria control and to ensure that community evidence informs programme decisions.

With this foundation in place, the Task Force identified a critical next step: a joint field oversight visit to a community-level Global Fund grantee. Thubutu Africa Initiative (TAI), implementing a malaria project across four districts in Shinyanga Region, was selected as the first site. The visit represented a pilot for a model of collaborative oversight that Tanzania had never formally tested one that could, if successful, be replicated nationally.

Desired Change:

The NMCP-CS4ME Task Force field oversight visit pursued three interconnected changes, each critical to strengthening Tanzania's malaria response:

- Improved programme accountability. By bringing NMCP officials and CSO representatives into the same oversight process, the Task Force aimed to generate a shared, evidence-based picture of how the Global Fund's community malaria investments were performing identifying what was working, what was not, and where course corrections were needed.
- Stronger community voice in malaria decision-making. The visit was designed to surface the barriers that communities in Shinyanga Region face in accessing

malaria services, and to ensure that these concerns heard directly from community health workers (CHWs) and local stakeholders were formally escalated to NMCP leadership and programme partners.

- A replicable oversight model. Critically, this visit was designed as a pilot. Its success would serve as proof of concept for a structured, scalable model of joint NMCP-CSO field oversight that could be applied across Tanzania's malaria programme portfolio, including future Global Fund grant cycles (GC8).

These objectives directly address a core CE-SI priority: demonstrating that civil society participation in programme oversight produces tangible improvements in the quality and accountability of malaria interventions. In a context where external financing is under pressure including the recent withdrawal of USG malaria support a strong, self-sustaining civil society oversight function is no longer optional. It is essential.

Your approach:

The oversight visit was grounded in a preparatory process that spanned several Task Force sessions. Members drawn from the NMCP, malaria CSOs, and HeCOTz reviewed the CE-SI action plan, identified the key questions the visit should answer, and agreed on a structured methodology. Central to the planning was a deliberate decision to move beyond passive observation: Task Force representatives would not simply watch; they would engage directly with grantee staff, CHWs, and community members, and would deliver constructive technical feedback on the spot.
Thubutu Africa Initiative (TAI) was selected based on its active implementation of a malaria project across four districts in Shinyanga Region under a Global Fund sub-grant. The visit was coordinated with TAI and the relevant district health authorities in advance to ensure access, stakeholder availability, and a structured programme. The July 2025 visit to Shinyanga Region encompassed:

- Direct observation of TAI's project activities across community sites in the four target districts, assessing the quality and reach of malaria interventions.
- Structured interviews and focus group discussions with community health workers (CHWs) involved in malaria case management, bed net distribution, and health education to understand their working conditions, motivation, and the specific barriers they face.
- Meetings with TAI leadership and programme staff to review implementation progress, identify challenges, and discuss solutions collectively.
- A dedicated session on resource mobilisation, examining the impact of the USG funding withdrawal on community malaria programmes and identifying strategies to address emerging financing gaps.
- Technical guidance and peer exchange: Task Force members shared best practices with TAI, drawing on NMCP expertise and CS4ME regional learning to strengthen TAI's implementation approaches.

Change(s) to date:

As a result of the establishment of the NMCP – CSOs National Malaria task force, there is an impact that we are now seeing changes of improved cooperation between NMCP, malaria communities, CSOs, malaria stakeholders and communities. The coordination and close working environment, sharing of updates and information, engagement to various meetings and initiatives has now been improved.

As a result of the established task force in Tanzania, the task force now works closely with the ministry of Health via NMCP as a bridge to malaria communities and CSOs, and has had several strategic meetings with the association of members of parliamentarians working to influence the end of Malaria in the Country. The association called Tanzania Parliamentarians Against Malaria Alliance – TAPAMA, and many other malaria CSOs in the efforts to end malaria in the country. A promised collaboration being one of the best outcomes of these meetings.

Malaria communities and CSOs currently understand better about the work of NMCP, how to engage and be coordinated, malaria issues updates and information, meaningful participation in malaria and national health policies that influences their wellbeing, and jointly take collective actions through campaigns to contribute efforts to end Malaria in the country. *"There has been a significant improvement in the coordination and sharing of updates or information between the government and malaria CSOs in the country as a result of the task force established. Some of malaria pressing challenges are now being taken to the table for solution"* Mr. Didas Misana, NMCP Representative staff to the NMCP – CS4ME Task force.

Key Lessons and Messages:

Several factors proved critical to the success of this initiative:

- Trust built through process. The Task Force did not begin with a field visit. It began with sustained dialogue regular sessions in which NMCP officials and CSO representatives built mutual understanding before embarking on joint oversight. That foundation of trust made the Shinyanga visit substantive rather than ceremonial.
- A facilitating organisation with convening credibility. HeCOTz's role as a neutral, technically capable facilitator was essential. Its ability to coordinate between the NMCP, TAI, CSOs, and district authorities and to manage the logistics and agenda of a multi-stakeholder field visit determined whether the exercise could happen at all.
- Grantee openness and existing partnerships. TAI's transparency about its implementation challenges, and the strong collaborative relationships it had already built with community stakeholders and co-implementers in Shinyanga Region, created the conditions for honest, productive exchange during the visit.
- CS4ME regional support. Access to CE-SI tools, training resources, and the broader CS4ME network gave HeCOTz and Task Force members the technical grounding

to conduct credible oversight and the regional learning network to contextualise what they found.

- Financial constraints on CHWs. Community health workers are the backbone of TAI's malaria project and they operate with very limited financial support. Stipend gaps, transport costs, and inadequate supplies undermine both their effectiveness and their retention. This was the single most frequently cited operational barrier during the visit.

- The USG funding withdrawal. The reduction in United States Government support for malaria programmes has created a significant financing gap across Tanzania, directly affecting TAI and programmes like it. This is both an immediate operational challenge and a structural threat to malaria elimination progress that the Task Force is now actively working to address through domestic resource mobilisation advocacy.

- Formalisation lag. Despite strong political will, the Task Force still lacks fully executed terms of reference and memoranda of understanding between all member organisations. Without these formal documents, the Task Force's institutional legitimacy and continuity remain somewhat fragile a gap that HeCOTz is prioritising in the next programme phase.

Next steps:

The Task Force under the agreed action plan is set to undertake various initiatives in an attempt to mobilize domestic resources needed to fight against malaria in the country. More specifically being to engage with members of parliament, the country End Malaria Council and EMC Fund secretariat, private firms/companies, advocate for the community to contribute health costs through health contribution schemes under National Health Insurance Fund, donors and other stakeholders.

The challenges and lessons learnt from the oversight visit and challenges will be shared with NMCP Programme departments, stakeholders, and donors for policy review, funding support and collective responsiveness towards the fight against malaria in the country.

The task force will also continue to update and support malaria communities and CSOs on various opportunities to mobilize resources from different stakeholders and donors to contribute to the added investment of malaria interventions in the country.

The task force is also planning to undertake more oversight visits to malaria interventions in the country to see more impacts, challenges and opportunities to learn from the local communities and therefore strengthen the fight against malaria.

Fig: A team of NMCP-CS4ME Task force representatives, community and Thubutu Africa Initiative organization staffs posed for a photo during the oversight field visit in Shinyanga Region to see the status and impact of malaria project under Global Fund grant in July, 2025