

Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle

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Communities at the Center	3
1. Introduction	4
1.1 Understanding the Global Fund’s funding and grant life cycle: from preparation to evaluation	4
Stage 1: Before applying	4
Stage 2: Applying for funding and grant-making	5
Stage 3: Grant implementation and oversight	5
1.2 The Global Fund Strategy (2023-2028)	6
1.3 Communities: recognizing diversity, differences and differentiation	6
1.4 The minimum expectations: in detail	7
1.5 Ten stumbling blocks: what inhibits the engagement of communities	8

2. The Grant Life Cycle: Entry Points, Tactics and Levers	11
2.1 Entry point: the Country Coordinating Mechanism	11
2.2 Entry point: funding request development and National Strategic Plans	12
2.3 Entry point: grant-making	14
2.4 Entry point: grant implementation and grant revision	15

3. Questions and Answers: Ten Recurring Queries	18
4. Annex: The Global Fund Strategy (2023-2025): Opportunities for Strengthening Community Engagement and Leadership	20
4.1 Gender equality	20
4.2 Community-led responses	21
4.3 Equity	22
4.4 Pandemic Preparedness and Response (PPR)	23

5. Glossary	24
6. Key Terms and Definitions	25
7. Resources: New, Old and Useful	26

Communities at the Center

In 2002, the Global Fund was founded to respond to HIV, TB and malaria, thanks to the activism of communities most affected by these three diseases. Creating a dedicated fund required equal commitment of world leaders, global health executives and everyone already responding to the three diseases. And it started with listening to those who knew best: the people who lived with and were affected by HIV, TB or malaria. Those were the communities that informed the world on their realities and needs. Then as now, it is only by listening to communities and funding effective prevention and treatment based in communities and led by them that we shall reach global targets.

Much has changed over the past twenty years in relation to the Global Fund's policies and processes. Nevertheless, we remained unwavering in our commitment to meaningfully engage and partner with diverse communities in decision-making and processes directly touching their health, including those living with and most impacted by the three diseases.

As the Global Fund partnership starts to implement [the 2023-2028 Strategy](#), which expressly places communities at the center of our mission, the challenge and opportunity is to further infuse community engagement and leadership in our processes and across all our work. In a time of constrained resources, we must ensure that community engagement and leadership are not only valued at their worth but appropriately funded.

In this guide to community engagement, we identify stumbling blocks impeding the engagement of communities in some of our processes, and we draw on the lessons that communities teach us about how to address these obstacles.

The grant life cycle has key community engagement opportunities throughout its various stages – from the run-up to applications for funding to the process of evaluating performance and impact. Linked to the entry points are “In Practice” snapshot case studies and the new community engagement minimum expectations. The document also offers support, in the form of a Q & A and resources, to emerging community leaders who may not be as familiar with the Global Fund and its processes yet, but whose engagement is essential as we strive to meet 2030 goal targets.

More than ever, we must collectively enable communities, in all their diversity, to be engaged and at the center of everything we do.

Kate Thomson

Head, Community Rights and Gender Department

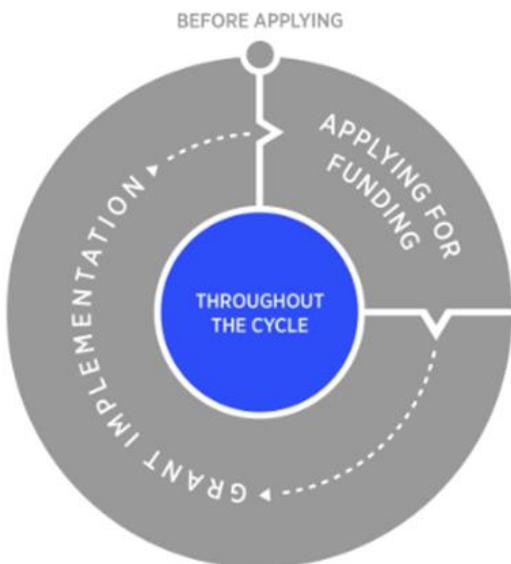
1. Introduction

1.1 Understanding the Global Fund’s funding and grant life cycle: from preparation to evaluation

The Global Fund [funding and grant life cycle](#) follows a relatively predictable three-year cycle of mobilizing and investing resources, implementing grants and complying with continuous evaluation and oversight. While the principle of community engagement exists throughout this process, there are specific entry points where community engagement is particularly important. Communities can be defined as groups of people with similar characteristics or interests. People often self-identify as part of several communities that are defined in various ways such as shared geographic location, gender, age, or cultural or social identities. Communities might also form around shared economic, political, or human rights issues. While communities is a broad term, it is expected that a diverse range of affected community perspectives are at the table when decisions are made.

Three distinct stages of the grant life cycle provide opportunities for heightened community engagement, and three new community engagement minimum expectations have been introduced.

Stage 1: Before applying



Even before Allocation Letters arrive in countries, CCMs can take steps to prepare for the new allocation period. Given that funding requests are prepared based on national strategic plans, it is key for communities to be actively engaged in the development of national strategies for HIV, TB and malaria, which increasingly set the direction of Global Fund investments and grants. As country allocations necessitate challenging choices, it is critical to coordinate community action across diseases and technical areas to make sure that collective priorities emerge. Discussions must cover community priorities that are tried and tested, but also consider cutting edge technologies and implementation science. This approach ensures that the impact of Global Fund grants will increase, and the health outcomes of communities improve.

Stage 2: Applying for funding and grant-making

In order to apply for a grant, CCMs need to comply with six eligibility criteria. These are:

1. Carry out a transparent and inclusive funding application development process.
2. Facilitate an open and transparent Principal Recipient selection process.
3. Submit and follow an oversight plan for all Global Fund approved financing.
4. Show evidence of membership of affected communities in the coordinating mechanism.
5. Ensure representation of nongovernmental members in the coordinating mechanism through transparent and documented processes developed by each constituency.
6. Adopt and enforce a code of conduct, and conflict of interest policy.

The first requirement, managing a transparent and inclusive funding application development process, ensures that affected communities are members of the coordinating mechanism. To be eligible for Global Fund financing, a country must carry out an inclusive and transparent dialogue during the funding request development process. This process is now expected to result in an [Annex of Funding Priorities of Civil Society and Communities](#).

Before the grant-making phase and formal Board approval, CCMs must address feedback from the Technical Review Panel. Grant-making is the process of translating funding requests into grants that are ready for implementation. This also includes deciding which modules, interventions and activities in the funding request are allocated to which Principal Recipient (PR). This time-sensitive period leading up to grant decisions should be used to optimize the oversight of CCMs, including community representatives, and make certain that impacted communities are engaged in any significant deviations or adaptations made in the proposal and budget, especially in relation to community priority areas.

Summary:

- **Minimum Expectation 1:** The funding request development must include transparent and inclusive consultations with populations most impacted by HIV, TB and malaria, across gender and age. This process will result in a document called “Annex of funding priorities of civil society and communities most affected by HIV, TB and malaria”.
- **Minimum Expectation 2:** To further their involvement in oversight, community and civil society representatives in the CCMs must have timely access to information on the status of grant negotiations and any changes to the grant.

Stage 3: Grant implementation and oversight

PRs and the Sub-recipients (SRs) implement the grant, overseen by CCMs and the Global Fund. The Global Fund, coordinating with Local Fund Agents (LFA), CCMs and in-country partners, assess programmatic activities through the [Performance Update and](#)

[Disbursement Requests](#) (PUDRs). Global Fund country visits are opportunities for stakeholders, including community representatives, to engage with the Fund Portfolio Manager (FPM), who is the focal point for the grant in the Global Fund Secretariat. Effective oversight is the responsibility of CCMs, the PRs, the LFAs and the FPMs; throughout the grant implementation, engaging with them on monitoring and evaluation, finance, procurement and legal issues is important. Community-led monitoring (CLM) and feedback from communities play a critical role in adapting implementation so that the grant meets its targets. Over the course of grant implementation, some changes may also be made to the grant agreement, adjusting the grant’s programmatic requirements to ensure effective and efficient use of resources.

- **Minimum Expectation 3:** Community and civil society representatives in the CCM have timely access to information on program implementation.

1.2 The Global Fund Strategy (2023-2028)

The Global Fund 2023-2028 Strategy “[Fighting Pandemics and Building a Healthier and More Equitable World](#)” commits to nuanced and intensified community engagement. While the primary goal remains to end AIDS, tuberculosis and malaria, placing communities, human rights, gender equality and equity components at the heart of the Strategy highlights the critical role of community leadership and engagement. It focuses on working with and meeting the evolving needs of people and communities most affected and on enabling their meaningful engagement in decision-making and leading programs where best suited.. Central to the Strategy is the leadership of communities in service delivery, as advocates, as clients, in governance and in holding CCMs accountable. Through intensified focus on prevention and on action to address inequities, human rights and gender-related barriers, the Strategy highlights this stronger role and voice for communities living with and affected by the diseases as a key ambition. Improved Global Fund policies, processes and approaches, informed by evidence from communities, will make sure that the principle of “Communities at the Center” is achieved. This will include clearer roles, responsibilities and accountability in the Secretariat and across the whole Global Fund partnership.

1.3 Communities: recognizing diversity, differences and differentiation

Many communities do not have equitable access to healthcare due to stigma, discrimination, marginalization and criminalization. Factoring in gender and age across the three disease communities adds to the importance of differentiation.

Responding to and engaging with the diversity of specific communities across and between the three diseases—including in pandemic preparedness and response – allows for fine-tuning of engagement opportunities. People may identify with more than one group and there may be overlapping vulnerabilities.

Community cohesion, solidarity and campaign-building vary widely between HIV, TB and malaria and depending on context. For example, in challenging operating environments - countries or regions in crisis - there are increased barriers and threats to safe community engagement. This has a direct impact on *who* meaningfully engages in Global Fund processes at the country level, and on how such engagement is conducted. Different disease communities will have different needs from stakeholders involved throughout the grant life cycle. This means that community engagement and responses at the national level must evolve to build a stronger sense of a “community movement” - notably in relation to TB and malaria. This takes time, dedication, new approaches and support.

There are signs that shifts are happening.¹ An increasing number of malaria funding requests have recognized socio-economic inequity that makes people more vulnerable to severe cases of malaria, as well as the special vulnerabilities and barriers to accessing services among cross-border populations and migrants. In TB care and prevention, migrant, mobile, refugee and cross-border populations have received increased attention but differentiated approaches to reaching these key populations are still needed.

1.4 The minimum expectations: in detail

The three new minimum expectations for community engagement will increase transparency, accountability, and opportunities for community engagement across the grant life cycle. Each minimum expectation will give rise to a series of actions by CCMs and the Global Fund Secretariat.

<p><u>Minimum Expectation 1:</u></p> <p>The funding request development must include transparent and inclusive consultations with populations most impacted by HIV, TB and malaria, across gender and age. This process will result in a document called “Annex of funding priorities of civil society and communities</p>	<ul style="list-style-type: none"> • CCM Secretariat develops and shares in a timely manner an engagement roadmap, including process (that sets out an access to 15% CCM funding for constituency engagement and a submission window for all CCM members). • Funding requests include a mandatory “Annex”, which should result from CCM-led country dialogue processes with communities. • Funding request documents are published externally following TRP recommendation.
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¹ The Community Engagement Strategic Initiative has increased support to closing the gap for community engagement across disease components including by (i). increasing investments in long-term TB support; (ii) investing in the organizational development of Civil Society for Malaria Elimination (CS4ME) and (iii) supporting the engagement and leadership of women and girls through HER Voice Fund and Voix EssentiElles.

<p>most affected by HIV, TB and malaria.”</p>	<ul style="list-style-type: none"> • Country teams (CT) use the Annexes of Community Priorities to assess the effectiveness of country dialogue and gain a fuller picture of community needs.
<p><u>Minimum Expectation 2:</u></p> <p>To further their involvement in oversight, community and civil society representatives in the CCMs must have timely access to information on the status of grant negotiations and any changes to the grant.</p>	<ul style="list-style-type: none"> • Copy all CCM members, including civil society/community representatives on key automated grant-making milestone notifications. • CCMs will convene a minimum of two meetings during grant making for PR briefing on revisions to the funding request and plans for CBO/CLO implementation.²
<p><u>Minimum Expectation 3:</u></p> <p>Community and civil society representatives on the CCM have timely access to information on program implementation.</p>	<ul style="list-style-type: none"> • CCMs will provide pre- and post-CCM meeting support and access to 15% CCM funding for constituency engagement. • Best Practice: country teams will conduct at least one grant-making briefing with the community/ civil society representatives.

1.5 Ten stumbling blocks: what inhibits the engagement of communities

While community engagement is recognized during funding request development (it has long been an eligibility requirement), engagement across the full grant life cycle varies. There are a number of recognized obstacles, particularly during grant-making and implementation oversight. Here are some common blocks to engagement and suggestions on how to respond.

1. **TB and malaria community engagement requires more attention.** Community leadership and engagement in planning, implementation and monitoring of TB and malaria programs are not as extensive as they could be.
 - **Support intentional TB and malaria engagement.** Advocate for the increased institutional strengthening of nascent TB and malaria networks and groups as well as community -led and -based organizations working on TB and malaria. Scale up differentiated approaches for engagement of TB and malaria communities through

² For High Impact and Core portfolios. For Focused portfolios this is noted as best practice.

grant funding. It is crucial for community-based and community-led organizations to play a meaningful role in determining the elements of effective, equitable and sustainable malaria and TB responses.

2. **Timelines are too short.** The narrow timelines between the Allocation Letter and the deadline to apply does not always allow for extensive community engagement.
 - **Plan ahead.** Liaise with the community representatives on CCMs to ensure that the Minimum Expectation 1 is met and prepare community consultations during the anticipated timelines.
3. **Diminished role of communities during the grant-making process.** During the grant-making process, which often takes place between a finite set of stakeholders to ensure that deadlines can be met, community engagement is not always considered.
 - **Prioritize the grant-making moment.** Ensure that Minimum Expectation 2 is met. Include existing mechanisms to support direct community and civil society engagement in grant-making by updating community CCM members on key grant-making milestones, as part of CCM oversight function.
4. **Diverse communities lack a collective voice.** If there is not agreement amongst and between communities, it is difficult to advocate with one voice for inclusion of any community priorities within grants or through national funding.
 - **Reach collective community consensus.** Participate in community consultations to reach an agreement on the highest priority topics before the larger decision-making takes place in the CCMs. Engage with the community representatives in the CCMs to ensure that these consultations routinely involve diverse national and sub-national community input. Requests are more likely to be taken into consideration if there is consensus and it is backed by data.
5. **CCMs miss the bigger picture.** Few funding requests take the holistic, strategic view that disease programs must meet the needs of affected communities, especially among key and vulnerable populations.
 - **Ensure that not only specific topics are included in the budget.** Make sure that interventions are integrated and focused on the whole person, in order to meet more than their specific HIV, TB and malaria needs; include, for example, sexual and reproductive health and rights (SRHR) and mental health support.
6. **Information does not flow easily between stakeholders.** Lack of feedback and information to communities on the status of grants and regarding areas which may have to be reconsidered and/or reprogrammed during grant implementation does not support community leadership efforts.
 - **Request regular and timely communication and information flows from the community CCM representatives and country teams.** Ensure that Minimum Expectation 3 is met, that the approved grant is explained and understood and that community representatives are active members of the CCM oversight committees.

7. **Communities are hindered in their ability to act fast.** The longer timeframes for many elements of programming related to community, rights and gender (CRG) act as a disincentive, notably during reprogramming when there is a potential underspend or low absorption within the grant.
 - **Circulate CRG priorities and have a potential alternative plan in place.** While the funding request is one opportunity for introducing funding priorities, find other moments throughout the grant life cycle, especially in the last year of the grant, when reprogramming may be needed. Prepare costed activities that are easy to implement, backed by evidence and respond to a gap; these can then be presented as reprogramming opportunities able to be implemented in a shorter timeframe.
8. **Communities lack costing data.** Providing reliable and accurate costing data and evidence for many community priorities remains a challenge.
 - **Strengthen understanding of and advocacy for social contracting.** Engage in national processes to understand the domestic funding landscape, including funding for pandemic preparedness, and advocate for government funding for critical community-led and community-based interventions and the organizations that deliver them.
9. **Community-led interventions lack sustainable funding.** While many community and civil society organizations are donor-funded, it is important to also advocate for domestic funding.
 - **Strengthen understanding of and advocacy for social contracting.** Engage in national processes to understand the domestic funding landscape, including funding for pandemic preparedness, and advocate for government funding for critical community-led and community-based interventions and the organizations that deliver them.
10. **Access to and engagement with national-level Global Fund processes is insufficient, especially among young people and criminalized populations.** For a variety of contextual reasons, emerging community representatives and leaders may feel sidelined or excluded from engaging Global Fund processes at the country level.
 - **Use a range of open communication channels.** Proactively reach out to the CCM Secretariat and the existing community and civil society representatives on the CCM for routine information on forthcoming opportunities to engage with Global Fund processes.

2. The Grant Life Cycle: Entry Points, Tactics and Levers

2.1 Entry point: the Country Coordinating Mechanism

The CCM is a national, multi-stakeholder body that includes representatives of all sectors involved in the response to the three diseases, and which has two primary responsibilities:

- It submits funding requests to the Global Fund on behalf of the country.
- It oversees the implementation of the grants.³

CCM responsibilities are inherently challenging, especially those ensuring that the breadth and scope of diverse community perspectives are adequately reflected in its makeup. Determining grant priorities frequently means making difficult and potentially controversial trade-offs, as the scale of unmet need outstrips the available financial resources. Making difficult choices that reflect the importance of community, rights, gender and equity considerations underlines the imperative of community engagement to ensure decisions are based on lived realities and actual needs.

The Global Fund supports CCMs in developing operating procedures, including the criteria for the selection of members, and the processes for devising grant applications, selecting principal recipients, and monitoring grant implementation. CCM hubs also use community engagement strategic initiative⁴ (CE SI) partners to provide technical assistance on CCM engagement to support CCM Evolution.

How to engage with the CCM:

- Familiarize yourself with the community and civil society representatives on the CCM.
- Understand the role and function of the CCM representatives and identify ways to ensure that representatives are supported in their leadership role.
- Request to attend CCM meetings as an observer.
- Reach out to your CCM Secretariat; contact details available [here](#).
- Request regular two-way feedback from the CCM community representatives.
- Participate in the election of the CCM community representatives.
- Work in partnership with other community organizations to routinely reach out to the CCM about substantive HIV, TB and malaria issues that are affecting your and your partners' communities.
- Learn the CCM governance guidelines.

³ The CCM is also responsible for nominating the Principal Recipient, overseeing grant implementation, approving reprogramming requests, and ensuring linkages between Global Fund grants and other national health and development programs.

⁴ <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-engagement/>

In Practice:

Improving information flows between the community CCM representatives and their networks: Making country dialogues even stronger in Nepal.

Nepal, a CCM Evolution pilot country, was supported by the Asia Pacific Council of AIDS Service Organizations (APCASO), and with financing from the German Agency for International Cooperation (GIZ) BACKUP Health program, to strengthen community and key population engagement in CCMs. Five provincial consultations were held to enhance understanding of how the Global Fund works and how to improve engagement in CCMs. These led to the development of a CCM engagement plan to establish a mechanism for channeling information from CCM representatives to their networks and vice versa. The network members were able to express their expectations of the CCM and advise on how to improve their relationship. The CCM in Nepal is committed to ensuring these voices from the ground will be heard and have an impact in the country dialogues that are shaping the next funding request from Nepal. APCASO also supported learning visits among other countries taking part in this CCM strengthening project (Nepal, Sri Lanka, Pakistan, Papua New Guinea).

2.2 Entry point: funding request development and National Strategic Plans

Country dialogues involve people most affected by the three diseases sharing their experiences and helping define the programs and services that can best meet their and their communities' needs. These dialogues are meant to continue throughout the entire grant life cycle. They are broad, open and transparent consultations that comprise a range of key stakeholders, including the public sector (e.g., from the ministries of Health and Finance); the private sector; faith-based organizations; civil society and community led and based organizations; human rights experts; networks of key populations and women's organizations; people living with and most affected by the three diseases; and other technical agencies and development partners. The country dialogues serve to provide groups that are not represented in the CCM or that have weak representation with the opportunity to participate meaningfully and provide input to the funding requests and other grant processes. Country dialogues are relevant to all aspects of grant life cycle, from discussing national priorities, through the development and negotiation of funding requests, to grant implementation and oversight.

The Global Fund bases its support and review of applications on disease-specific National Strategic Plans (NSPs) that are robust, prioritized and costed. To serve as the basis for funding, NSPs should also be developed through inclusive, multi-stakeholder efforts that include diverse communities, and be aligned with the latest evidence and international guidance. NSPs should be built on a clear understanding of the national responses to HIV, TB and malaria following epidemiological data disaggregated by age and sex. They should

contain specific analysis of barriers related to human rights, gender and key and priority populations, and other obstacles that affect access to health services. This emphasis on robust NSPs as a foundation for funding applications reinforces the imperative for communities to be fully involved in developing and reviewing NSPs.

Ways to engage during the funding request and National Strategic Plan development process:

- Find out from the CCM Secretariat when national and (if any) sub-national country dialogues will take place to inform the NSP.
- Reach out to community and civil society CCM representatives and other community organizations to coordinate preparation for the dialogues and ensure early alignment on priority issues.
- Make a request to the CCM Secretariat through the CCM community representatives on the CCM for agreement to attend the dialogues.
- Conduct a community-oriented review of the NSP to ensure that it has a strong articulation of community needs in specific areas such as human rights, gender and community led responses that will provide a good basis for the funding application. (This could partly be supported by the CCM through reprogrammed grant funds).
- Lead and participate in assessments that strengthen the evidence to support priority issues, such as gender assessments, stigma assessments, or human rights assessments.
- Engage partners like WHO, UNAIDS, the Stop TB Partnership and the RBM Partnership to End Malaria and donors for assistance, including through the provision of accessible data, guidance and practical tools, to enable the full expression of community interests related to the three diseases.
- Participate in community and CCM-led consultations and any relevant technical working groups to identify priorities and interventions for inclusion in the [Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria Annex](#)
- Access ongoing peer support through the [Community Engagement Strategic Initiative](#).
- Follow up with the CCM Secretariat about funding options to support constituency engagement. 15% of CCM funding is reserved for constituency engagement.

In Practice:

Informing grant priorities through country dialogues including for C19RM: By and for young key populations in Mongolia.

The active engagement of young key populations (18-25) in national Global Fund-related processes was prioritized to ensure that productive dialogue resulted in material changes in grants to address their needs. The young key populations organization hosted a standalone country dialogue which resulted in the inclusion of two of their priorities into the funding

request. For the first time in 2021, as part of the C19RM dialogue, the community consultations, which reflected the suggestions from a wider community stakeholder consultation, were led by young key populations. They succeeded in including five out of six priorities from the consultation in the funding request.

In Practice:

As a recipient of the Stop TB Partnership Challenge Facility for Civil Society (CFCS) and a sub-sub recipient of the Global Fund TB grant, the Club des Amis Damien (CAD) is a key community-led organization driving the human rights and gender responsive approach to TB in the Democratic Republic of Congo. Most recently, and in response to recommended actions in the National Community Rights and Gender Action Plan, CAD established and provided capacity to seven key and vulnerable TB population networks to engage in the TB response. These networks now systematically support [OneImpact](#) community-led monitoring and engage in national governance structures, thus informing national decision-making processes. This enhanced engagement in and availability of complementary community data has resulted in ongoing investments in community, rights and gender through NFM3 and the COVID-19 Response Management (C19RM), notably the roll out of the TB Stigma Assessment, from which emerged a more in-depth understanding of the levels and manifestations of TB stigma and the expansion of OneImpact community-led monitoring in an additional 3 provinces.

2.3 Entry point: grant-making

Grant-making is the process of transforming funding requests reviewed by the Technical Review Panel and the Grant Approvals Committee into a grant agreement, used as the basis to release funding. The Global Fund Secretariat works with the organizations selected by the CCM to manage the grants, known as Principal Recipients, to develop a performance framework. This includes indicators and workplan tracking measures to track progress, a budget and a workplan. The country dialogue process is also an important part of grant-making, ensuring that input from those who will benefit from the programs is taken into account in the detailed program design and that the latest technical and operational guidance is used. The involvement of civil society, communities and key populations is essential to grant-making, although to date it has often been weak. It is therefore critical that the community representative on the CCM have access to timely information to make sure that priorities which were agreed in the funding request are budgeted for.

Entry points to engage during the grant making process:

- Verify that any issues that may have been flagged by the Technical Review Panel (TRP) are resolved.
- Request the CCM and PR for a briefing on the process and outcome of grant-making and on program design.

- Ask the CCM community representatives to share regular updates about the status of grant-making, including any automated grant-making milestone notifications.
- Keep checking in with the CCM community and civil society representatives on the status of the submitted community priorities and advocate for the involvement of those representatives in any decision that affects interventions that were set at highest priority by communities and civil society, with their corresponding budgets.

2.4 Entry point: grant implementation and grant revision

Implementing and monitoring grants takes the most time across the three-year funding cycle, as this includes PRs reporting on the grant (technical and financial reports), as well regular oversight to make any adjustments or manage bottlenecks. It is important for civil society and community groups to be aware of which PR is responsible for which intervention and activity. This is critical for monitoring, oversight and accountability during implementation. In particular, it is important for civil society and community groups to find out which PR or Sub-Recipient (SR) has been assigned to manage interventions for key and vulnerable populations, human rights and community systems strengthening.

Information is key. Collecting, reviewing and acting on quality data allows communities and their partners to anticipate challenging issues, fast-track successful approaches, foster innovative implementation science and highlight the quantitative impact of interventions on the lives of communities. Pulse Checks are a quarterly tool used by PRs to provide visibility in Global Fund investments and identify emerging risks, allowing for course correction. Emphasis is placed on data quality and accountability, and community-led monitoring is increasingly relied on as a means of promoting accountability and driving changes that will impact communities.

When funding is not absorbed or no longer needed for a specific intervention, it can be reprogrammed with approval from the Secretariat. Revising a grant depends on the assessments that have enabled continuous learning and oversight. Underutilized funds are repurposed and programmed at different intervals.

Delivering on the targets that were set for the three diseases during the country dialogues, relies on continually improving performance, aligning with partner efforts, and supporting communities and civil society to engage with and validate programmatic data.

Ways to engage during the grant implementation and grant reprogramming processes:

- Request routine meetings with the Fund Portfolio Manager and country teams when they are in the country; offer to develop a collective community agenda that should be shared in advance of the meeting.
- Work with other community organizations to develop a set of collective discussion points with the PRs.

- Ensure that the CCM community representative sits on the CCM Oversight Committee
- Suggest using Pulse Checks as an additional assurance to assess community engagement during grant implementation.
- Suggest additional ideas to validate community engagement across the grant life cycle.
- Suggest ways (including convening meetings during grant monitoring discussions) through which technical community expertise can be highlighted in support of grant implementation – especially on some of the challenging issues and bottlenecks.
- Set up regular engagement touchpoints with the assigned PR and SRs and develop clear accountability communication channels.
- Participate as observers in budgeting processes and planning reforms that promote domestic financing and sustainability.

In Practice:

Expanding implementation reach through community action: Realizing a Malaria-Free Mekong.

Eliminating malaria and preventing its reintroduction in the Greater Mekong sub-region involves addressing artemisinin resistance and providing malaria services to communities at risk. This is challenging in remote areas, which are often difficult to reach and where success depends on engaging with ethnic minorities, mobile and migrant populations and people living and working in forests across the region. Civil society organizations have been instrumental in extending coverage of national malaria programs to reach these communities with free test and treat services as well as vector control products. Communities have been the vital link to reaching refugees, displaced populations, forest goers and undocumented migrants who would not otherwise have access to malaria services. Through direct funding to civil society partners and support to the Regional Civil Society Organizations Platform, independent of CCM funding, community partners provided robust oversight of malaria investments in the region. The progress the Regional Artemisinin-resistance Initiative (RAI) grant has achieved within a short period is in large part due to the active role communities have played in the region.

In Practice:

Unlocking sustainability with communities: Extending HIV/TB services by social contracting in Panama

To prepare for the transition from Global Fund funding for the HIV/TB grant in Panama (final grant 2019-2021), national stakeholders worked with the Global Fund, UNDP and other partners to set up public financing of civil society organizations (known as social contracting). This work started in 2018 and aimed to ensure continuity and increased coverage of essential services for key and vulnerable populations. In 2020 the Ministry of Health launched a “National Strategy for the Extension of Health Services for Key

Populations through Community Organizations” that recognized the role of communities in the HIV and TB responses. The initial domestic funding supported Global Fund sub-recipients – the Panamanian Association of Trans People (APPT), the Association of Living Positively (AVP) and the Association of New Men and Women of Panama (AHMNP). These organizations were contracted to provide prevention and testing services and to refer key populations to other services when needed.

3. Questions and Answers: Ten Recurring Queries

1. Q. What should I do if the CCM representative does not respond to my email or calls?
 - A. Reach out to the CCM Secretariat and request their assistance. If you still need support reach out to the country team and/or CCM Hub.

<https://data-service.theglobalfund.org/downloads>
2. Q. Where can I get up to date information about any events the Global Fund is arranging in my country?
 - A. Contact one of the following: community or civil society CCM representatives, the CCM Secretariat, the PRs/SRs in your country.
3. Q. Is there an option for the country dialogues to include and/or be held in local languages?
 - A. To ensure active participation, the Global Fund encourages community consultations to be held in the local language, allowing participants to fully express themselves and their realities, needs and ideas.
4. Q. How can I become engaged in the country dialogues, which seem to focus primarily on national organizations?
 - A. Country dialogues are held to ensure that everyone's contribution is considered. Reach out to the community or civil society CCM representatives or the CCM Secretariat to see when and where country dialogues are planned. Increasingly, many of these include sub-national organizations. Also express your interest in participating in any national network that represents your community in various national and subnational platforms. Contact the national disease program to obtain the names and contact details of these networks if they exist in your country. You can also submit any evidence or reports to be used as reference materials and examples of what civil society and communities need.
5. Q. The community representative on the CCM is not from my specific disease area – can another person be included on the CCM?
 - A. Check the CCM Governance document, which the CCM Secretariat can share with you. Discuss with the community or civil society CCM representatives and key networks and organizations in your country.

6. Q. Are there any learning opportunities to better understand how the Global Fund works in my country?
- A. [Access iLearn](#), the Global Fund's online education platform. Also reach out to the community or civil society CCM representatives and key networks and organizations in your country.
7. Q. If I participate in the country dialogue, will my organization be able to receive funding?
- A. There are many criteria for organizations to receive funds from the Global Fund. Attending the country dialogue does not guarantee that your organization will become a funding recipient, but it means that your priorities will be considered for funding.
8. Q. Will all the issues that were raised during the country dialogues and included in the funding request be funded and implemented?
- A. Due to insufficient funding for the three diseases from domestic budgets and donors, there is always a process of prioritization needed. That means that not every issue will be included within the Funding Request. Bolster community priorities using evidence of how the intervention will fill a gap. During the grant-making process, changes are sometimes made. These discussions are managed by the PRs. Review the additional minimum expectations related to the grant making process and engage with the PRs in your country. Be part of the process and follow up even after the grant-making process is complete.
9. Q. How can I get support to manage a community dialogue?
- A. Contact some of the country partners, whose names you can obtain from the CCM Secretariat, or the CCM Secretariat, as they have limited CCM funds available. Request funds from technical partners or bilateral donors. When funds are not available, you can hold online discussions and even meet and hold the dialogue online or in one of your organization's offices. It is also important that you submit your reports to the CCM Secretariat.
10. Q. How will the final community priorities be determined, considering that there are many diseases and constituencies?
- A. Ensure you are part of a community priority consolidation meeting that will once again prioritize all the ideas coming from community dialogue meetings.

4. Annex: The Global Fund Strategy (2023-2025): Opportunities for Strengthening Community Engagement and Leadership

With its intentional shift towards a community-centered approach, the Global Fund Strategy has explicitly re-emphasized a number of substantive areas and approaches critical to its success. The following four rely particularly on strong community engagement and leadership throughout the grant life cycle process:

4.1 Gender equality

Gender-transformative approaches seek to address the underlying factors that contribute to gender inequalities in health.

Building on the Global Fund's continued commitment to gender equality⁵, the Strategy commits to take a bolder gender-transformative approach to the three diseases. This will be done through a dual approach to ensure that interventions reach the right people: first, funding specific interventions that further gender equality; and second, applying a gender lens to all programming. Progress will be measured with a new tool, the Gender Equality Marker (GEM), which requires every funding request being evaluated by the Technical Review Panel to assess whether a gender assessment has been carried out for each disease, whether the results of the assessment are used in programming, whether there are specific activities to address gender equality, and whether they collect and use sex/gender disaggregated data.⁶

The approach goes beyond responding to gender differences. It explicitly aims to transform social and cultural norms and discriminatory laws, policies and practices that contribute to gender inequalities and increase vulnerabilities to HIV, TB and malaria in women, girls and gender-diverse communities.

This approach depends on women, girls and gender-diverse communities participating fully in the design, implementation, and monitoring of programs. They should ensure that women, men, boys, girls, and gender-diverse communities benefit equitably from program results.

The key priorities to strengthen approaches to gender equality include:

- Scaling up comprehensive programs and approaches to remove gender-related barriers across the portfolio. This involves strengthening country ownership, commitment and capacity to implement gender-responsive and transformative

⁵ [Global Health 50/50: Flying Blind in a Time of Crisis](#)

⁶ Gender Equality Technical Brief [link forthcoming]

programs and strengthening partnerships with and between communities for gender equality.

- Supporting comprehensive sexual and reproductive health and rights (SRHR) programs and their strengthened integration with HIV services for women in all their diversity and their partners; such programs to include interventions and systems aimed at sexual and gender-based violence prevention and response. Engaging with the SRHR community – including on prevention issues – is critical to success.
- Advancing youth-responsive programming, particularly for adolescent girls and young women, young key populations and their partners, including by accelerating access to effective use of combination prevention.
- Deploying quantitative and qualitative data to identify drivers of HIV, TB and malaria inequity and inform responses.

The Global Fund expects that gender considerations be integrated into every element of the Global Fund's funding cycle, from the development of funding requests and program implementation to monitoring, evaluation and learning. Doing so ensures that it is investing in programs and strategies that increase the impact of responses to HIV, TB and malaria, while also advancing gender equality and the empowerment of women, girls and gender-diverse people.

4.2 Community-led responses

The new Strategy emphasizes “Maximizing people-centered integrated systems for health to deliver impact, resilience and sustainability”. This includes promoting more investments in community-led responses; those which are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.

Independent accountability mechanisms designed, led, and implemented by local community organizations can enhance the uptake of, and retention in, services and can increase the availability, accessibility, acceptability, affordability and quality of HIV, TB and malaria services. This is known as Community led monitoring (CLM) and is a key element of community led responses that has greater emphasis in the Strategy.

The Strategy also highlights the need to increase funding for community-led organizations, particularly those led by key and vulnerable populations across the three diseases.

Across the grant life cycle several requirements have been added to further these commitments, including the Minimum Expectations listed earlier in this document. In addition, community and civil society representatives are encouraged to:

Funding request:

- Use new tools like the CSS Technical Brief, CSS Decision Making Guide and Guide for CLM inclusion in funding requests available on the Global Fund website.
- More effectively communicate the role/value and explicitly encourage CCMs to include CLO/CBOs in implementation plans.

Grant making:

- Advocate for integrate costed capacity assessment of CLO/CBOs in grant implementation.
- Leverage tools/processes to promote existing flexibilities in grant architecture to facilitate selection of CLO/CBO implementers.

Grant implementation:

- Monitor and track investments and program coverage by implementer type i.e., community-led, KP-led, women-led, etc.
- Embed CLM data and feedback from clients to inform program design, delivery, monitoring and oversight.

4.3 Equity

Equity is the process of removing unnecessary, avoidable, unfair and unjust differences in health outcomes. It is an essential step along the way towards achieving the end goal of equality.

The Strategy makes bold and ambitious commitments to reducing health inequities. While the overall burdens of HIV, TB and malaria have significantly diminished, this has only been progress for some people, in some places. In many contexts, the epidemics have continued to grow among the most marginalized and vulnerable communities.

Supporting the production and use of knowledge for an equitable approach across the grant life cycle should include:

- Ensuring that marginalized communities are meaningfully engaged in country dialogue and that their voices are equally heard and respected.
- Supporting countries to collect and use data broken down by different equity dimensions and using this data to inform program design, adaptation and performance measurement.
- Conducting or updating key populations size estimates to inform the grant design.
- Ensuring that investments are informed by an up-to-date equity analysis – for instance through the use of [Innov8](#), the [Malaria Matchbox Tool](#), or Stop TB Partnership and UNAIDS tools, to conduct an equity analysis if an appropriate tool is not already available.

- Ensure that the membership of the CCM adequately reflects the communities living with or affected by HIV, TB and malaria.
- Strengthen multi- sectoral action across the Global Fund Partnership.
- Supporting community-led monitoring.
- Using an equity analysis when developing policies, strategies, national plans, investment cases and budgets.

4.4 Pandemic Preparedness and Response (PPR)

COVID-19 revealed gaps in pandemic preparedness capabilities and derailed progress against HIV, TB and malaria.

In its response to COVID-19, the Global Fund Partnership supported the robust engagement of communities, through the COVID-19 Response Mechanism (C19RM) in 2021 and 2022. While initially there were requirements to submit an annex of community priorities in the initial C19RM applications, communities experienced significant barriers to meaningful engagement, including difficulty in accessing information (especially in languages other than English), few opportunities to convene consultations, and opaque timelines and processes (especially for non-CCM members.) To address these challenges, the Secretariat built in new requirements and standards into relevant application materials and policies to raise the level of expectation around community engagement in the development of C19RM funding requests. These changes have been supplemented by the provision of intensified support to community partners including through the Community Engagement Strategic Initiative.

To strengthen and systematically address community considerations in the grant life cycle emphasis is placed on a number of areas, including:

- Requesting applicants to consider how programs can contribute towards improvements in pandemic preparedness. The Resilient and Sustainable Systems for Health ([RSSH Modular Framework](#)) contains modules on laboratory, surveillance, human resources for health, as well as medical oxygen and respiratory care that allow applicants to invest in activities to build pandemic preparedness capabilities.
- Encouraging applicants to invest in community systems strengthening (CSS). CSS investments can include establishing, strengthening and building the sustainability of community-led and community-based organizations, particularly those led by key populations, women, youth and people living with or affected by the three diseases.

5. Glossary

AAAQ	Availability, Accessibility, Acceptability, and Quality
AGYW	Adolescent Girls and Young Women
CCM	Country Coordinating Mechanism
CHW	Community Health Worker
cIPTp	Community-level Intermittent Preventive Treatment of Malaria in Pregnancy
CLM	Community-Led Monitoring
COE	Challenging Operating Environment
CS&R	Community Systems and Responses
CSS	Community Systems Strengthening
DSD	Differentiated Service Delivery
GBV	Gender Based Violence
HRH	Human Resources for Health
NSP	National Strategic Plan
PLHIV	People Living with HIV
PSEAH	Protection from Sexual Exploitation, Abuse, and Harassment
RSSH	Resilient and Sustainable Systems for Health
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights

6. Key Terms and Definitions

Communities	Communities are groups of people with similar characteristics or interests. People often self-identify as part of several communities that are defined in various ways such as shared geographic location, gender, age, or cultural or social identities. Communities might also form around shared economic, political, or human rights issues.
Key and vulnerable populations	In the context of HIV, TB and malaria, key and vulnerable populations are people who experience <i>increased</i> vulnerability to and impact from one of the diseases, combined with <i>decreased</i> access to services. Key populations may also experience human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization.
Community organizations	Community organizations deliver services, implement programs, and advocate at a community level. This includes many civil society organizations, groups and individuals that work with communities, particularly community-based organizations, non-governmental organizations, faith-based organizations, and networks or associations of people affected by HIV, tuberculosis and malaria.
Community-based organizations	Community-based organizations operate in community settings or locations. Often they are organizations that have arisen from a community in response to particular needs or challenges.
Community-led organizations	Community-led organizations are organizations that are governed, led, and staffed by people who are experienced and affiliated with the communities being served or intended to benefit from the organization's work.
Community-led responses	Community-led responses are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.
Community systems	Community systems are the structures, mechanisms, processes, and actors that engage and deliver interventions to communities. They may be community-focused, community-based, or community-led.
Community systems strengthening	Community systems strengthening (CSS) is a set of interventions intended to support development of informed, capable and coordinated communities, and community-based and community-led organizations, groups and structures.

7. Resources: New, Old and Useful

1. Equity

- [Global Fund & WHO \(2021\) State of Inequality: HIV, Tuberculosis and malaria](#)
- [Global Fund & RBM \(2019\) Malaria Matchbox Tool An equity assessment tool to improve the effectiveness of malaria programs](#)

2. Gender equality

- [EANNASO \(2016\) A Community Guide to the Global Fund's Gender Equality Strategy](#)
- **Gender Equality Technical Brief [link forthcoming]**
- [INPUD \(2022\) On the A-Gender Community Monitoring Tool for Gender-Responsive Harm Reduction Services for Women who use Drugs](#)

3. Key populations

- [GATE & amfAR \(2022\) Trans Inclusion in HIV National Strategic Plans: Best Practice Guidelines & Online Training](#)
- [INPUD \(2021\) From Invisibility to Influence: The evolution of participation of people who use drugs in the Global Fund](#)
- [INPUD \(2017\) The IDUIT Brief Guide for People who Use Drugs](#)
- [NSWP \(2015\) The Smart Sex Worker's Guide to SWIT](#)
- [CLAC & MPact \(2020\) Global Fund Toolkit by CLAC and MPact on Increasing Accessing to Resources to Fight HIV, TB and Malaria](#)
- [MPact \(2021\) Roadmap for Key Populations Advocates Navigating the Global Fund to Fight AIDS, TB and Malaria](#)
- [EANNASO \(2019\) Community Guide on Data for Action for Key, Vulnerable and Underserved Populations](#)
- [Via Libre \(2020\) Guide to improve the participation of people with disabilities in Global Fund to Fight HIV, TB, and Malaria Processes](#)

4. PPR

- [Via Libre, ICASO & GATE \(2021\) National social dialogues to guarantee the participation of civil society and community organizations and key populations in the preparation of funding requests for the C19RM 2.0 of the Global Fund](#)
- [EANNASO, ITPC & Health GAP \(2021\) Integrating Community-Led Monitoring \(CLM\) into C19RM Funding Requests](#)

5. SRHR

- [Salamander Trust \(2019\) Women Engage! Living with HIV and Cervical Cancer: A guide to our involvement in its prevention, screening, and early diagnosis, treatment and research](#)
- [WHO \(2019\) Translating community research into global policy reform for national action A checklist for community engagement to implement the WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV](#)

6. Domestic resource mobilization/community-led monitoring of domestic budgets

- [GFAN \(2018\) Effective Civil Society-led Strategies for Increasing Domestic Resource Mobilization for AIDS, TB and Malaria in Low- and Middle-Income Countries](#)
- [EANNASO \(2019\) Social Contracting A mutual agreement made between CSOs and the Government](#)
- [Via Libre \(2020\) A guide for communities and civil society to engage sustainability planning and transition](#)
- PLACEHOLDER: Via Libre has a forthcoming resource on how to monitor Global Fund co-financing commitments.

7. Human Rights

- [MPact \(2022\) Selecting and Implementing Effective Structural Interventions for Key Populations in the HIV Response: Technical Brief](#)
- [EANNASO \(2019\) Community Guide: Legal Environment Assessment for TB](#)
- [APCASO & ACT! AP \(2019\) The Right To Breathe: Human Rights Training For People With And Affected By Tuberculosis](#)

- [Women4GlobalFund \(2021\) Understanding the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination](#)

8. CCMs

- [GNP+ \(2021\) Community Forum Guide](#)
- [EANNASO \(2015\) Guidelines For Effective Civil Society Representation In National Decision-Making Processes And Platforms](#)
- [APCASO \(2017\) Country Coordinating Mechanisms \(CCM\) 101 For Communities And Civil Society](#)
- [INPUD \(2022\) Global Fund Country Coordinating Mechanism Evolution \(CCM\) Guide for people who use drugs](#)
- **PLACEHOLDER: APCASO has a forthcoming guide on how to run open and transparent CCM elections for civil society and community representatives.**

9. CLM

- CLAW Consortium. [Best Practices for Community Led Monitoring](#). 2022.
- Coalition of Women Living with HIV and AIDS (COWLHA) and Treatment Action Group (TAG), [Community Led Monitoring for Access to Tuberculosis Screening and Diagnostic Testing](#); 2022.
- IAS – Community-led guide to support inclusion of CLM in funding requests to the The Global Fund. 2022.
<https://www.differentiatedservicedelivery.org/Resources/Resource-Library/CLM-guide-GF-funding-requests>
- International Treatment Preparedness Coalition (ITPC), [How to Implement Community-Led Monitoring A Community Toolkit](#); 2021.
- UNAIDS, [Establishing Community Led Monitoring of HIV Services](#); 2021.
- EANNASO, Frontline AIDS, Stop TB partnership and GIZ, [Community led Monitoring: A Technical Guide for HIV, Tuberculosis and Malaria](#); 2020.

10. Disease and area specific components

- [HIV Information Note](#)
- [Tuberculosis Information Note](#)
- [Malaria Information Note](#)
- [Resilient and Sustainable Systems for Health Information Note](#)