

How we engage

Stories of effective community engagement
on AIDS, tuberculosis and malaria





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“ Civil society and community-based organizations – especially those that represent people living with or affected by disease – and key populations have a crucial role to play in the design, delivery, monitoring, and governance of HIV, TB and malaria programs. Since it was established in 2002, the Global Fund has been committed to engaging communities, strengthening community-based responses and promoting gender equality and human rights in the programs that it supports. ”

As the Global Fund increases the focus of its investments on high-impact interventions and settings, closer engagement with communities is essential to achieving that goal. Wider and more inclusive processes of country dialogue are determining national priorities for funding on health, and are making programs more effective.

As this series of eight case studies illustrates, expanded dialogue and participation in the development of grants are leading to more focused and responsive programming in many countries. In **Cambodia**, the national process for developing the country's approach to TB involved a broad and innovative approach to consultation with communities affected by TB and led to a Global Fund grant that strongly reflects their needs and concerns. The Cambodian dialogue process has been adopted as a model in other countries. In **El Salvador**, as a result of their participation in a national dialogue for the first time, transgender communities have begun to access better HIV services financed by the Global Fund. In **Kyrgyzstan**, community participation in a challenging process of dialogue and grant development has helped to reshape harm reduction services and other HIV programming for

key populations. In **Sierra Leone**, a new consortium of community-based organizations emerged from the country dialogue on HIV/TB, malaria and health and community systems strengthening proposals as a major voice for the rights of key populations and as an implementer of effective programming.

Since 2014, these and other examples of community organizations and networks strongly influencing the content of Global Fund proposals have been replicated in dozens of countries. In all regions of the world, more extensive dialogue and participation in Global Fund processes are leading to HIV, TB and malaria programs that are more responsive to community needs and that will ultimately have greater impact. In many countries, stronger engagement of communities and key populations in grant governance and oversight has been achieved, including through new minimum standards for the participation of key populations in Country Coordinating Mechanisms.

The experience of **Kyrgyzstan** illustrates how a lengthy national dialogue for the development of a request for Global Fund support on HIV/TB can be accompanied by effective reforms to the process of selecting key population representatives on the

Country Coordinating Mechanism. At a regional level, stronger civil society engagement in governance of the Global Fund-supported Regional Artemisinin Initiative in the **Greater Mekong region** is helping to ensure that malaria interventions reach the most vulnerable people in the most remote communities.

The case studies also demonstrate how community engagement can be greatly enhanced by the provision of targeted south-to-south, peer-led technical assistance and support to community organizations and networks at the national, regional and global levels. The need to provide support for closer community engagement was recognized by the Global Fund Board in 2014 when it approved a US\$15 million Community, Rights and Gender Special Initiative to accompany the rollout of the new funding model. There are three mutually reinforcing components of the Community, Rights and Gender Special Initiative.

Most of the short-term technical assistance assignments provided under Component 1 of the Special Initiative have involved a focus on key populations and many have had an expanded scope of work on human rights, community responses, youth and gender. The type of technical assistance provided has varied widely, ranging from support for community consultations to participation in country dialogues, development of funding requests, program design, desk reviews of critical documents such as national strategic plans, and mapping of legal and human rights frameworks. In many countries – highlighted in the cases of **Benin, Sierra Leone and Kyrgyzstan** – technical assistance provided through the Special Initiative has extended through to the grant-making phase and has helped to build the capacity of community organizations as they prepare to implement activities or undertake community-based monitoring of Global Fund grants.

The case studies provide a snapshot of the technical support that has been provided. By September 2016, the Special Initiative had received more than 110 requests for support and 80 short-term technical assistance assignments for community organizations and networks

had been completed in more than 40 countries and for 15 regional applications, highlighting both the tremendous demand for such support and the still-unmet needs of many community organizations for longer-term assistance that extends through the period of grant implementation.

In addition to providing specific technical support for communities to engage in Global Fund processes at the country level, the Community, Rights and Gender Special Initiative has included two other components.

Component 2 is providing up to US\$5.3 million to eight global and regional key population networks to support the long-term capacity development of their constituencies to engage with the Global Fund at the country and regional levels, in partnership with the Robert Carr Civil Society Networks Fund (RCNF). The Global Fund/RCNF grantees are undertaking a wide range of capacity development activities in over 50 countries and all regions in the Global Fund portfolio. The example of the **International Community of Women Living with HIV Eastern Africa** shows how the partnership is strengthening the ability of networks of women living with HIV to engage in advocacy in support of the Global Fund at the global level, building the capacity of regional networks and empowering women at the country level to better understand and engage in national processes related to the Global Fund, including priority setting, concept note development and participation in Country Coordinating Mechanisms.

In recent months, under Component 2, resources have also been made available to support and expand the meaningful engagement of **communities affected by TB** through partnership with the Global Coalition of TB Activists (GCTA). A similar partnership is underway with four organizations that will work collectively to reinforce engagement and capacity of **malaria-affected communities and civil society groups**, including how to better analyze and address human rights and gender-related barriers to access. While we do not describe these efforts in detail in this publication, we look forward to sharing similar success stories emerging from these investments in the future.



Component 3 of the Special Initiative has provided up to US\$4 million for the establishment of six regional civil society and community coordination and communication platforms to enhance the knowledge of civil society and community groups about the Global Fund, facilitate access to technical support and strengthen civil society and community knowledge and awareness of how to effectively participate in national processes. As the case study on the **Regional Communication and Coordination Platforms** shows, the platforms represent important investments in infrastructure that have enabled community-based organizations in Francophone West Africa, Anglophone Africa, the Middle East and North Africa, Eastern Europe and Central Asia, Latin America and the Caribbean, and Asia Pacific to share knowledge and broker expertise in a way that would not have been possible without support from the Special Initiative.

It is hoped that – together with an independent evaluation of the Community, Rights and Gender Special Initiative to be completed by the end November 2016 – these case studies will help to inform decision-making about the future investments that will be needed to sustain effective engagement of community organizations and networks in Global Fund-related processes.

The experiences documented here show that the funding model has been accompanied by important investments in time and resources to ensure that the Global Fund remains a leader and innovator in engaging communities in all facets of its work. Above all, the case studies illustrate how the Global Fund's vision of an inclusive funding model is being embraced and interpreted differently in the countries that the Global Fund serves. Whatever form community engagement takes, it should lead to better-designed grants, more effective partnerships for governance and implementation, advances in human rights and gender equality and greater impact against HIV, TB and malaria.

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The Global Fund thanks the organizations and the people represented in these case studies and thousands of others like them around the world, including our technical partners, whose commitment to the health of their communities is helping to make the Global Fund a more inclusive and effective funder of health programs.





TABLE OF CONTENTS

How we engage

Cambodia:

An inclusive national dialogue process for a stand-alone TB grant 08

El Salvador:

Empowering transgender communities for better HIV programming 10

Kyrgyzstan:

Strengthening community engagement in dialogue and governance for an HIV/TB grant 12

Benin:

Strengthening civil society engagement in grant-making and monitoring for the three diseases 16

Greater Mekong region:

Engaging communities in governance of a regional malaria grant 18

The Regional Communication and Coordination Platforms:

Supporting closer community engagement with the Global Fund and its processes around the world 22

The Global Fund partnership with the Robert Carr Civil Society Networks Fund:

Raising the voices of women living with HIV 26

Sierra Leone:

Building community capacity for the fight against HIV, TB and malaria, and for a resilient health system 30



CAMBODIA

An inclusive national dialogue process for a stand-alone tuberculosis grant

Cambodia adopted a very innovative and inclusive process of community engagement in country dialogue and Global Fund concept note development for a stand-alone TB grant.

Cambodia organized its consultations and community dialogue well in advance of the June 2014 deadline for submitting the TB concept note. The process was led by the country's Global Fund governance mechanism, known as the Country Coordinating Committee (CCC), in partnership with the Principal Recipient (CENAT – the National Center for TB and Leprosy) and received technical support from the World Health Organization (WHO), the U.S. government and the French 5% Initiative.

National consultations to prepare the TB concept note consisted of two streams conducted in parallel. A first workstream provided technical inputs into the concept note, while a second workstream involved consultations with communities, including key populations affected by TB. A WHO consultant was engaged to support the technical workstream, while a Cambodian-speaking consultant funded by the French 5% Initiative supported the community consultations.

Because Cambodia was updating its national strategic plan for TB at the same time as it was developing its TB concept note, the dialogue and consultation process for the Global Fund application also fed into the process of developing the national TB plan, enabling the plan to be more informed by community input than ever before.

The consultation process was designed to be inclusive, transparent and participatory. To solicit participation in the two workstreams, the CCC issued an open invitation in April 2014 to stakeholders, experts, partner nongovernmental organizations, and communities. The CCC particularly sought to engage people from communities affected by TB, TB key populations and community structures such as Village Health Support Groups and Health Center Management Committees that are an important part of the Cambodian health system.

The first workstream on technical issues consisted of ten half-day thematic working group discussions based on the modules of the Global Fund TB concept note. Around 50 CCC members, non-CCC members, technical stakeholders and partners participated in these discussions around the country in April and May 2014 to develop the technical content of the Global Fund submission. Representatives of key populations were involved in these technical discussions.

The second workstream, community consultation, used a range of approaches, including surveys and interviews, but placed strong emphasis on focus group discussions that were held in four provincial locations and the capital, Phnom Penh, in April and May 2014, engaging more than 100 people. Several of the focus groups were designed especially to address issues of concern to members of Village Health Support Groups and Health Centre Management Committees. Other focus groups solicited input from key populations affected by or at risk of TB, including people who had been cured of TB, families of TB patients, cured or at-risk diabetics, people with HIV, the elderly, people



who use drugs, former prisoners, migrant workers, pregnant women, youth, transgender people, men who have sex with men and indigenous communities.

Importantly, each focus group was preceded by a session in which participants were provided information and had opportunities to ask questions about the Global Fund and its processes. This enabled everyone to participate in the focus group discussions equipped with an understanding of the Global Fund and how their inputs would contribute to the final concept note.

The focus group discussions explored the current level of understanding about TB key populations and people who have been cured of TB, as well as people's perceptions and experience of TB care, including factors that promote or act as barriers to care. Focus group members were also asked to make recommendations for improving access to and improving the quality of TB care, and their inputs were synthesized in a situational analysis report.

Focus group participants emphasized the particular vulnerability to TB of the elderly, current and released prisoners, the poor, migrants (especially those working in mills, factories and other crowded environments), people living with HIV, soldiers, men who have sex with men, sex workers and other marginalized women, indigenous communities and people in remote areas who lack access to health information. They recommended approaches for increasing awareness about TB among these populations, strengthening and promoting community participation and removing barriers to services. They specifically noted the need for more attention to key enablers such as food, transport and assistance for the poor, the need for more rapid delivery of test results, the need for clarification of the role of private health clinics, and measures to more effectively engage communities in case finding, particularly Buddhist monks.

After the parallel workstreams had concluded, a joint event was held to consolidate their findings. This was achieved through a two-day national consultation held at the end of May 2014 during which, through

a process of structured dialogue, all 180 participants in the technical working groups and the community focus groups exchanged insights and consolidated recommendations about what should be prioritized in the funding request to the Global Fund. The bilingual discussions were structured around a preliminary draft concept note and the extensive feedback provided at the joint consultation was captured in the next version. Prior to this meeting, key population participants received training to build their confidence to speak up and actively participate. The output from the meeting also served as a major input into development of the national strategic plan for TB.

Following the national meeting, a concept note writing team was convened with the support of the United States Agency for International Development (USAID) and the Centers for Disease Control (CDC). The draft concept note was then presented to the CCC (many of whose members had been closely involved in the consultation process) along with a budget, which was important in enabling community members to see how their recommendations had translated into funded activities. For example, the budget showed how more rapid delivery of TB test results would be achieved with the procurement of GeneXpert machines and a new system of sending test results by SMS.

Cambodia's successful engagement of communities in the development of its 2014 Global Fund TB concept note was made possible by strong and effective leadership of the CCC; the government's commitment to inclusivity and transparency; advance planning; effective support from partners and an open, innovative, well-facilitated, well-designed and well-documented consultation process that was aligned with the process of national strategic planning.

The national dialogue process for the Global Fund TB concept note in Cambodia has since served as a model for the development of the country's HIV, malaria and health systems strengthening concept notes. The process and materials used to facilitate the community consultations have also been adopted in other countries.



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EL SALVADOR

Empowering transgender communities for better HIV services

El Salvador was among the first six countries to apply for funding under the Global Fund funding model in 2013 and it was the first country to sign an HIV grant agreement under the new model.

Because the HIV epidemic in El Salvador is highly concentrated in key populations at higher risk – specifically, female sex workers, men who have sex with men and transgender women – these groups were closely involved in the country dialogue and development of the HIV concept note.

El Salvador has taken important steps to protect the human rights of key populations most at risk of HIV. National law establishes the right of people living with HIV to be treated in a dignified manner without stigma or discrimination. An HIV Unit has been established in the Office of the Ombudsman for Human Rights with a mandate to investigate and prosecute HIV-related human rights violations in the country, particularly those committed against key populations. In 2009, the Public Health and Social Welfare Ministry passed a directive to eliminate all forms of discrimination based on sexual orientation in public health services, and in 2010, a presidential decree prohibited discrimination in public administration on the basis of gender identity or sexual preference. In the same year, the government created a Department for Sexual Diversity to promote public policies that are inclusive of lesbians, gay, bisexual and transgender persons.

Despite these advances, people living with HIV and key populations most at risk of HIV in El Salvador frequently experience high levels of stigma, discrimination, violence and hate crimes, including assault and murder. Many of these crimes are committed with impunity by police and gangs and go unreported.

At the time that El Salvador was invited by the Global Fund to participate as an early applicant under the funding model in 2013, the country had recently revised its National Strategic Plan for HIV. It had also begun initial national consultations in anticipation of the next round of Global Fund funding, including holding a series of thematic roundtable meetings with key stakeholder groups. The major component of the country dialogue convened by the Country Coordinating Mechanism consisted of two “intersectoral meetings” of around 120 people, 80 percent of whom were from civil society organizations, including organizations that represent men who have sex with men (*EntreAmigos*), sex workers (*Flor de Piedra* and others) trans women (*COMCAVIS*, *ASPIDH Arco Iris* and *Colectivo Alexandria*) and people living with HIV (*Asociación Visión Propositiva*, *ICW-Personas Viviendo con SIDA* and others). The Global Fund Secretariat also supported field visits to key population organizations by the Country Coordinating Mechanism, the Ministry of Health and technical partners to understand their concerns and needs.

Transgender organizations played an important role throughout the country dialogue process. HIV prevalence among transgender women is alarmingly high in El Salvador at more than 25 percent, and

trans people are highly marginalized, subject to discrimination and violence. They also face significant barriers in accessing health services. Because of prejudice, many trans women cannot find work and lack family support, pushing them into sex work. The experience of participating in a large country dialogue meeting to directly influence the content of a Global Fund funding proposal was new for many civil society participants, particularly those from trans communities. To help them prepare, trans groups held their own “mini-dialogue” that provided them with an initial, separate space to develop their ideas and inputs before participating in the larger intersectoral dialogue meetings.

During the intersectoral meetings, trans communities emphasized that, while the national HIV strategy recognized trans people as a key population vulnerable to HIV, it contained no targets relating to trans people. Trans communities also lacked empirical data with which to effectively make the case for programming specifically targeted to their needs, and noted that previous Global Fund grants had tended to group trans people together with men who have sex with men. Although earlier programming for men who have sex with men and sex workers had indirectly benefited trans people, it had not addressed a range of trans-specific issues, including the impact of hormone therapy, stigma, low self-esteem and lack of employment opportunities. Trans people in prisons and young trans people were identified as particularly vulnerable to HIV and in need of attention. Trans people noted the need for more comprehensive attention to drug and alcohol use and vocational training, and identified the adoption of a national gender identity law as a high priority for advocacy.

After significant debate among stakeholders, it was agreed that – in addition to interventions for men who have sex with men, sex workers and prisoners – the concept note should include specific programming for trans people, including strengthening the capacity of transgender groups, advocacy for a gender identity law and a tailored package of services to be provided at “comprehensive prevention community centers” (*centros comunitarios de prevencion integral*). These centers offer a basic package of services – such as testing for HIV and other sexually transmitted infections and referral to treatment – to everyone, as well as complementary services for specific key population groups. For centers catering to trans people, complementary services include vocational training, referral to social and employment services and support in cases of human rights violations.

The experience of El Salvador shows how the close engagement of marginalized communities in dialogue – with strong support from the Country Coordinating Mechanism and the Ministry of Health – can help to ensure that Global Fund-supported programs cater more effectively to the needs of marginalized and neglected communities. As a member of the trans community in San Salvador reported in 2015:

“ We need to address the underlying reasons that trans people are vulnerable to HIV. One of them is that we have few options to make a living other than sex work and beauty salons. That is why training in things like computer skills at the community center is so important, in addition to HIV testing, referral and support. ”



KYRGYZSTAN

Strengthening community engagement in dialogue and governance for an HIV/TB grant



The experience of the Kyrgyz Republic in developing and reiterating its TB/HIV concept note in 2014 and 2015 involved many challenges for civil society organizations seeking to understand and engage with the Global Fund's funding model and ensure that the needs of key populations were adequately reflected in the concept note and grant.

These challenges were tackled successfully with the help of technical assistance provided through the Global Fund's Community, Rights and Gender Special Initiative that involved extensive consultations on programming and led to an innovative approach to communication among civil society groups. As a secondary effect, it also led to a more effective and representative process to select civil society representatives for the Country Coordinating Mechanism.

An initial HIV concept note submitted by Kyrgyzstan in June 2014 was rejected by the Global Fund due to the country's failure to comply with Country Coordinating Mechanism eligibility criteria. At the time, the Country Coordinating Mechanism included representatives of people living with HIV and key populations, but these members had experienced many challenges, including limited knowledge and expertise, lack of documentation and information

in Russian or Kyrgyz, poor accountability mechanisms, perceptions of conflicts of interest and the dominance of other stakeholders on the Country Coordinating Mechanism.

Following the rejection of the HIV concept note in June 2014, Kyrgyzstan decided to develop a joint HIV/TB proposal, consistent with the Global Fund's approach of aligning funding for HIV and TB programs. The development of a new HIV/TB concept note provided an important opportunity for civil society groups to mobilize and engage more closely in the national dialogue process and to advocate for more effective programming for key populations, and, in particular, for harm reduction.

AIDS Strategy, Advocacy and Policy (ASAP) undertook an initial consultation with key population groups and people living with HIV in September and October 2014. The consultation identified a number of gaps and challenges in programming for key populations, as well as barriers to effective community engagement. These included: poor surveillance data; poor quality of services; inadequate laboratory capacity and unreliable test results for people on ARV therapy; stigma and discrimination in health care settings; police harassment of sex workers and people who inject drugs; and poor coordination and communication among civil society organizations. In the area of harm reduction, the national HIV response had neglected changes in drug use patterns that require larger quantities of needles and syringes, as well as the sexual and reproductive health needs of women who inject drugs. More attention was also needed to strengthening the links between

prison and other health services and to providing legal support to key populations, including drug users, sex workers and men who have sex with men.

With financial support provided by the Community, Rights and Gender Special Initiative, the International HIV/AIDS Alliance's Eastern Europe and Central Asia Technical Support Hub (EECA Hub) undertook a comprehensive review of Kyrgyzstan's existing harm reduction program in late 2014. The EECA Hub also facilitated "pre-dialogue" and "country dialogue" meetings with key population and other civil society organizations and held numerous focus groups and individual meetings with service providers and government officials, as well as undertaking site visits. This process closely engaged TB communities in the national dialogue around a Global Fund proposal for the first time in the country.

With the support of the EECA Hub, civil society organizations identified six major priorities for harm reduction programming in the new concept note:

1. Increasing program coverage, especially of harm reduction services run by community organizations using peer-led approaches instead of abstinence and drug rehabilitation;
2. Improving access to HIV and TB screening and strengthening linkages to treatment and care for key populations, including through the use of peer-driven case management;
3. Ensuring that a standard package of harm reduction services be available across the country;
4. Improving program quality and validating contested service coverage figures in government-run needle and syringe exchange services;
5. Measures to mitigate human rights violations by police, such as police targeting of sites offering harm reduction services, along with appropriate legal support services, and
6. The need for adequate budgets for key population programming.



In December 2014 and January 2015, additional technical assistance was provided by the Canadian HIV/AIDS Legal Network with funding from the Community, Rights and Gender Special Initiative to develop recommendations for the content of the community systems strengthening and removing legal barriers modules of the new concept note. The community systems strengthening component focused on capacity building for key populations and other community organizations, particularly with regard to engaging in dialogue with the government through national networks, and was designed to complement requirements for inclusion of civil society in the design, delivery and evaluation of services in the service components of the proposal. The removing legal barriers component focused on increasing legal literacy among key populations and establishing a network of "street lawyers" to provide legal assistance. These recommendations were largely included in the concept note by the committee tasked by the Country Coordinating Mechanism with writing the proposal.

After the HIV/TB concept note was submitted to the Global Fund in January 2015, some civil society organizations remained concerned that the writing process had lacked transparency, particularly with regard to how the activities and approaches proposed by civil society had been reflected and prioritized and who was responsible for finalizing the concept note. Access to the final form of the full concept note was limited and the document was prepared in English, which many civil society members did not speak or read.

The Global Fund and Canadian HIV/AIDS Legal Network both recommended that further steps be taken to increase transparency and involvement of civil society in the process. To promote wider understanding of the specific content of the community systems strengthening/removing legal barriers modules and to anticipate potential comments from the Technical Review Panel, the Canadian HIV/AIDS Legal Network consultant, Country Coordinating Mechanism Secretariat and the Principal Recipient, the United Nations Development Programme (UNDP), hosted a workshop in April 2015 at which 30 civil society participants drafted their own "concept note" for

the two modules and made appropriate budget allocations. The programs proposed by the group bore a close resemblance to what had been submitted in the actual concept note. This “retroactive” process helped to build understanding about Global Fund processes and community systems strengthening/removing legal barriers activities in an environment where civil society engagement on these issues had previously been suboptimal.

However, participants in the workshop agreed that the budget submitted in the concept note for activities under the two modules had been inadequate. Accordingly, the Canadian HIV/AIDS Legal Network and key population groups made requests to the Country Coordinating Mechanism and other partners for additional funds for technical assistance to ensure that there would be appropriate civil society participation in program implementation. They also agreed to form a working group to oversee a legal environment assessment by the Canadian HIV/AIDS Legal Network that would identify the legal instruments available in the country to support and implementation of the removing legal barriers module, including for the “street lawyers” program. The legal environment assessment was undertaken between May and August 2015.

In late April 2015, the Technical Review Panel requested that Kyrgyzstan revise the HIV/TB concept note with attention to four major issues:

1. Ensuring adequate service coverage among key populations;
2. Making improvements in monitoring and retention in the HIV treatment cascade;
3. Increasing government support for prevention among key populations; and
4. Improving case management for people leaving prison.

The submission date for the revised concept note was August 2015. The Technical Review Panel specifically noted the appropriateness of the “street lawyers” component of the removing legal barriers module.

To ensure a transparent and inclusive process of responding to the Technical Review Panel’s comments and redrafting the concept note, the EECA Hub provided support for planning and facilitation of Kyrgyzstan’s 7th National Forum of AIDS Service Organizations, a key objective of which was to develop civil society responses to the Technical Review Panel comments, thereby making it eligible

for technical assistance through the Community, Rights and Gender Special Initiative. The forum also provided an opportunity to improve communication and coordination among civil society groups and to promote reform of the Country Coordinating Mechanism, which had become dysfunctional as a result of longstanding conflicts between government and civil society members that led to the resignation of several civil society members in April.

The Global Fund Country team and the Community, Rights and Gender department worked with the EECA Hub and local civil society groups to ensure that the planning process for the forum was inclusive, paying closer attention to wider participation of key population networks and TB communities than in the past. At the same time, prospective participants were invited to join a Google Group as a platform for discussions prior to the forum and to enable ongoing communications after the event.

The two-day NGO Forum took place at the end of June 2015 and attracted more than 120 participants. A full session was devoted to interaction with the consultant who had been engaged by WHO to redraft the concept note in light of the comments received from the Technical Review Panel. Following the forum, the Google Group enabled ongoing dialogue among civil society groups on the redrafting process. A facilitator provided summaries and translations of Global Fund documents to members of the Google Group using a DropBox, including key elements of the concept note and the Technical Review Panel comments. In early July, the group’s members provided consolidated inputs to the WHO consultant. The Google Group was particularly useful in enabling civil society members to keep track of how their inputs were being addressed as the concept note evolved. The Google Group was also used to share information and results from the legal environment assessment being undertaken by the Canadian HIV/AIDS Legal Network. It remains an active forum for ongoing dialogue among civil society groups on grant implementation.

The NGO Forum also played an important role in helping to resolve challenges that civil society had experienced with Country Coordinating Mechanism representation. Information was provided to forum participants about the role of the Country Coordinating Mechanism and Global Fund Country Coordinating Mechanism minimum standards and eligibility criteria. A new election process for civil society members of the Country Coordinating Mechanism was agreed to, based on the principles of universality (everyone has a right to elect and be elected); free participation in the election process; equity (equal conditions for all participants in the election); equality (all electors have one voice

evaluated equally); and confidentiality of votes. The election then took place based on representation by key population constituency (people who inject drugs, sex workers, men who have sex with men and prisoners), instead of the previous process of selecting representatives by region. The election resulted in two-thirds of society civil members on the Country Coordinating Mechanism being replaced by new representatives.

The final HIV/TB concept note for Kyrgyzstan was submitted in August 2015. Following a further round of clarifications as requested by the Technical Review Panel, the Global Fund Board approved the HIV/TB grant for Kyrgyzstan in May 2016.

In November 2015, the Canadian HIV/AIDS Legal Network provided additional technical assistance through the Community, Rights and Gender Special Initiative to prepare civil society organizations for implementation of the community systems strengthening/removing legal barriers modules, based on the findings of the legal environment assessment.

In June 2016, the Alliance EECA Technical Support Hub also provided additional technical assistance by supporting trainers in the delivery of peer-driven harm reduction services under the grant, with an emphasis on reaching underserved people and linking them more effectively to HIV testing and treatment.

Kyrgyzstan's experience strongly illustrates how strategic investments in a wide range of technical assistance can greatly enhance civil society engagement in Global Fund processes, including dialogue on concept note development, Country Coordinating Mechanism representation, grant implementation and innovative peer-led approaches to service delivery.

“The investments in technical assistance have been vital for us, absolutely precious. It was very important to invest in the dialogue process. Even though it was painful at times, the wounds are now healing so that we can work together better than we did before. Another big achievement is that the technical assistance helped us to take our experience as HIV activists and transfer some of that knowledge to the TB community, which really lacked a voice. The challenge for us now is ensuring that the Principal Recipient implements the community systems strengthening/removing legal barriers module as it appeared in the concept note, not however they choose to do it. Further technical assistance would really allow us to monitor and have more effective dialogue about how the grant is actually implemented.”

A leading community member in the country

BENIN

Strengthening civil society engagement in grant-making and monitoring for the three diseases



Civil society organizations in Benin have faced a wide range of challenges in engaging with the Global Fund on areas relating to human rights and gender, in part due to inadequate representation on the Country Coordinating Mechanism prior to 2015.

Civil society organizations have also lacked capacity to organize, advocate for and effectively implement strategies at the local and national levels, especially with regard to overcoming legal barriers to HIV prevention and treatment services. Support provided through the Community, Rights and Gender Special Initiative in 2015 helped civil society organizations in Benin to address these challenges in the process of concept note submission, as well as during the grant-making process.

Benin submitted concept notes for HIV, malaria and TB in April 2015. Comments from the Technical Review Panel were shared with the Benin Country Coordinating Mechanism in July 2015. While the Technical Review Panel generally approved the concept notes and the prioritized strategic investments, it noted that the country needed to place greater emphasis on key populations – including people who use drugs and prisoners – and develop strategies to address gender-based violence.

Although civil society had participated in country dialogues prior to the development of the concept notes, knowledge about the Global Fund, its processes

and what it can fund remained somewhat limited. Several organizations expressed the need for more targeted support in order to constructively influence the grant-making process and to play a more effective role in grant monitoring and implementation.

To address these challenges, after the concept note was submitted, five nongovernmental organizations in Benin submitted a joint request to the Global Fund Community, Rights and Gender Special Initiative seeking technical assistance in two key areas. First, the organizations requested support for strengthening attention to key populations, gender and human rights in the implementation of new Global Fund grants. Second, they requested support for the further development of an alliance of stakeholders involved in the fight against the three diseases in Benin – the “National Health Alliance” – that had been established in May 2015. The aim of the alliance was to improve the visibility and participation of civil society in the country’s HIV, TB and malaria programs generally, and particularly to advocate for the needs of key populations.

The technical assistance was provided by the Canadian HIV/AIDS Legal Network and an independent consultant knowledgeable about Benin who had expertise in community strengthening and organizing. The provision of technical assistance began in late June 2015 and was completed at the end of September 2015. In the course of the technical assistance assignment more than 30 organizations and individuals were consulted, including people living with HIV, sex workers, people who use drugs, prisoners, men who have sex with men, organizations working on gender-based violence, youth organizations, lawyers, health professionals,

organizations involved in governance and monitoring of public affairs, organizations working in health and development, mutual health insurance organizations, UN organizations and several Global Fund Principal Recipients in Benin, including Plan International and the National TB Control Program. In-depth reviews of the original concept notes, Technical Review Panel comments, national strategic plans and legal frameworks affecting access to prevention, treatment and care for key populations were also conducted.

As noted by the Technical Review Panel, the original HIV concept note provided for only limited coverage of harm reduction interventions for people who use drugs and a lack of comprehensive programming, for example, in areas such as needle and syringe exchange, opioid substitution therapy, legal support, addiction treatment, treatment and other services in prisons and the involvement of drug users in programming. Limited attention had also been paid to rights-based approaches for people living with HIV, law reform, stigma and discrimination and gender-based violence against key populations. Support from the technical assistance providers and discussions between civil society groups, the Country Coordinating Mechanism and the Global Fund Country team during the refinement of the approved concept note and the grant-making process resulted in a number of recommendations in the final technical assistance report, including the need for further national dialogue on HIV and the law to address issues such as criminalization of disclosure, legal aid, sensitization of health care providers and police. The technical assistance report recommended that provisions already in the concept note – such as those relating to research on target groups, training of peer educators and advocacy with prison authorities for law reform – could be used to support such a dialogue.

Acting on these recommendations, the government Principal Recipient (Ministry of Health *Programme National de Lutte contre le SIDA*) developed an entirely new module during the grant-making process, focusing on removing legal barriers. The module includes activities such as legal assessments, trainings, dialogue and support services benefiting people living with HIV, people who inject drugs and people at risk of sexual and gender-based violence. The module is being implemented through two national nongovernmental organizations with prior experience in gender and human rights programming.

Both the government Principal Recipient and the nongovernmental Principal Recipient (Plan Benin) have advocated with the relevant authorities for prisoners to have access to condoms and for wider access to needle and syringe exchange and opioid substitution therapy. As part of the technical assistance provided, the Canadian HIV/AIDS Legal Network produced a report summarizing outstanding key legal challenges and barriers to accessing health care among people living with HIV, people who inject drugs and people at risk of sexual and gender-based violence in Benin, which serves as a reference for future advocacy.

The second component of technical assistance provided by the Canadian HIV/AIDS Legal Network focused on increasing key population and civil society participation in Global Fund processes through the development of the National Health Alliance. The technical assistance providers identified opportunities to expand the alliance's membership and expertise by including key population groups, human rights organizations, prison groups, health service user groups and social science and health research organizations that monitor access to prevention, treatment and care in the country. They also worked with alliance members to identify priority activities, including acting as a watchdog to monitor implementation of Global Fund-supported programs and undertaking advocacy to improve the quality of care and patient monitoring, address discrimination, promote law reform, increase TB case detection and net use among vulnerable and key population groups and tackle gender-based violence. Capacity-building priorities for the alliance and its members were also identified to increase understanding about issues related to harm reduction and human rights and to build skills in health policy dialogue with government. Recommendations emerging from the technical assistance assignment were shared with local and international partner organizations that are positioned to help the National Health Alliance grow and move its agenda forward.

Benin illustrates how targeted technical assistance and support for civil society can have an impact on programming for key populations at the grant-making stage, well after an initial concept note has been submitted to the Global Fund. Technical assistance has also enabled civil society groups to organize themselves to play a more effective and ongoing role in monitoring the grant's implementation.



GREATER MEKONG REGION

Engaging communities in governance of a regional malaria grant

The emergence of resistance to artemisinin-based drugs in the Greater Mekong sub-region is regarded as a serious threat to malaria control and elimination efforts globally.

Recognizing the need for an accelerated and well-coordinated regional approach to this challenge and following the lead of other partner efforts in the region, the Global Fund awarded US\$100 million in 2013 for the Regional Artemisinin-resistance Initiative (RAI), an unprecedented level of support for a regional grant.

The RAI covers five countries – Thailand, Cambodia, Viet Nam, Laos (People's Democratic Republic) and Myanmar – and involves collaboration between ministries of health as well as many other partners. The funding supports national malaria control programs in expanding access to insecticide-treated nets, malaria diagnosis, treatment, case detection and surveillance, with a strong focus on eliminating malaria in areas where resistance is known to be emerging, as well as surrounding areas at risk. The grant is supporting a number of innovative approaches, including cross-border malaria diagnosis and treatment posts and targeted mass treatment campaigns.

Many of the interventions supported by the grant depend upon the effective engagement and mobilization of community-based networks of village health workers and health volunteers to distribute nets, perform community education and

assist in case detection. Accessing populations who live and work in remote areas is one of the major challenges for the initiative, and is increasingly seen as vital to its success. These populations include mobile and migrant communities, military groups and workers in forestry, farming and mining whose livelihoods are often seasonal. They are often located in difficult, forested terrain with extreme weather conditions. Mapping these communities, assessing their needs and providing targeted and culturally appropriate services in their own languages has been an ongoing challenge throughout the course of grant implementation.

Oversight of the RAI grant is provided by a Regional Steering Committee that complements the work of Country Coordinating Mechanisms in the five countries. The Regional Steering Committee focuses particularly on the “inter-country component” of the grant that supports activities in cross-border areas, as well as surveillance, mapping, data sharing and coordination at the regional level. The committee's membership includes representatives from the five participating countries' ministries of health and other stakeholders, including multilateral and bilateral development partners, academia, the private sector and civil society.

At the time the regional concept note was developed in 2013, several country dialogue consultations were held in the participating countries, with a broad range of stakeholders, including implementing nongovernmental organizations, and the grant has been very focused from the outset on community-based approaches. Nevertheless, apart from civil



society representation on the Regional Steering Committee, the initiative has not had a systematic mechanism to engage with a broad civil society constituency within the RAI countries and at the regional level. Strengthening the participation of civil society groups in both the implementation and governance of the RAI grant and in malaria control efforts in the Greater Mekong Sub-region more generally has therefore become a high priority. To this end, the Regional Steering Committee and the Global Fund Secretariat have supported the creation of a network (or platform) of civil society organizations involved in malaria in the five countries participating in the RAI grant. The platform is hosted by the Raks Thai Foundation, which is based in Bangkok and which is engaged in community-based health promotion, education and other development activities.

The objectives of the platform include increasing the national-level engagement of civil society organizations around malaria in RAI-implementing countries and strengthening civil society participation in regional governance and dialogue mechanisms, including the Regional Steering Committee and the Asia Pacific Malaria Leaders Alliance (APMLA), which engages heads of government in the fight against malaria. The platform is also an important forum for sharing experiences and lessons learned in the implementation of community-based malaria programs targeting hard-to-reach populations, and serves as an accountability and constituency engagement mechanism for civil society representatives on the Regional Steering Mechanism.

Three formal meetings of the platform have been held since 2014. At its meeting in May 2016, participants discussed strategies for stronger involvement with APLMA to promote the response to malaria as an opportunity to strengthen health care more generally in RAI countries. They also discussed collaboration with the Asia Pacific Global Fund Advocacy Network on campaigns related to the 2016 Global Fund replenishment; explored opportunities for technical assistance under the Community, Rights and Gender Special Initiative; agreed on a draft funding proposal to the French 5% Initiative to strengthen the platform's work and recommended increased civil society participation in the Regional Steering Committee, a proposal that the committee has approved.



The civil society platform has identified a number of successes and best practices in implementation of the RAI grant, such as: improved coordination and communication between the government and other sectors; increased capacity of mobile health workers to provide malaria services to forestry workers and miners; and effective integration of malaria and other health interventions in mobile clinics in some settings. The grant is also effectively engaging migrant health volunteers to provide health information in languages accessible to migrants and is helping to strengthen health care networks at the village level.

However, platform members have also identified some significant ongoing challenges. These include: lack of data and mapping of at-risk populations; further sensitizing health centers to the needs of migrant and mobile populations; improving community-level health and treatment literacy; longer-term follow-up of patients over the course of malaria treatment; restrictions on civil society activities in some countries; and increasing the capacity of community-based outreach to provide testing and treatment rather than just referral to health centers, especially in cross-border areas. More attention is also needed regarding integration of services, which will require strengthening the capacity of village health workers. The civil society platform and community representatives on the Regional Steering Committee also wish to see more attention paid to human rights and gender issues, including structural barriers for high-risk populations, such as the inability of undocumented migrants to access health care, and is advocating for more attention to these issues.

Discussions will begin in late 2016 about the future of the RAI malaria grant after the end of its current term in 2017. If the regional approach is maintained, the civil society platform will hold consultations with civil society organizations at the regional level to ensure that they are closely engaged in the dialogue process for the development of the next regional concept note. The platform also aims to have strong civil society representation on the concept note writing committee.

The RAI grant in the Greater Mekong sub-region is making important contributions to malaria elimination efforts and is implementing innovative approaches to expand interventions to high-risk and hard-to-reach populations.

“The civil society platform is a very positive development for malaria programs in the region. We are pursuing an increasingly effective civil society-focused approach and trying to strengthen the role of civil society organizations in malaria implementation, recognizing that they have a key role to play in community-level service delivery. In parallel, the platform is enabling civil society to increase its participation in the governance of the grant at the regional level.”

*Amelie Joubert,
RAI Regional Steering Committee Executive Secretary*



THE REGIONAL COMMUNICATION AND COORDINATION PLATFORMS

Supporting closer community engagement with the Global Fund and its processes around the world

The six Regional Communication and Coordination Platforms established in 2015 and 2016 with funding provided by the Community, Rights and Gender Special Initiative are playing a valuable role in supporting closer community engagement with the Global Fund and its processes around the world.

The regional platforms are tasked with a specific mandate within the Community, Rights and Gender Special Initiative and have four key objectives:

1. To enhance knowledge of the Global Fund among civil society and community groups in each region;
2. To coordinate with other technical assistance initiatives;
3. To improve understanding of and help address technical assistance and capacity development gaps among civil society organizations and community groups, and

4. To support the development of strategic capacity development initiatives.

Each of the regional platforms is hosted by an organization with extensive experience and deep networks among civil society organizations and communities in its region.* Situation analyses or needs assessments conducted by each platform have helped to ascertain knowledge gaps among civil society organizations and communities with regard to the Global Fund, determine local technical assistance needs and further map the capacities of regional partner organizations to provide technical assistance. Results of the survey conducted by the regional platform in Eastern Europe and Central Asia, for example, found that one of the biggest barriers for civil society and communities seeking to access technical assistance was the lack of capacity to develop technical assistance requests, highlighting the importance of long-term capacity building beyond the process of Global Fund concept note development. The survey undertaken by the regional platform for Anglophone Africa, hosted through the regional organization EANNASO, found that key populations require extensive support to participate in Global Fund-related country dialogues and to undertake community monitoring of Global Fund grant implementation.



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* The six platform hosts are Eastern Africa National Networks of AIDS Service Organizations – EANNASO (Anglophone Africa); the International Treatment Preparedness Coalition – ITPC-MENA (Middle East and North Africa); APCASO (Asia Pacific); the EECA Consortium (Eastern Europe and Central Asia); Réseau Accès aux Médicaments – RAME (Francophone Africa), and Centro Regional de Asistencia Técnica para Latinoamérica y el Caribe – CRAT (Latin America and the Caribbean).

Together, the regional platforms have undertaken a wide range of activities to increase knowledge of the Global Fund and facilitate access to technical assistance to support civil society and community participation in Global Fund processes such as country dialogues and concept note development. All six regional platforms have undertaken a mapping and/or established databases of civil society organizations in their region and have created mechanisms – such as list-servs, websites, e-learning tools and Facebook pages – to provide regular updates and information on Global Fund-related activities and to link organizations in need of technical assistance with technical assistance providers.

The regional platform for Francophone West Africa, hosted through the organization RAME, works across 18 countries including Benin, Burkina Faso, Burundi, Cameroon and Côte d'Ivoire. Situation analyses conducted by the platform in these countries identified ongoing challenges in participating in Country Coordinating Mechanisms; a lack of resources for networks of people living with HIV at the national level; limited technical assistance opportunities; and a lack of capacity development for young people to engage in advocacy related to HIV, TB and malaria. The regional platform is working to link technical assistance requests with regional providers and has provided direct, ad hoc support to two countries Guinea (*Le réseau guinéen des associations de personnes infectées et affectées par le VIH*) (REGAP+) and Côte d'Ivoire (*Réseau Africain des organisations de personnes vivant avec le VIH en Afrique de l'Ouest*) (RAP+AO) to more effectively engage in the Global Fund's new funding model. The regional platform has also supported Global Fund Country teams to more effectively consult and share information with civil society groups and communities during country visits.

The regional platform for Anglophone Africa has an active list-serv of nearly 1,000 subscribers and a database of 200 organizations involved in the response to the three diseases. The platform distributes monthly newsletters containing information related to the Global Fund in the region and has published “community guides” on the Global Fund Gender Equality Strategy and Key Populations Action Plan, which are available on the regional platform's website. By June 2016, the platform was supporting civil society and community

groups in 15 countries in accessing technical assistance related to Global Fund processes, including in Botswana, Lesotho, Malawi, Mozambique, South Africa, Uganda and Zambia. The platform will co-host a workshop with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2016 to provide a forum for civil society Principal Recipients and sub-recipients in the region to share experiences, challenges and lessons learned. The Anglophone Africa Regional Platform is also undertaking an analysis of lessons learned from regional Global Fund grants, and will disseminate a regional calendar on the development of national strategic plans and mid-term reviews to support civil society and community participation in these processes. Other priority issues for this platform include increasing Global Fund investments in human rights programming, community monitoring of grants and strengthening civil society representation on Country Coordinating Mechanisms.



In Latin America and the Caribbean, the regional platform hosted through the *Centro Regional de Asistencia Técnica para Latinoamérica y el Caribe* has compiled a database of more than 1,300 national and regional civil society networks in 37 countries and has developed a website to provide Global Fund-related information and information on technical assistance opportunities, many of which have been translated into Spanish. The platform has also prioritized a partnership with the Global Coalition of TB activists to strengthen support to civil society and communities in the region on TB-related issues and interventions. CRAT is also working to adapt, translate and disseminate tools and case materials on the issue of sustainability for countries in the region that will transition from Global Fund financing to increased domestic financing for health in the coming years.

The Eastern Europe and Central Asia regional platform is a consortium of six organizations with diverse expertise and wide networks across a region in which civil society organizations face significant challenges because a number of countries are no longer eligible for or are transitioning from Global Fund financing. The platform has undertaken a mapping of more than 300 organizations in 29 countries and distributes a regular newsletter on technical assistance opportunities for civil society in the region. The regional platform has developed a bilingual (English and Russian) resource center with key

documents and tools on community, rights and gender, technical support and other Global Fund-related issues. It has also produced two e-learning courses for technical assistance providers that cover community, rights and gender issues and technical assistance quality standards. Recognizing that the provision of information on technical assistance does not address the core challenge of limited capacity to complete and cost technical assistance requests and proposals, the platform also provides ad hoc, long-distance support to organizations requesting and providing technical assistance.

The Middle East and North Africa regional platform, hosted through the International Treatment Preparedness Coalition, is working to address the fragmentation and limited access to funding of civil society and community organizations in its region and to build the capacity of civil society stakeholders to develop technical assistance requests. Its activities have included dissemination of information about the Global Fund, technical assistance workshops with providers and civil society groups and support for participation in Country Coordinating Mechanisms.

In 2015-2016 the platform supported ATP+ (*Association Tunisienne de Prévention Positive*) and RDR (*Association Nationale de Reduction des Risques Morocco*) in applying for technical assistance with a key technical partner in the region. Throughout 2016, the MENA regional platform will also further engage with countries that are no longer eligible for Global Fund financing to support transition scoping and analyses and to link civil society and communities to technical assistance to support their engagement in the development of national strategic plans.

In addition to mapping and assessing the needs and capacities of civil society organizations, community groups and technical assistance providers, the Asia-Pacific community, rights and gender regional platform (otherwise known as APCRG), is hosted by APCASO. They have developed fact sheets on issues such as Country Coordinating Mechanisms, the Global Fund community systems strengthening framework and human rights. The platform is also providing ad hoc support to regional civil society and community

groups in developing technical assistance requests, for example, to the Asia-Pacific Network of People Living with HIV/AIDS and the Greater Mekong System Malaria Civil Society Platform. The Asia-Pacific platform is particularly committed to the closer engagement of TB and malaria communities in community, rights and gender issues, for example, by providing support to civil society groups on gender analyses in Global Fund TB and malaria concept notes.

To ensure that the regional platforms do not work in isolation and have a coordinated approach to sharing knowledge and information on Global Fund processes, the platforms participate in regular, joint conference calls convened by the Global Fund to share information, materials and best practices, and they participate together in regional and international fora. For example, all six regional platforms were represented at the International AIDS Conference in Durban in July 2016 and participated jointly at the Global Fund Networking Zone in sessions on sustainability, transition and technical assistance for civil society and communities. In addition, the regional platforms have liaised regularly with the Global Fund's Community, Rights and Gender department to ensure that they communicate uniform information on new Global Fund policies, such as the new Global Fund Strategy 2017-2022. This regular communication across the regional platforms and with the Global Fund Secretariat ensures optimal use of resources, prevents duplication of effort and ensures that there is consistent understanding across regions about the Global Fund and its processes.

The Community, Rights and Gender Special Initiative regional platforms have helped to fill longstanding gaps in information about the Global Fund among civil society and community organizations and have enabled more meaningful participation in the Global Fund's work. Most importantly, the platforms have served to further link civil society and communities to opportunities for technical assistance, including resources available through the Community, Rights and Gender Special Initiative for short-term technical assistance. The work of the platforms is presently funded through the Community, Rights and Gender Special Initiative until early 2017.





THE GLOBAL FUND PARTNERSHIP WITH THE ROBERT CARR CIVIL SOCIETY NETWORKS FUND

Raising the voices of women living with HIV

The RCNF was established in 2012 as a pooled funding mechanism to support networks of underserved populations to engage more effectively in the response to HIV at the global, regional and national levels.

RCNF has provided grants to networks representing people living with HIV, gay and other men who have sex with men, people who use drugs, sex workers, transgender people, migrants, faith-based groups and youth.

In 2014, the Global Fund allocated US\$4 million from the Community, Rights and Gender Special Initiative to a two-year partnership with RCNF to support stronger and more meaningful engagement of key population networks in Global Fund processes, particularly those that relate to the funding model. In August 2014, RCNF launched a special call for proposals to existing RCNF grant recipients from its 2013 funding round, and funds from the Community, Rights and Gender Special Initiative were subsequently awarded to eight groups: the International Community of Women living with HIV Eastern Africa (ICWEA), a consortium of MSM networks, a consortium of the AIDS and Rights Alliance for Southern Africa and the International

Treatment Preparedness Coalition (ARASA/ITPC), a people living with HIV networks consortium (PNC+), a global and regional network of sex worker projects consortium (NSWP), Youth LEAD, a consortium of the International Network of People who Use Drugs and the Asian Network of People who Use Drugs (INPUD/ANPUD) and the Asia Pacific Transgender Network (APTAN). A new investment in 2016 brings the total amount for the RCNF partnership to US\$5.3 million. AIDS Fonds, based in Amsterdam, serves as Fund Management Agent for the grants and is responsible for monitoring grantees' performance, working with the Global Fund.

From early 2015 up to September 2016, projects undertaken by the grantees have supported activities to increase the engagement of key populations in Global Fund processes in around 40 countries in every region in the Global Fund portfolio. The experience of the International Community of Women Living with HIV East Africa and the ICW networks illustrates the scope of activities being undertaken by the grantees through the RCNF/Global Fund partnership.

ICW Eastern Africa was awarded US\$740,000 for activities in 2015 and 2016 to strengthen the voices and participation of women living with HIV – including young women – in Global Fund processes. The grant is being implemented by ICW East Africa through its Secretariat in Uganda as part of a consortium with the



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ICW Global Office (implementing at the global level and supporting activities in the Caribbean), ICW West Africa and ICW Southern Africa. The grant focuses on activities at the global level and in ten countries in sub-Saharan Africa and the Caribbean: Benin, Burundi, Jamaica, Kenya, Mali, Namibia, South Africa, Swaziland, Togo and Uganda.

A major priority for the project at the global level is to increase communication and knowledge about the Global Fund and its processes through the ICW networks. Support provided by the grant has enabled the recruitment of a full-time Global Fund coordinator in the ICW Global Office, as well as a part-time communications officer. The coordinator has supported the development and implementation of ICW's Global Fund advocacy agenda at the global and regional levels and has worked to strengthen ICW partnership and collaboration with groups such as Women for the Global Fund (W4GF), the Global Fund Advocates Network (GFAN) and the Communities delegation to the Global Fund Board. These collaborations have enabled ICW networks and members to contribute to the process of developing the new Global Fund strategy for 2017-2022 by, for example, developing joint ICW/W4GF advocacy briefs on women and girls and community systems strengthening, and participating in events such as the Thirty-Third Global Fund Board Meeting in Geneva in April 2015 and the Global Fund Partnership Forum in Addis Ababa in May 2015. ICW is also working with GFAN to support the 2016 Global Fund replenishment process, for example, by participating in the Global Fund Advocates Speakers Bureau and the "The Global Fund We Want" campaign.

Since March 2015, the ICW Global Office has produced a Global Fund Bulletin that is disseminated widely among ICW networks and member organizations. The bulletin provides information on important Global Fund deadlines, Board decisions and policy documents, updates on the progress of Global Fund grant implementation at the country level and key advocacy issues for women living with HIV, such as participation in Country Coordinating Mechanisms and the need for more programming to address

gender-based violence and human rights. The bulletin is distributed by email and is available on the ICW Global website (www.iamicw.org).

A country engagement brief developed by ICW Namibia highlighted a wide range of challenges that women living with HIV typically encounter in participating in Global Fund processes at the national level. The analysis found that many civil society organizations – particularly those that represent women – are not well informed about Global Fund processes in countries, especially at the grass-roots level – and lack capacity to coordinate, share information and develop common advocacy positions. Networks of women living with HIV in most countries require support in learning about and implementing best practices for organizing, communicating, setting priorities and undertaking advocacy as part of country dialogues on Global Fund concept notes and national planning processes. As a result – and as the Global Fund Technical Review Panel has consistently noted – Global Fund concept notes may frequently include an analysis of the gender dimensions of epidemics, particularly for HIV, but these analyses are rarely matched by budgeted activities to address gender-related barriers to accessing HIV services or to meet the specific needs of women living with HIV, adolescents and girls.

To support closer engagement of women living with HIV in concept note development, ICW regional networks hosted a series of country priority-setting meetings in 2015 in Botswana, Kenya, Namibia, South Africa, Swaziland and Uganda. In Uganda and Kenya, issues papers developed as a result of these meetings were shared with National AIDS Councils and concept note writing teams as resource materials for developing concept notes and national strategic plans on HIV.[†] Participants in the meetings in all countries emphasized the heavy focus of concept notes and national plans on biomedical responses to HIV, with inadequate attention to the multiple social vulnerabilities of women and girls, gender-based violence, challenges in adhering to treatment, the effects of medication on body image for women, criminalization of HIV transmission, stigma and discrimination, single parenting and housing. ICW regional networks are providing ongoing support



[†] <http://www.icwea.org/publications/position-papers/>

to the women who participated in the meetings so that they can continue to exchange information and support each other's advocacy efforts.

The grant has enabled ICW regional networks to mobilize specific technical support for organizations of women living with HIV at the country level to review and provide inputs into draft concept notes. For example, in Uganda, the Uganda Network on Law and Ethics undertook an analysis of the country's Global Fund HIV concept note to determine the extent to which the activities and budget addressed issues of concern to women living with HIV, and recommended improvements. In Kenya, a member of the Communities delegation to the Global Fund Board held a training session for women leaders on how the Global Fund Gender Equality Strategy can be operationalized at the country level, and a similar process supported by ICWEA in Burundi helped both to improve women's understanding of the draft concept note and enabled them to respond to a request to apply as sub-recipients of the grant.

Capacity building has been a major focus of work supported by the grant. In July 2015, ICW East Africa convened the ten regional ICW coordinators and Global Office staff in Kampala, undertaking a SWOT analysis to identify common challenges and solutions across the networks. In West Africa, a training of trainers program enabled 15 ICW West Africa Board and staff members to learn about strategies for effective engagement in Global Fund processes and helped to deepen their understanding of gender analysis and gender-based HIV programming. A similar training program was held for ICW Board members and leaders of national networks in Southern Africa, with support from and the participation of the Senior Gender Adviser from the Global Fund Secretariat. In East Africa, Kenya Legal and Ethical Issues on HIV and AIDS (KELIN) provided guidance to 17 leading women living with HIV – including Country Coordinating Mechanism members – on effective country dialogue and engagement with the Global Fund.

Organizations of women living with HIV frequently face challenges in accessing funding to implement programs as Global Fund sub-recipients. For example, women's organizations have frequently been informed by Principal Recipients that they do not meet the criteria required for them to act as sub-recipients. Processes of applying for funds as a sub-recipient have varied considerably between countries. Women's

organizations have also lacked capacity to develop sub-recipient proposals. At times, feedback from Principal Recipients on applications to serve as a sub-recipient has been limited, discouraging women's organizations from making future applications.

To address this challenge, ICW has engaged with Principal Recipients in all countries where the RCNF/Global Fund grant is being implemented. In East Africa, for example, ICW worked with Principal Recipients in Kenya (Red Cross Society), Burundi (Ministry of Health) and Uganda (The AIDS Support Organization – TASO) to organize guidance meetings for prospective sub-recipients to increase their understanding of the application requirements. The meetings led to the establishment of teams that have worked with Principal Recipients to ensure that requests for applications are widely disseminated to community organizations, including those representing women living with HIV. ICWEA has also lobbied for the inclusion of women living with HIV in concept note writing teams. In Uganda, this directly enabled the inclusion of key priorities proposed by women living with HIV in the HIV concept note.

Significant work has also been undertaken to strengthen the engagement of women living with HIV in Global Fund Country Coordinating Mechanisms, beginning with a survey of Country Coordinating Mechanism composition undertaken by ICW Southern Africa in nine countries. Workshops in Uganda, Kenya and Burundi were held to bring together representatives of women living with HIV, other civil society organizations and Country Coordinating Mechanism members representing people living with HIV and TB constituencies. The meetings enabled civil society groups and Country Coordinating Mechanism members to exchange views and information and have led to stronger mechanisms for communication between Country Coordinating Mechanism members and their constituencies on issues such as concept note development, the status of Global Fund processes and comments from the Technical Review Panel.

By strengthening the participation of women living with HIV in Global Fund activities at the global, regional and country levels, the partnership between ICW, RCNF and the Global Fund is helping to ensure that new Global Fund grants better reflect women's needs, that existing investments are refocused when necessary and that women's organizations are better positioned to play a more prominent role in grant governance and implementation.

“ The magic of this project is that we are no longer begging to be heard or waiting to be invited. We have the resources we need to organize, and organization gives us legitimacy. Principal Recipients and important decision- and policy-makers attend meetings where we are in charge of setting the agenda. That is what we call meaningful engagement – when we are engaged on our own terms. ”

*Lillian Mworeko,
ICW East Africa Executive Director*



SIERRA LEONE

Building community capacity for the fight against HIV, tuberculosis and malaria, and for a resilient health system

Sierra Leone was severely affected by Ebola in 2014 and 2015, placing tremendous strain on an already weak health system and workforce.

The procurement and supply chain for health commodities was severely disrupted, numerous health workers became ill or died and people avoided health facilities for fear of contracting the disease. As a result, HIV, TB and malaria programs in the country were seriously disrupted, with significant impact on rates of adherence and retention among people on treatment.

Sierra Leone was due to begin preparing new concept notes for Global Fund HIV, TB and malaria grants in mid 2015, just after the Ebola epidemic had peaked. Recognizing the strain that the country was under, the Global Fund Country team travelled to Sierra Leone in June 2015 and informed the Country Coordinating Mechanism that it could fast-track its grant applications through a simplified application process to help avoid further disruptions to services and to mitigate the impact of the Ebola outbreak. The simplified application process allowed Sierra Leone to reprogram savings from its existing grants and to access a new allocation of US\$126 million to extend the term of the grants for two years to the

end of 2017. The timeline for developing the simplified concept notes was nevertheless tight, with proposals due by mid August 2015.

A key lesson from the Ebola outbreak was the importance of drawing upon the capacity of community organizations to support the frail health-sector response to the disease. This experience helped to create a wider appreciation among stakeholders in Sierra Leone of the need to build community capacity and increase community engagement in other areas of health, especially HIV, TB and malaria programming, and to increase the focus of these programs on key populations. With this in mind, civil society organizations in the country formed the Consortium for the Advancement of the Rights of Key Affected Populations (CARKAP) as a platform to advocate for and deliver community-based health services and to promote gender- and human rights-based approaches, particularly for TB and HIV. CARKAP members include networks and organizations representing people living with HIV, the LGBTI community, women, youth, faith-based organizations and other community groups.

CARKAP participated as the leading civil society voice in the early phase of the national dialogue process on the development of the three proposals under the simplified application process for HIV/TB, malaria and health and community systems strengthening.



This included a Partnership Forum convened by the National AIDS Council and UNAIDS in May, a meeting to review the National TB Control Program in June, and a consultation meeting in July to introduce the modular approach of the Global Fund's new funding model and develop initial ideas about the components to be included in the proposals. By mid-July, early drafts of the proposals, a draft programmatic gap analysis and a prioritization matrix were circulated for stakeholder comment. In late July, CARKAP members also participated in a meeting to review activities in the draft proposals' log frames and gap analyses, a meeting with the Global Fund Country team, a consultation with TB stakeholders and a meeting to begin developing the health and community systems strengthening proposal. Health and community systems strengthening components were submitted as a separate proposal to specifically complement the National Health Sector Recovery Plan developed in the wake of the Ebola crisis.

Because CARKAP was a relatively new entity that lacked a formal governance structure or significant resources, CARKAP members recognized the need for additional support to participate effectively in this demanding process. WHO had been providing consultancy support for development of the HIV, TB, malaria and resilient and sustainable systems for health components of the proposals, but little support had been provided to develop the cross-cutting community systems strengthening component or to ensure specific attention to key populations in the other grants. Accordingly, CARKAP requested technical assistance from the Global Fund Community, Rights and Gender Special Initiative. The technical assistance was provided through EANNASO, one of the 34 technical assistance providers prequalified by the Global Fund under the special initiative.

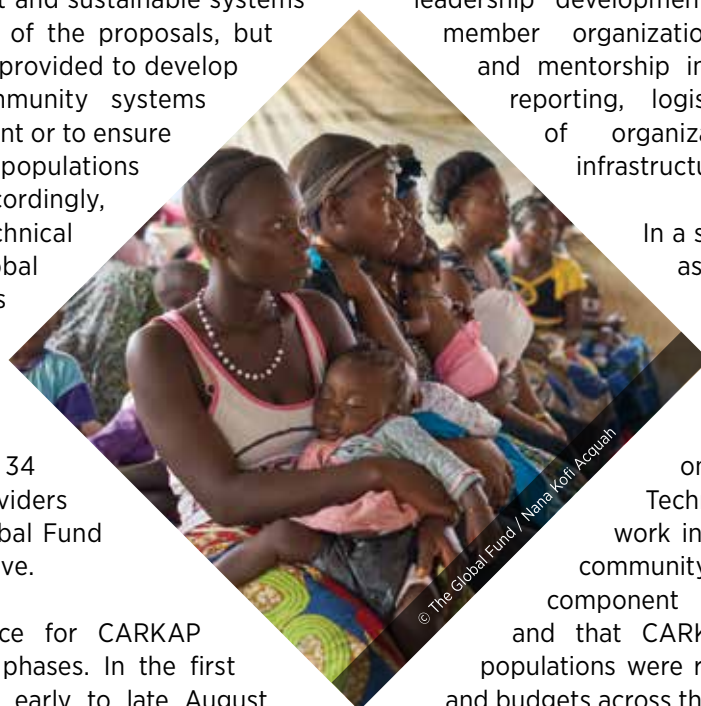
The technical assistance for CARKAP was provided in three phases. In the first and major phase from early to late August 2015, the consultant supported CARKAP participation in the ongoing national dialogue process, coordinated CARKAP member inputs into the HIV/TB proposal, and worked with CARKAP members to draft the community systems

strengthening module. The community systems strengthening module consisted of four major activities:

1. Community-based monitoring of HIV, TB and malaria programs to ensure accountability, including consistent and quality service delivery and secure procurement of drugs and other commodities;
2. Advocacy for social accountability in the form of support for civil society groups to convene twice-yearly meetings with parliamentarians and other policy-level stakeholders with a focus on advocating for increased government allocation of funds to the health sector, particularly for HIV, TB, and malaria;
3. Improving civil society participation in policy and strategic decision-making by initiating a transparent and representative selection process for the civil society seat on Sierra Leone's Health Sector Coordinating Committee, including resources for civil society groups to have regular coordination meetings; and
4. Institutional capacity building, planning, and leadership development for CARKAP and its member organizations, including training and mentorship in financial management, reporting, logistics and development of organizational policies and infrastructure.

In a second phase of technical assistance in October 2015, the consultant supported CARKAP and its members as the country worked to respond to comments on the proposals from the Technical Review Panel. This work included ensuring that the community systems strengthening component was fully maintained and that CARKAP's priorities for key populations were reflected in programming and budgets across the three diseases.

As a result of the contributions of CARKAP members and technical assistance provided through the Community, Rights and Gender Special Initiative during proposal development, US\$1 million has



been approved by the Global Fund Board for the community systems strengthening component. The HIV grant has a stronger focus on key populations, providing specific support to people living with HIV, sex workers, men who have sex with men, transgender people and people who use drugs. The TB grant aims to further scale up community TB care, including community-based referral, and to more effectively address stigma and discrimination in health services, while the malaria grant includes a stronger focus on community service delivery through community and school health clubs.

CARKAP's role and influence as a civil society voice in Sierra Leone have grown significantly as a result of its engagement with Global Fund and other national processes in the country over the last two years, and it now faces increasing demands to participate in health governance, planning and oversight in

the country. To further help build the consortium's capacity, a third phase of technical assistance through the Community, Rights and Gender Special Initiative occurred during the fall of 2016. This assistance included support for institutional capacity building, formal registration of the organization, further refining its structure and developing a modality for the consortium to implement community-based monitoring as a Global Fund sub-recipient.

“The biggest success is that CARKAP has been recognized as a key player by other stakeholders in the country. Civil society and key populations needed a platform and CARKAP provides it, not just for the Global Fund but for other processes in the country as well. The challenge now is to make sure that it gets the necessary support from all stakeholders to ensure its effectiveness and sustainability.”

*Mayowa Joel,
Consultant providing technical assistance
to CARKAP through the special initiative*



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The Global Fund is a 21st-century organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics.

**The Global Fund to Fight
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