

# Independent Multi-country Review of Community Engagement in Grant Making & Implementation Processes

LESSONS LEARNED,  
KEY PRINCIPLES,  
AND WAYS FORWARD



## Independent Multi-country Review of Community Engagement in Grant Making & Implementation Processes: Lessons Learned, Key Principles, and Ways Forward

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## Acronyms

APCASO	Asia-Pacific Regional Civil Society Network of Community-based and NGOs on HIV, Health, and Social Justice
ARASA	AIDS and Rights Alliance for Southern Africa
CCG	Community Consultative Group
CCM	Country Coordinating Mechanism
CLAC	Community Action and Leadership Collaborative
CRG	Community, Rights and Gender
CRG AG	Community Rights and Gender Advisory Group
CSO	Civil Society Organization
CSS	Community Systems Strengthening
DFID	United Kingdom Department for International Development
EANNASO	Eastern Africa Network of AIDS Service Organizations
EPA	Eligibility and Performance Assessment
ED	Executive Director
FBO	Faith-based Organization
FPM	Fund Portfolio Manager
GAC	Grant Approvals Committee
GATE	Global Action for Trans* Equality
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Greater Mekong Sub-regional
GNP+	Global Network of People Living with HIV
IBBS	Integrated Bio-behavioral Surveillance
IDP	Internally Displaced People
IDUIT	Injection Drug Users Implementation Tool
INPUD	International Network of People Who Use Drugs
ITPC	International Treatment Preparedness Coalition
KPI	Key Performance Indicator
MSM	Men Who Have Sex with Men
MSMGF	Global Forum on MSM and HIV
MSMIT	Men Who Have Sex with Men Implementation Tool
NFM	New Funding Model

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NGO	Non-governmental Organization
NSP	National Strategic Plan
NSWP	Global Network for Sex Work Projects
OIG	Office of the Inspector General
OPN	Operational Policy Notes
PCB	Program Coordinating Board (UNAIDS)
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living With HIV
PR	Principal Recipient
PUDR	Progress Update and Disbursement Request
PWID	People Who Inject Drugs
RCCP	Regional Communication and Coordination Platforms
RCNF	Robert Carr Network Fund
RSSH	Resilient and Sustainable Systems for Health
SBN	Secretariat Briefing Note
SOGI	Sexual Orientation and Gender Identity
SR	Sub-recipient
SSR	Sub-sub-recipient
STI	Sexually Transmitted Infection
SWIT	Sex Worker Implementation Tool
TA	Technical Assistance
TB	Tuberculosis
TERG	Technical Evaluation Reference Group
TG	Transgender people
TOR	Terms of Reference
TRANSIT	Implementing Comprehensive HIV and STI Programs with Transgender People
TRP	Technical Review Panel
TSC	Global Fund Transition, Sustainability, and Co-financing Policy
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WHO	World Health Organization

## Acknowledgements

The Community Action and Leadership Collaborative (CLAC) acknowledges and extends its deep appreciation to the many people who gave generously of their time to provide input to this review. The Community Rights and Gender (CRG) Advisory Group (AG) provided invaluable advice on the review design, interview respondents, country consultation hosts, and importantly reviewed and endorsed the recommendations and next steps. The Global Fund Secretariat and particularly the CRG Department provided support and guidance throughout the process, and valuable inputs on the numerous review drafts.

The seven country hosts are particularly thanked for enthusiastically organizing and facilitating consultations with an average of only 10 days turnaround time. Their task involved selecting and inviting appropriate participants, hiring a facilitator and rapporteur, and producing brief summary reports, with limited financial resources available. This approach to soliciting community input on key issues is worth exploring

further—with better lead-time. The method was both cost effective, and it demonstrated the large appetite by in-country partners to be more meaningfully engaged.

The 19 key informant respondents are similarly thanked for making themselves available for lengthy interviews where they opened up to share invaluable information on their direct experiences with Global Fund processes. Their strong commitment to improving the Global Fund grounds this review's findings in the lived reality of the front line. CLAC and CRG Advisory Group owe it to them to see these recommendations through, and not let this report gather dust on a shelf.



Community consultation, Cameroon - November 2016

# 1. Executive Summary

This independent review, commissioned by the Community, Rights and Gender (CRG) Department at the Global Fund Secretariat, shares findings, conclusions, and recommendations for enhancing the meaningful engagement of communities in all phases of Global Fund grants, with an emphasis on *grant making* and *grant implementation*. The review synthesizes lessons learned and good practices for how communities (see definition below and Figure 1) engage meaningfully, and identifies key principles and strategic actions the Global Fund can take to ensure greater accountability between communities, Country Coordinating Mechanisms, other key stakeholders, and the Global Fund itself.

The Community Rights and Gender Advisory Group (CRG AG), a body that provides advice to the CRG Department, oversaw this independent review, which was carried out by the Community Action and Leadership Collaborative (CLAC), and led by MSMGF (the Global Forum on MSM & HIV). A team of three consultants was responsible for the research, analysis, and writing of this report. Further, preliminary findings and recommendations were validated by way of community consultations in seven countries: Cameroon, the Dominican Republic, Kenya, Moldova, the Philippines, Suriname, and Tunisia.

Communities that are disproportionately affected by diseases should be invited and supported to actively engage with Global Fund processes.

It is important to note that HIV, tuberculosis (TB), and malaria disproportionately affect certain groups as a result of social and economic inequities that persist worldwide. These groups are often criminalized and experience human rights abuses, seriously compromising their access to health services. These groups are also uniquely positioned to take action in response to disproportionate disease burden and their social and structural drivers. For example, HIV disproportionately affects men who have sex with men, transgender people, sex workers, and people who use drugs, whereas TB can affect miners and healthcare workers.

Communities that are disproportionately affected by diseases should be invited and supported to actively engage with Global Fund processes. As such, this report proposes a definition and principles of meaningful **community engagement**, which is based on an extensive literature review and community validation exercises.

Meaningful community engagement, as put forth in this report, involves four **core principles**:

- 1) Effective and proportional representation in planning and decision-making bodies and processes
- 2) Adequate time and resource allocation to communities to understand systems, derive shared priorities, contribute to debate and discussion, and deliver programs

- 3) Ongoing independent oversight of grant negotiations and implementation
- 4) Ongoing efforts to strengthen the capacities of community organizations and community leaders, so that they are able to take on increasing responsibilities and have greater impact

The intended outcome of meaningful community engagement is stronger, higher-quality, more human rights-centered and gender-transformative programs and services delivered to and by communities most impacted by the three diseases.

Based on the findings of the review, the report proposes a series of recommendations, and component **strategic actions** for the Global Fund to consider in efforts to expand and enhance meaningful community engagement in all phases of its grants moving forward.

## Recommendations and Strategic Actions

### Recommendation I: Adopt and Mainstream the Definition and Principles of Meaningful Community Engagement

The Global Fund should collaborate with partners, networks, the Board, community and NGO delegations, people living with and impacted by the three diseases, and the CRG AG, to refine and mainstream the definition and core principles of meaningful engagement, and make them actionable and measurable.

### Recommendation II: Define, Enforce, and Support Community Roles in Governance and Decision-making Structures

Actions for strengthening community engagement within the practicalities of grant making and grant implementation are proposed.

#### **Strategic Action A: Develop guidance mandating CCMs to regularize community engagement through multi-stakeholder consultations *before final submission of the funding request, during grant making, and regularly during grant implementation.***

Building on successful engagement during funding request development processes, this review recommends developing and rolling out similarly detailed guidance specifying how to facilitate community engagement (beyond the elected community representatives on CCMs) in all country dialogue phases. Guidance should be developed to cover three key entry points:

- 5) Community engagement before grant submission
- 6) Community review of grant making decisions
- 7) Community review during grant implementation



**Strategic Action B: Support community-led processes to ensure effective CCM representation, and fund mitigating steps to address governance shortfalls.** This strategic action calls on the Global Fund to work together with global and regional networks of key and vulnerable populations and technical partners to support country level CCM processes parallel to support for community CCM representatives themselves, including oversight of:

- Community representative and CCM governance position selection process transparency and criteria
- Collectively-developed and enforceable terms of reference for all CCM representatives to be used as mechanisms of accountability to improve representation quality, and to allow for longer term limits
- Community-led and reviewable CCM governance guideline development and enforcement

**Strategic Action C: Ensure engagement of underrepresented communities across the three diseases as outlined in our definition of ‘community’, with special attention to criminalized and stigmatized groups such as sex workers, people who use drugs, men who have sex with men, and transgender people.** Ensuring the meaningful engagement of vulnerable, underrepresented, and criminalized communities requires proactive action, whilst ensuring safety and confidentiality. Further, proxy representation, or collective representation by a limited number of community members, should be avoided.

**Strategic Action D: Finance efforts to strengthen community capacity to engage.** A crosscutting and ongoing challenge is accessible and predictable funding for capacity strengthening opportunities. The Global Fund is well positioned to play a leadership and coordination role in this regard as resources become more limited.

### **Recommendation III: Mainstream Community Engagement in Quality Improvement Mechanisms**

This recommendation describes mechanisms to better position community engagement, and inform advocacy and community-led monitoring, towards improved grant making and program implementation quality. Good practices include multi-sector ‘community taskforces,’<sup>1</sup> community participation in data collection and analysis, and open public access to grant-related information.

<sup>1</sup> The term ‘community taskforce’ is used as shorthand to describe the concept of multi-population community coalitions that act with a coordinated approach. The term may not be appropriate in all contexts, and should be re-envisioned as necessary. Nonetheless, the concept appears to have broad relevance. The concept is further described in Figure 6: Summary of Thematic Study 3.

**Strategic Action E: Provide support for the establishment and maintenance of ‘community taskforces’.** Collaborations between different disease areas and key population groups successfully use common messaging and a single point of contact to engage meaningfully with stakeholders—such as the CCM—and influence decision-making and programmatic prioritizations. The Global Fund is encouraged to embrace this model of mobilizing to enhance meaningful engagement and provide the appropriate financing for community taskforce pilots.

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Community consultation in Moldova - November 2016

**Strategic Action F: Support community engagement in processes of gathering, interpreting, and utilizing evidence.** There is a compelling need—and numerous examples of how—to improve community capacity to gather, interpret, and effectively utilize quality evidence to enhance overall participation and improve the quality and relevance of programs implemented.

**Strategic Action G: Ensure public access to grant-related information to support community advocacy and oversight.** Because monitoring program quality and impact is integral to maximizing the Global Fund's impact, it is critical to ensure that all stakeholders, especially communities, have access to all pertinent grant and

programmatic information and reports so that they can approach negotiations and their own advocacy from an informed and more equitable position.

### **Recommendation IV: Standardize accountability and communications channels between communities and the Global Fund**

Direct communication between communities and the Global Fund Secretariat offers an important check on CCMs and Principal Recipients, particularly where CCMs or governments are hostile to key and vulnerable populations, allows for alternative information flows to the Secretariat, and should be normalized.

**Strategic Action H: Build or strengthen a 'Community Communications Hub' in the Global Fund Secretariat.** The Global Fund is encouraged to explore the establishment of a hub for communities at the Secretariat, similar to the existing CCM Hub, which would service communities and monitor community engagement in grants on an ongoing basis. This may involve an augmented role for the CRG Department and would build on the mandates of the regional communications and coordination platforms, which are part of the CRG Strategic Initiative. It would also build on the CRG Department's original mandate as a Civil Society Hub to the Global Fund Secretariat.

**Strategic Action I: Define Principal Recipient roles and responsibilities to ensure community engagement.** To stem the widely reported fall-off of community engagement during grant making and grant implementation phases, communities suggest that PRs (and in some cases SRs) be held accountable by the Global Fund to guarantee ongoing community engagement in grant processes after grant signing. The establishment and enforcement of community engagement norms and processes may be built directly into PR grant agreements.

**Strategic Action J: Implement human resource practices at Global Fund Secretariat that reflect importance of meaningful community engagement.** Several areas for building accountability for community engagement into Global Fund staff expectations and assessments are proposed, including hiring criteria and performance objectives for all personnel but particularly those in grant management.

### **Recommendation V: Improve the Quality, Relevancy, and Reach of Community Information Tools**

Brief feedback from country consultations on various tools and guidance for communities is summarized. While there was considerable variance in awareness of tools among participants, one of the areas for improvement was increasing the availability of such tools in local languages.

## **Next Steps**

In order to support implementation of the strategic actions, the following matrix provides suggested **recommendations** and **priority steps** to be taken by the Global Fund and other key stakeholders. The CRG AG has offered to monitor progress, and provide additional support as needed. The Secretariat may wish to assist the CRG AG in this role by having this topic as a standing agenda item during their meetings.

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Recommendation	Strategic Action	Suggested Follow-up Action
I. Adopt and mainstream the definition and principles of meaningful community engagement		<p>CRG to present to the Secretariat and Board the proposed definition, principles of, and key recommendations to strengthen meaningful engagement</p> <p>Following presentation, the Secretariat to mainstream definition through development of measurement tools in consultation with the CRG AG, including relevant guidance on meaningful engagement, and specific support to communities to understand and pursue engagement as defined at all levels</p>
II. Define, enforce, and support community roles in governance and decision-making structures	A. Develop guidance mandating CCMs to regularize community engagement through multi-stakeholder consultations <i>before</i> submission of the funding request, <i>during</i> , and regularly <i>during</i> grant implementation	Grant Management Division, Access to Funding, and CCM Hub to develop specific detailed instructions to CCMs on multi-stakeholder consultations throughout the country dialogue process
	B. Support community-led processes to ensure CCM representation, and fund mitigating steps to address governance shortfalls	<p>Under the guidance of the CRG and CCM Hub, launch community-led evaluation of CCMs in 1-2 pilot countries per region*</p> <p>Explore how Local Fund Agents, technical partners (e.g. UNDP), and communities might strengthen their relationships so as to enhance monitoring of CCMs</p>
	C. Ensure engagement of underrepresented communities across the three diseases as outlined in the definition of community, with special attention to criminalized and stigmatized groups such as sex workers, people who use drugs, men who have sex with men, and transgender people	CCM Hub to work with CRG and the CRG Advisory Group to develop initiatives and guidance for CCMs to increase meaningful participation of underrepresented and criminalized communities, including sex workers, people who use drugs, men who have sex with men, transgender people, and all communities from the three diseases, as outlined in the definition of community
	D. Finance efforts to strengthen community capacity to engage	<p>CRG to (continue to) monitor the impact, on meaningful community engagement, of CRG Strategic Initiative. This will mean adopting a clear M&amp;E framework, with engagement-related indicators, for implementing the CRG Strategic Initiative.</p> <p>CRG will report to the Global Fund Board if financial shortfalls are undermining meaningful community engagement</p>

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Recommendation	Strategic Action	Suggested Follow-up Action
<p>III. Mainstream community engagement in quality improvement mechanisms</p>	<p>E. Provide support for the establishment and maintenance of 'community taskforces'</p>	<p>Facilitate the launch of community taskforces in 1-2 interested pilot countries per region, with financial and technical support from the CRG and CCM Hub</p> <p>Seek further support from foundations and technical support providers, including and especially those led by key and vulnerable populations, to develop taskforce models</p> <p>Support taskforces with ongoing capacity strengthening and peer networking opportunities</p>
	<p>F. Support community engagement in processes of gathering, interpreting, and utilizing evidence</p>	<p>Global Fund and partners to support communities to enhance their abilities, and role in gathering, interpreting, and utilizing evidence for programing planning, monitoring, and advocacy purposes. For instance, through the implementation of long term capacity development via the CRG Strategic Initiative</p>
	<p>G. Ensure public access to grant-related information to support community advocacy and oversight</p>	<p>The Secretariat to develop a system to publish and update, on the Global Fund website, grant-related information (work plans, budgets, performance details, etc.) as soon as available</p> <p>PR to also post, and keep updated, grant-related progress information (disbursements, reach, coverage, challenges), as soon as available and translated into local language(s)</p>
<p>IV. Standardize accountability and communications channels between communities and the Global Fund</p>	<p>H. Build or strengthen a 'Community Communications Hub' in the Global Fund Secretariat</p>	<p>CRG should consider the various ways suggested in this recommendation on improving communications with in-country key and vulnerable population groups, including the identification of a Secretariat focal point</p>
	<p>I. Define Principal Recipient roles and responsibilities to ensure community engagement</p>	<p>Grant Management Division, in coordination with CCMs to develop guidance for PRs on their roles and responsibilities to engage the broader community. This new mandate should be included in grant agreements for the 2017-2019 funding cycle</p>
	<p>J. Implement human resource practices at Global Fund Secretariat which reflect importance of meaningful community engagement</p>	<p>Senior management in consultation with CRG to develop a staff performance objective on meaningful engagement, and roll it out with information sessions as needed</p> <p>Human Resources Department to review recruitment processes to ensure experience working with affected communities are assessed and prioritized when considering new Global Fund staff</p>
<p>V. Improve the quality, relevancy, and reach of community information tools</p>		<p>As a preliminary analysis, review feedback from this study</p> <p>Conduct a focused review to validate findings, explore reasons for limited uptake, and gain more detailed information on needs and desires regarding tools</p>

\* It is suggested that APCOM's [recent reports](#) on MSM and Transgender community engagement be reviewed as part of this action.

## 2. Introduction

This independent review was recommended by the Community Rights and Gender (CRG) Department at the Global Fund to Fight AIDS, TB, and Malaria (the Global Fund) to provide input and timely advice to develop policies, guidance, and processes in support of the 2017-2019 funding cycle roll-out. The intention is to build on new funding model (NFM) successes, and to introduce changes encouraging more meaningful engagement of communities in all stages across the Global Fund grant cycle, but particularly regarding *grant making* and *grant implementation*. The review synthesizes lessons learned and good practices on how key and vulnerable populations, and other communities, engage meaningfully, and identifies key principles and strategic actions for partnership to ensure greater accountability between them and the Global Fund Secretariat.

The CRG Advisory Group (AG), a body that provides advice to the CRG Department, oversaw this independent review, which was carried out by the Community Action and Leadership Collaborative (CLAC)—a collaboration between key population global networks to strengthen community expertise in the areas of HIV and tuberculosis, treatment access, human rights, and community participation.<sup>2</sup> CLAC, under the technical leadership of the Global Forum on MSM and HIV (MSMGF), contracted three consultants to conduct the review, with substantial guidance from the Global Fund.<sup>3</sup> The CRG AG and CLAC members i) helped identify key interview informants, ii) vetted interview questions, iii) advised on in-country consultation hosts, and iv) lent input towards key recommendations.<sup>4</sup> As a result, this review importantly reflects contributions from communities involved in all three disease areas, key and vulnerable population groups, and crosscutting thematic issues (gender, youth, women and girls, human rights) to the extent possible.

2 The CLAC is a unique collaboration between AIDS and Rights Alliance for Southern Africa (ARASA), the Global Network of People Living with HIV (GNP+), Global Action for Trans\* Equality (GATE), the Global Forum on MSM and HIV (MSMGF), the Global Network for Sex Work Projects (NSWP), the International Network of People Who Use Drugs (INPUD), and the International Treatment Preparedness Coalition (ITPC). The collaboration between these networks supports a deep understanding and connection with key populations to strengthen expertise in the areas of HIV and tuberculosis, treatment access, human rights and community engagement. See [www.clac.cab](http://www.clac.cab) for more information.

3 Consultants: Charlie Baran, Liesl Messerschmidt, and Michael O'Connor.

4 The CRG AG is comprised of 18 experts on community systems and responses, gender, representatives from key population networks, representatives from the Communities and NGO delegations to the Global Fund Board, and a limited number of technical partners as observers.

## Methodology

This review involved the following components:

**Literature Review.** More than fifty sources—published and unpublished documents and tools—were reviewed for this report. The consultant team identified sources in collaboration with the CRG Department. Sources originate from civil society, governments, foundations, the United Nations, and the Global Fund itself. Members of the consultant team originally developed several of them. Each was assessed for findings and recommendations, which were catalogued and categorized thematically. Where document structure did not offer findings and recommendations, key themes and passages related to community engagement were identified and similarly categorized. See the complete list of source materials in Annex 5.

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**Key Informant Interviews.** Nineteen community representatives were identified with CRG AG and CLAC member assistance to participate in key informant interviews. They were selected based on their involvement in the thematic areas of exploration under this review, including their direct experience i) in the Global Fund grant making and grant implementation processes, ii) with technical assistance (TA) provided to key and vulnerable populations involved in the Global Fund processes, and as iii) representatives of all disease cohorts, relevant population groups, and geographies. These representatives responded to a comprehensive list of qualitative, open-ended questions during interviews lasting up to 90 minutes each. All but three interviews were conducted in English, with French and Spanish interviews using an interpreter, and one interview occurring via email due to connectivity challenges.



Community consultation, Cameroon -November 2016

Detailed interview responses provide a rich account from the community perspective of what works, what does not, what can be improved, and what is desired towards enhancing meaningful community engagement in the Global Fund processes. Four comprehensive thematic studies capture these discussions and inform recommendations, and will be published separately (summaries are provided in this report). To maintain confidentiality, as requested by some interviewees, direct quotes used are anonymous and a list of informants does not appear in this review.

**Informational Interviews.** Over thirty organizational-level information-gathering interviews were conducted to collect background information and identify strategic themes. Interviewees included staff from the Global Fund and technical partners, UNAIDS, the Stop TB Partnership, and the WHO Malaria Program (formerly Roll Back Malaria). See Annex 3.

**Country Consultations.** Seven country consultations were hosted by community groups in Cameroon, the Dominican Republic, Kenya, Moldova, the Philippines, Suriname, and Tunisia. These daylong consultations provided feedback on the i) definition of meaningful engagement and key principles, ii) initial recommendations arising from the literature review and key informant interviews, and iii) various tools and guidance geared towards improving community engagement. Country consultations involved representatives from all disease areas, relevant population groups, and crosscutting thematic issues. The countries were selected for their regional diversity. A pre-existing relationship with established trust between organizers and CLAC was critical, as the

turnaround from proposal to delivery was extremely short. The hosts were provided with a common set of slides and a guidance note to ensure a consistent approach was used across each consultation. Summary reports on each consultation highlighting the agreements and divergence of opinion concerning the initial definition of meaningful engagement and the initial recommendations. See Annex 2.

### Limitations

This review was constrained by time, with less than six weeks available between contract signing and first draft submission. Further, even with careful selection to ensure regional, gender, disease, and population coverage through interviews and country consultations, we did not exhaust the scope of experiences or opinions possible. The limited sample size may constrain broad cohort- and geographic-specific extrapolations, but we are confident that the recommendations included in the study are relevant and sufficiently adaptable across Global Fund processes.

In most cases, grant making and/or implementation either had just begun, or familiarity with these processes was limited.<sup>5</sup> As a result, interview respondents and consultation participants tended to focus on known processes such as funding requests (concept notes)<sup>6</sup> and Country Coordinating Mechanism (CCM) engagement.

<sup>5</sup> Limited familiarity with and implementation among community representatives surfaced as both a review limitation and finding.

<sup>6</sup> The 'concept note' has recently been renamed 'funding request' for the next allocation period. Because research for this study was based on past experiences, but the recommendations are for future action, the terms are used interchangeably throughout this text and should both be taken to mean the primary grant proposal tool, in all its forms, for countries and regions.



### 3. Proposed Definition and Principles of Meaningful Community Engagement

An agreed definition of **meaningful community engagement** can be the basis for mutual accountability between the Global Fund, key and vulnerable populations, affected communities, governments, and other implementers and stakeholders. It can provide guidance to staff and partners, and form the basis for measuring success in meeting the 2017-2022 Global Fund Strategic Objective 3e): *Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes.*<sup>7</sup>

We note that **community** continues to be a difficult concept to simply describe in the response to the diseases. We take it to encompass all those stakeholders who are not government, private sector, donor, or international non-governmental organizations (NGO). Here we offer a working definition of community:

“Community is characterized by a sense of identification and emotional connection to other members, common symbol systems, shared values and norms, mutual (although not necessarily equal) influence, common interests, and commitment to meeting shared needs. Communities of identity may be centered on a defined geographic neighborhood or a geographically dispersed group with a sense of common identity and shared fate (such as a racial or ethnic group or gay men and lesbians –*sex workers, people who use drugs, transgender women – our addition*). Furthermore, a city or geographic area may not be a community in this sense of the term but rather an aggregate of individuals who do not share a common identity or may contain several different overlapping communities of identity within its boundaries.”<sup>8</sup>

In order to address and end AIDS, tuberculosis, and malaria, we need to identify and work with existing communities of identity, particularly those most impacted by the diseases in question. Further, we need to strengthen a sense of community through collective engagement and action. This means that key and vulnerable populations, villages, neighborhoods, towns, and other geographic or identity groupings of people, local civil society organizations (CSO), faith-based organizations (FBO), and people living with and affected by the diseases are all part of communities. The definition of community presented in the Global Fund’s Community Systems Strengthening Framework is also a helpful reference.<sup>9</sup> Figure 1 further articulates communities that are disproportionately impacted by HIV, TB and malaria. Their meaningful, respectful and active engagement and involvement in responding to the three disease is paramount.

7 The Global Fund. 2016. [The Global Fund Strategy 2017-2022: Investing to End Epidemics.](#)

8 Israel BA, Schulz AJ, Parker EA, Becker AB, Allen AJ, Guzman JR. Critical issues in developing and following community-based participatory research principles. 2003. In M Minkler and N Wallerstein (Eds) *Community-based Participatory Research for Health*. Jossey-Bass A Wiley Imprint; San Francisco, California, USA.

9 “Community is a widely used term that has no single or fixed definition. Broadly, communities are formed by people who are connected to each other in distinct and varied ways. Communities are diverse and dynamic. One person may be part of more than one community. Community members may be connected by living in the same area or by shared experiences, health and other challenges, living situations, culture, religion, identity or values.” (The Global Fund, 2014. *Community Systems Strengthening Framework*.)

**Figure 1 Key and Vulnerable Populations \***

<b>2. Key populations</b>	For HIV	Groups who are socially marginalized, often criminalized, and face a range of human rights abuses that increase their vulnerability to HIV—gay, bisexual, and other men who have sex with men; women, men, and transgender people who use drugs, and/or who are sex workers; as well as transgender people.
	For TB	Groups who are highly vulnerable to TB, as well as experiencing significant marginalization, decreased access to quality services, and human rights violations—prisoners and incarcerated populations, people living with HIV, urban and rural poor, mobile populations (migrants, refugees), indigenous populations, people who use drugs, children, and miners.
	For malaria	Groups in malaria-endemic areas who are often at greater risk of transmission, usually have decreased access to care and services, and are often marginalized—mobile and migrant populations (both internal and cross border) including refugees and internally displaced people, ethnic minorities, forest goers, pregnant women, children, and indigenous populations.
<b>1. People living with diseases</b>	For HIV and TB	All people living with HIV, and who currently have or have survived TB, are included as ‘key and vulnerable populations.’  Given that in some countries, a substantial proportion of the population has malaria, and the impact is not linked to systematic marginalization or criminalization, people who have had malaria are not included in the definition of ‘key and vulnerable populations.’
<b>Vulnerable populations</b>	For HIV	Prisoners, refugees, migrants, women and girls (particularly in Southern and Eastern Africa), adolescents and young people, orphans and vulnerable children, and populations of humanitarian concern. Groups vary according to local situations and the social and epidemiological context.

\*See the Key Populations Action Plan and Global Fund Fact Sheet, 2015, “Key Populations: A Definition,” for further details.

It is also important to note that HIV, tuberculosis, and malaria disproportionately affect certain groups as a result of social and economic inequities that persist worldwide. These groups are often criminalized and experience human rights abuses, seriously compromising their access to health services. These groups are also uniquely positioned to take action in response to disproportionate disease burden and their social and structural drivers. For example, HIV disproportionately affects men who have sex with men, transgender people, sex workers, and people who use drugs, whereas TB can affect miners and healthcare workers.

Communities are an essential and indispensable partner in the effective responses to AIDS, TB, and malaria. Pointing to the catalytic influence of communities in the response to HIV, Rodriguez-Garcia, et al., noted that, “Communities have been instrumental in developing innovative approaches to service uptake and delivery and in accessing and empowering marginalized populations affected by the epidemic.”<sup>10</sup> UNAIDS further articulates a role for communities throughout the HIV response: “It is essential that community responses are integrated into the overall response linking effectively with health-care systems and embedding community activities into a wider context - to transform the AIDS response in the post-2015 development agenda.”<sup>11</sup> Meaningful engagement of communities in the responses to AIDS, TB, and malaria is in fact critical to the success of these responses, and not merely the right thing to do.

10 Rodriguez-García, Rosalía, René Bonnel, David Wilson, and N’Della N’Jie. 2013. Investing in Communities Achieves Results: Findings from an Evaluation of Community Responses to HIV and AIDS. Directions in Development series. Washington, DC: World Bank.

11 UNAIDS. 2015. Communities Deliver: the critical role of communities in reaching global targets to end the AIDS epidemic.

Effective, gender, and key population-balanced representation in planning and decision-making bodies and processes is a critical feature, though meaningful engagement must go beyond representation.

The Global Fund has made considerable progress in the engagement of communities since its inception, accelerating after the launch of the New Funding Model (NFM) in 2014. The NFM is based on the concept of Country Dialogue, which mandates ongoing community engagement from development of a national strategic plan (NSP) well before a funding request (formerly 'concept note') is developed, and extending through all aspects of the grant cycle (grant making, implementation, monitoring, reprogramming). We seek here to describe what it means to have communities *meaningfully* engaged in all aspects of the Global Fund process, so that a fuller benefit of their participation is felt in the Global Fund-supported programs throughout the life of its grants, and beyond.

A number of documents provide insight into a definition of meaningful community engagement, both published and supported by the Global Fund. These include the Gender Equality Strategy,<sup>12</sup> the Sexual Orientation and Gender Identities (SOGI) Strategy,<sup>13</sup> the Key Populations Action Plan,<sup>14</sup> Engage!,<sup>15</sup> and the Community Systems Strengthening Framework.<sup>16</sup> We present the following comprehensive and precise definition of meaningful community engagement with reference to this literature reviewed, input from CLAC and interview respondents, and endorsement from country consultation participants and CRG AG reviewers.

**Meaningful community engagement** involves four **core principles**.

The intended outcome of these interrelated principles is *stronger, higher-quality, more human rights-centered and gender-transformative programs and services delivered to and by communities most impacted by the three diseases*.

## I. Effective Representation in Governance and Decision-making

Effective, gender, and key population-balanced representation in planning and decision-making bodies and processes is a critical feature, though meaningful engagement must go beyond representation. Given the centrality of CCMs to Global Fund grant development and oversight, community representation on CCMs is an important first step that supports ongoing attention to community engagement throughout the grant cycle. Community representation and gender balance on funding request (concept note) writing teams and technical working groups, and in data collection and analysis, strengthens their voice in national response design. This should be carried forward to grant making and grant implementation, so that gains made during country dialogue and funding request development are not lost.

Increasing the capacity and impact of representation is a key outcome of the other core principles.

12 The Global Fund. [Global Fund Gender Equality Strategy](#).

13 The Global Fund. [The Global Fund Strategy in Relation to Sexual Orientation and Gender Identity Strategy](#).

14 The Global Fund. [Key Populations Action Plan 2014-2017](#).

15 The Global Fund. 2014. [Engage!: Practical tips to ensure the new funding model delivers the impact communities need](#).

16 The Global Fund. 2014. [Community Systems Strengthening Framework](#).

## II. Adequate Resources and Time

Adequate time and resource allocation is required for communities to understand systems, derive shared priorities, contribute to debate and discussion, and deliver programs. Recognizing the extraordinary financial limitations of communities compared to other stakeholders, adequate financial resources must be made available at a high level to support their participation in all the Global Fund processes - inclusive of CCMs, the development of NSPs, and various negotiations with government officials. This includes money to support dialogue i) internally, ii) among communities and populations, and iii) with other sectors. This money must not be connected to service-delivery programmatic funding, should be predictable, and should generate only modest administrative burden. The newly expanded CRG Strategic Initiative is one key source of financial support.<sup>17</sup>

Recognizing the common infrastructure and educational limitations that communities operate with, compared to other stakeholders, adequate time must be allowed for communities to study, caucus, debate, and develop input (priorities, responses, evidence, etc.) independently, ahead of and following decision making points.

### Figure 2: Watchdogging, Monitoring, and Advocacy

There is widespread confusion about what **monitoring** or **watchdogging** entail.

While no clear definitions of either exist, community *monitoring* is an option to include within grants. Monitoring provides evidence about the quality, appropriateness, and impact of service provided.

*Watchdogging*, on the other hand, is a largely Western civil society construct combining the concepts of monitoring and *advocacy*. The purpose of watchdogging is to gather evidence for action. The actions typically involve advocacy, community mobilization, and lobbying—to push for the changes needed to overcome human rights, gender, and other obstacles faced by key and vulnerable populations. Subsequently, watchdogging is often viewed negatively and even as a threat by some governments and PRs. Watchdogging can be included within a grant as part of the community-based monitoring intervention. Most regional grants and a number of grants at the country level do include community monitoring.

## III. Independent Oversight and Quality Assurance

Ongoing independent oversight of grant negotiations and implementation to ensure strong community engagement is necessary. Communities must be equipped, funded, empowered, and protected to independently monitor the Global Fund bodies, processes, and implementation, so as to ensure adequate community engagement. This community-led monitoring should be done by community organizations, and harmonized with existing monitoring activities to avoid

<sup>17</sup> At its 36th meeting, 16-17 November 2016, the Global Fund Board approved the expansion of the CRG Special Initiative to be available for supporting community engagement beyond the submission of concept notes, to grant making and grant implementation.

duplication. Monitoring is sometimes included as a project activity, however this recommendation seeks to mainstream this work as an important factor in quality assurance. Funding for this role may come from grants or other independent sources, but the establishment and sustaining of the function should be the responsibility of CCMs with support as required from Global Fund Country Teams.

## IV. Ongoing Capacity Strengthening

Ongoing efforts to build or strengthen community organization capacity ensures they are better positioned to take on increasing responsibilities and have greater impact in implementation and governance, whether as implementers themselves or as engaged advocates and watchdogs (see Figure 2).<sup>18</sup> To do so requires

investing in their capacity to receive and manage grant funds. All the Global Fund grants should include community capacity development components, such as through community systems strengthening (CSS) or as part of strengthening community responses and building resilient and sustainable systems for health (RSSH).<sup>19</sup> Further, all CCMs, and principal recipients (PR) where appropriate, should be evaluated on their commitment to—and progress on—community capacity strengthening. Special attention should be given to those communities that are historically less organized, such as key and vulnerable populations in TB and malaria, as they are often in need of capacity strengthening in the areas of network development before considerable ground can be covered in the areas of engagement with specific Global Fund processes.



Community consultation in Cameroon - November 2016

18 Further discussion of community watchdogging, or ‘citizens as watchdogs’ can be found in Nimesh, D., et al. 2016. Four Models of Community-based Monitoring: A review. Global Fund to Fight AIDS, Tuberculosis and Malaria. Unpublished.

19 See additional capacity strengthening areas in Annex 1 Ideals for Core Principles of Meaningful Community Engagement.

To be meaningful, community engagement must not be episodic or tied to some parts of the grant cycle and not others. Rather, it must be *permanent, continuous, and adequately resourced*. To not be any of these is to not be meaningful, but tokenistic, symbolic, or disingenuous.

When community engagement is meaningful, it receives comparable *weight, consideration, and support* in negotiations and dialogue throughout the grant cycle compared to other stakeholder groups (government and non-governmental/ NGO implementers, and technical partners). Building on an inclusive funding request, community engagement in grant making influences program costing and

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prioritization—and building on a grant that reflects community priorities facilitates community-delivered services, monitoring of implementers, and strengthened results for long-term impact.

An overarching premise of meaningful engagement is *flexibility*. Communities often face unique barriers such as challenging legal environments, criminalization, registration complications, and generally low resources, which can hinder their ability to engage. It is critical that other stakeholder groups, especially the CCM, be flexible and willing to adjust processes in consideration of these and other barriers faced by communities.

Finally, meaningful community engagement is a *shared responsibility* of communities, the Global Fund, the CCM, and all stakeholders. The principles and ideals of meaningful engagement require that all stakeholders—and perhaps most importantly communities—take responsibility for their roles in the various processes and activities, and take action with deliberateness and integrity.

## 4. Recommendations, Strategic Actions, and Lessons Learned

This review describes specific recommendations and areas for **strategic actions** for the Global Fund and partners to strengthen meaningful community engagement in all phases of the Global Fund grant lifecycle, with a focus on grant making and grant implementation, towards successfully meeting the 2017-2022 Global Fund Strategic Objective 3e: *Support meaningful engagement of key and vulnerable populations and networks in Global Fund related processes.*<sup>20</sup> Strategic actions are intended to be **work streams**, which will have impact over time, building on successful Global Fund commitments to community engagement in all three disease areas, key population groups, and crosscutting thematic issues.

### Recommendation I: Adopt and Mainstream the Definition and Principles of Meaningful Community Engagement

The Global Fund should collaborate with partners, networks, the Board, community and NGO delegations, and the CRG AG to refine and mainstream the definition and core principles of meaningful engagement, and make them actionable and measurable. This review starts the process by listing **ideals** for each core principle, based on literature review findings, interview responses, and feedback from country consultations (see Annex 1). The definition and underlying principles must feature in stakeholder guidance, particularly concerning how to determine if meaningful engagement is achieved, and how to ensure country dialogue processes are inclusive.

The final definition and principles should inform the work undertaken to evaluate the Global Fund progress in meeting Strategic Objective 3e. The principles should also be reflected in both internal and external guidance, and should be referenced in guidance for staff of Grant Management Division and other relevant documents such as:

- Application forms and information notes for all funding request modalities
- Technical briefs on specific areas pertaining to key and vulnerable populations
- Operation policy notes for grant making
- Guidance for CCMs regarding Eligibility Requirement 1 and 4
- Briefing notes (SBNs) required for TRP submission

<sup>20</sup> The Global Fund. 2016. [The Global Fund Strategy 2017-2022: Investing to End Epidemics](#).

## Recommendation II: Define, Enforce, and Support Community Roles in Governance and Decision- making Structures

Interview respondents and country consultation participants suggest areas for replication on how to strengthen community engagement in the practicalities of grant making and grant implementation, while acknowledging a number of lingering challenges.

**Strategic Action A: Develop guidance mandating CCMs to regularize community engagement through multi-stakeholder consultations *before* final submission of a funding request, *during* grant making, and regularly *during* grant implementation.**

Community engagement varies considerably during the various country dialogue phases, with heavier participation in earlier phases and amongst ‘less controversial’<sup>21</sup> community groups. Interview respondents and country consultation participants corroborate literature review findings that progress has been made towards community engagement in funding request development since the NFM.<sup>22</sup> *“NFM requirements are very helpful in pushing for and getting community engagement. By facilitating the engagement process, politicians and government representatives are interacting sometimes for the first time with key populations, and their awareness and compassion and understanding increases exponentially sitting around the same table talking about the same issues from different perspectives. This is a huge success”* (interview respondent). That concept note development is viewed as a success is largely because the Global Fund is clear about expectations, and provides financial and technical support to help CCMs conduct engagement work with technical partners and agencies playing a complimentary and supportive role. For example, applicants are required to submit documentation to show they meet CCM Eligibility Requirement 1: *Transparent and inclusive concept note development process.*<sup>23</sup>

21 Numerous key informants described the greater willingness of CCMs to engage with communities and populations they perceived as being politically safer, such as women and girls, people living with the diseases, and orphans and vulnerable children, as opposed to key and vulnerable populations such as sex workers and men who have sex with men, among others.

22 See AMSHeR, 2015; EANNASO, 2015 & 2016; ICASO, 2013, 2014, 2015 & 2016; ECUO, 2015; EHRN, 2015; MSMGF, 2015, Jan 2015, Nov 2015, 2016 & Mar 2016; Open Society Foundations, 2013; Global Fund, Nov 2016.

Not yet published. How We Engaged: Stories of effective community engagement in the Global Fund’s new funding model. Rapid Assessment of Local Civil Society Participation in the Global Fund to Fight AIDS, TB and Malaria’s New Funding Model.

23 CCM Eligibility Requirement 1: Transparent and inclusive concept note development process. <http://www.theglobalfund.org/en/ccm/guidelines/>

Nonetheless, community CCM representative respondents from across cohorts report they are often excluded from key funding request processes, in particular grant making and grant implementation. This is especially true for criminalized (sex workers; people who use drugs; men who have sex with men; and transgender people), disenfranchised, and other traditionally excluded populations. This includes failure to involve them i) on the funding request writing team and technical working groups, ii) in PR and sub-recipient (SR) selection, iii) in grant making negotiations, and iv) in commenting on or accessing final budgets. As a result, despite clear articulation of needs and service barriers in funding requests, there tends to be very little community engagement in grant implementation, or in reprogramming discussions later in the cycle.

Community engagement in grant implementation does sometimes manifest in the SR and sub-SR (SSR) roles for community-based organizations, but beyond this is where engagement tends to be most limited. Respondents note, *“Originally the process was*



*participatory and appeared to be owned collectively by stakeholders, but as the process moved forward, key population groups were less consulted, less involved.”* Cameroonian consultation participants agree. *“In areas of the country dialogue and the development of the concept note, progress has been significant... But during negotiations that follow this step and during the implementation of the grant, it turns out that the exercise of this commitment is often symbolic.”* Kenyan participants were unambiguous: *“No community members besides the CCM have taken part in the grant making level.”* Further, *“Budgeting in grant making was described as a secretive process and that civil society and community also needed their capacity built to take part effectively.”* In other words, communities are viewed as somehow inept and lacking the capacity to participate, justifying their deliberate exclusion. This is felt blatantly incorrect and wrong. *“We have become strong enough and forged enough to take over everything concerning us in decision making and in projects. Our success... is proof that PLHIV (and other communities) have become autonomous and can defend their cause and achieve their fundamental rights”* (Tunisian participants).

Building on successful engagement during concept note development processes, this review recommends developing and rolling out similarly detailed guidance specifying how to facilitate community engagement in all country dialogue phases. Feedback from these engagement activities ensures that grant-funded activities align with country-identified needs, and lead to program modifications if gaps or problems are identified. Interview respondents perceive community members are currently removed from the process *“as soon as possible by the so-called experts or consultants negotiating on behalf of the country’s key populations,”* particularly from applicant responses following the Global Fund review, resubmission, PR capacity assessments, budgeting decisions, and development of performance frameworks.

Guidance should be developed to cover the following three entry points:

1. *Community engagement before grant submission*

Guidance should specify that the CCM host a multi-stakeholder meeting to review the complete funding request including i) performance framework, ii) budget summary, and iii) programmatic gap tables. A mandated feedback mechanism would allow community representatives and advocates to voice their concerns if items included in consultations to develop the funding request are no longer featured in the funding application being forwarded to the Global Fund Secretariat.<sup>24</sup>

2. *Community review of grant making decisions*

Guidance should specify that the CCM host a multi-stakeholder meeting before GAC review and Board approval, to review negotiations between the Secretariat and PR(s) including i) detailed work plan and budget, ii) performance framework, and iii) implementation arrangements such as SR selection. Experience shows that interventions addressing structural barriers to services, including human rights and

24 The modular templates used in the 2014-16 funding phase have been replaced by: performance template, summary budget, list of health products, programmatic gap tables, and a funding landscape table. These core documents are meant to be used beyond the application process as reference tools throughout the country dialogue.

A recent analysis of eight countries' concept notes and signed grants showed that more than one quarter of "potential key populations funding was 'lost' between concept note submission and grant signing...."

gender, are often left out or scaled down during grant making negotiations. In fact, a recent analysis of eight countries' concept notes and signed grants showed that more than one quarter of "potential key populations funding was 'lost' between concept note submission and grant signing.... This underscores the importance of key populations continuing to engage and advocate during the grant making stage."<sup>25</sup>

While community CCM representatives may be involved in working groups, and may review documents prepared during the grant making process, information is often not shared with the broader community. Community CCM representatives report that they do not know or understand what information may be shared, and often default to not reporting at all. *"There is conflicting information even from the Global Fund Secretariat how much we can and should consult and share with our constituents"* (interview respondent). A mandated feedback mechanism would allow community representatives and advocates to voice their concerns if items included in the original funding request are not in the performance frame, work plan, or budget negotiated with the PR. It will be important that this discussion extend beyond the CCM, and efforts are made to receive feedback from all participants in consultations during funding request development and other country dialogue activities.

### 3. Community review during grant implementation

Guidance should be specific and include support for the CCM to engage community members—beyond just CCM representative—in grant monitoring activities. Following grant signing, the main dialogue is between the Secretariat and the PR. While community may be engaged as project implementers, there is no ongoing multi-stakeholder oversight. PRs often host regular grant implementation reviews (including checking indicator target progress) with SRs and SSRs, but power dynamics at play are often too complicated to facilitate meaningful discussions about quality, reach, and effectiveness. In addition, reviews often focus largely on numbers, and not program quality. *"Everything is tied to quantitative indicators so things like capacity strengthening and systems strengthening, which are more subjective, are lost"* (interview respondent). *"The Global Fund's concept of impact and actual impact on the ground are at odds. The level of impact they desire is not reaching communities. They only want quantitative numbers to show impact. This is a waste"* (interview respondent).

Regular multi-stakeholder forums, hosted by CCMs, should review grant progress and solicit community input regarding unmet needs and grant implementation adjustments required.<sup>26</sup> These fora should differ from PR-organized reviews by focusing more on program quality and barriers than on program targets. This differs from current practice where *"monitoring is only happening as part of the process of implementation, and then it is only capturing quantitative indicators of delivery: how many condoms, how many activities, etc."* (interview respondent).

25 Oberth, G., Esom, K., Mumba, O., Kalembo, D. & Segale, J. 2016. Global Fund Investments in Key Populations in Africa: An Analysis of Funding Requests, Grant Agreements and Key Populations' Engagement Variables during the 2014-2016 Grant Cycle. Johannesburg, South Africa: African Men for Sexual Health and Rights (AMShEr) & the Eastern Africa National Networks of AIDS Service Organizations (EANNASO). Not yet published.

26 It is beyond the scope of this review, but the lack of focus on assessing program quality may point to the need for the Global Fund (or technical partners) to develop a measurement framework for program quality, and link this to corporate key performance indicators (KPI) 5 and 9 a.

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Guidance for CCMs should mandate community inclusion in grant making negotiations, including equal and gender-balanced participation of key and vulnerable population representatives on working groups and the writing committee, for, *“having community representatives on the CCM is a huge step forward, but actual decision-making is handled by the task forces and working groups, often lacking their involvement”* (interview respondent). Guidance needs to address how to accommodate criminalized groups in a safe and respectful manner so their voices are heard (see Strategic Action C). This may involve *“allowing key populations to host and take the lead to convene meetings in spaces that make them feel safe”* (Kenyan participants). Separate feedback sessions may also be the best way to engage these groups. Financing to facilitate participation must also be considered and made available, for without support, many organizations *“only attend until they run out of funds... This is a key hindrance to participation in the processes”* (Kenyan consultation participants). *“The work conducted by the CCM is voluntary work. And some people don’t attend the meetings because they are not paid”* (Suriname participant). These expectations should be clearly communicated to the PR and CCM by the FPM and Country Team.

As with the funding request development phase, it is essential that the Global Fund Secretariat be involved in these multi-stakeholder reviews, and that Country Teams be responsible to confirm and sign off that the process is inclusive of communities. Regular CCM audits by the CCM Hub and ad hoc Technical Evaluation Reference Group (TERG) prospective country evaluations, should measure uptake by CCMs of the guidance provided. This includes ensuring gender balance and participation from community networks, key populations representatives, impartial community leaders, beneficiaries, and those not funded by grants.

**Strategic Action B: Support community-led processes to ensure effective CCM representation, and fund mitigating steps to address governance shortfalls.** Interview respondents and country consultation participants acknowledge that CCMs and other relevant decision-making bodies are political in nature, and usually managed by governments and government interests. *“The CCM is a high-level and highly politicized body with little or no natural community representation”* (interview respondent). Influencing decision-making is a long-term effort, requiring advocacy at many levels. This area of strategic action builds on the considerable work already done—albeit incomplete—to strengthen community roles on CCMs, including the Global Fund’s own efforts and those of civil society.<sup>27</sup> *“It is necessary to seek the inclusion of key populations in the CCM, since as representatives of their communities they better understand the problems and particularities of each of the populations in terms of gender, stigma, discrimination, and aspects related to equality of opportunities”* (Dominican participants). Concerns raised by interview respondents and country consultation participants revolve around CCM representative competencies and accountability, rapid turnover, and ineffective communications with community constituencies. The root causes of these shortcomings vary and include power dynamics within communities and lack of resources to support constituency engagement. Further discussion of feedback is included in Thematic Study 1 (see Figure 3).

27 ICASO December 2014. [Country Coordinating Mechanism Key Affected Population and People Living with the Diseases Engagement Initiative Pilot, Evaluation report.](#)

ICASO. 2016. [More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives.](#)

Stop TB Partnership. February 2015. [Country Coordinating Mechanism \(CCM\) Snapshot: A dire need to increase TB expertise in CCMs.](#)

The Global Fund. April 2014. [Engage!: Practical tips to ensure the new funding model delivers the impact communities need.](#)

The Global Fund. June 2016. [Achieving Inclusiveness of Country Coordinating Mechanisms.](#)

### Figure 3: Engagement in Governance and Decision-making Structures, A Summary

Involvement in grant processes, pre-, during, and post-grant making, is sometimes hampered by insufficient engagement of key and vulnerable populations in governance and decision-making structures. Communities do have, however, positive examples of how some CCMs are fostering engagement, and can identify desired strategic actions to further improve processes and overcome barriers at the country level.

This thematic study highlights both challenging and enabling factors as experienced in actual practice by respondents. Using quotes from interviews, it proposes grassroots-envisioned adjustments based on their collective experience to further improve their meaningful engagement throughout the grant process.

As a result of the NFM and mandates for community participation, all respondents reported having at least one selected community CCM representative, but representation effectiveness varied. Persistent challenges include:

- Lack of government support for community engagement and sufficient community representation to be meaningful
- The tendency to categorize together 'as one' all discrete communities, their issues and needs
- Short two-year terms for community CCM representatives, which create gaps and inconsistencies in representation across the grant cycle
- Loopholes in existing CCM governance guidelines, such as where gaps in guidance exist or there is lack of clarity, which are being used to diminish community engagement (e.g., lack of or incomplete definitions, lack of a communications framework)

Areas for replication found to better engage communities and facilitate their greater influence in grant processes through CCMs include:

Better support and management of the selection process for community CCM representatives to guarantee that discrete populations are represented:

- Themselves, and not by proxy

- Specifically, and not collectively
- In larger numbers (more populations represented by more representatives)

Collectively develop enforceable terms of reference for all CCM representatives—both community and government:

- As a mechanism of accountability to improve the quality of their representation
- To allow for longer (community representatives) and maximum (community and government representatives) term limits (4 years suggested for both)

Develop reviewable governance structure guidelines through a rigorous, transparent, and facilitated process that:

- Defines conflicts of interest
- Supports consultation processes to feed into grant and implementation processes, and inform communities of progress
- Ensures there is adequate time for communities to respond
- Provides guidelines for communication up, down, and across the process
- Engages community representatives on working groups and other decision-making committees

Recognize and build governance structures upon existing and legitimate mechanisms for civil society action (e.g., using existing governance structures, adopting existing rotation systems, embracing community advocates, utilizing successful communications strategies) as some countries in Latin America have done, ensuring:

- Valued and encouraged community engagement
- Sustainability and resiliency

Overall, there is a strong need for sufficient resources and technical support to inform and mentor community representatives to improve the quality of their representation and feedback to their constituencies.

See <http://msmgf.org/wp-content/uploads/2017/03/Engagement-in-Governance-and-Decision-Making-Structures-2017.pdf> for the full Thematic Study 1.

Key population and disease-specific representatives are under tremendous pressure to perform. *“The CCM community representative process is failing communities. Yes, we are there, elected and sitting, but we have no idea what is going on, we cannot keep on top of the huge volume of paperwork and communications and deadlines, we don’t speak the language [English] to be able to do our homework and find entry points or fully understand the by-laws to insist in those places where we can raise our voice, and so on”* (Interview respondent). The provision of support (technical and financial) for community representatives continues to be a priority of the Global Fund, technical partners, regional and global key population and disease-specific networks or consortiums (CLAC members), foundations, and funding mechanisms (Robert Carr Networks Fund/RCNF). Most interview respondents felt that the regional and global networks in particular must step up their provision of technical and financial support—while recognizing some of the limitations they face as well. This strategic action calls on the Global Fund to work together with global and regional networks and technical partners to support country level CCM processes, parallel to support for community CCM representatives themselves, including oversight of:

1. *Community representative and CCM governance position selection process transparency and criteria*  
Participants in the Dominican Republic note that there is *“no inclusive process in the elections of the key posts of the CCM.”* It is important to ensure a transparent and democratic selection process. *“The selection of representatives should not be arbitrary. Not anyone can be a member of the CCM. There must be clear criteria”* (Tunisia participant). Further, it is important to ensure that discrete populations are representing themselves specifically - not collectively or by proxy. Interview respondents point out that, *“Specific communities know their specific needs and situations, and their engagement gives meaning to the activities and priorities.”* Further, *“Why do we assume all key population issues are the same, and that the cohort is holistic? If you unpack the community,”* you will find that all populations have interlinked as well as distinct needs. Moldavian consultation participants recommend reviewing the *“Composition of CCMs and considering mandating separate representation for each disease area and key population constituency, and mandating seats on technical committees and working groups.”*
2. *Establishment of an adequate quota of community representatives in the CCM*  
This includes a particular focus on ensuring gender balance, and that TB, malaria, and key population constituencies are specifically represented (see Strategic Action C), including criminalized and currently underrepresented groups. One community CCM representative notes that, in the absence of adequate community representatives, *“We are often silenced by decision-making models that call for votes and majority-based decisions.”*
3. *Collectively developed and enforceable terms of reference (TOR) for all CCM representatives (community; government), and confirmation they are owned by community and not imposed upon them, and complied with, as mechanisms of*

accountability to improve representation quality, and to allow for longer term limits Moldova participants recommend monitoring compliance through, *“Independent, community-led evaluations of CCMs to verify the composition and quality of key and vulnerable population representation,”* and to *“evaluate community representatives in terms of performance in relation to terms of reference.”*

4. *Community-led and reviewable CCM governance guideline development and enforcement*

In particular, this should support multi-stakeholder consultations (see Strategic Action A), ensure adequate time for community response, facilitate communications, and engage community representatives on decision-making bodies (working groups, task forces, committees). *“When organizing a meeting, members must be informed a few days before and not the day before, so that they have enough time to attend”* (Tunisian participants). *“Sufficient time and resource allocation to communities [is required] to understand systems, derive shared priorities, contribute to debate and discussion, and deliver programs”* (Dominican participants).

This action complements the annual CCM Eligibility and Performance Assessment (EPA) compliance review.<sup>28</sup> The recommended review, ideally led by global, regional, and local networks, would seek input from a variety of sources on a broad range of CCM-related themes, offer mitigating steps to address concerns, and support performance reassessment the following year. The Global Fund will be responsible to mobilize TA and improvement plans where problems are identified.

**Figure 4: List of Target Key and Vulnerable Populations, and Favorable Environment Requirements for Some, as per Country Consultations**

- **Men who have sex with men** (reduce homophobia and repeal anti-homosexual laws)
- **Sex workers** (reduce stigma and decriminalize sex work laws)
- **Transgender people** (reduce discrimination and transphobia and decriminalize diverse gender identities)
- **Young people and teenagers** (repeal laws on parental consent)
- **Persons with disabilities** (reduce stigma and discrimination and develop protective laws for people with disabilities)
- **People in prison** (reduce stigma and improve prison conditions)
- **Displaced persons** (reduce stigma and improve living conditions)
- **Women and girls** including pregnant women (reduce sexism and violence based on gender)
- **People living with HIV** (reduce stigma and discrimination, improve living conditions, improve ability to access care and treatment and positive prevention)
- **People living with TB or malaria** (improve living conditions and eliminate structural or contextual factors contributing to heightened vulnerability).

28 The Global Fund. 2016. *CCM Eligibility and Performance Assessment*.

**Strategic Action C: Ensure engagement of underrepresented communities across the three diseases as outlined in the definition of community (Figure 1), with special attention to criminalized and stigmatized groups such as sex workers, people who use drugs, men who have sex with men, and transgender people.** Underrepresented communities on the CCM vary by country context and may include women and girls, youth, transgender people, people who use drugs, sex workers, men who have sex with men, TB and malaria communities—and criminalized populations that crosscut these communities (see Figure 4). Kenyan participants raise questions as to “*how representatives would be able to take part in the process if they are hidden, and how they would be able to sign off on key population grants with the government without exposure.*”

In some countries, criminalization of key populations perpetuates their non-engagement. The current CCM model relies on PLHIV engagement (and more recently other key and vulnerable populations), and therefore some CCMs choose to engage with ‘innocent’ and less politically controversial PLHIV to avoid contact with those coming from other key populations—including those who are criminalized and socially excluded. “*CCM and government are more willing to accept broader packages with more expansive definitions of key [and vulnerable] populations than those narrowed down to controversial drug users, sex workers, MSM, and transgender people*” (interview respondent).

Ensuring the meaningful engagement of vulnerable, underrepresented, and criminalized communities requires proactive effort. According to participants from the Dominican Republic, “*The Trans group [was] accepted as a sector in the CCM [in 2015], but they have not been convened for the whole of 2016... they are not currently informed of the status [of the grant proposal].*” The Global Fund and technical partners must provide clear guidance to CCMs on how to engage these groups, building on community comments in Thematic Study 1. For example, the tendency to prioritize those living with disease (HIV usually, less those with TB or malaria) as representatives above other vulnerable or criminalized populations because they are more socially, legally, or politically acceptable, should be avoided.

#### **Figure 5: List of Key Malaria Populations**

From country consultations:

- People living with malaria
- Those who experience repeated cases of malaria
- Children - under five years old
- Pregnant women
- Indigenous populations
- Migrants (refugees, laborers, displaced persons)

- People in uniform

From Roll Back Malaria (2016):

- Pregnant women
- Sickle cell anemia carriers
- Prisoners
- Persons who live in malaria-endemic regions

“Expanding the participation of targeted populations would ensure that grants have higher impact than is currently reported”

Similarly, proxy representation, or collective representation by a limited number of community members, should be avoided (see Strategic Action B). In many cases, the wrong people are representing community groups. As Cameroonian participants note, there is “*weak community involvement in diseases such as TB and malaria.*” For example, only 18% of TB representatives on CCMs are actually connected to TB communities or are current or former patients.<sup>29</sup> Most TB representatives are government officials with limited connection to communities. Much of the malaria representation also comes from international NGOs or former government officials. “*Key populations represented by civil society [or others] do not allow our diverse voices to be heard. We must ensure that countries do not claim community representation when we are not sitting, ourselves, at the table*” (interview respondent). Importantly, “*expanding the participation of targeted populations would ensure that grants have higher impact than is currently reported*” (Kenyan participants).

Malaria representation presents a particular challenge as there are very few, if any, organizations representing people living with malaria, as there is for HIV and TB, due to the nature of the disease. “*Malaria is not airborne and not contagious - it does not have stigma*” (Philippines participants). Further, malaria-focused activities must take into account migrants, including refugees and displaced persons, immigrants, and laborers who may be mobile, often unregistered, lack official representation in the countries they reside in, may not speak the local language, and are otherwise difficult to identify (see Figure 5). According to participants from Suriname, because malaria is an area that deals with illegal migration and illegal immigrants, governments do not always feel the need to address it. According to consultation participants in the Philippines, while representation on the CCM is desired, the absence of organizations to put forward representatives is a key barrier. “*It is in fact very difficult to organize a community of malaria patients and survivors because a person can get malaria and be healed within a month and a half, so getting ahold of them is quite challenging. However, some people may get sick with malaria five times in a year, and these are the ones who can start to organize themselves.*” In Thailand, malaria community populations are contacted via migrant liaison officers and volunteer front-line health workers around border points as “*the gate through which everyone crossing from one country to the other must pass.*” These health workers are often former migrants themselves, providing a trusted, mobile, and “*effective interface with the target communities*” (interview respondent; see Figure 6 for further good practice).

A review of CCMs published in 2016 found that only 38 of the 70 countries with active malaria grants (54%) had civil society malaria representatives.<sup>30</sup> This disparity further suggests that mandatory seats should be assured for the malaria community, despite the various challenges discussed above. Specific key and vulnerable populations, and community (not technical) representatives, should be selected from all relevant diseases for each CCM.

29 Stop TB Partnership. *Country Coordinating Mechanism (CCM) Snapshot: A dire need to increase TB expertise in CCMs*. February 2015

30 Roll Back Malaria, 2016.



### Figure 6: The 'We Care Campaign' and Malaria

In Thailand, engagement and interaction with key malaria populations was most significantly affected by a policy change and campaign regarding undocumented guest workers and migrants, which redefines migrants away from being a nuisance, to *"contributing to national development."*

This approach validates the need for a progressive public health approach to protect the local population from the threat of *"untracked, undetected, and untreated"* malaria cases. It has resulted in the registration of 1.6 million undocumented migrants in Thailand from Cambodia, Laos, and Myanmar, and a heightened push for universal health coverage.

*"By legitimizing migrants, it has made it much easier to access them with programs and activities funded by the Global Fund, and to solicit their engagement."*

Just as the work of developing and strengthening HIV communities and networks has been a long and enduring effort, the work to build malaria and TB networks must continue and expand. There is value in expanding disease-specific regional support mechanisms such as the Greater Mekong Sub-regional (GMS) civil society working group on malaria, initiated by APCASO as the regional communications and coordination platform.<sup>31</sup> Additional targeted initiatives such as Global Fund-published information notes or targeted technical assistance via the CRG Special Initiative could further strengthen underrepresented community voices, particularly for malaria.<sup>32</sup> For criminalized groups, the CRG Department and AG should consider follow-up research to generate additional specific recommendations on how to ensure their meaningful engagement while providing the necessary safeguards and protections. As an example from one country, *"To protect our identity and keep us from discrimination and even violence, we are anonymous. Nobody outside of the CCM knows which population we are representing, just that we are representing key and vulnerable populations"* (interview respondent).

**Strategic Action D: Finance efforts to strengthen community capacity to engage.** A crosscutting and ongoing challenge identified by interview respondents and country consultation participants is accessible funding and capacity strengthening opportunities. Common feedback includes the need for *"more training aimed at enhancing community knowledge and building confidence in Global Fund processes so that we can use our voices more"* (interview respondent). Further, *"Key population representatives must have the skills to engage at that level of discussion, or they will only be heard but not listened to. It is not enough to participate in meetings and workshops and be on working groups. This is only visibility. They must be strong leaders. They must have the capacity to make the process meaningful."* Cameroonian participants note *"cumbersome procedures"* and *"heavy Global Fund funding processes"* are hindering

31 The Global Fund. November 2016. [How We Engage: Stories of effective community engagement on AIDS, tuberculosis and malaria.](#)

32 Roll Back Malaria. March 2016. [Effective Community Involvement in National Responses to Malaria.](#)

community member engagement. They further described a need for “community actors with proven capabilities and affirmed leadership” to overcome those barriers—and that requires investment. In the Dominican Republic, consultation participants argued that ongoing efforts to build community organizational and leadership capacity enables them to “take on increasing responsibilities and have greater impact,” but only where efforts respond to community-identified needs, otherwise, as the Moldova participants cautioned, “resources are just being wasted.”

Technical partners, TA providers, CSOs, and NGOs that supported community engagement efforts during concept note development in 2014-2016 all reported insufficient funding available to meet engagement needs expressed by malaria, TB, and HIV community groups. The inadequacy of funds available for engagement efforts is further detailed, in the context of HIV, in this year’s UNAIDS PCB NGO Delegation thematic paper, *An Unlikely Ending: Ending AIDS by 2030 Without Sustainable Funding for the Community-led Response*.<sup>33</sup> In light of dwindling funding to technical agencies, this shortfall may be worse in the 2017-19 funding cycle, and beyond. Several interview participants expressed the view that, “Civil society must receive more capacity strengthening and CSS support before transition, or transition will fail them.”

Among reported experiences covered in the literature review, there is a strong correlation between resources available for community engagement and the quality of engagement, leading to stronger outcomes for communities. As noted in a forthcoming report from AMSHeR and EANNASO, “The average funding request for key populations [in country concept notes] was almost twice as high in countries where technical assistance through the Global Fund’s Community, Rights and Gender Special Initiative was received, compared to countries where no CRG TA was received.”<sup>34</sup>

Meaningful engagement, as defined earlier in this report, requires significant time, labor, and long-term individual and institutional capacity strengthening investments. Without such investments, according to participants from Moldova, “It is impossible to ensure effective dialogue and decision-making processes within the community.” Financial and technical support, when provided directly to community organizations, is a clear and critical enabler of engagement, capable of creating the foundation for most other components of engagement. Resources are most useful when specifically dedicated for communities, rather than as part of larger grants.<sup>35</sup> The correlation between resources and engagement is most clear in instances where existing support is terminated, and productive engagement processes consequently fall apart. This experience was documented in Nigeria, where the TA provided during concept note development engendered the meaningful engagement of communities in that part of the cycle, but their engagement fell off in later stages such as grant making, when TA was no longer available and communities were systematically excluded.<sup>36</sup>

The Global Fund is not the only source of support for community engagement in grant making and grant implementation. It is well positioned, however, to play a leadership and coordination role as shrinking resources lead to questions about technical partner

33 NGO Delegation to UNAIDS Programme Coordinating Board. December 2016. [An Unlikely Ending: Ending AIDS by 2030 Without Sustainable Funding for the Community-led Response](#).

34 Oberth, et al., 2016. *Not yet published*.

35 ICASO. October 2013. [Effective CCMs and the Meaningful Involvement of Civil Society and Key Affected Populations](#).

36 MSMGF. March 2016. Nigeria: Complications and Controversy. *Unpublished*.

mandates and capacity. Where meaningful engagement is not adequately resourced, participation remains tokenistic and limited in value. Funding available for capacity strengthening with regard to community engagement in Global Fund processes needs urgent attention so that the community response and response overall can be strengthened for maximum impact.

## Recommendation III: Mainstream Community Engagement in Quality Improvement Mechanisms

This recommendation describes mechanisms to better position community engagement and inform advocacy and community-led monitoring, towards improved grant making and program implementation quality. Good practices include multi-sector 'community taskforces,'<sup>37</sup> community participation in data collection and analysis, and open public access to grant-related information.

37 The term 'community taskforce' is used as a shorthand to describe the concept of multi-population community coalitions which act with a coordinated approach. The term may not be appropriate in all contexts, and should be re-envisioned as necessary. Nonetheless the concept appears to have broad relevance. The concept is further described in Figure 7, Thematic Study 3 on Taskforces.

38 MSMGF. March 2016. Nigeria: Complications and Controversy. *Unpublished*.

39 ICASO. June 2015. [Regional Concept Note Development in the Global Fund's \(New\) Funding Model: Observations from the first round of regional concept notes.](#)

EANNASO. 2016. "You just find things happening in a cloud over your head." [How civil society and community groups are engaging with Global Fund regional grants in Africa.](#)

40 MSMGF. 2015. Rejuvenated Activists Engage in National AIDS Processes through new National MSM Network ("Kenya case study"). *Unpublished*.

MSMGF. January 2015. [Technical Support Delivery and KAP Engagement in the Cameroonian Global Fund Process.](#)

MSMGF. March 2016. Nigeria: Complications and Controversy. *Unpublished*.

**Strategic Action E: Provide support for the establishment and maintenance of 'community taskforces'.** Interview respondents, country consultation participants, and the literature describe innovative models of multi-stakeholder collaboration ranging from 'key population secretariats'<sup>38</sup> and consortia, to *Observatorios* funded by the Global Fund and other partners, to 'community taskforces.' Some meet (regularly or ad hoc) to coordinate input and develop joint advocacy strategies and, in some cases, lead monitoring and watchdogging of grant implementation from the community (beneficiary) context and experience (see Figure 2). Taskforce success is hinged on being homegrown and not imposed from the outside, making them more resilient and sustainable. Some of these taskforces were built specifically to support the development of concept notes rather than as an ongoing function, such as those established in some regional concept note development experiences.<sup>39</sup>

While the impulse to engage in inter-constituency collaboration is not always automatic due to competition for limited resources and lack of trust and solidarity, where it is tried, outcomes tend to be positive (e.g., Nigeria, Cameroon, Sierra Leone, Ecuador, Kenya, Sri Lanka).<sup>40</sup> Collaborations between different disease areas and key population groups successfully use common messaging and a single point of contact to engage meaningfully with stakeholders—such as the CCM—and influence decision-making and programmatic prioritizations. "Having closer collaboration between key populations is important. That will enable these populations to approach the government as a group," and vice versa (Suriname participants). These community taskforces provide a space and structure for a range of communities and community organizations to jointly develop a common agenda and interact with their government and the Global Fund, as well as other donors and processes, in a coordinated and mutually supportive manner. "CCMs work better when all key [and vulnerable] populations come together around issues as one voice and push jointly for endorsement and to be heard" (interview respondent). Further feedback is found in Thematic Study 2 (see summary, Figure 7).

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In some countries, communities establish taskforces as time-bound CCM sub-committees such as concept note development teams, with the advantage of facilitating direct access to the CCM.<sup>41</sup> Most, however, mobilize around their i) human rights concerns, ii) shared exclusion from disease response processes including the Global Fund, and iii) need for technical skill development and capacity strengthening. *“We realized after many discussions that our human rights issues were common and we needed to work together better.”* However, *“There is always fear that by defining a common agenda some people will not ‘fit’ into it. There is a strong need to spend time talking about alignment areas, how things spell out differently for groups, while keeping in mind the underlying issue”* (interview respondent).

The desire by community members for organizational capacity and leadership skills development is fueled by the desire to better position themselves to advocate with the Global Fund and other multilateral and bilateral donors for their prioritized needs. From the donor and government perspective, taskforces are appealing as they present as legitimate, organized entity, and single point of contact to all community groups, and provide a place to direct resources and technical support to build capacity and skills. New taskforce members note, *“Suddenly, things began to change. Before nobody was interested in talking to us. Now they are. We are invited into strategic planning development and other meetings and working groups. We were even invited to participate in the NSP. The more we participated, the stronger our united voice became.”*

Community representatives on CCMs are mandated to i) carry out oversight, and ii) communicate with their diverse constituents. As mentioned repeatedly in interviews, however, the limited number of community representatives currently on most CCMs is unable (and sometimes unwilling) to represent all constituent populations, particularly those already underrepresented and/or criminalized (see Strategic Action C). Further, communication structures or guidelines seldom exist, leaving the communities they are tasked with representing left out of the loop and thereby not effectively represented at all. Community taskforces address both of these mandates:

- Taskforces can be responsible for carrying out multi-stakeholder consultative activities with diverse communities, distilling inputs, and ensuring that key demands and priorities are made known and, hopefully, incorporated into programing.<sup>42,43</sup>
- Taskforces work in support of CCM representatives and facilitate their ability to communicate and seek input from broader communities. They have an ongoing role convening community stakeholders for strategic contributions, and advocating for quality grant performance and reprogramming.

As taskforces comprise all relevant disease areas, vulnerable groups, and crosscutting thematic issues, they are effective in ensuring no group or issue is left behind. *“There are safety nets in numbers,”* making it less likely that an issue or population will be

41 MSMGF. November 2015. Enhanced KAP Engagement in Cameroon Wins Global Fund Opportunities.

42 ICASO. June 2015. Regional Concept Note Development in the Global Fund’s (New) Funding Model: Observations from the first round of regional concept notes.

43 FHI 360. March 2016. Key Population Program Implementation Guide.

### Figure 7: Taskforces: Building Resilient and Collaborative Systems for Health Advocacy, A Summary

Community groups have long struggled to gain meaningful entrance and participation in national disease responses. Over time, certain groups in certain contexts have risen up and advocated successfully for their priority needs. Overall, however, even the strongest community groups or national networks are often overpowered by larger stakeholder influence, and particularly that of governments.

A variety of homegrown and field-tested initiatives have the potential to overcome these challenges, improving and strengthening engagement in grant and evidence generating processes from the outside-in. This thematic study explores these sustainable community systems for health, variously labeled and hereafter-called *community taskforces*. Through respondent interview quotes, it presents rationale and examples being used by civil society and community-led organizations to come together across diseases, population, and thematic issues as one voice to coordinate engagement, information sharing, and advocacy.

Respondents applauded the Global Fund as unique from other donors in their insistence on engaging community stakeholders in all aspects of funding, not just as periodic consultants or beneficiaries “not smart enough to fully participate.” The approach is not without **challenges**, however, including:

- Lack of skilled, empowered, and motivated **community leaders**
- **Distrust** within and between discrete communities, and between communities and other stakeholders (particularly government)
- The need for a clear **communication framework**

Areas for **replication** found to facilitate the building of resilient and united systems for health advocacy include:

- **Recognize and appreciate the diverse willingness and ability to engage** in grant processes

- Tailor support for skills and leadership strengthening based on individual population and organizational needs
- Acknowledge conditions causing malaise and demobilization
- Facilitate community dialogue around fissures
- **Identify common themes and issues for communities to mobilize around** including (but not limited to) human rights, stigma and discrimination, drug stock-outs, funding shortfalls, programmatic exclusion, unfriendly and discriminatory services, gender-based violence and inequality, legal and policy barriers, harmful cultural and traditional practices, and the desire to effect change, and to follow:
  - Dial down (reduce) common themes and issues to community group-specific interests
  - Develop priorities to jointly advocate around
- **Support official formation of homegrown community taskforces**
  - Explore and promote taskforce opportunities
  - Establish a comprehensive communication framework
  - Provide technical support and financial resources
  - Exercise patience with the process, working strategically even if slowly towards goals

Ultimately, *community taskforces* provide a legitimate, organized entity serving as a single point of community contact, and are appealing and relevant to donors, government, and other key stakeholders. They make it easier for stakeholders to interface with all community groups, and direct resources and technical support to build community capacity and skills.

See <http://msgmf.org/wp-content/uploads/2017/03/Building-Resilient-and-Collaborative-Systems-for-Health-Advocacy-2017.pdf> for the full Thematic Study 2.

overlooked (interview respondents). This includes criminalized populations such as sex workers, people who use drugs, and men who have sex with men, as well as sexual and gender minorities, youth, and those unwilling or unable to participate—such as undocumented migrant laborers and immigrants. In fact, “CCMs work better when all key [and vulnerable] populations come together around issues as one voice and push jointly for endorsement and to be heard” (interview respondent).

Given the risks some of these populations face in some contexts, taskforces are often safe spaces for them to speak openly without fear. While taskforces do not replace the need to continue to improve CCMs, they provide a much-needed backstop for elected community and disease-specific representatives and participants. “We believe engagement should not end with consultation because we have a vested place and interest in implementation and must be part of the ongoing process, not just there for the sake of being counted. Our [taskforce] representatives form an important part of implementation. We provide a way to get information and to share information and data and processes about the grant itself [with communities]. Key population representatives on the CCM report [back] to us” (interview respondent).

The mechanism to roll out taskforces must be developed jointly with communities, in consultation with—and with support from—technical partners and regional and global networks. It will no doubt take different forms in different country contexts. Taskforces could be financed through CCM budgets in light of the decision to earmark 15% of CCM resources for community specific consultations and support. The Community Responses and Systems module of the RSSH framework could also possibly be used to support taskforces.<sup>44</sup>

In some settings, embedding taskforces in CCMs might have the advantage of ensuring they are part of the ongoing communications mechanism, which will be kept in place when funding from the Global Fund ends. In other settings, it will be more appropriate to seek taskforce resources externally from bilateral, philanthropic, or private sector fundraising, or internally from the participating member organizations. While these taskforces should be resourced and promoted by the Global Fund, they must remain community-led, lest they become less dynamic or perceived as another administrative hoop to be jumped through, by communities and other stakeholders alike. This will be a difficult balance to strike in many contexts, and further exploration of how to achieve it should be undertaken, such as through pilots, as described in the **Next Steps** section of this review.

**Strategic Action F: Support community engagement in processes of gathering, interpreting, and utilizing evidence.** A strong message from interview respondents and country consultation participants across all geographies and diseases is the need to improve community capacity to gather, interpret, and effectively utilize quality evidence (epidemiological and behavioral data, populations size estimations, programmatic, human rights and gender balance-related research, needs assessments, service delivery data and feedback, etc.) to enhance overall participation (advocacy, community

44 The Global Fund. December 2016. Modular Framework Handbook p 76-7.

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mobilization) and improve quality implementation (see Thematic Study 3 summary, Figure 9). Interview respondents recognize that advocacy is more effective when backed by evidence: *“We need the evidence from data collection and research to support our positions, our requests, our priority needs.”* They also note that data gathering might put some criminalized groups at risk due to stigma and lack of confidentiality.

The Global Fund is urged to make a more concerted and long-term effort to support key and vulnerable populations, their organizations, and their networks, as the ones who know their realities the best, in comprehensive evidence collection, interpretation, and application.

Despite the risks involved in this work, it is interesting to note the frequency with which the issue of more active participation in holistic evidence gathering processes related to their communities was raised by community representatives during this review, and in the literature.<sup>45</sup> Communities request long-term and comprehensive support in i) protocol and questionnaire development, ii) field data collection, iii) interpretation and analysis, iv) distribution, and v) utilization of evidence. Armed with evidence gathered by—and for—themselves, communities are better positioned to advocate for relevant programming during grant making, and to lobby for reprogramming as trends and other circumstances change. For this reason, the Global Fund is urged to make a more concerted and long-term effort to support key and vulnerable populations, their organizations, and their networks, as the ones who know their realities the best, in comprehensive evidence collection, interpretation, and application. This should include direct contracting of key population networks and organizations where appropriate, as they are often best positioned to generate quality evidence from among the populations they represent.

Some respondents acknowledge significant capacity gaps in terms of knowing how to gather, interpret, and effectively use evidence. Communities want to engage in more than just epidemiological, behavioral, and size estimation exercises, and as more than just advisors or respondents. Examples of activities where evidence development and use are being supported show monumental results. *“It allowed us to work together and approach the government and support our advocacy agendas, and our demands were met. This made a huge difference on the ground”* (interview respondent). Community members desire data collection systems that are proactive, not reactive. As one community member notes, *“We need routine, not reactive, data systems.”* Another concurs: *“We need a better roadmap so we are prepared. We need help anticipating data needs, and the roadmap can help us plan and gather evidence ahead of time.”* Communities can be, should be, and often want to be partners in the production of evidence on human rights violations, gender-based violence, key population issues, and emerging disease trends, among others.

Interview respondents and consultation participants expressed concerns about the quality of existing evidence, particularly where their own communities were concerned. *“When we came into the Global Fund process, we learned that every number counted – even the wrong numbers. They have a huge impact on funding and activities.”* They highlight the need to improve community data collection skills and safeguard their involvement in data gathering to i) protect participant identities, and ii) ensure data is

45 MSMGF. 2016. [Most Impacted, Least Served: Ensuring the meaningful engagement of transgender people in Global Fund processes.](#)

Women4GlobalFund. 2016. [W4GF Advocacy Brief: Meaningful Engagement of Women in the Global Fund’s Funding Model: Recommendations from Kenya, Uganda and Zimbabwe.](#)

more accurate, reflective of realities, comprehensive and complete, and current. *“Most data is outdated and can therefore not be used”* (Suriname participants).

Because evidence is key to determining programming focus in grants, evidence gathering that lacks community engagement is easier to manipulate in support of political agendas or popular desires. This is especially concerning for criminalized and vulnerable populations. In one country, *“[Misconstrued] data shows that MSM populations are declining, a politically and culturally desirable finding that has led the government to argue successfully for less funding allocated to MSM-related programming in Global Fund grants.”* In another, *“When we are not involved as key players in data collection, there is too much chance that the data will not be rigorous and will be usable against us.”* Or, as in the Philippines, evidence available at community health facilities *“ends at data generation, and they do not process these data sets into useful information.”* It is also easier to overlook community contributions when collecting data. Community and key population networks play a vital role in referring people to services, and supporting adherence and retention. Respondents felt that regional and global networks must have awareness of data gathering processes, and be able to endorse community findings. Further value is added *“if findings are comparable across a region, [for] then the regional network could use it to lobby and put regional pressure on national governments”* (interview respondent). However, as the health data collection systems do not capture their contributions, evidence to invest in communities is often missing in funding decision discussions.

### Figure 8: Examples of Successful Engagement in Evidence Processes

- **Community Consultative Groups:** ITPC successfully implements a long-term system of community consultative groups (CCG) supported to engage in all stages of the data process. The added value from the CCGs is that communities now have the data, own the data, and participate more as a result of the data. *“They see what is in the data for them—this is the value of their participation. All the Global Fund applications require data to supplement and support programming. CCGs identify what information is available, and fills the gaps.”*

Replication of CCGs was requested by respondents seeking for ways to push for greater inclusion based on epidemiological evidence.

- **Individual Research Mentors:** In some contexts, communities sought support from individual researchers. *“We searched to find who was writing about our issues. We then lobbied those researchers directly to help us strengthen our own capacity to do our own research and produce our own data.”* This underrepresented and criminalized community is now getting direct mentorship from individual global researchers.
- **Organizational Coaching:** *“We applied for and received grant funding to work with researchers in a (foreign) university who are training our staff. We hired research assistants and their capacity to conduct research is being built under university staff supervision.”*



Where respondents report participation in size estimation and other data-gathering exercises, they are often excluded from the interpretation of evidence. Moldavian participants expressed a desire to be engaged in surveys and research, *“Not only as beneficiaries but primary actors.”* Community members acknowledge that they often lack backgrounds in research and analysis, but provide innovative examples of academic institutions, individual researchers, and projects supporting communities to enhance their interpretation skills (see Figure 8). Participants from the Philippines shared another way of ensuring their engagement and input in these processes, through ‘partners-defined quality,’ which is *“a list of indicators developed by both the service providers and the clients. This ensures that both sides are able to bring forward what is important for them”* during monitoring and independent oversight activities. *“When we do the work ourselves, the results belong to us and will be used by us. It is important that we own the data, and understand what it tells us.”*

*“We need to be able to profile our evidence better so that we can utilize it more effectively”* (interview respondent). This includes tightening the gaps between data collection and data needs, and ensuring that governments and the CCM endorse community-generated data. *“Communities often have important data that is not valued... Communities would like to see their outreach reports taken more seriously”* (Suriname participant). *“We need the evidence from data collection and research to support our positions, our requests, our priority needs”* (interview respondent). It includes knowing how to communicate findings towards more effective advocacy, community mobilization, and lobbying. This can be as simple as having the resources to develop well-written and professionally designed documents for circulation to stakeholders. Interpersonal communication skills are needed to build relationships of trust and support community leaders to identify problems revealed by data, and find solutions in partnership with other key stakeholders including their governments and PRs. Communities across all sectors also note the need for skills to analyze and monitor budgets – to ensure funds for community interventions are earmarked, and ultimately receive adequate, predictable, and sustained, financial coverage.

This kind of work is not new and has featured in some regional grants. Supporting community capacity strengthening in this area easily fits into the Global Fund’s interest in building resilient and sustainable systems for health.<sup>46</sup> This recommendation also builds on the findings reported in the October 2015 consultation on community monitoring hosted by the Global Fund. The consultation developed a set of key principles of effective community monitoring, which includes engagement in credible data gathering.<sup>47</sup> Further, during the last funding cycle, the Global Fund launched the In-country Data Systems Initiative to improve the quality and accuracy of HIV key population-specific prevalence data to support grant making decisions.<sup>48</sup> Led by the Global Fund and technical partners, this work was both important and impactful. The next step is to engage all disease areas and communities in this work.

46 The Global Fund. December 2015. [Focus on Building Resilient and Sustainable Systems for Health](#).

47 The Global Fund. 2015. Community-based monitoring consultation report 20-21 October 2015.

48 Oberth, G. April 2016. [An update on The Global Fund’s six special initiatives](#). Appears in *Global Fund Observer*.

### Figure 9: Community Engagement in Gathering, Interpreting, and Utilizing Evidence, A Summary

Programmatic monitoring for quality and impact, and community watchdogging of national program implementation, are both important components of grant processes. The Global Fund model supports the idea of community watchdogging, and encourages key and vulnerable population involvement in monitoring, towards facilitating ownership, sustainability, and opportunities to improve overall health outcome quality and impact. Towards this, the Global Fund urges monitoring to be included within grants and, together with global key population networks, is exploring other potential sources of funding for independent, community-led monitoring and watchdogging. Several respondents believe that the Global Fund and some global networks in some contexts, however, underestimate the extent of resources and support required for both, and the possible risks involved for community members and organizations to engage effectively and safely in watchdogging. Further, the importance of engaging in a broader range of data processes to improve advocacy, participation, and programmatic results beyond monitoring or watchdogging was felt to have been overlooked.

This thematic study describes the experiences shared by interviewees regarding processes around monitoring, watchdogging, and gathering and using evidence. Examples are provided using respondent quotes of how communities are supported in these areas, and suggestions are provided on shifting the emphasis of their engagement from monitoring or watchdogging to gathering, interpreting, and effectively using data (e.g., epidemiological, behavioral, size estimation, programmatic, human rights violation and gender balance-related, needs assessments) in advocacy.

The desire for long-term and comprehensive support to build and strengthen community capacity in all data processes was unanimous. While global networks and academic learning institutions (universities) have provided some communities with technical support and resources, there remains an overarching **lack of donor understanding or support** in this area, possibly due to the **lengthy time and resource commitments** necessary to do it right. Other lingering **challenges** include:

- Overarching **confusion by communities around their roles** in programmatic monitoring and implementation watchdogging, and resulting frustrations
- **Costs (time, financial, human resources) and risks**

to communities involved in some programmatic monitoring and watchdogging activities, including those that compromise ability to speak out on findings (e.g., status as a recipient of grant funds)

- **Lack of governmental transparency** or willingness to disclose information needed for monitoring or watchdogging
- Difficulty getting **governmental ‘endorsement’ of data** that are community-generated or do not support political desires or positions

Areas for **replication** found to better engage communities in data processes in all phases of grant cycles include:

- **Promote community-desired involvement in all aspects of evidence generation** to:
  - Address concerns about data quality, confidentiality, and gaps
  - Bolster advocacy and engagement with long-term mentoring and skills development in the areas of:
    - Data collection (protocol and questionnaire development, field data collection)
    - Interpretation (analysis)
    - Utilization (including distribution)
- Proactively **support communities to overcome monitoring and watchdogging barriers**
  - Support leaders to identify problems and find solutions in partnership with other key stakeholders
  - Ensure access to requisite information
  - Assist communication and information dissemination processes
- **Ensure appropriate evidence generation timing** so that current data are supporting processes appropriately and sequentially, starting with IBBS and national strategic planning
- Better **define ‘monitoring’ and ‘watchdogging’**
  - Clarify the purpose of monitoring and watchdogging
  - Identify monitoring roles and responsibilities (communities, CCMs, FPMs, external oversight bodies without potential conflicts of interest)
  - Mitigate and protect communities from watchdogging risks
  - Underwrite costs (time, financial, human resource) for both community monitoring and watchdogging

See <http://msgf.org/wp-content/uploads/2017/03/Community-Engagement-in-Gathering-Interpreting-and-Utilizing-Evidence-2017.pdf> for the full Thematic Study 3.

Although community monitoring—which can include data collection—is eligible for funding under the Global Fund grants, uptake is low. Only 19% of country concept notes (excluding regional programs) in Windows 1-7 included allocations to one of the community monitoring interventions in the CSS Modular Framework.<sup>49</sup> This information seems to point to an underutilization of CSS as a tool for monitoring and improving program quality. Country consultations and interviews further report that when CSS components were articulated in concept notes, they were often excluded from budgets during grant making due to poorly articulated initiatives, and prioritization of biomedical interventions over community-focused activities.

As one interview respondent astutely points out, *“You cannot build data capacity in a few months. It takes years.”* There are several ways to strengthen community engagement in data processes. One way is to update guidance to ensure that community engagement in data gathering, interpreting, and utilization is adequately featured as a valuable investment in RSSH.

**Strategic Action G: Ensure public access to grant-related information to support community advocacy and oversight.** Monitoring program quality and impact is an integral component of the Global Fund performance-based funding approach. PRs are required to report regularly on a performance framework agreed to during grant making. However, the country consultation in Kenya, Moldova, and Tunisia, and interview respondents, reported that some programmatic information (e.g., budgets, work plans, performance appraisals, program review results) are not transparent or shared with communities. In some countries, including Tunisia, *“The government doesn’t believe that the Global Fund or civil society should be interfering in private affairs. They say they don’t want to disclose information, and that it is confidential.”* Reports are usually publically available on issues such as the number of people reached, but information on other variables such as procurement efficiencies, reach of training, and size estimates carried out in-country, are not described in sufficient detail to allow communities to exercise meaningful oversight of the whole grant.<sup>50</sup> In some cases, needed information does not exist. *“There is no data being collected because the government doesn’t want to look bad”* (interview respondent). Moldavian participants urge, *“Open public access to grant-related information... [to] support key and vulnerable populations to use that information for advocacy and oversight.”*

While funding requests are available to view after submission to the TRP, full work plans and budget are not normally publically available. As reported in interviews and country consultations, they are often difficult to access even by CCM representatives. *“Community representatives are not copied on everything,”* meeting minutes are not shared, and activity updates are difficult to access (interview respondents). Some proactive CCMs share programmatic information on their websites,<sup>51</sup> though if country consultation feedback is ‘the norm,’ many community members are unaware of these web pages as a way to *“to access relevant information.”* If more CCMs follow this model, and detailed budget and performance information are made available in

49 The Global Fund. 2015. Community-based monitoring consultation report 20-21 October 2015. Unpublished.

50 Interviewees reported a number of reasons they felt that information was not made available to them. The reasons provided included: governments or PRs would look bad, info was not being collected, info was not felt to be appropriate or there was confusion about what may be released for community perusal (budget information for example), or because governments objected to the idea of transparent information as an interference in their affairs.

51 See examples: [Kenya CCM](#), [India CCM](#).

a timely way, advocates (beyond community CCM representatives) will be better positioned to review and comment on programming, engage in self-initiated grant implementation and monitoring efforts, and advocate for improved quality. This extends even to 'publishing' the calendar of events for the year, enabling community organizations to prioritize meetings needing community participation, and push for their inclusion (Kenyan participants). This level of transparency is important, for "CCM and Global Fund processes are only really understood by those directly involved or employed by them. If key populations do not understand what is happening, how can they even ask for information to monitor?" (interview respondent).

In the absence of a common communications standard followed by all CCMs, the Global Fund is encouraged to assume the task of posting grant work plans, budgets, and performance details on their website as soon as available. Further, as a requirement of their agreements, PRs should post this information on their website as well, in local language(s), or perhaps via CCM websites.

## **Recommendation IV: Standardize Accountability and Communications Channels Between Communities and the Global Fund**

The meaningful engagement of communities in the Global Fund processes is the responsibility of all stakeholders, not just communities themselves. While the Global Fund is more supportive of partnerships than many other donors, and their position on community engagement is well articulated throughout the organization, some interview respondents still complain of inaccessible and unresponsive Country Teams, FPMs, and PRs, and ineffective communication channels when grievances or problems arise. In extreme cases, when they resort to communicating directly with the Global Fund Secretariat or Executive Director to raise concerns and seek solutions, they experience public criticism and retaliation. In one example from a community PR, "*Lines of communication need to be respected, but clearly when they are not working and the only way to get resolution is to go to the Global Fund Director, then something needs to change.*" In this case the PR "*got angry with us and told us to sort out our problems without involving them hereafter,*" after which the SR was "*inadvertently*" left off an invitation to meet with the FPM during a site visit, and then experienced delays in transfer of funds, which affected their ability to implement and meet expected targets on time. "*We are dealing with humans... Yes, we fear reprisal and backlash. We have seen it and we fear it.*" In another example, "*The national AIDS representative shouted at me in front of the FPM that I was too young to make comments, though it was my job as part of the CCM oversight committee.*"

The literature review points out that direct communication between communities and the Global Fund Secretariat offers an important crosscheck on CCMs and PRs, particularly where CCMs or governments are hostile to key and vulnerable populations,<sup>52</sup> or when

52 Eurasian Harm Reduction Network. March 2014. EHRN. [Regional Initiative on HIV and Harm Reduction for Eastern Europe and Central Asia: first steps, processes and lessons learned. Part 3: Selecting Implementers and Grant-Making.](#)

PRs are well established and “have grown complacent with their positions and no longer accountable to their constituents” (interview respondent). Those from politically repressive countries note that, “We do not have the right to own a perspective different from the government, and must align with government policies and actions or be labeled a terrorist or enemy, and persecuted. The legal environment is hostile against traitors, and we risk human rights violations and worse.” This role of the Secretariat in directly monitoring and supporting community engagement, by being accessible to community representatives, and intervening when necessary, is specifically described in the context of regional programs. There is rationale for it in country grants and processes as well.<sup>53</sup> “The Secretariat needs to step in more, especially for issues [involving governments]... and partners are afraid to come forward and speak for fear of persecution” (interview respondent).

While communities desire peaceful partnerships to solve problems, and some community leaders note the benefits of negotiations and discussions over finger pointing, they are accustomed to having confrontational relationships with government institutions and donors. As one respondent of a traditionally underrepresented population notes, “When we are always seen as the enemy, we will fail. When we use fire, we miss the point and do not get what we want. Same when we weep. These are not good approaches. We should be friendly. Currently, we are seen as ‘problem solvers’ because we changed our approach and worked with the PR and other stakeholders instead of against them to find solutions. We no longer make demands... we now approach situations with technical [advocacy] skills and patience so that we are included and seen as a partner, and are supported in gaining our rights.” What communities will not do is sacrifice their advocacy and role to promote change and advance social justice. The need for communities to speak truth to power can make for challenging discussions, but when there is alignment between the Secretariat and community, programming priorities improve dramatically.<sup>54</sup>

53 ICASO. December 2016. Regional Concept Note Development in the Global Fund’s (New) Funding Model: Observations from the second round of regional concept notes.

ICASO. October 2013. Effective CCMs and the Meaningful Involvement of Civil Society and Key Affected Populations.

54 Eurasian Harm Reduction Network. March 2014.

The Global Fund. 2016. How We Engage.

55 ICASO. December 2014. Country Coordinating Mechanism Key Affected Population and People Living with the Diseases Engagement Initiative Pilot. Evaluation report.

ICASO. June 2015. Regional Concept Note Development in the Global Fund’s (New) Funding Model: Observations from the first round of regional concept notes.

56 The Global Fund. April 2015. Community, Rights and Gender Report to Thirty-Third Board Meeting.

**Strategic Action H: Build or strengthen a ‘Community Communications Hub’ in the Global Fund Secretariat.** One concept that surfaced in the literature review was the establishment of a sufficiently staffed ‘Communities Communication Hub’ or similar focal point at the Global Fund Secretariat level, mandated to monitor community engagement in all processes, and in all grants. A useful starting point is the CCM Hub model of communication with CCMs, where CCMs know they have a specific office or person at the Secretariat to contact with questions or concerns, and which provides direct and indirect TA to CCMs—a role that should be strengthened. This concept was recommended by ICASO after an evaluation of the CCM Key Affected Population and People Living with the Diseases Engagement Initiative,<sup>55</sup> and was further communicated to the Global Fund Board by the CRG department.<sup>56</sup> This recommendation should be revisited. While the envisioned Communities Communication Hub shares some principles with the Regional Communication and Coordination Platforms, it would go beyond the platforms mandate by providing a specific window for communities to report successes and challenges with engagement directly with the Secretariat.

This Hub would logically fall to the CRG, but the suggested scope may be beyond their current remit. This recommendation thus calls on the Global Fund Secretariat to review the mechanisms (such as the Regional Communication and Coordination Platforms) in place to engage community, and then expanding or augmenting accommodations as needed.

We note that a Communities Communications Hub may create tensions in the Secretariat by establishing multiple points of contacts. Ensuring Country Teams improve their response rate towards communities concerns and engagement, while doing independent 'country-by-country' evaluations, might better fit within the Global Fund partnership model, and influence improved long-term community engagement. It is worth exploring whether this is an appropriate mandate and area for OIG to act, considering their independence. The use of hotlines similar to the human rights or financial misconduct hotlines should be considered as one component of this hub.

**Strategic Action I: Define PR roles and responsibilities to ensure community engagement.** Interview respondents and country consultation participants across all geographies and community cohorts complain of rapid fall-off of community engagement during grant making and then grant implementation phases. Feedback from consultation participants in the Republic of Moldova reflects this. *"The community is meaningfully engaged during two stages—country dialogue, and concept note development—while afterwards their engagement is reduced dramatically and in particular at the stage of grant making and negotiation, with random involvement in making available the final decisions taken"* with, in this case, more engagement from people who use drugs, and less from sex workers.

"The community is meaningfully engaged during two stages—country dialogue, and concept note development—while afterwards their engagement is reduced dramatically and in particular at the stage of grant making and negotiation, with random involvement in making available the final decisions taken."

Communities suggest that PRs (and in some cases SRs) be held accountable by the Global Fund to guarantee ongoing community engagement in grant processes after grant signing. While community representatives on CCMs normally engage in grant monitoring work, they are not able to represent all interests, and do not satisfy the community expectation of engagement. Rather, respondents suggest multi-stakeholder meetings (not just with SRs and SSRs, but with broader community such as taskforce members—see Strategic Action E) be held regularly to i) evaluate grant progress, ii) solicit input for re-programming, iii) consider requests for program continuation, and iv) facilitate other feedback including on beneficiary experience with implemented activities. This concept is proposed as an alternative approach to mandating annual multi-stakeholder meetings with CCMs (see Strategic Action B). Both approaches are relevant and proactive, with positive impact on engagement during grant implementation in particular.

The establishment and enforcement of community engagement norms may be built directly into PR grant agreements. Mandating PRs to lead this task as a grant deliverable would likely have the same effect that monitoring compliance

to CCM Eligibility Requirement 1 has had in improving engagement in concept note development processes. While the nature of community engagement will vary depending on the country context, all PRs should be required to report regularly on engagement activities initiated by them with the broader community. Specifically, PRs would be required to seek key and vulnerable populations review of Progress Update and Disbursement Requests (PUDR) immediately after submission to the Secretariat. Reviewers will be asked to provide qualitative assessment on the PUDR, and advise on emerging trends and concerns. In the subsequent PUDR, the PR will need to report actions taken in response to the feedback and recommendations received from the consultation with stakeholders.

**Strategic Action J:** Implement human resource practices at Global Fund Secretariat which reflect importance of meaningful community engagement. Interview respondents suggested the establishment of performance objectives for all the Global Fund staff, and particularly grant management staff, as an important means of ensuring meaningful engagement commitments. *“The FPM will never have a whole picture unless there is personal motivation to meet with the direct beneficiaries and recipients”* (interview respondent).

**Figure 10: Tools and Materials Discussed**

- **Engage!** Practical tips to ensure the NFM delivers the impact communities need (Global Fund)
- **Working Together:** A community-driven guide to meaningful involvement in national responses to HIV (ICASO)
- **More than a seat at the table:** A toolkit on how to meaningfully engage as HIV civil society CCM representatives (ICASO)
- WHO normative guidance documents for key populations: **MSMIT** for MSM, **SWIT** for SWs, **TRANSIT** for TGs, and **IDUIT** for PUDs (IDUIT is forthcoming)
- E-learning, information notes, resource book, website, FAQs, brochure, videos, cartoon (the Global Fund)

Performance objective and indicator definitions and measurements could be developed in consultation with the CRG AG, and align with the finalized and adopted definition of meaningful engagement. The Global Fund hiring practices should prioritize new staff with experience working directly with key and vulnerable populations, and on human rights and gender issues. As Country Team and FPM job descriptions must align with the Global Fund’s 2017-2022 Strategy, the focus of performance is not only on engagement, but the outcomes of engagement, and therefore greater impact. Performance objectives and indicators will *“show if key [and vulnerable] populations are receiving Global Fund funds, how often, and the quality of the FPM’s direct meeting with them, rather than just assessing the qualitative experience of service end users”* (interview respondent).

## **Recommendation V: Improve the Quality, Relevancy, and Reach of Community Information Tools**

As a component of the country consultations and interviews, participants discussed the quality, relevance, and utilization of training materials and tools available to support community engagement developed by the Global Fund and other partners (see Figure 10). As consultation participants in the Dominican Republic note, *“Positive change requires the active participation of communities, who should be systematically strengthened by providing tools and advice to community members and community service organizations, as well as to systems supporting them, so that they can effectively use these resources for strategic actions necessary to achieve effective, positive, and sustainable long-term results.”*

Broadly generalizing amongst community groups, high utilization and quality rating nearly consistently reflects high community participation, especially among transgender representatives, in tool development and pilot testing. Other cohorts (men who have sex with men; sex workers) were less aware of the tools, while others recommend enhanced accessibility through local language translation. Consultation participants in the Philippines, for example, were unanimously unaware of the tools, possibly due to language issues.

Participants in Moldova and Kenya were highly familiar with the tools and hailed their quality. Moldovan participants further recommend that the Global Fund or implementing partners improve delivery of tools to affected communities through application trainings or other means to strengthen awareness and utilization. The Cameroon consultation provides the most robust and detailed feedback on the tools (see Annex 4).

While this recommendation requires a more in-depth analysis than possible during this review, involving communities in tool development, and hosting ongoing post-launch follow-up activities increases tool relevance, usefulness, and uptake.

## **Additional Considerations on Community Engagement around Transitions**

Ensuring the focus on key and vulnerable populations continues after countries are no longer eligible for the Global Fund support presents numerous challenges. There is a fear that transition will fail communities, hard-earned gains will collapse, and legal and political environments will revert to being unsupportive. A participant in Cameroon notes that, *“A bad transition can take back key populations to the situation zero.”* These fears are particularly strong amongst respondents from currently underrepresented and criminalized communities, and in countries where religious fundamentalism and conservatism are growing.



## Independent Multi-country Review of Community Engagement in Global Fund Grant Making and Implementation Processes

Country governments will often take up treatment costs, but programming that benefits—and is led by—communities is often difficult to fund. In some cases, laws need to be written and processes put in place to allocate funds directly to community organizations as lead implementers. According to Moldovan participants, there is a need to *“Support legal changes to get funding to NGOs and key population lead implementers in countries in transition... and identify and support sufficient number of participants from each key and vulnerable community in transition planning activities.”*

Additionally, there is an urgent need to strengthen the capacity of community implementers and leaders. Community respondents note that, *“we never really understood the importance of CSS before looking at transition. We never took advantage of it.”* There is growing realization among communities that *“technical support must be long-term to make an impact,”* and that funding is required *“to support communities to develop survival strategies for after transition”* (interview respondents).

Respondents are quite specific about the types of skills and capacity strengthening needed to enable them to survive transition, with the caveat that they must be tailored to the individual needs of organizations and leaders, *which “are all at different levels... TA and core funding is needed, but it must be based on identifying and addressing specific individual needs.”*

Communities identify the need to *“Define roles of the Global Fund, technical partners, networks, and platforms in supporting transition plans”* (Moldavian participants). Further, the Global Fund Transition, Sustainability, and Co-financing Policy (TSC), and transition preparedness tools, make many recommendations on engaging communities in planning and preparation. Additional and complementary concerns and community suggestions are reported in Thematic Study 4 (see summary, Figure 11).

While all the Strategic Actions in this review are relevant to countries in—or moving towards—transitions, it is important to highlight two in particular:

- 1) Strategic Action E, for after the Global Fund, there will no longer be a need for the CCM structure as interface with funding. Community taskforces can be the basis on which key and vulnerable populations continue to engage with government officials and other support mechanisms.
- 2) Strategic Action F, to ensure that prior to transition, communities gain the capacity to gather, interpret, and utilize data. These skills will facilitate more effective, evidence-based advocacy, social mobilization, and lobbying for programming priorities.

### Figure 11: Advocacy and Leadership Skills for Resilient Engagement, A Summary

As countries move toward middle-income status, and prevalence data shift, countries will eventually begin a process of transitioning away from direct Global Fund support. This is an anxiety-ridden prospect for key and vulnerable populations, riddled with uncertainty about whether their governments will continue, or even sustain, achievements realized under the Global Fund.

This thematic study presents the desires for capacity and community systems strengthening to further build advocacy and leadership skills and ensure community-led organizations are able to implement programming for their communities post transition. According to respondents, it is paramount that civil society be positioned for long-term effectiveness, well beyond just satisfying current grant conditions.

While most respondents had thoughts about transition, none had experience with full transition, and only a few were engaged in preparatory activities. Overshadowing all discussions were:

- **Fears** that:
  - Transition will fail communities, and hard-earned gains will collapse
  - Current legal and policy (political) environments will remain, or revert to being unsupportive in many contexts
- **Concerns** that the premise for transition is naïve and based on faulty or misleading income and epidemiological information

- **Hopes** that governments will be forced to take proactive ownership of the three disease responses
- **Recommendations**, based on a sense of missed opportunities intermixed with fears, concerns, and hopes, **for needed and targeted capacity and community strengthening and survival strategy support** to ensure community interests and organizations survive transition, that include:
  - Leadership skills building—especially for new and emerging leaders
  - Financial management
  - Program management
  - Fundraising
  - Advocacy and data processes
  - National taskforce formation

Desired capacity strengthening support acknowledges lingering **challenges**, including:

- **Discriminatory laws**, policies, and practices
- **Inadequate community organization participation** as grant implementers
- **Lack of diversification in community funding** and support portfolios

See <http://msgf.org/wp-content/uploads/2017/03/Advocacy-and-Leadership-Skills-for-Resilient-Engagement-2017.pdf> for the full Thematic Study 4.

## 5. Next Steps



Community consultation, the Dominican Republic - November 2016

In order to support implementation of the **Strategic Actions**, the following matrix provides suggested recommendations and priority steps to be taken by the Global Fund and other key stakeholders. The CRG AG has offered to monitor progress, and provide additional support as needed. The Secretariat may wish to assist the CRG AG in this role by having this topic as a standing agenda item during their meetings.

As suggested below, the CRG is encouraged to share the review with the relevant Global Fund departments and with technical partners. CLAC is available to provide additional information or take part in briefings as appropriate. Translation of the Executive Summary into four languages will facilitate broader sharing amongst interested stakeholders, partners,

and communities. Community consultation hosts have already committed to sharing findings and disseminating recommendations in local languages. CLAC will specifically distribute the review with the Communities and NGO Delegations to the Global Fund Board, UNAIDS PCB NGO Delegation, Global TB Advocates Group, and other regional and global key populations and civil society networks. CLAC has also published the full Thematic Studies online,\* ensuring that the rich content captured from intensive interviews serve research purposes beyond this review.

\*See the full Thematic Studies here:  
<http://msmgf.org/advocacy/policy/global-fund/>

## Independent Multi-country Review of Community Engagement in Global Fund Grant Making and Implementation Processes

Recommendation	Strategic Action	Suggested Follow-up Action
I. Adopt and mainstream the definition and principles of meaningful community engagement		<ul style="list-style-type: none"> <li>▪ CRG to present to the Secretariat and Board the proposed definition, principles of, and key recommendations to strengthen meaningful engagement.</li> <li>▪ Following presentation, the Secretariat to mainstream definition through development of measurement tools in consultation with the CRG AG, including relevant guidance on meaningful engagement, and specific support to communities to understand and pursue engagement as defined at all levels.</li> </ul>
II. Define, enforce, and support community roles in governance and decision-making structures	A. Develop guidance mandating CCMs to regularize community engagement through multi-stakeholder consultations <i>before</i> submission of the funding request, <i>during</i> , and regularly <i>during</i> grant implementation	<ul style="list-style-type: none"> <li>▪ Grant Management Department, Access to Funding, and CCM Hub to develop specific detailed instructions to CCMs on multi-stakeholder consultations throughout the country dialogue process.</li> </ul>
	B. Support community-led processes to ensure CCM representation, and fund mitigating steps to address governance shortfalls	<ul style="list-style-type: none"> <li>▪ Under the guidance of the CRG and CCM Hub, launch community-led evaluation of CCMs in 1-2 pilot countries per region.*</li> <li>▪ Explore how Local Fund Agents, technical partners (e.g. UNDP), and communities might strengthen their relationships so as to enhance monitoring of CCMs.</li> </ul>
	C. Ensure engagement of underrepresented communities across the three diseases as outlined in the definition of community, with special attention to criminalized and stigmatized groups such as sex workers, people who use drugs, men who have sex with men, and transgender people	<ul style="list-style-type: none"> <li>▪ CCM Hub to work with CRG and the CRG Advisory Group to develop initiatives and guidance for CCMs to increase meaningful participation of underrepresented and criminalized communities, including sex workers, people who use drugs, men who have sex with men, transgender people, and all communities from the three diseases, as outlined in the definition of community</li> </ul>
	D. Finance efforts to strengthen community capacity to engage	<ul style="list-style-type: none"> <li>▪ CRG to (continue to) monitor the impact, on meaningful community engagement, of the implementation of the CRG Strategic Initiative. This will mean adopting a clear M&amp;E framework, with engagement-related indicators, for implementing the CRG Strategic Initiative.</li> <li>▪ CRG will report to the Global Fund Board if financial shortfalls are undermining meaningful community engagement.</li> </ul>

## Independent Multi-country Review of Community Engagement in Global Fund Grant Making and Implementation Processes

Recommendation	Strategic Action	Suggested Follow-up Action
III. Mainstream community engagement in quality improvement mechanisms	E. Provide support for the establishment and maintenance of 'community taskforces'	<ul style="list-style-type: none"> <li>▪ Facilitate the launch of community taskforces in 1-2 interested pilot countries per region, with financial and technical support from the CRG and CCM Hub.</li> <li>▪ Seek further support from foundations and technical support providers, including and especially those led by key and vulnerable populations, to develop taskforce models.</li> <li>▪ Support taskforces with ongoing capacity strengthening and peer networking opportunities.</li> </ul>
	F. Support community engagement in processes of gathering, interpreting, and utilizing evidence	<ul style="list-style-type: none"> <li>▪ Global Fund and partners to support communities to enhance their abilities, and role in gathering, interpreting, and utilizing evidence for programing planning, monitoring, and advocacy purposes. For instance, through the implementation of long term capacity development via the CRG Strategic Initiative</li> </ul>
	G. Ensure public access to grant-related information to support community advocacy and oversight	<ul style="list-style-type: none"> <li>▪ The Secretariat to develop a system to publish and update, on the Global Fund website, grant-related information (work plans, budgets, performance details, etc.) as soon as available.</li> <li>▪ PR to also post, and keep updated, grant-related progress information (disbursements, reach, coverage, challenges), as soon as available and translated into local language(s).</li> </ul>
IV. Standardize accountability and communications channels between communities and the Global Fund	H. Build or strengthen a 'Community Communications Hub' in the Global Fund Secretariat	<ul style="list-style-type: none"> <li>▪ CRG should consider the various ways suggested in this recommendation on improving communications with in-country key and vulnerable population groups, including the identification of a Secretariat focal point.</li> </ul>
	I. Define Principal Recipient roles and responsibilities to ensure community engagement	<ul style="list-style-type: none"> <li>▪ Grant Management Department, in coordination with CCMs to develop guidance for PRs on their roles and responsibilities to engage the broader community. This new mandate should be included in grant agreements for the 2017-2019 funding cycle.</li> </ul>
	J. Implement human resource practices at Global Fund Secretariat that reflect importance of meaningful community engagement	<ul style="list-style-type: none"> <li>▪ Senior management in consultation with CRG to develop a staff performance objective on meaningful engagement, and roll it out with information sessions as needed.</li> <li>▪ Human Resources Department to review recruitment processes to ensure experience working with affected communities are assessed and prioritized when considering new Global Fund staff.</li> </ul>
V. Improve the quality, relevancy, and reach of community information tools		<ul style="list-style-type: none"> <li>▪ As a preliminary analysis, review feedback from this study.</li> <li>▪ Conduct a focused review to validate findings, explore reasons for limited uptake, and gain more detailed information on needs and desires regarding tools.</li> </ul>

\*It is suggested that APCOM's [recent reports](#) on MSM and Transgender community engagement be reviewed as part of this action.

## Annexes

### Annex 1: Ideals for Core Principles of Meaningful Community Engagement

The following **ideals** are provided as concrete examples of good practices for meaningful community engagement within each of the **core principals**. These ideals are drawn from the literature review, direct community input, and the accumulated experience of the writing team. An initial list of ideals per core principle was presented to country consultation participants for reflection, feedback, and validation. The following represents the output of these processes.

#### Ideals for effective representation in governance and decision-making (Core Principle 1)

- Multiple community CCM seats with coverage of all pertinent diseases and key and vulnerable population groups and issues, including human rights, women and girls, youth, and others as appropriate. The right number of seats will vary by CCM, but should be determined through a process that involves community representatives, the CCM, and the country team.
- Financial support for the engagement of community representatives in CCMs and grant negotiations
- Pre and post-CCM (and other) meeting gatherings of community representatives to prepare and debrief
- Community-led development of agreed Terms of Reference for new community CCM representatives that describe processes for monitoring performance and removing representatives, and defines situations of conflict of interest so that they may be avoided. The existing KAP membership TOR may be a key reference.
- Documented and transparent processes for selecting representatives
- Strong systems for representatives to communicate with constituencies and derive priorities from them
- The establishment of a transparent and community-inclusive grant negotiation team, which considers implementation targets and arrangements
- Budgets, work plans, expenditure reports, and other grant documents are made available to communities with time and support to analyze and respond to
- The establishment and support (financial and technical) of a community hub for developing priorities and ensuring inclusion, such as a key population task force or community task force
- The entire CCM should be held accountable for ensuring that communities are meaningfully engaged, and this should be part of assessing CCM and grant performance

- Grant-related decisions are not changeable after the endorsement of community representatives

### **Ideals for adequate resources and time (Core Principle 2)**

- The establishment of timelines (or roadmaps) which accommodate the need for communities to understand systems and decision-making opportunities, caucus constituencies, and develop agreed-upon input ahead of decisions
- The provision of financial resources to support caucusing and internal input development
- The provision of reasonable notice ahead of meetings and financial support for community representatives to travel to those meetings
- Support for pre- and post-CCM (and other) meeting gatherings of community representatives and constituents to both prepare and debrief
- The provision of financial resources to support a community task force at country-level
- The provision of financial and other resources to support ongoing communication between and among community constituencies about grant making, re-programming implementation, and other decisions, such as through the CRG Special Initiative

### **Ideals for independent oversight and quality assurance (Core Principle 3)**

- Watchdog functions, throughout the life of a grant, are carried out by community organizations with direct interest in the services provided to their community and the capacity to define and monitor its quality
- Regular financial and programmatic reports are made available to community watchdog organizations
- Predictable funding for this effort is provided by the Global Fund, a technical partner, or through other locally appropriate mechanisms. It can be an activity described as part of the funding request.
- The watchdog organizations should be independent and not necessarily receive other programmatic funding through the grant
- The watchdog organizations have direct communication with local service providers and health authorities to enhance feedback loops, and if remedies are not found, they have direct access to the CCM and/or Global Fund country team
- Several methods of reporting problems to the watchdog organizations are available to community members
- The watchdog promotes community engagement by regularly generating accessible public reports, or other communications, on quality of services and community engagement thought the grant

## Ideals for ongoing capacity strengthening (Core Principle 4)

- Ongoing, sustained, and tailored technical support for organizations to understand the structure and outcomes of grant making and grant implementation, and their role(s) in it
- Ongoing capacity strengthening for community organizations and community leaders in the following areas:
  - Presentation and leadership skills
  - Financial accountability/management
  - Program management
  - Fundraising (in particular in the context of transition)
  - Advocacy skills (look to [MSMGF Speaking Out](#) advocacy training examples)
  - Forming networks and task forces
  - Governance
  - Global Fund processes
  - How to engage and prepare arguments and back up with evidence
  - Data collection and interpretation (look to ITPC example)<sup>57</sup>
  - Implementation: uptake and training around the WHO normative guidance documents for key and vulnerable populations – MSMIT for MSM,<sup>58</sup> SWIT for sex workers,<sup>59</sup> TRANSIT for transgender people,<sup>60</sup> and IDUIT for people who use drugs (forthcoming)
- Community-based organizations should be identified as sub-recipients
- Community organizations should convene some official meetings so as to play increasing leadership roles, have influence over meeting agendas and participants, and engender a greater sense of ownership of processes by communities
- Where those organizations do not meet criteria on day one, plans for building their capacity to eventually meet criteria should be put in place

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## Annex 2: In-country consultation hosts and participants

Host and Country Contact Information	Participant Affiliations	
<p>Eurasian Coalition On Male Health – In-Country Consultation in Moldova</p> <p>Vitaly Djuma: <a href="mailto:vitaly@ecom.ngo">vitaly@ecom.ngo</a></p> <p>Gennady Roshchupkin: <a href="mailto:gena@ecom.ngo">gena@ecom.ngo</a></p> <p>Held: 4 November 2016</p>	<ul style="list-style-type: none"> <li>▪ Soros Foundation Moldova</li> <li>▪ Association For present and future</li> <li>▪ Union for HIV prevention and Harm Reduction</li> <li>▪ Association Positive Initiative</li> <li>▪ Association Pas cu Pas, Cahul</li> <li>▪ Association “Reforme Medicale”</li> <li>▪ Association Adolescentul, Orhei</li> <li>▪ Initiative group of PUD, Tiraspol</li> </ul>	<ul style="list-style-type: none"> <li>▪ Initiative group of PUD, Chisinau</li> <li>▪ Initiative group of PUD, Balti</li> <li>▪ Association Programme medico-sociale transnistrian region</li> <li>▪ Association SMIT, Balti</li> <li>▪ Association AFI (2)</li> <li>▪ Gender DOC-M (2)</li> <li>▪ Association Healthy future, Tiraspol</li> <li>▪ Association “Credinta”</li> <li>▪ CCM Secretariat</li> </ul>
<p>ITPC/GNP+ – Dominican Republic</p> <p>Alma De leon: <a href="mailto:almadeleon9@gmail.com">almadeleon9@gmail.com</a></p> <p>Held: 28 October 2016</p>	<ul style="list-style-type: none"> <li>▪ Grupo Clara (CEPROSH)</li> <li>▪ ITPC</li> <li>▪ GNP+</li> <li>▪ GAYP</li> <li>▪ TRANSSA</li> </ul>	<ul style="list-style-type: none"> <li>▪ MODEMU</li> <li>▪ REDOVIIH</li> <li>▪ COTRAVED</li> <li>▪ REDNAJ CER</li> </ul>
<p>ASWA (NSWP) – Kenya</p> <p><a href="mailto:pheisterabdalla@yahoo.com">pheisterabdalla@yahoo.com</a></p> <p>Held: 4 November 2016</p>	<ul style="list-style-type: none"> <li>▪ KP ccm Rep</li> <li>▪ CCM rep communities</li> <li>▪ TB action campaign</li> <li>▪ CSO Rep CCM</li> <li>▪ Amref Kenya - Malaria grant Manager</li> <li>▪ Kenam (Malaria)</li> <li>▪ Health Gap</li> </ul>	<ul style="list-style-type: none"> <li>▪ Gay and Lesbian Coalition Kenya</li> <li>▪ Kenya Red cross</li> <li>▪ Icw Global</li> <li>▪ World Aids Campaign</li> <li>▪ Kenya Network of people who use drugs</li> <li>▪ Developing NGO delegation</li> </ul>
<p>Association de prevention positive (ATP+) – Tunisia</p> <p>Souhaila Bensaid: <a href="mailto:soubensaid@yahoo.fr">soubensaid@yahoo.fr</a></p> <p>Held: 5 November 2016</p>	<ul style="list-style-type: none"> <li>▪ CCM KP and PLHIV representatives</li> <li>▪ RANAA</li> <li>▪ MENAROSE</li> <li>▪ ITPC MENA</li> </ul>	<ul style="list-style-type: none"> <li>▪ ICW</li> <li>▪ PAPWC</li> <li>▪ GNP+</li> <li>▪ + Y</li> </ul>
<p>CCM Secretariat – Suriname</p> <p>Mylene Pocorni: <a href="mailto:mylenepocorni@gmail.com">mylenepocorni@gmail.com</a></p> <p>Held: 29 October 2016</p>	<ul style="list-style-type: none"> <li>▪ SW- New beginnings</li> <li>▪ MSM SMU and He and HIV</li> <li>▪ Transgender Trans in Action</li> <li>▪ Youth- YAM, Youth members CCM LGBT LGTB platform 2</li> </ul>	<ul style="list-style-type: none"> <li>▪ Drugusers: De Stem 2</li> <li>▪ Adolescence/Children with HIV</li> <li>▪ PLHIV: Double positive Malaria Bem Estra, Malaria Service Deliverers</li> <li>▪ TB DOTS supporters</li> </ul>

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Host and Country Contact Information	Participant Affiliations
<p>Affirmative Action – Cameroon</p> <p>Serge Douomong Y:<a href="mailto:serge.douomong@gmail.com">serge.douomong@gmail.com</a></p> <p>Held : 4 November 2016</p>	<ul style="list-style-type: none"> <li>▪ CAMNAFAW</li> <li>▪ Horizons Femmes</li> <li>▪ Care and Health Program</li> <li>▪ Presses Jeunes Développement</li> <li>▪ REDS</li> <li>▪ Humanity First Cameroun</li> <li>▪ For Social Impact</li> <li>▪ Positive Génération</li> <li>▪ KID-AIDS</li> <li>▪ ITPC – CA</li> <li>▪ SID'ADO/ADEFHO</li> <li>▪ ALCONDOMS</li> <li>▪ ASAD</li> <li>▪ Affirmative Action</li> <li>▪ Réseau AfricaGay contre le SIDA / Alternatives Cameroun</li> <li>▪ Malaria no more</li> <li>▪ ICW</li> </ul>
<p>Achieve – Philippines</p> <p>Mara Quesada:<a href="mailto:maraquesada@gmail.com">maraquesada@gmail.com</a></p> <p>Held: 8 November 2016</p>	<ul style="list-style-type: none"> <li>▪ Principal recipients for the NFM</li> <li>▪ Save the Children for HIV</li> <li>▪ Philippine Business for Social Progress for Tuberculosis</li> <li>▪ Filipinas Shell Foundation for Malaria</li> <li>▪ CCM Members from people affected by the diseases</li> <li>▪ Mindanao AIDS Advocates Association, Inc. for PLHIV</li> <li>▪ Samahang Lusog Baga for Tuberculosis</li> <li>▪ Timuro +1 Palawanon for Malaria</li> <li>▪ Chair of the CCM Key Populations Committee</li> <li>▪ Community Organizations of Key Populations and Vulnerable Groups</li> <li>▪ DANGAL Filipinas, network of MSM and TG CSOs and CBOs</li> <li>▪ HIV/AIDS Support House, a CSO piloting the community-based HIV screening</li> <li>▪ Cebu Plus, sending two reps from TG and PWUD communities</li> <li>▪ PAMACQ, a community-based organization of young key populations</li> <li>▪ AIDS Society of the Philippines, GF AIDS Project implementer</li> </ul>

## **Annex 3: Organizational Key Informants**

### **Technical Partners**

- WHO Malaria program (Pru Smith, formerly from RBM; and Richard Carr, WHO Malaria program and rep on CRG)
- Stop TB Partnership (Colleen Daniels)
- UNAIDS (Chris Mallouris)

### **Global Fund**

- Grant management (Gail Steckley, John Ochero, Mark Saalfeld, Stefan Stojanovik, Abigail Moreland, Joshua Galjour)
- Access to Funding (Silvio Martinelli)
- Technical Support Unit (Eliud Wandwalo, Sussann Nasr, Ade Fakoya)
- Sustainability and Transitions (Matthew McGregor)
- CCMs (Rene-Frederic Plain)
- RSSH (Olga Bornemisza)
- Community Rights and Gender Department (David Traynor, Mauro Guarinieri, Kate Thomson, Attapon Ed Ngoksin, Rene Bangert, Sharmeen Premjee, Ralf Jurgens, Heather Doyle, Matthew Greenall, Samanta Sokolowski, Edwige Fortier)

### **Other**

- Todd Summers and Michael Johnson, Bill & Melinda Gates Foundation

## Annex 4: Consultation Feedback on Tools and Guidance

Seven in-country consultation groups were provided with a list of materials developed by the Global Fund, technical partners, and civil society to support community engagement in Global Fund processes. The purpose was to determine familiarity with the tools, and to glean if and how participants were using them.

Tools included:

- Engage!: Practical tips to ensure the new funding model delivers the impact communities need (Global Fund)
  - 1) Working Together: a community-driven guide to meaningful involvement in national responses to HIV. (ICASO)
  - 2) More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives. (ICASO)
  - 3) A Community Guide to the Global Fund (EANNASO)
  - 4) E-learning
  - 5) Information Notes
  - 6) Resource Book
  - 7) Website/FAQs/brochure/videos/cartoon
  - 8) ICASO/APCASO/EANNASO translating materials
  - 9) WHO normative guidance documents for KPs – MSMIT for MSM, SWIT for sex workers, TRANSIT for transgender people, and IDUIT for people who use drugs

Questions to participants:

- 1) What has been your experience with engagement tools developed by the Global Fund and others?
- 2) How would you improve engagement tools and training?
- 3) Is there anything missing?
- 4) How are participant opinions divergent?
- 5) What tools will be most useful to increase participation in implementation and monitoring processes

Due to limited time and the richness of the core consultation discussions, meaningful discussion of tools during country consultations was limited in most cases. A summary of comments and recommendations are as follows.

In two countries (Kenya; Moldova) there was a reported general familiarity with and use of the mentioned tools, and reference to them being of good quality. The Moldova consultation produced the recommendation that the Global Fund or implementing partners could “bring the tools closer to the community” such as through application trainings or other means of strengthening awareness and command of the tools among

target communities. The report from the Philippines indicated that, upon prompt, all participants indicated that they were unaware of the tools and would be unable to use them. One possible reason for this could be language barriers, but that was not specifically mentioned in the report.

The Cameroon consultation report provided the most robust and detailed feedback on the tools. Selections from the report are included below:

### **1. TOOLS PARTICIPATION GLOBAL FUND**

**Engage!: Practical tips to ensure the new funding model delivers the impact communities need (to the region)“Global Fund):** This is an excellent document that clearly explains the NFM of the GF and that allowed us repeatedly to build different types of public. Preparation (mainly regarding good practices in the world) must effectively involve actors from different contexts of the response to HIV, to make it more accessible. The Oblivion report by MSF in April 2016 described the situation of high vulnerability in Central and West Africa. This situation requires a standard approach because the region is still facing a real resurgence of homophobia.

**Working Together: a community-driven guide to meaningful involvement in national responses to HIV (ICASO):** For FIS [For Social Impact], it is an important platform of documentation on major areas of HIV, testimony sharing and experiences, “it must evolve to facilitate interactivity and updated regularly.” PG [Positive Generation] evidenced that in 2010 with the participation of ICASO/AFRICASO, “we have strengthened the capacity of Cameroonian CSOs on the mechanisms of the Global Fund. At the end of these workshops, a CSOs charter for its representation in CCM was adopted by them.” About ALCONDOMS, “This tool has been used within our organization and helped to understand community empowerment and above all to work together as a group to have a significant impact in our interventions with our peers and nationally.”

**More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives (ICASO):** Discussions, it appears that this is an important platform created for CSOs from the CCM on their representation, challenges and roles.

**A Community Guide to the Global Fund (EANNASO):** For all participants, it is a rewarding enough documentation that explains this time the monitoring and evaluation in the approach of the Global Fund, which has enabled us repeatedly to build different types of public. PG’s testimony, we hold that “we organized a forum on health financing in which we collected recommendations for funding that can support the Global Fund grants.”

## 2. OTHER MATERIALS USED FOR THE GLOBAL LAUNCH OF NEW FUNDING MODEL 2014-2016

**Information Notes:** Orientation guide for countries in the preparation of concept notes, participants felt this a rich tool, which they have always used. PG even has “a mailing list through which we disseminate information notes as part of our role as focal point communication CCM Cameroon.”

**Resource Book:** This is a catalog that illustrates the work for NGOs, CBOs, partners, and other actors that fit with community engagement and behavioral change. “If this document can be designed in leaflets to distribute, it would allow many people to be aware,” supports the FIS representative.

**Website/FAQs/brochure/videos/cartoon:** The representative of FIS maintains that it has “provided them with information through cartoons, pictures and drawings. We have always used it for work among youth and teens, but navigation seems complicated and must facilitate.”

**WHO normative guidance documents for KPs – MSMIT for MSM, SWIT for sex workers, TRANSIT for transgender people, and IDUIT for people who use drugs:** For all participants, this is a document that facilitates the establishment of a sustainable coalition by decreasing the prevalence of HIV/AIDS in West and Central Africa. Especially for FIS, “it repeatedly helped us in our various researches,” while for PG, “it allows exchanges internally and shares with others through a mailing list of civil society. But must be popularized in particular through workshops.” For Horizons Femmes and Alcondoms, “these tools so far are adapted to the needs of KP. Maybe with time if needs change or evolve. We could possibly make proposals according to the new needs of our communities. We think these tools are well designed and tailored to the needs of key populations, including guidance WITT designed for sex workers. I have traveled and used as part of our activities, as well as the WHO normative guidance paper for KPs.”

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GLOBAL FORUM  
ON MSM & HIV  
MSMGF.ORG

The Global Forum on MSM & HIV (MSMGF) is an expanding network of advocates and other experts in sexual health, LGBT human rights, research, and policy, working to ensure an effective response to HIV among gay men and other men who have sex with men (MSM). MSMGF has worked since 2006 to encourage targeted, tailored, better resourced, and rights-based sexual health services for gay and bisexual men and other MSM worldwide through its advocacy and technical support initiatives. MSMGF is directly linked with more than 130 community-based organizations across 73 countries.

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## Independent Multi-country Review of Community Engagement in Grant Making & Implementation Processes: Lessons Learned, Key Principles, and Ways Forward

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