

## Evaluation:

Community, Rights and Gender Special Initiative 2014-16  
The Global Fund to Fight AIDS, Tuberculosis and Malaria

---

-

November 2016

Sarah Middleton-Lee, Independent Consultant

## ACKNOWLEDGEMENTS

Sincere thanks are given to the many individuals and organisations that contributed to the Global Fund's CRG Special Initiative and to this Evaluation Report. Particular thanks are given to Sharmeen Premjee, Mounia Meftah and Edwige Fortier (CRG Special Initiative Team, Global Fund Secretariat) and Ian Grubb (Independent Consultant).

## ABBREVIATIONS

### **General terms:**

**CCM:** Country Coordinating Mechanism  
**CRG:** Community, Rights and Gender  
**CS:** Civil society  
**CSO:** Civil society organisation  
**CSS:** Community Systems Strengthening  
**EECA:** Eastern Europe and Central Asia  
**FMA:** Fund Management Agent  
**GMD:** Grants Management Division  
**ISC:** International Steering Committee  
**JCSAP:** Joint Civil Society Action Plan  
**KP:** Key population  
**LAC:** Latin America and the Caribbean  
**LGBT:** Lesbian, gay, bisexual and transgender  
**MEL:** Monitoring, evaluation and learning  
**MENA:** Middle East and North Africa  
**MSM:** Men who have sex with men  
**NSP:** National Strategic Plan  
**NGO:** Nongovernmental organisation  
**OIG:** Office of the Inspector General  
**PAP:** Programme Advisory Panel  
**PrEP:** Pre-Exposure Prophylaxis  
**RLB:** Removing legal barriers  
**SAP:** Simplified Application Process  
**SOGI:** Sexual orientation and gender identity  
**SRH:** Sexual and reproductive health  
**SR:** Sub Recipient  
**TA:** Technical assistance  
**TRA:** Transition Readiness Assessment  
**TRIPS:** Trade-Related Intellectual Property Rights  
**TSF:** Technical Support Facility

### **Organisations:**

**ABDGN:** African Black Diaspora Global Network  
**AMREF:** African Medical and Research Foundation  
**APN+:** Asia Pacific Network of People Living with HIV  
**ASAD:** Association d'Assistance au Développement  
**AFAO:** Australian Federation of AIDS Organisations  
**AMShEr:** African Men for Sexual Health and Rights  
**ANPUD:** Asia Network of People who Use Drugs  
**APCAP:** Asia Pacific Community Action and Partnership  
**APCOM:** Asia Pacific Coalition on Male Sexual Health  
**APNSW:** Asia Pacific Network of Sex Workers  
**APTN:** Asia Pacific Transgender Network  
**ARASA:** AIDS and Rights Alliance for Southern Africa  
**ASAP:** AIDS Strategy, Advocacy and Policy  
**ASWA:** African Sex Workers Alliance  
**ATHENA:** The ATHENA Network  
**CAR-KAP:** Communities for the Advancement of Rights for Key Affected Populations  
**CDC:** Centres for Disease Control  
**CHALN:** Canadian HIV/AIDS Legal Network  
**CLAC:** Community Leadership and Action Collaborative  
**CRAT:** Centro Regional de Asistencia Técnica para Latinoamérica y el Caribe

**CRN+:** Caribbean Network of People Living with HIV  
**CSWC:** Caribbean Sex Worker Coalition  
**CVC:** Caribbean Vulnerable Communities Coalition  
**EANNASO:** Eastern Africa National Networks of AIDS Service Organisations  
**ECOM:** Eurasian Coalition on Male Health  
**ECUO:** East Europe and Central Asia Union of People Living with HIV  
**EECA Hub:** Regional Technical Support Hub for EECA  
**EHRN:** Eurasian Harm Reduction Network  
**FHI:** FHI 360  
**FIS:** For Impacts in Social Health  
**GATE:** Global Action for Trans Equality  
**GCTA:** Global Coalition of TB Activists  
**GFAN:** Global Fund Advocates Network  
**GIZ:** Deutsche Gesellschaft für Internationale Zusammenarbeit  
**Global Fund:** The Global Fund to Fight AIDS, Tuberculosis and Malaria  
**GNP+:** Global Network of People Living with HIV  
**HAI:** Heartland Alliance International  
**ICW:** International Community of Women Living with HIV  
**IGAD:** Inter-Governmental Authority on Development  
**INPUD:** International Network of People who Use Drugs  
**IPHA:** International Public Health Advisors  
**IPPF:** International Planned Parenthood Federation  
**IRGT:** International Reference Group on Transgender and HIV  
**ITPC:** International Treatment Preparedness Coalition  
**KELIN:** Kenya Legal and Ethical Issues Network on HIV and AIDS  
**KeNAAM:** Kenya NGOs Alliance Against Malaria  
**LAPS:** Latin America Platform of Sex Workers  
**LBH:** Lembaga Bantuan Hukum  
**MENAHRA:** MENA Harm Reduction Association  
**MSMGF:** Global Forum on MSM and HIV  
**NCDC:** National Centre for Disease Control and Public Health  
**NEDICO:** New Dimensions Consulting Zimbabwe  
**NSWP:** Global Network of Sex Work Projects  
**NZT:** Nai Zindagi Trust  
**OSF:** Open Society Foundation  
**PIH:** Partners In Health  
**PNC+:** Positive Network Consortium  
**RAME:** Réseau Accès aux Médicaments Essentiels  
**RCNF:** Robert Carr Civil Society Networks Fund  
**SANAC:** South Africa National AIDS Council  
**SAT:** Southern African AIDS Trust  
**SCN:** South Caucasus Network  
**SWAN:** Sex Worker Advocacy Network in Eastern Europe and Central Asia  
**TBEC:** TB Europe Coalition  
**UNAIDS:** United Nations Joint Programme on AIDS  
**UPCH:** Universidad Peruana Cayetano Heredia  
**URC:** University Research Company  
**USAID:** United States Agency for International Development  
**ZLHR:** Zimbabwe Lawyers for Human Rights

## TABLE OF CONTENTS

### EXECUTIVE SUMMARY

SECTION 1: INTRODUCTION .....	1
1.1. Introduction to Evaluation.....	1
1.2. Introduction to CRG Special Initiative .....	4
SECTION 2: FINDINGS PER COMPONENT .....	6
2.1. Findings - Component 1. Short-term technical assistance .....	7
2.1.1. Introduction to Component 1 .....	7
2.1.2. Activities under Component 1.....	9
2.1.3. Outcomes of Component 1.....	16
2.1.4. Lessons learned from Component 1 .....	17
2.2. Findings - Component 2: Long-term capacity development .....	18
2.2.1. Introduction to Component 2 .....	18
2.2.2. Activities under Component 2.....	21
2.2.3. Outcomes of Component 2.....	25
2.2.4. Lessons learned from Component 2 .....	26
2.3. Findings - Component 3. Regional Coordination and Communication Platforms.....	27
2.3.1. Introduction to Component 3 .....	27
2.3.2. Activities under Component 3.....	29
2.3.3. Outcomes of Component 3.....	33
2.3.4. Lessons learned from Component 3 .....	34
SECTION 3: CONCLUSIONS .....	35
SECTION 4. RECOMMENDATIONS .....	36

ANNEX 1: EVALUATION ENQUIRY FRAMEWORK.....	
ANNEX 2: EVALUATION METHODOLOGY.....	
ANNEX 3: DESK REVIEW RESOURCES.....	
ANNEX 4: STAKEHOLDER INTERVIEWS .....	
ANNEX 5: CASE STUDIES ON COMPONENT 1.....	
ANNEX 6: CASE STUDIES ON COMPONENT 2.....	
ANNEX 7: CASE STUDIES ON COMPONENT 3.....	
ANNEX 8: REFERENCES .....	

## EXECUTIVE SUMMARY

This report shares the findings, conclusions and recommendations of an **Evaluation** of the Community, Rights and Gender (CRG) Special Initiative of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The **aim** of the Evaluation was:

1. To assess the overall achievements of the CRG Special Initiative in terms of its results, challenges and lessons in supporting the meaningful engagement of communities/civil society in the rollout of the Global Fund's (New) Funding Model; and
2. To make recommendations for the future directions of the CRG Special Initiative, within the context of operationalising the Global Fund Strategy for 2017-22 and dependent on future Board decisions.

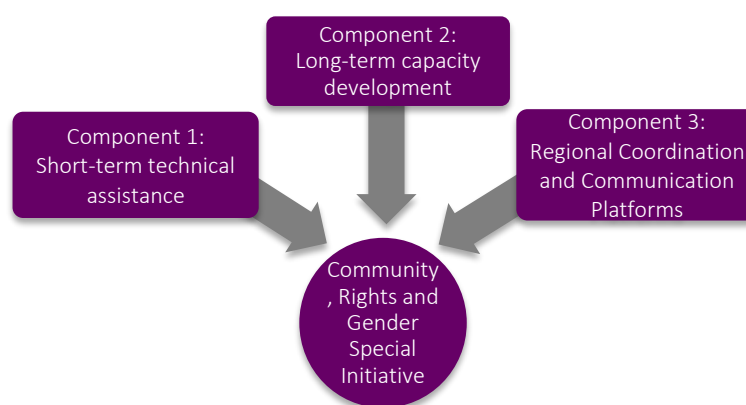
The Evaluation was conducted by an Independent Consultant during April–October 2016. Its **methodology** combined: a desk review of over 100 resources; data analysis; interviews with over 80 stakeholders; and case studies. The Evaluation was a 360° process, involving representatives of all relevant stakeholder groups.

The **CRG Special Initiative** responded to recognition that – while the Global Fund's Strategy for 2012-16 and (New) Funding Model represented unprecedented commitment to, and opportunities for, communities/civil society – there remained significant barriers to the *meaningful* engagement of, and *effective* investment in, the sector at the country level. These included that there were: few opportunities for technical assistance (TA) for communities/civil society; under-resourced networks, in particular for key populations; and inadequate regional platforms to facilitate communication and coordination.

The Initiative was approved by the Board of the Global Fund in April 2014, with an allocation of \$ 15 million for three years (2014-16). It **aimed** to ensure that, within the rollout of the Funding Model:

- Communities and civil society were meaningfully engaged in the design, implementation and monitoring of supported programmes.
- Technically sound interventions to address human rights, gender equality and Community Systems Strengthening (CSS) were included in Concept Notes and grants for HIV, TB and Malaria.

The CRG Special Initiative comprised of three **core components** [see diagram]. These were complemented by additional activities to respond to identified gaps – for example, supporting communities/civil society in specific regions (such as the Middle East and North Africa (MENA)), on specific themes (such as sustainability and transition) or for specific disease areas (notably TB and Malaria).



The Evaluation's **findings** focus on the three core components - detailing relevant data, activities, outcomes and lessons (success factors and challenges), as well as providing case studies. The following table provides a 'snapshot' of the Initiative's results and outcomes:

Results per Component	Outcomes across Components
<p><b>Component 1. Short-term TA for Country Dialogue and Concept Note development:</b> This was allocated approx. \$ 4.25 million. By mid-October 2016, 65 TA assignments had been approved, delivered by pre-qualified CRG TA providers, predominantly civil society organisations (CSOs). The TA strengthened the meaningful engagement of communities/civil society and the inclusion of CRG interventions in 24 country and 16 regional-level Dialogue and Concept Note processes, mostly relating to HIV and/or TB and with a focus on key populations.</p>	<p><b>Country and regional-level Global Fund Dialogues, Concept Notes and grants</b> that benefitted from:</p> <ul style="list-style-type: none"> <li>➤ The more extensive and effective <b>engagement</b> of better informed, capacitated and coordinated representatives of communities/civil society.</li> <li>➤ The contribution of more consensus-based and strategic <b>CRG-related inputs**</b> - through communities/civil society's identification of, and advocacy on, joint and priority 'asks'.</li> <li>➤ The <b>design</b> of more relevant and focused CRG-related interventions** - through the increased availability, analysis and application of evidence on key gaps and needs, in particular relating to key populations.</li> <li>➤ The <b>inclusion and budgeting</b> of more technically sound CRG-related interventions* - through the integration of recognised good practice into grants.</li> </ul> <p>** The terms 'CRG-related inputs' and 'CRG-related interventions' are used to refer to a wide range of inputs and interventions that, for example, address human rights, gender equality, community responses and key populations.</p>
<p><b>Component 2. Long-term capacity development of key population networks through partnership with the Robert Carr Civil Society Networks Fund (RCNF):</b> This was allocated approx. \$ 5.3 million*. By mid-October 2016, two rounds of one-year grants had been channelled through the RCNF (an existing pooled funding mechanism) to eight networks/ consortia. The grantees incorporated 33 global and regional networks by and for key populations – namely men who have sex with men (MSM), transgender people, sex workers, people living with HIV, women living with HIV, people who use drugs and young key populations). The grants strengthened the capacity of such communities to understand, engage in and influence Global Fund processes in over 50 countries and regions, predominantly in relation to HIV.</p> <p>*Refers to the Global Fund/RCNF partnership. An additional \$ 650,000 was allocated to long-term capacity development of TB and Malaria networks, bringing the total for Component 2 to approx. \$ 5.95 million.</p>	
<p><b>Component 3. Regional Coordination and Communication Platforms for communities/civil society:</b> This was allocated approx. \$ 4.4 million. By mid-October 2016, six host organisations had been selected and were serving as Regional Coordination and Communication Platforms for Anglophone Africa, Asia and the Pacific, Eastern Europe and Central Asia (EECA), Francophone Africa, Latin America and the Caribbean (LAC) and MENA. The Platforms enhanced Global Fund responses to the three diseases through strengthening information, coordination, evidence, engagement and attention to TA for communities/civil society.</p>	

The Evaluation's main **conclusion** was that the Global Fund's CRG Special Initiative brought significant value-added - being strategic and timely and filling an identified and urgent gap in the global TA/capacity building architecture. The Initiative had a sound rationale – responding to the specific need to strengthen the meaningful engagement of communities/civil society in the Global Fund's processes and to ensure the inclusion of technically sound CRG-related interventions in Concept Notes and grants. The Evaluation's other conclusions included that the CRG Special Initiative:

- Achieved concrete results in each of its core Components. In combination, these contributed to the more meaningful engagement of communities/civil society in multiple country and regional processes and the better inclusion of CRG-related interventions in multiple grants.
- Achieved notable results in the areas of HIV and key populations. While important efforts were made, the results were less significant in relation to communities/civil society responses to TB and, in particular, Malaria.
- Was based on a logical model – with three core and complementary components, supplemented by additional efforts to fill specific gaps. However, the Initiative did not achieve its potential to work 'as a whole' – due to the Components' different start times and sets of stakeholders, combined with a lack of systematic and facilitated connections.

- Was limited by acute under-staffing in the CRG Special Initiative Team – raising questions about efficiency and transparency, such as relating to decision-making processes for Component 1. This was, initially, exacerbated by the significant work required to adapt the Global Fund’s systems to manage and administrate an Initiative comprised of multiple and, often, small-scale activities.
- Was challenged by the lack, from the start, of a clear Monitoring, Evaluation and Learning (MEL) framework for each of the core Components and for the Initiative as whole. This made it difficult to articulate and assess the expected results of the Initiative and, in turn, to report on and communicate those results effectively to both internal and external stakeholders.
- Is needed now more than ever, to respond to: the growing and emerging demands of the Global Fund’s Allocation Cycle for 2017-19; and the operationalisation of the Strategy for 2017-22 which frames CRG issues as central to the work of the Global Fund.

## Recommendations

Based on the Evaluation’s findings and conclusions, it is **recommended** that the Global Fund should:

**Recommendation 1:** Allocate **funding**, for at least three years (the duration of the next Global Fund Allocation Cycle), for continuation of the CRG Special Initiative, in recognition of:

- The significant results achieved by the Initiative in 2014-16.
- The on-going need for tailor-made TA and capacity building for communities/civil society engagement in all stages of the Global Fund Funding Model, within the Allocation Cycle 2017-19.
- The increasing and emerging needs for specific TA and capacity building on CRG-related issues, as mandated by the Global Fund Strategy for 2017-22.

**Recommendation 2:** Expand the **remit of the CRG Special Initiative** – including within the provision of short-term assistance under Component 1 – to go beyond grant signing and offer TA and capacity building to communities/civil society for *all* stages in the Global Fund’s Funding Model, from the development of National Strategic Plans to the monitoring of CRG-related grant implementation.

**Recommendation 3:** Review the conceptual framework and, in turn, implementation modalities, of the CRG Special Initiative to ensure that it operates as a more **connected and comprehensive model**. This should focus on identifying and institutionalising systematic links between the three core Components of the Initiative – in order to exchange lessons, identify gaps and achieve greater impact *as a whole*.

**Recommendation 4:** Alongside reviewing the overall framework, collaborate with relevant technical partners to strengthen the CRG Special Initiative’s *specific* and innovative efforts to mobilise and support the meaningful engagement of **TB and Malaria-focused communities/civil society** in Global Fund processes and the inclusion of appropriate CRG-related interventions in grants. This should include the further expansion of Component 2 to more fully provide for long-term capacity development in relation to *all three* diseases.

**Recommendation 5:** Strengthen the effectiveness and efficiency of the **management and administration** of the CRG Special Initiative by the Global Fund Secretariat. This should focus on: significantly scaling-up the capacity of the CRG Special Initiative Team within the CRG Department; and reviewing the Initiative’s systems and processes (such as to select and deploy TA providers) to improve their simplicity, speed and transparency.

**Recommendation 6:** Develop and implement an **M&E framework** – for each core Component of the CRG Special Initiative and, in combination, for the Initiative as a whole. This should focus on: articulating the expected results of the Initiative; enabling the systematic measurement of those results; and facilitating clear and regular reporting on the Initiative, including to the Board of the Global Fund and to the CRG Special Initiative Coordination Mechanism.

**Recommendation 7:** Alongside the M&E framework, develop and implement a **knowledge management and communications strategy** to document, analyse and systematise the key learning from the CRG Special Initiative and, in turn, to communicate its work and value-added to: internal stakeholders (such as the Board and Grants Management Division of the Global Fund); and external stakeholders (such as other TA providers).

## SECTION 1: INTRODUCTION

Section 1 introduces the Evaluation, including its aim, scope, Enquiry Framework, methods and participants. It also introduces the Global Fund's CRG Special Initiative.

### 1.1. Introduction to Evaluation

#### Purpose of report

This report shares the findings and conclusions of an Evaluation of the Community, Rights and Gender (CRG) Special Initiative of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). It also presents recommendations, as summarised below and as detailed in Section 4.

#### Box 1: Evaluation recommendations

The following recommendations are made concerning the future of the CRG Special Initiative, within the context of operationalising the Global Fund Strategy for 2017-22. It is recommended that the Global Fund should:

**Recommendation 1:** Allocate **funding**, for at least three years (the duration of the next Global Fund Allocation Cycle), for continuation of the CRG Special Initiative, in recognition of:

- The significant results achieved by the Initiative in 2014-16.
- The on-going need for tailor-made TA and capacity building for communities/civil society engagement in all stages of the Global Fund Funding Model, within the Allocation Cycle 2017-19.
- The increasing and emerging needs for specific TA and capacity building on CRG-related issues, as mandated by the Global Fund Strategy for 2017-22.

**Recommendation 2:** Expand the **remit of the CRG Special Initiative** – including within the provision of short-term assistance under Component 1 – to go beyond grant signing and to offer TA and capacity building to communities/civil society for *all* stages in the Global Fund's Funding Model, from the development of National Strategic Plans to the monitoring of CRG-related grant implementation.

**Recommendation 3:** Review the conceptual framework and, in turn, implementation modalities, of the CRG Special Initiative to ensure that it operates as a more **connected and comprehensive model**. This should focus on identifying and institutionalising systematic links between the three core Components of the Initiative – in order to exchange lessons, identify gaps and achieve greater impact *as a whole*.

**Recommendation 4:** Alongside reviewing the overall framework, collaborate with relevant technical partners to strengthen the CRG Special Initiative's *specific* and innovative efforts to mobilise and support the meaningful engagement of **TB and Malaria-focused communities/civil society** in Global Fund processes and the inclusion of appropriate CRG-related interventions in grants. This should include the further expansion of Component 2 to more fully provide for long-term capacity development in relation to *all three* diseases.

**Recommendation 5:** Strengthen the effectiveness and efficiency of the **management and administration** of the CRG Special Initiative by the Global Fund Secretariat. This should focus on: significantly scaling-up the capacity of the CRG Special Initiative Team within the CRG Department; and reviewing the Initiative's systems and processes (such as to select and deploy TA providers) to improve their simplicity, speed and transparency.

**Recommendation 6:** Develop and implement an **M&E framework** – for each core Component of the CRG Special Initiative and, in combination, for the Initiative as a whole. This should focus on: articulating the expected results of the Initiative; enabling the systematic measurement of those results; and facilitating clear and regular reporting on the Initiative, including to the Board of the Global Fund and to the CRG Special Initiative Coordination Mechanism.

**Recommendation 7:** Alongside the M&E framework, develop and implement a **knowledge management and communications strategy** to document, analyse and systematise the key learning from the CRG Special Initiative and, in turn, to communicate its work and value-added to: internal stakeholders (such as the Board and Grants Management Division of the Global Fund); and external stakeholders (such as other TA providers).



## Aim and scope of Evaluation

The Evaluation of the CRG Special Initiative was commissioned by the CRG Department of the Global Fund Secretariat, through a process of competitive bid. It was implemented by an Independent Consultant and took place in April–October 2016. The aim of the Evaluation was:

- **To assess the overall achievements of the CRG Special Initiative** in terms of its results, challenges and lessons in supporting the meaningful engagement of communities/civil society<sup>1</sup> in the rollout of the Global Fund's (New) Funding Model; and
- **To make recommendations for the future directions of the CRG Special Initiative**, within the context of operationalising the Global Fund Strategy for 2017-22 and dependent on future Board decisions.

The Evaluation aimed to serve as a comprehensive assessment of the CRG Special Initiative. As such, its scope addressed the three core components [see [Box 3](#)], as well as the Initiative *as a whole*. It should be noted that the Evaluation was completed in mid-October 2016 - prior to the closure of the Initiative and with many activities due to continue until the end of 2016.

## Enquiry Framework and methodology of Evaluation

The Evaluation was structured around an Enquiry Framework – a tool outlining six key questions to be answered through the process [see Annex 1]. The Framework was used as the basis for the methodology's quantitative and qualitative approaches - summarised below and detailed in Annex 2:

1. **Desk review.** This involved reviewing over 100 resources related to the CRG Special Initiative. Examples included workplans, progress reports, presentations and Board documents. [See list in Annex 3].
2. **Data analysis.** This involved analysing available data sets (such as from survey databases) to, where possible, quantify the results of the CRG Special Initiative.
3. **Stakeholder interviews/focus groups.** This involved conducting interviews or group discussions with over 80 representatives from a range of organisations and stakeholder groups involved in the CRG Special Initiative. [See list in Annex 4].
4. **Case studies.** This involved identifying case studies - either 'snapshot' or detailed - to illustrate the work of the CRG Special Initiative in action.

## Participants in Evaluation

The Evaluation was a 360° process, involving representatives of all relevant stakeholder groups:

- |   |  |
|---|--|
| • Technical assistance (TA) requestors                    | • Technical partners   |
| • TA providers  | • Global Fund Secretariat, including the CRG, Grants Management, Procurement and Finance Departments |
| • Robert Carr Civil Society Networks Fund (RCNF) grantees | • Global Fund Board constituencies   |
| • RCNF Fund Management Agent (FMA)                        | • CRG Special Initiative Coordination Mechanism  |
| • Regional Coordination and Communication Platforms       |  |
| • Communities/civil society stakeholders                  |  |

The participants were selected through a stakeholder mapping exercise [summarised in [Box 2](#)]. This aimed to explore both: the different *types* of stakeholders involved in the components of the Initiative (for example, as 'requestors', 'grantees' or 'partners'); and the relationship *between* those stakeholders (for example, in the case of an organisation that is a 'provider' under one component and a 'grantee' under another). The Evaluation aimed to achieve appropriate samples and balances of inputs, considering factors such as: geographic distribution; epidemiological context; gender; disease area; and constituency (such as different types of key populations).



## Box 2: Stakeholder mapping of CRG Special Initiative

Component 1. Short-term TA for Country Dialogue and Concept Note development	Component 2. Long-term capacity development of key population networks through partnership with the RCNF	Component 3. Regional Coordination and Communication Platforms for communities/civil society
<p><b>TA requestors:</b></p> <ul style="list-style-type: none"> <li>Communities/civil society sectors at the country or regional level involved in HIV, TB or Malaria within: <ul style="list-style-type: none"> <li>24 country-level Global Fund Dialogue and Concept Note processes</li> <li>16 regional-level Global Fund Dialogue and Concept Note processes</li> </ul> </li> </ul> <p><b>TA providers:</b></p> <ul style="list-style-type: none"> <li>34 pre-qualified providers, predominantly civil society organisations (CSOs) [see list in Box 4]</li> </ul> <p><b>Other relevant stakeholders:</b></p> <ul style="list-style-type: none"> <li>Representatives of Country Coordinating Mechanisms (CCMs), TA providers, technical partners and the Global Fund Grants Management Division (GMD)</li> </ul>	<p><b>Grantees (global/regional key population networks/ consortia):</b></p> <ol style="list-style-type: none"> <li>AIDS and Rights Alliance for Southern Africa (ARASA)/ International Treatment Preparedness Coalition (ITPC)</li> <li>Asia Pacific Transgender Network (APTNet)</li> <li>Consortium of MSM and Transgender Networks</li> <li>Global and Regional Networks of Sex Worker Projects Consortium</li> <li>International Community of Women Living with HIV (ICW)</li> <li>International Network of People who Use Drugs (INPUD)/ Asian Network of People who Use Drugs (ANPUD)</li> <li>Positive Network Consortium (PNC+)</li> <li>YouthLead</li> </ol> <p><b>Constituents of grantees:</b></p> <ul style="list-style-type: none"> <li>Communities/civil society involved in responses to HIV and participating in activities conducted by the global/regional key population networks</li> </ul> <p><b>Other relevant stakeholders:</b></p> <ul style="list-style-type: none"> <li>Representatives of RCNF's FMA (AidsFonds), RCNF International Steering Committee (ISC) and the Global Fund GMD</li> </ul>	<p><b>Grantees (hosts of Regional Coordination and Communication Platforms):</b></p> <ol style="list-style-type: none"> <li>Asia Pacific Platform - APCASO</li> <li>Anglophone Africa Platform – Eastern Africa National Networks of AIDS Service Organisations (EANNASO)</li> <li>Middle East and North Africa (MENA) Platform – International Treatment Preparedness Coalition MENA (ITPC-MENA)</li> <li>Eastern Europe and Central Asia (EECA) Platform – EECA Consortium</li> <li>Francophone Africa Platform – Réseau Accès aux Médicaments Essentiels (RAME)</li> <li>Latin America and the Caribbean (LAC) Platform – Centro Regional de Asistencia Técnica (CRAT) LAC, Via Libre, International HIV/AIDS Alliance</li> </ol> <p><b>Constituents of grantees:</b></p> <ul style="list-style-type: none"> <li>Communities/civil society involved in the Global Fund and responses to HIV, TB and Malaria in the six regions</li> </ul> <p><b>Other relevant stakeholders:</b></p> <ul style="list-style-type: none"> <li>Representatives of TA providers, technical partners and the Global Fund GMD</li> </ul>
<b>Stakeholders across the CRG Special Initiative</b>		
<ul style="list-style-type: none"> <li>CRG Special Initiative Coordinating Mechanism</li> <li>Global Fund Secretariat, including CRG Department, GMD, CCM Hub, Finance Department, Procurement Department and Access to Funding Department</li> <li>Civil society leaders, including members of the Global Fund CRG Advisory Group</li> </ul>	<ul style="list-style-type: none"> <li>Global Fund technical partners, such as Stop TB Partnership and United Nations Joint Programme on AIDS (UNAIDS)</li> <li>Delegations to the Board of the Global Fund, including donors and communities living with HIV and affected by TB and Malaria</li> </ul>	

## 1.2. Introduction to CRG Special Initiative

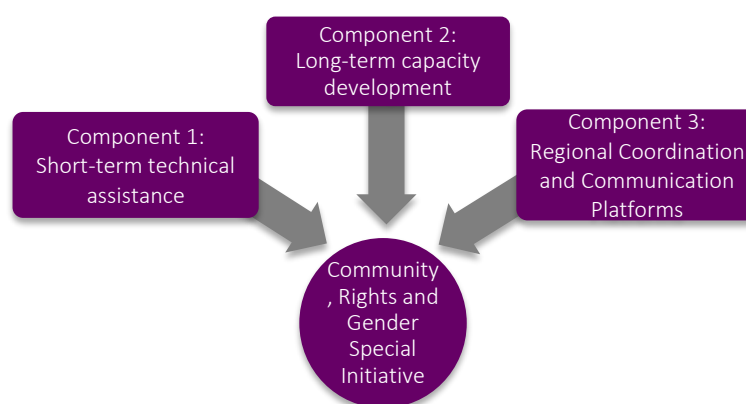
*Investing for Impact*, the Global Fund's Strategy for 2012-16, confirmed the institution's commitment to human rights (including for key populations) and to the role of communities/civil society in protecting those rights. The (New) Funding Model, launched in 2014, presented unprecedented opportunities for engagement - through multi-sectoral Dialogue and Concept Note processes. However, as the Model was piloted and rolled-out, it became evident – including through the process to develop a Joint Civil Society Action Plan (JCSAP)<sup>2</sup> – that there remained significant barriers to the *meaningful* engagement of, and *effective* investment in, communities/civil society at the country level. The barriers included that there were: few TA opportunities for communities/civil society; under-resourced networks, in particular for key populations; and inadequate regional platforms to facilitate communication and coordination.

In April 2014, the Board of the Global Fund approved a CRG Special Initiative, with an allocation of \$ 15 million for three years (2014-16). This was one of five Special Initiatives that were assigned a total of \$ 100 million in non-allocative funding due to addressing areas of work “*not adequately accommodated through the allocation of resources to Country Bands*”<sup>3</sup>.

The CRG Special Initiative was comprised of three core components [see diagram], complemented by additional activities to respond to specific needs [see list in [Box 3](#)].

The aim of the Initiative was to ensure that, within the rollout of the Global Fund's Funding Model:

- Communities and civil society are meaningfully engaged in the design, implementation and monitoring of supported programmes.
- Technically sound interventions to address human rights, gender equality and Community Systems Strengthening (CSS) are included in Concept Notes and grants for HIV, TB and Malaria.



The CRG Special Initiative was managed by a Team within the CRG Department of the Global Fund Secretariat. As of mid-October 2016, this had: two full-time personnel – a Coordinator (seconded from Centres for Disease Control (CDC)) and a Programme Officer; a part-time Regional Platforms Coordinator (consultant); part-time administrative personnel; and access to other human resources in the CRG Department and relevant Divisions of the Secretariat (such as GMD, Procurement and Finance). Component 2 of the Initiative was managed by AidsFonds, based in the Netherlands, serving as the FMA for the RCNF.

The work was supported by a CRG Special Initiative Coordination Mechanism. As of mid-October 2016, this included representatives from: teams across the Global Fund Secretariat; disease-specific technical partners (UNAIDS and the Stop TB Partnership); the Communities Delegation to the Board of the Global Fund; and bi-lateral TA programmes (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) of the Government of Germany and the 5% Initiative of the Government of France)<sup>4</sup>.

### Box 3: Core components and additional activities of the CRG Special Initiative

The Initiative had three core components:

<b>Component 1.</b> <b>Short-term TA for Country Dialogue and Concept Note development</b>	This was allocated approx. \$ 4.25 million. By mid-October 2016, 65 TA assignments had been approved, delivered by pre-qualified CRG TA providers, predominantly CSOs. The TA strengthened the meaningful engagement of communities/civil society and the inclusion of CRG interventions in 24 country and 16 regional-level Dialogue and Concept Note processes, mostly relating to HIV and/or TB and with a focus on key populations.
<b>Component 2.</b> <b>Long-term capacity development of key population networks through partnership with the RCNF</b>	<p>This was allocated approx. \$ 5.3 million*. By mid-October 2016, two rounds of one-year grants had been channelled through the RCNF (an existing pooled funding mechanism) to eight networks/ consortia. The grantees incorporated 33 global and regional networks by and for key populations – namely men who have sex with men (MSM), transgender people, sex workers, people living with HIV, women living with HIV, people who use drugs and young key populations). The grants strengthened the capacity of such communities to understand, engage in and influence Global Fund processes in over 50 countries and regions, predominantly in relation to HIV.</p> <p>*Refers to the Global Fund/RCNF partnership. An additional \$ 650,000 was allocated to long-term capacity development of TB and Malaria networks, bringing the total for Component 2 to approx. \$ 5.95 million.</p>
<b>Component 3.</b> <b>Regional Coordination and Communication Platforms for communities/civil society</b>	This was allocated approx. \$ 4.4 million. By mid-October 2016, six host organisations had been selected and were serving as Regional Coordination and Communication Platforms for Anglophone Africa, Asia and the Pacific, EECA, Francophone Africa, LAC and MENA. The Platforms enhanced Global Fund responses to the three diseases through strengthening information, coordination, evidence, engagement and attention to TA for communities/civil society.

The Initiative also supported a range of additional activities that responded to specific needs:

- **Workshop for TA providers:** In 2014, the Global Fund Secretariat provided a workshop in Siem Reap, Cambodia, for 13 of the initial set of pre-qualified TA providers for Component 1. This served as an opportunity to update the providers' knowledge and capacity in relation to the Global Fund's Funding Model, CRG-related issues and the CRG Special Initiative.
- **TA pilot projects:** In 2014, TA pilot projects were implemented in eight countries. These were conducted by CSO TA providers and focused on: assessing the legal/policy environment; identifying human rights priorities; and caucusing communities/civil society advocates.
- **Strengthening Civil Society and Community Engagement Meeting, MENA:** In December 2014, a three-day meeting, co-sponsored by the Stop TB Partnership, was held in Beirut. This brought together communities/civil society advocates to build their knowledge to engage in Global Fund Country Dialogue and Concept Note processes. Representatives were from Afghanistan, Algeria, Djibouti, Egypt, Mauritania, Morocco, Pakistan, Palestine, Syria, Tunisia and Yemen (all countries due to submit Concept Notes).
- **Meeting of RCNF grantees:** In May 2015, a half-day meeting (added to a consultation on the Global Fund's new Strategy) was held in Amsterdam, bringing together the RCNF partners to share results and updates.
- **Training on the HIV/TB Gender Assessment Tool:** In July 2015, a training was held on the Gender Assessment Tool, co-sponsored by the Stop TB Partnership and supported by the Southern African AIDS Trust (SAT), a CRG TA provider. This involved participants from multiple countries, enabling TA providers to understand the Tool and how to use it with national TB planning processes, particularly linked to the Global Fund.
- **REDLACTRANS visit to the Global Fund:** In July 2015, REDLACTRANS (a transgender network for LAC) were supported to travel to Geneva during grant-making for their Regional Concept Note – to meet with technical partners and Global Fund stakeholders, such as the Office of the Inspector General (OIG).

- **Engaged Communities, Effective Grants Meeting:** In August 2015, the Global Fund coordinated a Global Partners Meeting of the CRG Special Initiative, hosted in Bangkok by APCASO (the Asia Pacific Regional Coordination and Communication Platform). The three-day event had 115 participants – including representatives of TA providers, Global Fund/RCNF grantees and Regional Platforms - from 53 networks/organisations working on HIV, TB and Malaria. It enabled the sharing of results and the planning for strengthened collaboration. A one-day pre-meeting, supported by the Ford Foundation, was held for CRG TA providers focused on human rights.
- **Grants for TA on sustainability and transition:** In March 2016, the Strategy Committee of the Board of the Global Fund approved a \$ 500,000 set aside within Component 1 of the CRG Special Initiative to provide specific support for the engagement of communities/civil society - including key populations - in settings experiencing or facing transition from the Global Fund. For example, TA will be provided to support the meaningful engagement of communities/civil society in the implementation of Transition Readiness Assessments (TRAs) or the development of subsequent transition plans. As of mid-October 2016, TA requests had been received, or were expected from, six countries. To provide the support, CRG TA providers are being mobilised and contracted. These organisations are required to partner with other relevant TA providers, while the Open Society Foundation (OSF) is supporting the Global Fund to identify the specific technical skills that are required.
- **Grants for TA on Malaria:** In 2016, following a specific Request for Proposals, four organisations were awarded grants to provide TA/capacity building specifically related to Malaria. The grantees are: APCASO (Asia Pacific); International Public Health Advisors (IPHA) (global); Kenya NGOs Alliance Against Malaria (KeNAAM) (Eastern Africa); and RAME (West and Central Africa). They will conduct pilot activities – including intensive support in approximately 14 countries - to develop and roll-out tools to strengthen the engagement of communities/civil society in national decision-making, planning and advocacy on Malaria and the inclusion of CRG-related interventions in Global Fund Malaria programmes. The work will also include attention to domestic resource mobilisation. These grants aim to serve as a Malaria corollary of Component 2 of the CRG Special Initiative.
- **Grant for Global Coalition of TB Activists (GCTA):** As of mid-October 2016, a grant was being approved for the GCTA - channelled through the Stop TB Partnership – to support pilot activities to strengthen communities/civil society engagement in Global Fund processes related to TB. This grant aims to serve as a TB corollary of Component 2 of the CRG Special Initiative.
- **Enhancing Synergies and Peer-to-Peer Collaboration Meeting:** In October 2016, the Global Fund coordinated a meeting of partners from Components 2 and 3 of the CRG Special Initiative, hosted in Marrakech, Morocco, by ITPC-MENA (the MENA Regional Coordination and Communication Platform). The three-day event involved over 40 participants, including representatives of the eight Global Fund/RCNF grantees, six Regional Platforms and the Global Fund Secretariat. It provided a space for sharing and networking among the partners, identifying areas of existing/potential synergies and strategising on CRG-related aspects of the Global Fund Strategy for 2017-22. The meeting also served as an opportunity to validate the initial findings of the Evaluation of the CRG Special Initiative.

## SECTION 2: FINDINGS PER COMPONENT

Section 2 is divided into three parts, outlining the Evaluation findings for each of Components 1, 2 and 3 of the CRG Special Initiative. Each part contains:

1. Introduction – giving an overview of the component, including a summary of key data
2. Activities – providing examples of activities conducted under the component
3. Outcomes – outlining the outcomes (and indicated impacts) of the component
4. Lessons learned – identifying the success factors and challenges of the component

Case studies for Components 1, 2 and 3 are provided in Annex 5, 6 and 7 (respectively).

## 2.1. Findings - Component 1. Short-term technical assistance

### 2.1.1. Introduction to Component 1

#### Box 4: Key data for Component 1

Box 4: Key data for Component 1

<ul style="list-style-type: none"><li>• <b>Launch date:</b> August 2014</li><li>• <b>Funding allocation to Component:</b><ul style="list-style-type: none"><li>• Original allocation: \$ 6.1 million</li><li>• Final allocation (estimate for December 2016): \$ 4.25 million</li></ul></li><li>• <b>No. of approved TA assignments:</b><table><tr><td><b>Country-level:</b></td><td><b>Regional-level:</b></td></tr><tr><td>• 43, supporting 24 country processes</td><td>• 22, supporting 16 regional processes</td></tr></table></li><li>• <b>Value of TA assignments:</b><table><tr><td><b>Country-level:</b></td><td><b>Regional-level:</b></td></tr><tr><td>• Smallest: \$ 3,062</td><td>• Smallest: \$ 5,176</td></tr><tr><td>• Largest: \$ 92,256</td><td>• Largest: \$ 100,016</td></tr></table></li><li>• <b>Disease area of TA assignments:</b><table><tr><td><b>Country-level:</b></td><td><b>Regional-level:</b></td></tr><tr><td>• HIV: 14</td><td>• HIV: 19</td></tr><tr><td>• HIV/TB: 25</td><td>• HIV/TB: 2</td></tr><tr><td>• TB: 2</td><td>• TB: 1</td></tr><tr><td>• HIV/TB/Malaria: 2</td><td>• HIV/TB/Malaria: 0</td></tr></table></li></ul>	<b>Country-level:</b>	<b>Regional-level:</b>	• 43, supporting 24 country processes	• 22, supporting 16 regional processes	<b>Country-level:</b>	<b>Regional-level:</b>	• Smallest: \$ 3,062	• Smallest: \$ 5,176	• Largest: \$ 92,256	• Largest: \$ 100,016	<b>Country-level:</b>	<b>Regional-level:</b>	• HIV: 14	• HIV: 19	• HIV/TB: 25	• HIV/TB: 2	• TB: 2	• TB: 1	• HIV/TB/Malaria: 2	• HIV/TB/Malaria: 0	<ul style="list-style-type: none"><li>• <b>Area of TA provided*:</b><table><tr><td><b>Country-level:</b></td><td><b>Regional-level:</b></td></tr><tr><td>• Situational analysis/needs assessment: 9</td><td>• Situational analysis/needs assessment: 11</td></tr><tr><td>• Engagement in Dialogue and processes: 24</td><td>• Engagement in Dialogue and processes: 7</td></tr><tr><td>• Supporting programme design: 16</td><td>• Supporting programme design: 10</td></tr></table><p>[*Assignments could address more than one area of TA]</p></li><li>• <b>Target of TA assignments:</b> predominantly key populations</li><li>• <b>Reporting framework (each assignment):</b> technical and financial report (TA provider) and Quality Assurance survey (TA requestor and Global Fund Country Team)</li><li>• <b>No. of pre-qualified TA providers:</b> 34, predominantly CSOs [see below]</li></ul>	<b>Country-level:</b>	<b>Regional-level:</b>	• Situational analysis/needs assessment: 9	• Situational analysis/needs assessment: 11	• Engagement in Dialogue and processes: 24	• Engagement in Dialogue and processes: 7	• Supporting programme design: 16	• Supporting programme design: 10																				
<b>Country-level:</b>	<b>Regional-level:</b>																																																
• 43, supporting 24 country processes	• 22, supporting 16 regional processes																																																
<b>Country-level:</b>	<b>Regional-level:</b>																																																
• Smallest: \$ 3,062	• Smallest: \$ 5,176																																																
• Largest: \$ 92,256	• Largest: \$ 100,016																																																
<b>Country-level:</b>	<b>Regional-level:</b>																																																
• HIV: 14	• HIV: 19																																																
• HIV/TB: 25	• HIV/TB: 2																																																
• TB: 2	• TB: 1																																																
• HIV/TB/Malaria: 2	• HIV/TB/Malaria: 0																																																
<b>Country-level:</b>	<b>Regional-level:</b>																																																
• Situational analysis/needs assessment: 9	• Situational analysis/needs assessment: 11																																																
• Engagement in Dialogue and processes: 24	• Engagement in Dialogue and processes: 7																																																
• Supporting programme design: 16	• Supporting programme design: 10																																																
<b>Pre-qualified TA providers:</b> <table><tr><td>1. African Men for Sexual Health and Rights (AMSHer)</td><td>9. Australian Federation of AIDS Organisations (AFAO)</td><td>13. East Europe and Central Asia Union on PLWH (ECUO)</td><td>23. Nai Zindagi Trust (NZT)</td></tr><tr><td>2. AIDS Strategy, Advocacy and Policy (ASAP)</td><td>10. Canadian HIV/AIDS Legal Network (CHALN)</td><td>14. Eurasian Harm Reduction Network (EHRN)</td><td>24. New Dimensions Consulting Zimbabwe (NEDICO)</td></tr><tr><td>3. Centro Regional de Asistencia Técnica (CRAT) LAC, Via Libre, International HIV/AIDS Alliance</td><td>11. Caribbean Vulnerable Communities Coalition (CVC)</td><td>15. FHI 360</td><td>25. Partners in Health (PIH)</td></tr><tr><td>4. African Medical and Research Foundation (AMREF) Health Africa</td><td>12. Community Leadership and Action Collaborative (CLAC), including: Global Forum on MSM and HIV (MSMGF); AIDS and Rights Alliance for Southern Africa (ARASA); Global Action for Trans Equality (GATE); Global Network of People Living with HIV (GNP+); International Network of People Who Use Drugs (INPUD); Global Network of Sex Work Projects (NSWP); International Treatment Preparedness Campaign (ITPC)</td><td>16. For Impacts in Social Health (FIS)</td><td>26. PATH</td></tr><tr><td>5. Asia Pacific Coalition on Male Sexual Health (APCOM)</td><td></td><td>17. Heartland Alliance International (HAI)</td><td>27. Regional Technical Support Hub for EECA (EECA Hub)</td></tr><tr><td>6. Asia Pacific Community Action and Partnership (APCAP)</td><td></td><td>18. HIVOS</td><td>28. Southern African AIDS Trust (SAT)</td></tr><tr><td>7. APCASO</td><td></td><td>19. International Planned Parenthood Federation (IPPF)</td><td>29. Eastern Africa National Networks of AIDS Service Organisations (EANNASO)</td></tr><tr><td>8. The ATHENA Network (ATHENA)</td><td></td><td>20. Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN)</td><td>30. MENA Harm Reduction Association (MENAHRA)</td></tr><tr><td></td><td></td><td>21. Kenya NGOs Alliance Against Malaria (KeNAAM)</td><td>31. University Research Co (URC)</td></tr><tr><td></td><td></td><td>22. Lembaga Bantuan Hukum (LBH) Masyarakat</td><td>32. Universidad Peruana Cayetano Heredia (UPCH)</td></tr><tr><td></td><td></td><td></td><td>33. World AIDS Campaign International</td></tr><tr><td></td><td></td><td></td><td>34. Zimbabwe Lawyers for Human Rights (ZLHR)</td></tr></table>		1. African Men for Sexual Health and Rights (AMSHer)	9. Australian Federation of AIDS Organisations (AFAO)	13. East Europe and Central Asia Union on PLWH (ECUO)	23. Nai Zindagi Trust (NZT)	2. AIDS Strategy, Advocacy and Policy (ASAP)	10. Canadian HIV/AIDS Legal Network (CHALN)	14. Eurasian Harm Reduction Network (EHRN)	24. New Dimensions Consulting Zimbabwe (NEDICO)	3. Centro Regional de Asistencia Técnica (CRAT) LAC, Via Libre, International HIV/AIDS Alliance	11. Caribbean Vulnerable Communities Coalition (CVC)	15. FHI 360	25. Partners in Health (PIH)	4. African Medical and Research Foundation (AMREF) Health Africa	12. Community Leadership and Action Collaborative (CLAC), including: Global Forum on MSM and HIV (MSMGF); AIDS and Rights Alliance for Southern Africa (ARASA); Global Action for Trans Equality (GATE); Global Network of People Living with HIV (GNP+); International Network of People Who Use Drugs (INPUD); Global Network of Sex Work Projects (NSWP); International Treatment Preparedness Campaign (ITPC)	16. For Impacts in Social Health (FIS)	26. PATH	5. Asia Pacific Coalition on Male Sexual Health (APCOM)		17. Heartland Alliance International (HAI)	27. Regional Technical Support Hub for EECA (EECA Hub)	6. Asia Pacific Community Action and Partnership (APCAP)		18. HIVOS	28. Southern African AIDS Trust (SAT)	7. APCASO		19. International Planned Parenthood Federation (IPPF)	29. Eastern Africa National Networks of AIDS Service Organisations (EANNASO)	8. The ATHENA Network (ATHENA)		20. Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN)	30. MENA Harm Reduction Association (MENAHRA)			21. Kenya NGOs Alliance Against Malaria (KeNAAM)	31. University Research Co (URC)			22. Lembaga Bantuan Hukum (LBH) Masyarakat	32. Universidad Peruana Cayetano Heredia (UPCH)				33. World AIDS Campaign International				34. Zimbabwe Lawyers for Human Rights (ZLHR)
1. African Men for Sexual Health and Rights (AMSHer)	9. Australian Federation of AIDS Organisations (AFAO)	13. East Europe and Central Asia Union on PLWH (ECUO)	23. Nai Zindagi Trust (NZT)																																														
2. AIDS Strategy, Advocacy and Policy (ASAP)	10. Canadian HIV/AIDS Legal Network (CHALN)	14. Eurasian Harm Reduction Network (EHRN)	24. New Dimensions Consulting Zimbabwe (NEDICO)																																														
3. Centro Regional de Asistencia Técnica (CRAT) LAC, Via Libre, International HIV/AIDS Alliance	11. Caribbean Vulnerable Communities Coalition (CVC)	15. FHI 360	25. Partners in Health (PIH)																																														
4. African Medical and Research Foundation (AMREF) Health Africa	12. Community Leadership and Action Collaborative (CLAC), including: Global Forum on MSM and HIV (MSMGF); AIDS and Rights Alliance for Southern Africa (ARASA); Global Action for Trans Equality (GATE); Global Network of People Living with HIV (GNP+); International Network of People Who Use Drugs (INPUD); Global Network of Sex Work Projects (NSWP); International Treatment Preparedness Campaign (ITPC)	16. For Impacts in Social Health (FIS)	26. PATH																																														
5. Asia Pacific Coalition on Male Sexual Health (APCOM)		17. Heartland Alliance International (HAI)	27. Regional Technical Support Hub for EECA (EECA Hub)																																														
6. Asia Pacific Community Action and Partnership (APCAP)		18. HIVOS	28. Southern African AIDS Trust (SAT)																																														
7. APCASO		19. International Planned Parenthood Federation (IPPF)	29. Eastern Africa National Networks of AIDS Service Organisations (EANNASO)																																														
8. The ATHENA Network (ATHENA)		20. Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN)	30. MENA Harm Reduction Association (MENAHRA)																																														
		21. Kenya NGOs Alliance Against Malaria (KeNAAM)	31. University Research Co (URC)																																														
		22. Lembaga Bantuan Hukum (LBH) Masyarakat	32. Universidad Peruana Cayetano Heredia (UPCH)																																														
			33. World AIDS Campaign International																																														
			34. Zimbabwe Lawyers for Human Rights (ZLHR)																																														

Component 1 of the CRG Special Initiative<sup>5</sup> funded short-term TA to support communities/civil society to meaningfully engage in the Global Fund's (New) Funding Model during Dialogue and Concept Note processes. The TA was available for community responses, including organisations or networks of civil society, key populations and people living with HIV or affected by TB or Malaria. The requestors were required to be domestic groups, with priority given to national-level applications - such as by consortia - rather than individual organisations, aiming to foster a more strategic and united approach. Applications could be considered from CCMs if developed in collaboration with a communities/civil society organisation or network. The TA could be requested: up to the signing of a Global Fund grant<sup>6</sup>; and for HIV, TB and/or Malaria-related work, as well as community engagement and attention to CRG-related issues in crosscutting health systems strengthening (HSS) Concept Notes.

The TA could address three main areas [see [Box 5](#)], with requests beyond these considered on a case-by-case basis. As mandated by the Global Fund Board, requests were not permitted for: CCM strengthening; long-term CSO capacity building; Concept Note writing; or grant implementation.

**Box 5: Areas of short-term technical assistance**

1. **Situational analysis/needs assessment:** To support communities/civil society to access the evidence needed to ensure that Concept Notes reflect CRG-related issues and focus on the needs of key populations.
2. **Engagement in Dialogue and processes:** To ensure that communities/civil society had the opportunity to effectively and meaningfully engage in Country Dialogues and other Global Fund processes and to advocate for the inclusion of CRG-related interventions.
3. **Supporting programme design:** To support communities/civil society to design, plan and budget for programmes for inclusion in Concept Notes, with a focus on CRG and key population programming.

Information about Component 1 was provided in six languages. Applications started with a simple form, completed online or in hard copy, including questions about the need (such as how the TA related to a Concept Note) and background (such as whether the applicant had liaised with the CCM). This was submitted to the Global Fund and managed by the CRG Special Initiative Team. Once assessed as eligible, requests were prioritised according to criteria (such as the urgency of the timeline). The Team collaborated with the Country Teams, CRG Advisers and CCM Hub in the Secretariat to: minimise duplication; confirm feasibility; assess the relevance of the scope of work; and identify an appropriate TA provider. The process took approximately 15-50 days, depending on the request's complexity.

The TA providers were predominantly CSOs, including key population networks, nongovernmental organisations (NGOs) and universities, mostly based in implementing countries [see [Box 4](#)]. A total of 34 were pre-qualified through an open tender. The bidders underwent a capacity assessment of their CRG-related skills and expertise, with those successful offered an Indefinite Quantity Contract<sup>7</sup>. When selected for an assignment and given - or asked to assist develop - Terms of Reference (stating the scope of the work and deliverables), a TA provider was required to provide a detailed workplan, budget and timeline, and to sign a conflict of interest disclosure. Once the Terms were agreed by the relevant parties and approved by the Head of the CRG Department, it was the responsibility of the TA provider to deliver the assignment, remaining in communication with relevant staff and Departments at the Global Fund. Component 1 operated a Quality Assurance system to gain feedback on the TA provided. This was developed in communication with other TA providers - to pilot a mechanism that could be adapted across different initiatives. It involved two surveys (one to the requester, one to the Global Fund Country Team), with questions about the quality and usefulness of the TA. The surveys were non-compulsory, with 18 responses (9 from requesters, 9 from Country Teams) received by mid-October 2016 [see [Box 7](#)].

By mid-October 2016, a total of 65 TA assignments had been approved – 43 in relation to country grants and 22 to regional grants. [See [Box 6](#) for a summary – with the details of countries, requestors and providers withheld for confidentiality]. These benefitted over 24 country and 16 regional-level Global Fund processes. A further 11 TA requests were eligible, but not delivered (for example, due to the political context or another TA provider stepping in). Also, 35 requests were ineligible (most often due to being outside of the Initiative's mandate). The majority of the assignments targeted key populations, often focusing on specific groups (such as sex workers or women living with HIV). Many had an expanded scope incorporating CRG-related issues, such as human rights. Most countries/regions received one assignment, although others received multiple ones (up to 5 for country-level and up to 3 for regional-level). The costs of the assignments ranged: from \$ 3,062 to \$ 92,256 for country-level; and from \$ 5,176 to \$ 100,016 for regional-level. The largest number of: country-level assignments (25) related to HIV/TB Concept Notes, while only two related to Notes including attention to Malaria. The largest number of regional-level assignments (17) related to HIV Concept Notes<sup>8</sup>, while none related to Notes including Malaria. The largest number of: country-level assignments (24) provided TA in the area of 'engagement in Dialogue and processes'; and regional-level assignments (11) provided TA in 'situational analysis and needs assessment'. Case studies on Component 1 are provided in Annex 5.



## 2.1.2. Activities under Component 1

Box 6: TA assignments delivered to country/regional-level responses

Country/ Region	Area of TA	Disease area	Assignment deliverables	Summary of TA delivered
<b>Country-level TA assignments:</b>				
1. EECA	Engagement in Dialogue and processes	HIV	Report of findings from desk review, interviews, rapid assessments and situational analysis, with recommendations	Supported the engagement of sex workers in ongoing Country Dialogue and grant-making processes to ensure appropriate programming in the country's HIV grant, including by assessing the potential suitability of approaches proposed by the National AIDS Programme.
2. Southern and Eastern Africa	Engagement in Dialogue and processes	HIV	Report including methodological framework for surveys/ questionnaires, group exercises and other aspects of community dialogue	Informed KP representatives about GF processes and KP Implementation Tools (the SWIT, MSMIT, IDUIT and TRANSIT). Facilitated a KP review of the Concept Note to identify linkages between KP-specific components and others (such as HIV treatment).
3. EECA	Situational analysis and needs assessment. Supporting programme design	HIV	Suggested ToR for CRG workgroup; list of proposed CRG priorities for Concept Note; summary of assignment	Supported CSOs to identify the needs for and assess the barriers to services for vulnerable communities. Mobilised support for community and human rights priorities in relation to Global Fund-supported programmes. Developed and articulated clear and actionable policy recommendations, strategies and best practices for community involvement and the protection of human rights - to be incorporated into the Country Dialogue and Concept Note development processes.
4. Central Africa	Engagement in Dialogue and processes. Supporting programme design	HIV/TB/ Malaria	Scoping of mission; civil society mapping; Recommendations to promote CRG goals and priorities; presentation of report to key stakeholders; project summary	Supported KP groups to include CRG issues in the country's programmes. Strengthened CSOs' ability to: identify entry points to advocate for the rights of KPs; be meaningfully engaged in Concept Note development for all three diseases; and monitor the implementation of the country's GF grants.
5. LAC	Situational analysis and needs assessment. Engagement in Dialogue and processes	HIV	Schedule for project plan and activities; national consultation; focus groups; final report with recommendations	Built understanding about diversity among KP groups and their barriers to access (including for HIV testing services). Informed civil society and communities about GF grant processes and entry points for involvement and feedback. Identified urgent grant-making actions for each priority KP group.
6. Central Africa	Situational analysis and needs assessment	HIV/TB	Memo with recommendations on CRG considerations	Reviewed the Country Concept Note to provide expert input on: KP, gender, human rights and community response definitions in the context analysis and corresponding program content of the modular templates; and where CRG analysis and programming could be further strengthened in the HIV/TB Concept Note.
7. Central Africa	Engagement in Dialogue and processes	HIV/TB	Summary meeting report; memo on mission; comments on Concept Note	Facilitated and organised a review of the Concept Note by the KP Task Force, with the members encouraged to use the outcomes to engage with broader civil society. Summarised the Task Force's inputs and documented the extent to which KP recommendations were included in the Country Concept Note.



8. Central Africa	Engagement in Dialogue and processes	HIV/TB	Case study on lessons learned	Supported the: Country Dialogue process; involvement of key and vulnerable populations in the development of high impact community interventions to facilitate access to care, support and treatment; integration of community recommendations and responses into GF processes; and strengthening of CSOs to advocate, monitor and evaluate health programs in anticipation of grant-making.
9. Central Africa	Situational analysis and needs assessment	HIV/TB	Recommendations memo on CRG considerations	As for previous assignment, but within reiteration of the Concept Note. Reviewed the revised Country Concept Note to provide expert input on: KP, gender, human rights and community response definitions in the context analysis and corresponding program content of the modular templates; and where CRG analysis and programming could be further strengthened in the HIV/TB Concept Note.
10. High Impact Africa 1	Situational analysis and needs assessment	HIV/TB	Recommendations for KP and prevention Modules; memo on key outcomes	Developed a roadmap for the preliminary phase of the KP component of the country's grant. Reviewed the budget assumptions for the component (focused on MSM and sex workers) and laid the groundwork for a work plan. Conducted a similar review and groundwork for the gender-related activities in the general public component.
11. High Impact Africa 1	Supporting programme design	HIV/TB	Gender roadmap	Ensured that appropriate measures for a gender-based approach had been included in the key modules, operational work plans and budgets for the country's HIV and TB grants. For example, with attention to programmes to address gender issues and gender-based violence and ensure services for women and girls.
12. High Impact Africa 1	Supporting programme design	HIV/TB	Report summarising gender mainstreaming analyses and recommendations for TA during implementation	Proposed gender mainstreaming measures for inclusion in the country's HIV and TB grant programmes.
13. LAC	Engagement in Dialogue and processes	HIV/TB	Report of recommendations; work plan for training and capacity building	Caucused and facilitated consultations among people affected by TB and other KPs (people living with HIV, Haitian migrants, prisoners, minors and the urban poor) to ensure their further engagement in Country Dialogue and Concept Note strengthening processes. Conducted a situational analysis of communities/civil society engagement in TB activities to date and identified communities/civil society groups working with various KPs. Ensured a rights-based and gender sensitive approach to TB interventions.
14. EECA	Situational analysis and needs assessment. Engagement in Dialogue and processes	HIV	Needs assessment; workshop; engagement plan	Assessed the CSS needs of MSM and transgender communities, proposing strategies for stakeholders to consider (including PrEP). Ensured the meaningful participation of MSM and transgender communities in the design, monitoring and evaluation of GF-supported programmes, in order to achieve greater impact
15. LAC	Supporting programme design	TB	Desk review report	Conducted a desk review to examine gender considerations of TB epidemiology and recommended gender interventions to make the national response more effective, including to inform the GF Concept Note development and grant making.

16. High Impact Africa 2	Engagement in Dialogue and processes	HIV	Detailed work plan; workshop report	Provided a core group of representatives of sex workers, MSM, transgender people, people who inject drugs and women living with HIV support to represent their constituencies and input effectively into Country Dialogue and Concept Note development processes. Included the: development of a consolidated work plan across KP groups (including TA requests); and facilitation of a one day Concept Note review meeting for KP representatives.
17. High Impact Africa 2	Engagement in Dialogue and processes	HIV/TB	Concept Note review; workshop slides	Co-facilitated with another CRG TA provider. As previous assignment, but specifically focused on women living with HIV – supporting their sensitisation on human rights issues and identification of priority issues to be included in the Concept Note.
18. High Impact Africa 2	Engagement in Dialogue and processes	HIV/TB	Concept Note review; workshop slides	Co-facilitated with another CRG TA provider. As previous assignment, but specifically focused on sex workers - supporting their sensitisation on human rights issues and identification of priority issues to be included in the Concept Note.
19. EECA	Situational analysis and needs assessment	HIV	Rapid assessment report	Supported CSOs and communities groups to conduct initial assessments on the: performance of harm reduction and other KP programmes and gaps in the current response; and current levels of engagement of CSOs and communities groups in the process for developing, implementing and monitoring the performance of GF grants.
20. EECA	Supporting programme design	HIV/TB	Mid-term report; final report	Supported Country Dialogue discussions, recommending and costing appropriate and efficient harm reduction approaches (based on communities needs) for inclusion in Concept Note development.
21. EECA	Supporting programme design	HIV	Phase I report proposing modules to be considered; Phase II Report with programme design recommendations; Phase III report including workshop recommendations	Strengthened the role of CSOs to propose Concept Note interventions that remove legal barriers and mitigate the negative impacts of State practices that violate human rights (such as by limiting HIV prevention and treatment efforts among KPs).
22. EECA	Engagement in Dialogue and processes	HIV/TB	Proposed workplan for Working Group; proposed workshop agenda; recommendations for follow-up; recommendations memo	Promoted the leadership and participation of KPs, including people living with HIV, in the Civil Society Forum. Explored mechanisms to improve communication and coordination among civil society actors through grant-making.
23. EECA	Supporting programme design	HIV/TB	Report of desk review; proposed agenda for workshop; final report, including Recommendations	To provide increased support to community and civil society, particularly drug user groups, during the final phase of grant making, with an emphasis on ways that peer-driven activities could yield better grant outcomes
24. LAC	Supporting programme design	TB	Proposed costed TA plan	Defined appropriate interventions to include in the TB Concept Note to: help address the stigma, discrimination and gender inequalities that hamper the effectiveness of the response; and improve access to health services for those most in need. Responded to GF TRP request that this be addressed during grant making.
25. High Impact Africa 1	Supporting programme design	HIV/TB	Proposed and validated programme models; slide presentations; meeting report	Supported KPs (MSM, sex workers and people who inject drugs) to define comprehensive programme packages to be included in the Country Concept Note.

26. High Impact Africa 1	Supporting programme design	HIV/TB	Memo on high-level recommendations	Integrated gender-related interventions – such as to address gender-based violence, ensure gender responsive programming and integrate services focused on women and girls - into the detailed framework, work plan and budget of the TB/HIV grant, focusing on priority modules. Supported the design of management, monitoring and evaluation measures for the grant to be gender-sensitive and to track progress on addressing the particular needs of women and girls, men and boys.
27. High Impact Africa 1	Supporting programme design	HIV/TB	Memo on high-level recommendations	Similar to previous assignment, but with activities divided among thematic consultants focused on MSM, sex workers and people who inject drugs. Developed and followed a Roadmap for KP Grant-Making.
28. High Impact Africa 1	Engagement in Dialogue and processes. Supporting programme design	HIV/TB	Consultation report	Supported inclusive and participatory process, hosting KP and gender-specific consultations. Enhanced stakeholders' knowledge of gender issues in the TB/HIV epidemic and identified entry points for gender mainstreaming under each Module. Elaborated strategies to address gender issues and close gender gaps. Defined a clear framework/mechanisms for monitoring the gender commitments of the HIV/TB grant.
29. LAC	Engagement in Dialogue and processes	HIV	Presentation of summary recommendations; data synthesis; Concept Note comments; mission report	Supported development and reiteration of the Concept Note by ensuring more robust KP involvement and comprehensive programme definitions tailored to prevention, stigma and discrimination. Facilitated inputs from CSOs (including KP groups) and provided expert input on refining the overall programme model.
30. LAC	Situational analysis and needs assessment	HIV/TB	Memo of proposed tasks; proposed sustainability and transition interventions; workshop; final report	Evaluated the CSS gaps and needs of relevance to the country's HIV/TB grant, leading to the preparation of a sustainability plan.
31. LAC	Engagement in Dialogue and processes. Supporting programme design	HIV/TB	Memo of proposed tasks; proposed sustainability and transition interventions; workshop; and final Report	Conducted in partnership with another CRG TA Provider. Developed options for CSO interventions promoting sustainability in the national context. Held a workshop to present products to community stakeholders, gaining feedback for their finalisation.
32. Central Africa	Engagement in Dialogue and processes	HIV/TB/ Malaria	Desk review; summary recommendations; inception meetings	Facilitated consultation among CSOs and KPs to ensure their effective engagement in Global Fund reprogramming. Under KP platform, brought together organisations representing key affected population constituencies to plan and make inputs into the process. Contributed to improving the synergy between CSOs and KPs and ensuring cohesive messages to present to wider stakeholders.
33. Central Africa	Engagement in Dialogue and processes	HIV/TB	Consultation report; recommendations for grant making	Continuation of previous assignment. Focused on consultation among CSOs and KPs to ensure their effective engagement in Global Fund reprogramming.
34. Central Africa	Engagement in Dialogue and processes	HIV/TB	Community monitoring and evaluation guidelines	Provided coordination and communication to facilitate constituencies' involvement in GF processes and to develop community monitoring and evaluation guidelines.
35. Central Africa	Engagement in Dialogue and processes	HIV/TB	Civil Society Priorities Charter meeting report	Engaged various sectors within civil society in the process to develop the HIV/TB Concept Note. Developed a Civil Society Priorities Charter on TB and HIV.
36. Central Africa	Supporting programme design	HIV	Recommendations memo, focused on – KP priorities	Built on country's Civil Society Priorities Charter on HIV and TB to consolidate the strategic viewpoints of KP groups. Supported the review of drafts of the HIV/TB Concept Note with representatives from KP groups. Outlined recommendations for inclusion in the HIV/TB Concept Note development processes.

37. MENA	Situational analysis and needs assessment	HIV	Work plan with detailed recommendations; final TA report	Responding to comments by the GF's TRP and GAC, ensured that programmes run and led by the military respect, and are grounded in, human rights-based approaches that protect KPs. Deepened understanding of the drivers of reported and unreported abuses and recommended mitigation and redress actions to be used. Expanded civil society and community partnerships to play an active role in monitoring violations.
38. South and East Asia	Engagement in Dialogue and processes	HIV/TB	Input to Technical Advisory Group on CSS; synthesis of key issues into summary report	Strengthened the engagement of KP groups in GF Country Dialogue, in a context of nascent civil society. Documented discussion points and outcomes of consultations – translating them (from local language into English) for consideration by the Concept Note development team. Highlighted the need for attention to access to and quality of services and for improved links to gender-based violence and other resources.
39. Central Africa	Engagement in Dialogue and processes	HIV/TB	Proposed meeting agenda; validation meeting report; slide presentations with recommendations by KP group	Supported KPs to review the Concept Note and identify comprehensive KP programme packages to form the basis for GF-supported programmes under the grant. Conducted a desk review, validation meeting, interviews and focus group discussions and provided technical oversight.
40. EECA	Engagement in Dialogue and processes	HIV/TB	Needs assessment; workshop meeting report; proposed action plan	Enhanced the participation of KPs in the context of TB during grant making. Strengthened key components of programme interventions by incorporating feedback from those affected by TB. Designed and planned for effective mechanisms to monitor progress, including documenting the CSS needs of communities affected by TB.
41. High Impact Africa 2	Engagement in Dialogue and processes	HIV/TB	Recommendations document; slide presentations; mission memo	Supported KPs to conduct a robust review of the draft Concept Note and provide recommendations for revisions. Documented the extent to which KP recommendations were included in the final Concept Note.
42. High Impact Africa 2	Engagement in Dialogue and processes	HIV/TB	Consultation logistics; consultation report	Supported representatives of KP groups through Country Dialogue process. [Note: CRG Component 1 pilot assignment <sup>9</sup> ]
43. LAC	Supporting programme design	HIV	Desk review; consultation methodology; recommendations for strengthening Human Rights Module	Strengthened the country's human rights Module, incorporating a broader range of appropriate programmes to remove rights-related barriers, addressing the priorities of KPs (including MSM, sex workers, transgender people and people living with HIV).
<b>Regional-level TA assignments:</b>				
44. Africa	Situational analysis and needs assessment. Supporting programme design	HIV	Memo on legal and policy environment in region; policy brief citing recommendations; Concept Note comments	Identified human rights and gender barriers associated with harm reduction services and programs in the region. Identified activities and concrete interventions that support the creation of an enabling legal and political environment for harm reduction, advancing rights and addressing the needs of people who use drugs.
45. Asia	Situational analysis and needs assessment	HIV/TB	Regional stakeholder and policy mapping; recommendations for strengthening CRG considerations in the Concept Note	Supported communities and civil society to: reflect on health financing policies and procedures in the four countries covered by the regional grant. Contributed to budget design and allocation, expenditure tracking and funding mechanism strategies to be incorporated into the Concept Note.
46. Africa	Situational analysis and needs assessment	HIV	Concept Note review and analysis; project summary, with recommendations	Supported the inclusion of gender and human rights considerations in the five-country Concept Note. Reviewed the most relevant national laws, strategic plans and other outcome documents related to regional consultations among representatives of key and other vulnerable populations.

47. Africa	Supporting programme design	HIV	Presentation on key CRG issues; recommendations document; roadmap for KP integration	Supported decision-makers to identify interventions that are particularly beneficial to women and girls. Made practical suggestions for inclusion of gender equality and human rights protections in the final Concept Note. Increased awareness of CSS needs and priorities. Proposed appropriate evidence-based strategies for combatting gender-based violence. Supported the development of a suitable framework and indicators to measure CRG-related outputs and outcomes of the planned programme.
48. EECA	Situational analysis and needs assessment. Engagement in Dialogue and processes	TB	Regional Dialogue meeting report; recommendations brief	Conducted a rapid needs assessment on the uptake of, and barriers to access, for TB services for MSM and transgender communities. Organised an on-line Regional Dialogue process, complemented by an in-person Regional Dialogue that prioritised the voices of KP stakeholders. Translated the feedback received into recommendations for priority programming and interventions for inclusion in the Concept Note.
49. EECA	Situational analysis and needs assessment. Engagement in Dialogue and processes	HIV	Desk review; online consultation results; Final report, including results validation	Supported people living with HIV and other stakeholders to identify and review all existing strategic information sources relevant for Concept Note development. Reviewed all TRP and GAC comments and ensured that they were reflected in the Regional Dialogue. Conducted online consultations with stakeholders, particularly key affected populations, on key issues. Ensured that the Regional Dialogue was transparent and well documented.
50. EECA	Engagement in Dialogue and processes	HIV/TB	Mid-term report; final report	Supported the development of the Regional Concept Note by: facilitating Regional Dialogue; gathering evidence and conducting gap analysis; and providing assistance for defining criteria for the geographic scope and KP focus.
51. Africa	Engagement in Dialogue and processes	HIV	Proposed forum agenda; consultation report; summary of recommendations	Supported people with disabilities in the Concept Note's six focus countries to conduct inclusive and participatory Regional Dialogue. Articulated the value of a regional approach to support people with disabilities living with HIV and increased understanding of GF processes among such community members. Ensured the involvement of partners and KP networks in the monitoring of the proposed activities.
52. LAC	Situational analysis and needs assessment	HIV	Summary of available financing, violence against women and health services available to women living with HIV in the region	Gathered evidence on the specific vulnerabilities of women living with HIV in Latin America, such as relating to systematic human rights violations, gender-based violence and lack of access to integrated health services. Gathered data on the social determinants for women living with HIV, such as in relation to health status, education, employment, access to healthcare and lifestyle. Documented the resources allocated to the provision of services for women living with HIV.
53. LAC	Situational analysis and needs assessment	HIV	Work plan; country specific policy frameworks; bibliography	Analysed the policy environment for women living with HIV in 18 countries in LAC, addressing: HIV, SRH, violence against women and gender inequality; and other major areas of policy and law that affect the rights of such community members. Included attention to policies that adversely affect women living with HIV in all their diversity, including transgender women, female or transgender sex workers, women who use drugs and migrant women.
54. LAC	Situational analysis and needs assessment	HIV	Needs assessment; preliminary report; final report	Identified and mapped subgroups of women living with HIV in 11 focus countries in the region. Identified their specific characteristics and main needs and defined differentiated strategies to address them.

55. Africa	Supporting programme design	HIV	Survey monkey; Regional Dialogue; Priorities Charter	Supported the development of a Concept Note to ensure comprehensive integration of CRG considerations. Included: developing an on-line survey in English and French as a platform for regional dialogue; disseminating the survey to the 11 West African focus countries; planning and facilitating a Regional Dialogue; presenting the survey findings; and producing a West African PLHIV Priorities Charter
56. Africa	Supporting programme design	HIV	Proposed M&E framework; work plan	Supported the development of M&E systems, including log frames and community indicators.
57. Africa	Engagement in Dialogue and processes. Supporting programme design	HIV	Meeting reports; joint work plan	Enhanced the participation of KP networks, community and civil society groups during grant-making. Strengthened key components and programme interventions that required feedback from those living with and affected by HIV. Designed and planned effective mechanisms for monitoring progress.
58. LAC	Situational analysis and needs assessment. Supporting programme design	HIV	Report of findings and recommendations	Conducted a mapping of existing health, education and economic resources – to better understand the needs of people living with HIV in the Central America region. Tracked and reported on the systematic violence (including sexual violence) experienced by people living with HIV, as well as the restrictions to the delivery of HIV treatment.
59. LAC	Engagement in Dialogue and processes	HIV	Desk review; work plan	Supported the inclusion of transgender populations in the development of the Concept Note via desk-based research. Planned, implemented and reported on the Regional Dialogue processes and Concept Note review.
60. LAC	Situational analysis and needs assessment	HIV	Report of mapping, data collection, analysis and recommendations	Enhanced knowledge about the HIV epidemic among transgender people in LAC by mapping the: State laws and regulations that impact on gender identity and human rights; epidemiology and population size estimates; organisations; level of funding available for interventions; and accessibility of, and rights to, public institutions and services in areas such as health, education and employment.
61. LAC	Supporting programme design	HIV	Regional consultation during grant making	Supported the grant-making process by consolidating strategic information across 13 countries and formulating recommendations for country-level actions/ advocacy. Organised a second Regional Dialogue.
62. LAC	Situational analysis and needs assessment	HIV	Donor mapping by country; memo outlining action items and recommendations	Supported the identification of options for funding advocacy by sex workers in member countries facing transition from the Global Fund.
63. Asia	Supporting programme design	HIV	7 Blueprints for Change; recommendations for country specific capacity building plans for CSOs and networks	Produced seven harm reduction 'Blueprints for Change' - including advocacy mappings and stakeholder analyses – to support the design of the programme in seven countries
64. Asia	Supporting programme design	HIV	Proposed roadmap for piloting community-based testing; regional workshop report	Supported the design of the piloting of community-based testing services to ensure that it takes into account the specific needs of people who use drugs, sex workers, transgender people and people living with HIV.
65. MENA	Engagement in Dialogue and processes. Supporting programme design	HIV	Desk review; report of consultations; recommendations for improving CSS Module	Supported preparation and development of the CSS module and analysed model community-led service delivery projects in the region.

### 2.1.3. Outcomes of Component 1

The Evaluation noted that the TA provided under the CRG Special Initiative was short-term and often conducted alongside other interventions related to Global Fund Dialogue and Concept Note processes. As such, within the assessment of the Component, it was both: unrealistic to expect significant *impacts* (as opposed to outputs); and challenging to attribute results *solely* to the Initiative. However, the Evaluation found strong *indications* that, in many contexts, the TA contributed to:

- ⇒ **The conduct of national and regional-level Global Fund processes that benefitted from the more meaningful engagement and stronger representation of communities/civil society** – by funding opportunities for the sector to access the information, skills and tools required to more fully participate and advocate within relevant processes – such as Country/Regional Dialogues and Concept Note Working Groups - alongside other key stakeholders, such as CCM members and technical partners. [See [Case study 2](#) on Kenya for an example].
- ⇒ **The clearer articulation of communities'/civil society's joint priorities within Global Fund Country/Regional Dialogue processes** – through, rather than supporting individual organisations, facilitating opportunities for diverse, sometimes fragmented, community/civil society sectors to: caucus; identify their most important needs; develop joint 'asks'; and plan their delivery through joint advocacy roadmaps. [See [Case study 1](#) on South Africa and [Case study 5](#) on ITPC West Africa for examples].
- ⇒ **The more effective and strategic promotion of communities/civil society 'asks' within the development of Global Fund Country/Regional Concept Notes and subsequent grant-making** – through enabling communities/civil society representatives to better understand the steps involved in Concept Note development and grant-making and to identify and maximise entry points for influence, such as through participation in Drafting Committees. [See [Case study 7](#) on Kyrgyzstan and [Case study 8](#) on Benin for examples].
- ⇒ **The inclusion of better designed and budgeted CRG-related interventions in Modules of Global Fund Country/Regional Concept Notes** – through supporting the conduct of analyses and mappings (such as of the legal context for key populations) and building understanding about good practice programmes, tools and resource allocations that meet the needs of vulnerable communities. [See for [Case study 3](#) on Georgia, [Case study 4](#) on Cameroon and [Case study 9](#) on Sierra Leone for examples].
- ⇒ **The successful submission of evidence and consultation-based Regional Concept Notes that address strategic CRG-related gaps, in particular the needs of key populations** – through providing opportunities for communities/civil society to meet the application criteria (such as for inclusive Regional Dialogue) and develop high quality proposals (informed by specialised analyses). [See [Case study 6](#) on ICW Latina for an example].

#### Box 7: Quality Assurance of TA

Within Component 1's Quality Assurance process, nine surveys were completed by TA requesters. The assignments covered eight countries, with seven TA providers. An analysis shows positive feedback on the quality and effectiveness of the assistance, such as that, among the requesters:

- All stated that there was regular and effective communication between the TA provider and country stakeholders.
- All stated that they were satisfied with the quality/efficiency of the consultant.
- All stated that they were satisfied with the deliverables of the TA assignment.
- Most (85%) stated that the recommendations provided in the TA assignment were being implemented.



## 2.1.4. Lessons learned from Component 1

The following summarises the success factors (strengths) and challenges (areas for attention) from Component 1. The lessons do not necessarily apply to *all* of the TA assignments.

### Box 8: Lessons learned from Component 1

Success factors	Challenges
<ul style="list-style-type: none"> <li>✓ Enabling <b>strategic TA</b> that specifically supported communities/civil society engagement and inputs into Global Fund processes - in turn, strengthening the CRG-related content of Concept Notes and grants.</li> <li>✓ Providing <b>time-sensitive TA</b> (unavailable from other TA programmes) to support communities/civil society at critical points in Global Fund processes.</li> <li>✓ Defining TA assignments to produce <b>concrete outputs</b> – such as communities/civil society joint priorities or CRG-related interventions - to fill specific gaps in Global Fund Concept Notes.</li> <li>✓ Providing communities/civil society with a mechanism for <b>independent TA</b>, not tied to the CCM or government.</li> <li>✓ Providing <b>tailor-made TA</b> to meet the specific needs/dynamics of communities/civil society, in particular key populations.</li> <li>✓ Maximising the experience and expertise of <b>CSOs and communities consultants</b> as providers of high quality, peer-to-peer and South-to-South TA.</li> <li>✓ <b>Pairing-up</b> TA providers (such as with different levels of experience or types of expertise) to provide comprehensive support.</li> <li>✓ Providing TA for ‘<b>community responses</b>’, rather than individual organisations – encouraging the sector to work collectively.</li> <li>✓ Providing a mechanism to fund relatively <b>small-scale</b> assignments/grants, something other TA programmes often cannot do.</li> <li>✓ Providing a formal <b>Quality Assurance</b> process to gain feedback on the quality and usefulness of the TA provided.</li> <li>✓ Having a simple application <b>process</b>, available in different languages.</li> <li>✓ Increasing the buy-in of the Global Fund’s <b>GMD and Country Teams</b> to CRG issues – by demonstrating the positive impact of focused TA, such as on the clarity and quality of a Concept Note.</li> <li>✓ Using the CRG Special Initiative <b>Coordination Mechanism</b> to ensure complementarity with other TA efforts.</li> <li>✓ Being located in and managed by the <b>CRG Team</b> in the Global Fund Secretariat – enabling direct access to Country Teams and other relevant staff.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Initially, having a <b>low profile</b> – limiting the up-take of TA at a crucial time in the Allocation Cycle when it could have made the most difference.</li> <li>✗ Experiencing <b>delays</b> in the multi-step processing of some TA requests (due to both internal and external factors) - affecting the optimal timing of assignments and their potential impact on Concept Notes.</li> <li>✗ Having a <b>cut-off point</b> for TA at grant signing –denying support for other critical needs and roles for communities/civil society, such as in grant implementation and grant monitoring.</li> <li>✗ Initially, having to establish new Global Fund procurement and financing <b>systems</b> to manage small-scale assignments for CSO TA providers.</li> <li>✗ Having an inadequate number of <b>staff</b> in the CRG Special Initiative Team to deal with the high level and complexity of the TA requests.</li> <li>✗ Lacking <b>transparency</b> about the Component’s decision-making processes, such as who selected each TA provider and based on what criteria.</li> <li>✗ Experiencing low uptake of the opportunity for TA among stakeholders involved in <b>Malaria</b>.</li> <li>✗ Managing <b>expectations</b> among the civil society TA providers – with 34 pre-qualified and given Indefinite Quantity Contracts, yet some not given assignments.</li> <li>✗ (Unintentionally) having processes that favoured regional/global, larger and more established <b>TA providers</b> – for example, with them having demonstrable experience of working in other contexts, larger pools of consultants and contingency options (such as to cover delayed payments).</li> <li>✗ Among the TA providers, lacking expertise in <b>emerging technical areas</b> (such as transition and HIV financing), requiring the identification of organisations beyond the pre-qualified pool.</li> <li>✗ Having a TA <b>Quality Assurance</b> process that was non-compulsory - resulting in low completion of surveys and a lack of comprehensive analysis.</li> <li>✗ Lacking an <b>M&amp;E framework</b> to identify and measure the expected outcomes for the short-term TA, including through the systematic use of data (such as CRG-related grant allocations in final grants).</li> <li>✗ Lacking systematic connection to <b>Component 2</b> of the CRG Special Initiative (the Global Fund/RCNF partnership) and other opportunities to sustain the impact of the short-term TA through links to longer-term capacity building.</li> <li>✗ Starting before Component 3’s Regional Coordination <b>Platforms</b> - which could have played an intermediary role between TA requesters and providers.</li> </ul>

## 2.2. Findings - Component 2: Long-term capacity development

### 2.2.1. Introduction to Component 2

**Note:** For Component 2, the Evaluation – and the findings presented over the following pages - focused on the Global Fund/RCNF partnership. However, it should be noted that this Component of the CRG Special Initiative also included two items listed under ‘additional activities’ in **Box 3**: grants for TA on Malaria (launched in October 2016); and a grant for the GCTA (to be launched in November/December 2016). With the inclusion of these activities (allocated \$ 650,000), the total final allocation for Component 2 (estimated for December 2016) was \$ 5.95 million.

#### Box 9: Data summary for Component 2 (Global Fund/RCNF partnership)

<ul style="list-style-type: none"> <li>• <b>Launch date:</b> January 2015</li> <li>• <b>Funding allocation to partnership:</b> <ul style="list-style-type: none"> <li>• Original allocation: Up to \$ 4 million</li> <li>• Final allocation (estimate for December 2016): \$ 5.3 million</li> </ul> </li> <li>• <b>Fund Management Agent/host of RCNF:</b> AidsFonds</li> <li>• <b>No. of grants:</b> 8 grants to networks and consortia, involving a total of 33 global and regional key population networks</li> <li>• <b>Value of grants:</b> <ul style="list-style-type: none"> <li>• Smallest per year: \$ 88,000</li> <li>• Largest per year: \$ 375,000</li> <li>• Average per year: approximately \$ 300,000</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>No. of Global Fund country and regional processes supported through grantees' work:</b> over 50</li> <li>• <b>Key populations reached:</b> <ul style="list-style-type: none"> <li>• MSM</li> <li>• Sex workers</li> <li>• Transgender people</li> <li>• People who use drugs</li> <li>• People living with HIV</li> <li>• Women living with HIV</li> <li>• Young key populations</li> </ul> </li> <li>• <b>Reporting:</b> annual narrative and financial report to the Global Fund, based on RCNF theory of change and Monitoring, Evaluation and Learning (MEL) framework</li> </ul>
<b>Grantees (global/regional key populations networks and consortia):</b> <ol style="list-style-type: none"> <li>1. AIDS and Rights Alliance for Southern Africa (ARASA)/International Treatment Preparedness Coalition (ITPC)</li> <li>2. Asia Pacific Transgender Network (APTNet)</li> <li>3. Consortium of MSM and Transgender Networks</li> <li>4. Global and Regional Networks of Sex Worker Projects Consortium</li> <li>5. International Community of Women Living with HIV (ICW)</li> <li>6. International Network of People who Use Drugs (INPUD)/Asian Network of People who Use Drugs (ANPUD)</li> <li>7. Positive Networks Consortium (PNC+)</li> <li>8. YouthLead</li> </ol>	

Component 2<sup>10</sup> of the CRG Special Initiative focused on a partnership with the RCNF – a pooled funding mechanism established in 2012 that supports the work of global and regional civil society networks to address critical factors for scaling-up access to HIV prevention, treatment, care and support and to protect the rights of inadequately served populations. The RCNF is the first international fund that specifically aims to strengthen such networks – recognising that they play a crucial role in addressing barriers to universal access to HIV services, as they are led by and represent the people most affected by HIV and have the best reach into, and impact at, the community level.

The RCNF is managed by an FMA – AidsFonds, a CSO based in the Netherlands. The Fund is governed by an International Steering Committee (ISC), with an independent Chair and representatives of donors and communities/civil society. As of October 2016, the Fund had a portfolio of 18 grantees, to which it provided core grants for internal capacity building and programme interventions.

The RCNF/Global Fund partnership aims to ensure the shared commitment of the two parties to expand and strengthen the meaningful engagement of key populations (as defined in the Global Fund's Key Populations Action Plan 2014-17) across Global Fund-related processes and platforms. The partnership has three objectives [see **Box 10**], designed to contribute to both the Global Fund's Strategy 2012-16 and the RCNF's overarching objectives<sup>11</sup>.

The grantees for the Global Fund/RCNF partnership were selected through a special Call for Proposals. This was issued by AidsFonds in August 2014 and targeted the RCNF's (at that time) 14 existing grantees. The proposals were assessed by two members of the RCNF's Programme Advisory Panel (PAP) and two representatives of the Global Fund Secretariat. The Global Fund prioritised funding for: community-led consortia; and activities to strategically build key populations' capacity to engage in Global Fund processes. As a result, eight grantees were selected – two regional key population networks and six key population consortia. Each of latter has 2–10 members, with one assigned as the Lead Organisation. Overall, the consortia involve a total of 31 global and regional networks.

The Global Fund/RCNF grantees were allocated funding for a two-year period (2015-16), through two equally sized one-year grants (averaging approximately \$ 300,000). Each grantee was required to develop an annual work plan and budget.

#### Box 10: Objectives of Global Fund/RCNF partnership

1. Strengthening global and regional civil society networks to support their country level constituencies and networks to meaningfully engage in Global Fund related processes and programs, including (but not limited to) national strategic planning, Country Dialogues and Concept Note development.
2. Developing the capacity of those communities currently marginalised to effectively engage at all stages of the Global Fund grant cycle, including National Strategic Plan development.
3. Empowering inadequately served populations to advocate for increased investment in community-led, rights and gender-related programming to enable a more sustainable and effective HIV response at the country level.

To fulfill their objectives, the grantees have engaged in diverse activities [see Box 12] in a range of geographic areas [see Box 11] – in combination, influencing over 50 country or regional-level Global Fund processes. The grants have reached multiple key populations that are of strategic priority to the Global Fund and responses to HIV - notably MSM, sex workers, transgender people, people who use drugs, people living with HIV, women living with HIV and young key populations.

The Global Fund/RCNF grants complement and build on the core grants provided by the RCNF. The latter have enabled the networks to become stronger and more functional – in turn, strengthening their capacity to represent their constituencies and engage effectively in Global Fund processes. Meanwhile, the former have enabled the networks to build their specific understanding and capacity in Global Fund-related work – in turn, further strengthening their role and profile as networks.

As the FMA, AidsFonds is responsible for the financial, programmatic and monitoring management of the Global Fund/RCNF grants. It is also responsible for facilitating communication with and among the grantees, such as through teleconference calls and face-to-face meetings. These efforts are supported by the RCNF's ISC, as well as through regular consultation with the CRG Special Initiative team at the Global Fund Secretariat.

As of October 2016, following concern being expressed about the existing framework for the Global Fund/RCNF grants, AidsFonds had conducted a process to strengthen the MEL Framework for the partnership<sup>12</sup>. After piloting, this is expected to lead to a stronger and more consistently applied approach, including a simpler theory of change and more relevant indicators.

Case studies on Component 2 are provided in Annex 6.

Box 11: Global Fund/RCNF grants to key population networks and consortia

Grantee	Consortium (lead organisation and members)	Key population	Reach (countries/regions/global)
1. ARASA/ITPC	<b>Lead:</b> ARASA. <b>Member:</b> ITPC	People living with HIV	Botswana, Malawi, Tanzania
2. APTN	-	Transgender people	Cambodia, Fiji, India, Indonesia, Malaysia, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand, Vietnam
3. Consortium of MSM and Transgender Networks	<b>Lead:</b> Global Forum on MSM and HIV (MSMGF). <b>Members:</b> African Black Diaspora Global Network (ABDGN), African Men for Sexual Health and Rights (AMSHer), Asia Pacific Coalition on Male Sexual Health (APCOM), Caribbean Vulnerable Communities Coalition (CVC), Eurasian Coalition on Male Health (ECOM), International Reference Group on Transgender and HIV (IRGT), M-Coalition, SOMOSGAY, South Caucasus Network on HIV (SCN)	MSM and transgender people	Armenia, Canada, Estonia, Jamaica, Lebanon, Paraguay, South Africa, Thailand, USA
4. Global and Regional Networks of Sex Worker Projects Consortium	<b>Lead:</b> Global Network of Sex Work Projects (NSWP). <b>Members:</b> African Sex Workers Alliance (ASWA), Asia Pacific Network of Sex Workers (APNSW), Sex Worker Advocacy Network in Eastern Europe and Central Asia (SWAN), Caribbean Sex Worker Coalition (CSWC), Latin America Platform of Sex Workers (LAPS)	Sex workers	<b>ASWA:</b> Botswana, Burundi, Cameroon, Cote d'Ivoire, Democratic Republic of Congo, Kenya, Malawi, Mali, Nigeria, Senegal, South Africa, Tanzania, Togo, Zimbabwe <b>APNSW:</b> Bangladesh, Cambodia, India, Malaysia, Nepal, Pakistan, Papua New Guinea, Philippines, Vietnam <b>CSWC:</b> Guyana, Haiti, Jamaica, Suriname <b>SWAN:</b> Georgia, Kyrgyzstan, Tajikistan, and Ukraine. <b>PLAPERTS:</b> Columbia, Ecuador, Peru
5. ICW	<b>Lead:</b> ICW Eastern Africa. <b>Members:</b> ICW Global, ICW West Africa, ICW Southern Africa	Women living with HIV	Benin, Jamaica, Kenya, Mali, Namibia, South Africa, Swaziland, Togo, Uganda
6. INPUD/ANPUD	<b>Lead:</b> INPUD. <b>Member:</b> ANPUD	People who use drugs	Cambodia, Cameroon, India, Indonesia, Ivory Coast, Kenya, Malaysia, Morocco, Myanmar, Nepal, Nigeria, Senegal, Tanzania, Thailand, Vietnam, Zanzibar
7. PNC+	<b>Lead:</b> Global Network of People Living with HIV (GNP+). <b>Members:</b> Asia Pacific Network of People Living with HIV (APN+), Caribbean Network of People Living with HIV (CRN+), East Europe and Central Asia Union of People Living with HIV (ECUO)	People living with HIV	<b>APN+:</b> Cambodia, India, Indonesia, Myanmar, Nepal, Pakistan, Vietnam <b>GNP+:</b> India, Indonesia, Myanmar, Nepal, Pakistan, Thailand, Vietnam <b>CRN+:</b> Guyana, Haiti, Jamaica, St. Vincent <b>ECUO:</b> Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Poland, Russia, Tajikistan, Ukraine, Uzbekistan
8. YouthLEAD	-	Young key populations	Cambodia, Indonesia, Myanmar, Mongolia and Pakistan

## 2.2.2. Activities under Component 2

Box 12: Examples of activities under Component 2

Objective	Examples of activities and outputs (December 2014 – October 2016)
<p>1. Strengthening global and regional civil society networks to support their country level constituencies and networks to meaningfully engage in Global Fund related processes and programmes, including (but not limited to) national strategic planning, Country Dialogues and Concept Note development</p>	<ul style="list-style-type: none"> <li>• Provision of <b>grants to eight key population networks/consortia</b>, many with multiple global and regional network members – providing them with a funded opportunity to (often for the first time) focus on work related to the Global Fund.</li> <li>• Building the <b>regional/global networks’ knowledge and capacity</b> on the Global Fund – to strengthen both their own work and their support to country-level constituencies. For example: ICW carried out a series of capacity building activities among its own Board, staff and member networks and recruited coordination and communication staff to focus on Global Fund work; PNC+ conducted a global training (on the Global Fund’s Funding Model) and work planning among its own members (regional networks of people living with HIV); and APTN built the capacity, confidence and leadership of its members through developing and disseminating a learning guide (<i>Strengthening Transgender Knowledge on the Global Fund for AIDS, Tuberculosis and Malaria</i>).</li> <li>• Consolidation of <b>good practice programmes/tools</b> for key populations. Many of the grantees strengthened good practice programming for their key population and improved tools for information-sharing and capacity building on the Global Fund and CRG-related issues. For example: PNC+ developed guidelines for people living with HIV on planning community engagement in the Funding Model; the Consortium of MSM and Transgender Networks developed easy-to-read guides (in English and French) for MSM and transgender advocates on engaging in the Funding Model and national AIDS planning; within the Global and Regional Networks of Sex Worker Projects Consortium, NSWP developed a <i>Smart Sex Workers Guide to the Global Fund</i>, available in five languages; and YouthLEAD developed a youth guide to the Global Fund (in local languages) and regional guidelines to support PRs and SRs to integrate attention to young key populations. Also, as examples of strengthening tools for specific, highly marginalised communities: APTN developed a learning guide on the Global Fund for transgender communities and a <i>Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific</i> (an international reference document to guide programming and advocacy); and IRGT (a member of the Consortium of MSM and Transgender Networks) developed the first ever policy paper on the meaningful engagement of transgender people in Global Fund processes.</li> <li>• Use of enhanced knowledge and capacity to inform <b>grantees’ applications for, or involvement in, Regional Concept Notes to the Global Fund</b> – positioning them to potentially secure funding for their future work with national networks and constituents. Some grantees – such as CVC (Caribbean), ECOM (EECA) and APCOM (Asia Pacific), all members of the Consortium of MSM and Transgender Networks – accessed opportunities to use their increased skills and confidence about the Global Fund to develop Regional Concept Notes. Others pursued opportunities to become SRs, as in the cases of: ANPUD (partnering with regional applications by APN+ and AIDS Alliance India); and, within the Global and Regional Networks of Sex Worker Projects Consortium, SWAN (in EECA) and ASWA (in Africa).</li> <li>• Use of enhanced knowledge and capacity among grantees’ national network partners to <b>become SRs or SSRs of Global Fund grants</b>. For example: INPUD/ANPUD supported networks of people who use drugs to become an SR (Senegal) or SSR (Kenya, Ivory Coast and Zanzibar) of regional grants addressing harm reduction; ARASA/ITPC supported the selection of key population organisations as SRs, for the first time in some countries; and ICW supported groups of women living with HIV to be identified as SSRs.</li> </ul>

<p>2. Developing the capacity of those communities currently marginalised to effectively engage at all stages of the Global Fund grant cycle, including National Strategic Plan development</p>	<ul style="list-style-type: none"> <li>• Design and conduct of <b>training-of-trainers and capacity building programmes</b> for key populations, focusing on CRG issues and the Global Fund. All of the grantees conducted tailor-made capacity building initiatives among their regional and national constituents. These were conducted peer-to-peer (sometimes also involving other resource people, such as from the Global Fund Secretariat). They emphasised training-of-trainers models (to multiply the impact) and participatory methods (to break down complex information). For example: INPUD/ANPUD provided two regional training-of-trainers for people who use drugs (in Africa and Asia and the Pacific), followed by country-level trainings in Kenya, Nepal, Nigeria, Tanzania, Vietnam and Zanzibar; YouthLEAD carried out a regional training of young key populations leaders, resulting in 10 young trainers who then conducted national trainings; within PNC+, APN+ coordinated capacity building on the Global Fund among people living with HIV in seven countries in Asia and the Pacific; ARASA/ITPC conducted a capacity building process among partners, including activists workshops to provide technical support on budget monitoring and to develop action plans; and APTN conducted a regional workshop for transgender activists from six countries. Also, NSWPF conducted regional training-of-trainers, then national training workshops among sex workers: in 2015, supporting 99 National Community Experts and 12 Regional Community Experts from 32 countries in Asia and the Pacific, Anglophone and Francophone Africa, Latin America, the Caribbean and EECA; then, in 2016, following up with country-level mentoring and training on constituents' identified priorities.</li> <li>• Development of <b>innovative models for capacity building</b> for key populations. For example, in Pakistan, PNC+ piloted a Community Internship Programme – with communities actors placed with a government PR, providing an opportunity to improve communication and identify issues and solutions.</li> <li>• Provision of technical support for <b>key population engagement and leadership</b> in Global Fund and other national processes for HIV. Many of the Global Fund/RCNF grantees built capacity and knowledge among key population leaders, enabling them to better represent their communities. For example: within PNC+, APN+ developed a manual for people living with HIV on CCM representation; ICW gave technical support to CCM members who represent women living with HIV; and INPUD/ANPUD built the capacity of activists on representation. Also, YouthLEAD ran a regional workshop (with 14 young key population leaders, 14 CCM representatives and five PRs) to strengthen understanding and develop action plans for young key populations' engagement in grant development and implementation.</li> <li>• Achievement of <b>increased key population representation</b> in forums such as CCMs and NSP development. For example: INPUD/ANPUD's support helped secure seats on CCMs for people who use drugs in countries such as Indonesia, Senegal, Vietnam and Zanzibar; YouthLEAD supported young key populations to take seats on CCMs in countries such as Cambodia, Indonesia, Mongolia and Nepal; ARASA/ITPC supported key population representation on CCMs in Malawi and Tanzania (including, in the latter, contributing to a review of the CCM Guidelines); APTN supported the transgender community in Thailand to participate in the CCM (through the Thai NGO Coalition on AIDS Annual Meeting); ICW achieved representation of women living with HIV on CCMs in almost all countries where it worked; and members of the Global and Regional Networks of Sex Worker Projects Consortium – such as PLAPERTS, working in Ecuador – secured the election of sex worker representatives to CCMs. Also, within the Consortium of MSM and Transgender Networks: CVC led the development of the Jamaica Civil Society Forum which helped reform the CCM, including securing a civil society Chair; and SCN helped to secure MSM representation on the CCMs in Azerbaijan and Georgia for the first time.</li> </ul>
---	--



	<ul style="list-style-type: none"> <li>Strengthened <b>communication and information exchange</b> about the Global Fund and CRG-related issues for and among key populations. For example: ICW established a Communication Platform and provided bulletins, a website, Skype sessions and SMS alerts for women living with HIV about Global Fund decisions; and INPUD/ANPUD used tools such as e-list updates and Facebook to highlight updates affecting people who use drugs. Within the Consortium of MSM and Transgender Networks, MSMGF employed a range of communications strategies, including: global e-lists; dedicated webpages on the Global Fund - for specific regions (such as Latin America) and specific groups (such as African/Black diaspora communities); easy-access policy briefs (often in local languages); and case studies to share lessons learned (such as from Belize, Latin America and Togo).</li> <li>Enhanced <b>coordination on the Global Fund</b> among key population constituents. For example: YouthLEAD supported the establishment of a Y-Chapter in Pakistan, enabling young key populations to coordinate their work, including for the CCM; ICW implemented a mapping of local networks of women living with HIV in West Africa; the Consortium of MSM and Transgender Networks supported, in countries such as Belize, the development of lobbying groups for MSM to collaborate with other key populations; and PNC+ – in Indonesia, Kazakhstan, Pakistan, Ukraine and Vietnam – supported the establishment of Community Coordination Platforms to facilitate the exchange of information among communities and key population groups and to agree advocacy priorities, such as for work with the CCM. Meanwhile, INPUD/ANPUD emphasised supporting people who use drugs to strengthen their own networks – for example, in the Africa region, supporting the establishment of two new national networks (in Nigeria and Zanzibar), a Francophone Africa country group and an African Platform (for four Anglophone countries).</li> </ul>
<b>3. Empowering inadequately served populations to advocate for increased investment in community-led, rights and gender-related programming to enable a more sustainable and effective HIV response at the country level</b>	<ul style="list-style-type: none"> <li>Building of <b>advocacy capacity</b> among key population representatives involved in CRG-related issues within the Global Fund and other national processes. For example: in countries such as Nepal, INPUD/ANPUD provided advocacy training to networks of people who use drugs - supporting them to develop advocacy plans on the Global Fund; and ARASA/ITPC facilitated regional training on advocacy on the Global Fund and sustainable financing for activist leaders from Botswana, Malawi and Tanzania.</li> <li>Support to <b>advocacy initiatives</b> on the Global Fund conducted by key population partners. For example: ARASA/ITPC supported the first-ever key populations march in Dar Es Salaam, calling for increased health financing; and ICW used the media and community advocates to monitor Global Fund grant development and accountability and to advocate for improvements. Also, PNC+ supported communities constituents to coordinate 10 community-led national meetings, providing an opportunity for them to advocate on Global Fund-related concerns (such as the participation of people who use drugs in Country Dialogues) with national stakeholders, including the government and bilateral agencies. Some advocacy opportunities provided opportunities to bring together diverse key population constituencies involved in the Global Fund and responses to HIV. For example, within the Consortium of MSM and Transgender Networks, ECOM participated in a EECA communities consultation on the Global Fund's Strategy for 2017-22 where, for the first time in the HIV movement in the region, the needs of transgender people were stated in a Joint Position Statement signed by key population networks.</li> <li>Strengthening of <b>evidence-base for advocacy</b> on key population issues within Global Fund and other national processes. Many of the grantees have increased the quality and relevance of their partners' advocacy work by supporting the collection of data and other evidence.</li> </ul>



	<p>For example, YouthLEAD conducted young key populations assessments of the HIV responses in Nepal, Pakistan and Vietnam (publishing them in local languages and using them for dialogues within Global Fund processes) and also documented the experiences of young key populations engaging in Concept Note development, such as in Indonesia. Also: APTN mapped Global Fund investments in transgender communities, using the results for advocacy within CCMs in the Asia and the Pacific region; and ICW conducted country assessments and produced shadow reports on the engagement of women living with HIV, as well as developing Issues Papers (such as in Kenya and Uganda<sup>13</sup>) on constituents' priorities for inclusion in Concept Notes. The Consortium of MSM and Transgender Networks produced: technical briefs on HIV prevalence among MSM to support advocacy within national planning in Belize, Cambodia, Cote d'Ivoire, EECA region, Indonesia, Nigeria and the Philippines; six comparative case studies in Cambodia, Indonesia, the Caribbean and EECA; and multiple studies on meaningful engagement, such as one by AMSHeR involving 99 survey responses from 25 countries and focus groups in Cameroon, Kenya, Malawi, Nigeria, Uganda and Tanzania<sup>14</sup>. Also, ARASA/ITPC commissioned research on national budgets by the Centre for Economic Governance and AIDS Africa – supporting key population partners in Botswana, Malawi and Tanzania to advocate on domestic health financing and gain increased access to resources, including as SRs of Global Fund grants and as approved grantees for PEPFAR.</p> <ul style="list-style-type: none"> <li>• Achievement of country-level <b>advocacy 'wins' on Global Fund programming and budgeting</b> for key populations. Examples of the results from Global Fund/RCNF grantees' advocacy include that: YouthLEAD supported the inclusion of young key population issues in the Concept Notes and/or NSPs for Cambodia, Indonesia and Myanmar; and ARASA/ITPC supported national partners in Botswana to secure an increase from 0% to 15% in the allocation to key populations and human rights in the Global Fund grant, as well as, in Malawi, to secure a 10-fold increase in civil society receiving Global Fund resources. The Consortium of MSM and Transgender Networks: identified, brokered or provided TA – in countries such as Armenia, Belize, Cambodia, Georgia, Indonesia, Nigeria, the Philippines and Togo – to strengthen the inclusion of MSM issues in Country Concept Notes and NSPs; and, in Russia, contributed to the ear-marking of 19% of the Global Fund grant to MSM-related services and advocacy.</li> <li>• Conduct of <b>global-level advocacy</b> to support partners' national and regional-level work on the Global Fund. For example: as part of the Global and Regional Networks of Sex Worker Projects Consortium, NSWP advocated for the needs of sex workers within global technical bodies related to the Global Fund, such as the CRG Advisory Group; and YouthLEAD held the first ever meeting of Youth Stakeholders with the Global Fund Secretariat – contributing to young key population issues being addressed in the Global Fund Strategy for 2017-22 and the Funding Model's Modular Template being revised to include a section on young people. Also, members of the Consortium of MSM and Transgender Networks: advocated on priority issues for MSM and transgender people – such as the need for responsible transition in middle-income countries - within the Global Fund's 2015 Partnership Forums; and presented a joint letter to the Board of the Global Fund, citing a lack of ambition in the proposed new Strategy for 2017-22 and highlighting priorities for MSM and transgender communities. Meanwhile, ICW engaged with global civil society initiatives to increase the impact of advocacy for women living with HIV at the country level, for example: actively contributing to the Global Fund Advocates Network (GFAN); being represented on the Global Fund's CRG Advisory Group; and having a member of staff elected as the Alternate Board Member for the Communities Delegation to the Global Fund.</li> </ul>
--	--

### 2.2.3. Outcomes of Component 2

The Evaluation noted that, by its completion, the activities of the Global Fund/RCNF grantees were still underway. As such, while it is possible (as seen in Section 2.2.2), to cite examples of activities, it is challenging to identify their longer-term impact. However, there are *indications* that the outcomes of Component 2 include that contributed to:

- ⇒ **Improved focus and relevance of Global Fund investments for key populations – through the increased availability and use of evidence about CRG-related gaps and needs.** For example, this is through the grantees increasing the influence of their partners' interventions by supporting the collection of data, experiences and lessons learned. [See [Case study 10](#) on ARASA/ITPC for an example]
- ⇒ **Improved quality and appropriateness of Global Fund policies and investments at different levels – through better representation by a well-informed and capacitated cadre of key population advocates in relevant structures, such as CCMs.** For example, this is through the grantees enhancing the quality of key populations' advocacy interventions – by building a better-informed and empowered cadre of 'change agents' at all levels. [See [Case study 16](#) on ICW for an example]
- ⇒ **Improved quality and potential reach of capacity building on the Global Fund for key populations – through a bank of high quality, tailor-made training and mentoring methods and tools.** For example, this is through the grantees combining the development of information resources and tools – that are specific to the needs of their key populations – with innovative training methodologies to support capacity building and advocacy. [See [Case study 11](#) on APTN, [Case study 12](#) on INPUD/ANPUD and [Case study 17](#) on the Global and Regional Networks of Sex Worker Projects Consortium for examples]
- ⇒ **More strategic Global Fund-related advocacy interventions by key populations – through increased clarity of communities' joint 'asks', due to greater collaboration among networks working at different levels and in different contexts.** For example, this is through the Global Fund/RCNF grant enabling the networks and their partners to, often for the first time, conduct processes to convene, to identify their shared priorities and then to articulate those priorities in Global Fund structures and processes. [See [Case study 13](#) on PNC+ and [Case study 14](#) on YouthLEAD for examples]
- ⇒ **Increased attention to and investment in good practice and rights-based programming for key populations within Global Fund grants – through enhanced understanding among key population constituents about 'what works' and greater capacity to promote and defend it within Global Fund-related processes, such as CCMs, Country Dialogues and budgeting processes.** For example, this is through the grantees increasing their partners' knowledge about good practice and normative guidance for key populations, including those promoted by the Implementation Tools. [See [Case study 15](#) on the Consortium of MSM and Transgender Networks]

#### Box 13: Value-added of the Global Fund/ RCNF partnership

*"The GF-RCNF grant provides grantees the opportunity to create the conditions (knowledge and advocacy capacity) for meaningful engagement in Global Fund processes for a more long term outcome 'beyond the grant making' process - that aims to build and maintain the capacity of a broader communities group. However, it is also more than just building capacity: by sensitising the communities of the Global Fund cycle and processes, it helps to build and articulate the demand for better community engagement and higher quality service provision, through the support under the Global Fund framework. This confirms the importance of the Special Initiative and its contribution to a more effective and sustainable HIV response."*

RCNF Annual Report 2015

## 2.2.4. Lessons learned from Component 2

The following summarises the success factors (strengths) and challenges (areas for attention) from Component 2. The lessons do not necessarily apply to *all* of the Global Fund/RCNF grantees.

**Box 14: Lessons learned from Component 2**

Success factors	Challenges
<ul style="list-style-type: none"> <li>✓ Providing a funded opportunity for key population networks to <b>specifically focus</b> on mobilisation/capacity building on the Global Fund.</li> <li>✓ Selecting recognised global/regional key population networks with a <b>track record</b> of supporting their constituencies.</li> <li>✓ Validating <b>South-to-South/peer-to-peer</b> capacity building by resourcing global/regional key population networks to support their own country-level constituents.</li> <li>✓ Channelling funding through an <b>existing pooled Fund</b> (with established grantees and systems), rather than developing a new mechanism.</li> <li>✓ Complementing the RCNF's <b>other, core grants</b> to the global/regional key population networks.</li> <li>✓ Having specific, <b>assigned staff</b> within grantees who provide expertise and leadership on the Global Fund.</li> <li>✓ Providing funding that – within a focus on Global Fund processes – could be used <b>flexibly</b>, depending on grantees' and constituencies' priorities.</li> <li>✓ Filling a strategic gap in the capacity building architecture for the Global Fund – by being <b>tailor-made</b> for those populations most under-served and under-represented.</li> <li>✓ Developing, piloting and sharing <b>innovative</b> methods and resources for capacity building on the Global Fund for key populations, including ones based on international normative guidance.</li> <li>✓ Supporting the <b>alignment</b> of advocacy agendas and messages between organisations working at national, regional and global levels.</li> <li>✓ Strengthening <b>collaboration</b> between diverse networks (global/regional, established/emerging, etc.) that work with the same key population – through an opportunity to work as a consortium.</li> <li>✓ Providing the potential for significant <b>mutual support</b> among diverse key population networks working in punitive legal and policy environments.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Initially, defining an effective <b>partnership</b> between the Global Fund and RCNF that, while having shared objectives, would also address the institutions' different needs and ways of working.</li> <li>✗ Having an on-going lack of clarity about <b>decision-making</b> and management responsibilities between the Global Fund, RCNF ISC and AidsFonds.</li> <li>✗ Grantees having to cope with <b>administrative delays</b>, such as in the disbursement of funding and agreement of workplans.</li> <li>✗ Having a <b>closed group</b> of grantees, with networks unable to apply for funding during 2015-16.</li> <li>✗ Supporting grantees that work in highly <b>challenging socio-legal environments</b> that often affect the stability and effectiveness of their networks.</li> <li>✗ 'Translating' <b>complex Global Fund-related jargon and processes</b> into practical opportunities that can be accessed by key populations experiencing multiple demands and, sometimes, low literacy.</li> <li>✗ '<b>Going beyond training</b>' - converting key populations' increased capacity into: concrete influence on Global Fund programmes and budgets; and opportunities for networks and organisations to become PRs, SRs or SSRs of Global Fund grants.</li> <li>✗ Lacking a clear <b>M&amp;E framework</b> that required the grantees to report on their outcomes and impacts (such as on the content of Concept Notes).</li> <li>✗ Lacking systems for <b>knowledge management</b> – to facilitate the active sharing of 'intelligence', results, tools and lessons among the grantees.</li> <li>✗ (As with other RCNF grants) ensuring adequate financial and human resources to address the major demands on the <b>lead organisations</b> of consortia, such as to coordinate work planning and reporting across multiple organisations, regions and languages.</li> <li>✗ Only supporting grantees that focus on <b>HIV</b> and not proactively promoting stronger attention to the other two diseases, in particular joint work on HIV/TB.</li> <li>✗ Only guaranteeing funding for <b>one-year periods</b> – limiting longer-term capacity building and impact.</li> <li>✗ Having Component 2 managed by an external FMA – reducing grantees' <b>access to the Global Fund Secretariat</b>, in particular the GMD.</li> <li>✗ Low 'sense of belonging' to the wider <b>CRG Special Initiative</b> among RCNF stakeholders, such as the ISC.</li> <li>✗ Lacking of a systematic connection to <b>Components 1 and 3</b> of the CRG Special Initiative – to, for example, complement the grantees' capacity building work with short-term TA or connect the regional key population networks to their Regional Platform.</li> </ul>

## 2.3. Findings - Component 3. Regional Coordination and Communication Platforms

### 2.3.1. Introduction to Component 3

#### Box 15: Key data for Component 3

<ul style="list-style-type: none"> <li>• <b>Launch date:</b> <ul style="list-style-type: none"> <li>• Contracts signed June 2015 for Anglophone Africa, AP, EECA and MENA Platforms</li> <li>• Contracts signed early 2016 for LAC and Francophone Africa Platforms</li> </ul> </li> <li>• <b>Funding allocation to Component:</b> <ul style="list-style-type: none"> <li>• Original allocation: Up to \$ 4.4 million</li> <li>• Final allocation (estimate for December 2016): \$ 4.4 million</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Value of grants:</b> <ul style="list-style-type: none"> <li>• Smallest: \$ 306,976</li> <li>• Largest: \$ 999,753</li> <li>• Average: Approximately \$ 500,000</li> </ul> </li> <li>• <b>Reporting framework:</b> Reports required May 2016 and (interim) September 2016; format based on 4 objectives and 8 performance indicators</li> </ul>
<b>Regional Coordination and Communication Platforms:</b>	
<b>Region</b>	<b>Host organisation</b>
Anglophone Africa	Eastern Africa National Networks of AIDS Service Organisations (EANNASO)
Asia and the Pacific	APCASO
Eastern Europe and Central Asia	EECA Consortium – International HIV/AIDS Alliance in Ukraine and Alliance for Public Health in Ukraine (Alliance Regional Technical Support Hub for EECA) in consortium with the Eurasian Harm Reduction Network (EHRN) and East Europe and Central Asia Union of PLWH (ECUO). Other partners include Eurasian Network of People Who Use Drugs (ENPUD), Sex Workers' Rights Advocacy Network (SWAN), Eurasian Coalition on Male Health (ECOM) and TB Europe Coalition (TBEC)
Francophone Africa	Réseau Accès aux Médicaments Essentiels (RAME)
Latin America and the Caribbean	Via Libre International
Middle East and North Africa	International Treatment Preparedness Coalition MENA (ITPC-MENA)

Component 3<sup>15</sup> of the CRG Special Initiative focuses on six Regional Coordination and Communication Platforms. These cover: Anglophone Africa; AP; EECA; Francophone Africa; LAC; and MENA. Each is hosted by a civil society organisation, network or consortium that was selected through a Request for Proposals, application and panel process for each region. Four of the Platforms (Anglophone Africa, AP, EECA and MENA) signed contracts and began in June 2015. The remaining two (Francophone Africa and LAC) began in early 2016. The grants provided – averaging approx. \$ 500,000 – enabled the host organisations to employ full and/or part-time staff to manage the Platforms. In turn, each Platform was required to produce a budget and work plan, to be completed by early 2017.

The aim of the Regional Platforms was to: enhance the knowledge of communities/civil society about the Global Fund; facilitate their access to TA; and strengthen their capacity to engage in national processes. The Platforms address all three diseases (HIV, TB and Malaria) and share four common objectives [see Box 16]. Of note, the Platforms did *not* intend to: serve as a network; respond to TA requests themselves (although some were pre-qualified TA providers under Component 1 of the CRG Special Initiative); or engage in advocacy on resource mobilisation (although they could facilitate advocacy spaces).

#### Box 16: Objectives of Regional Platforms

1. Enhance knowledge of civil society and community groups on the Global Fund and access to TA/support.
2. Coordinate with other TA initiatives and programmes in the region.
3. Improve understanding of TA/capacity development gaps and needs of civil society and community groups.
4. Strengthen and develop strategic civil society and community capacity development initiatives.

As illustrated in the following pages, the Regional Platforms have conducted a wide range of activities to operationalise their aims and objectives. Examples include that they have implemented [See [Box 17](#) for further details]:

- Situation analyses and needs assessments to identify communities/civil society gaps in relation to TA and understanding of Global Fund processes.
- Mappings and databases to identify regional TA stakeholders.
- Communications strategies, including list-servs, websites and social media.
- Information and learning materials, including communities-friendly guides and e-learning tools.
- Meetings and consultations, bringing together HIV, TB and Malaria stakeholders to share priorities and challenges.
- Specific research studies or events tailor-made to individual regions (such as focused on sustainability and transition or on communities/civil society engagement in Regional Grants).
- Linkages between communities/civil society and TA providers, including those available through Component 1 of the CRG Special Initiative.

In early 2016, the Global Fund employed a part-time Regional Platforms Coordinator to support the work of the Platforms, in particular in relation to planning and reporting. The position-holder – who is supported by the CRG Special Initiative Team and other members of the Global Fund Secretariat – hosts monthly teleconference calls among the Platforms. These facilitate the exchange of information, sharing of tools and discussion of joint approaches. The Global Fund has also developed an extranet to enable the Platforms to access and share relevant resources produced by the Global Fund and other organisations.

The Platforms have benefitted from facilitated opportunities to convene and collaborate. This has included joint activities at the International AIDS Conference in Durban (July 2016) and meetings of the CRG Special Initiative in Bangkok (August 2015) and Marrakech (October 2016). At the latter, the Platforms identified a number of actions and improvements for the remainder of 2016 and beyond<sup>16</sup>. Examples included: developing a common Communications Strategy; conducting regular coordination calls with TA providers; developing more innovative, low-literacy materials; strengthening cross-cutting approaches for the three diseases; developing strategic partnerships with RCNF grantees (under Component 2 of the CRG Special Initiative); and strengthening the Platforms' M&E work, including the articulation of outcomes and, where possible, impact.

As of mid-October 2016, when the Evaluation was concluded, the Platforms were particularly focusing attention on supporting communities/civil society to start engagement in the forthcoming country and regional Concept Note processes within the Global Fund's Allocation Cycle 2017-19, as well as on developing more concerted approaches to supporting countries transitioning to domestic financing.

Case studies on Component 3 are provided in Annex 7.

### 2.3.2. Activities under Component 3

Box 17: Examples of activities under Component 3

Objective	Examples of activities and outputs
<p>1. Enhance knowledge of civil society and community groups on the Global Fund and access to TA/support</p>	<ul style="list-style-type: none"> <li>• Holding of Platform <b>launch and coordination events</b> to mobilise communities/civil society and technical partners involved in the Global Fund and TA. For example: the Anglophone Africa Platform launch involved 61 people from 15 countries; the MENA Platform launch involved representatives from five countries; the LAC Platform launch involved 61 participants from 12 countries, including CCM members, key population networks and technical partners; and, in June 2016, the AP Platform followed up its launch event with a second Regional Platform meeting - addressing the identified priority issues of gender, TB, human rights, access to medicines and sustainable health financing.</li> <li>• Compilation of <b>list-servs and directories</b> of communities/civil society contacts in the region with which to disseminate Global Fund information and TA opportunities. All of the Platforms developed mailing lists and used them to actively disseminate messages and resources to communities/civil society and other key stakeholders. For example: the Francophone Africa Platform developed a database of 1,087 individuals and organisations in 18 countries; the MENA Platform used a mapping to compile a database of 80 communities/civil society contacts; and the AP Platform compiled a communities/civil society registry, with 160 users. Also, the LAC Platform compiled a database of 1,175 national/regional networks in 37 countries, in addition to fostering the region's existing network of over 27 Key Correspondents.</li> <li>• Development of <b>social media</b> to share information about the Global Fund and TA opportunities. All of the Platforms developed a website, webpage and/or Facebook page to raise their profile and channel information and resources to communities/civil society. For example: the MENA Platform used a Facebook page to post materials about the Global Fund in three languages; the Anglophone Africa Platform used a website to increase access to resources - with 16,209 document downloads; the LAC Platform accumulated 7,248 visits to its website; the EECA Platform conducted webinars – involving 50-60 participants – on key topics, such as the implications of Global Fund Board decisions for the region; and the AP Platform developed and publicised a summary of the results of the Global Fund 2016 Replenishment, resulting in over 6,000 engagements on its Facebook page in just one week.</li> <li>• Compilation of <b>databases of documents</b> related to communities/civil society and the Global Fund. For example: the LAC Platform developed a database of over 136 documents in Spanish and English (50 on Global Fund processes, 28 for civil society and communities and 58 comprising various studies and tools); and the EECA Platform developed a bi-lingual (English and Russian) TA Resource Library, with over 91 tools and documents – including 48 in Russian - on CRG-related issues, the Global Fund and TA, as well as 23 short courses.</li> <li>• Development and dissemination of regular <b>newsletters and bulletins</b> about the Global Fund and TA. For example, the Anglophone Africa Platform produced over 22 newsletters and distributed them to its list-serv of 1,283 subscribers (categorised as: communities/civil society groups; communities/civil society groups on CCMs; and civil society PRs and Sub Recipients (SRs)). These newsletters addressed different subjects (such as Global Fund Regional Grants in Africa and PEPFAR's Key Populations Investment Fund) and were opened by EANNASO's subscribers 4,964 times. Also: the LAC Platform disseminated 48 newsletters/bulletins to 1,175 members; and the EECA Platform produced nine e-digests on TA and funding opportunities, distributing them to 576 contacts among CSOs and individuals.</li> </ul>

	<ul style="list-style-type: none"> <li>• Development and/or translation of <b>capacity-building tools</b> on CRG-related issues, the Global Fund and TA. For example, the Anglophone Africa Platform developed: a video toolkit on Global Fund processes and programmes (using it to train communities/civil society representatives); and 27 Community Guides (9 in each of English, Swahili and Portuguese) on subjects such as the Global Fund's Gender Equality Action Plan and Challenging Operating Environments Policy. Also: the Francophone Africa Platform translated over 16 key tools on Global Fund processes into French; the EECA Platform developed tailor-made tools (such as on advocacy for budget development); the AP Platform developed fact sheets and discussion papers, such as on CCMs, human rights and the Global Fund's CCS framework; and the LAC Platform translated nine of EANNASO's guides and tools, adapting them to their regional context.</li> <li>• Strategising on <b>region-specific priorities</b> related to the Global Fund. For example, on the theme of transition and sustainability: the LAC Platform participated in a global meeting to identify communities/civil society priorities and supported the adaptation and roll-out of transition readiness assessment tools, in collaboration with other stakeholders; and the EECA Platform held a consultation for communities to follow-up on the Regional High Level Dialogue on Successful Transition to Domestic Funding of HIV and TB Responses in EECA.</li> <li>• Conducting <b>tailored initiatives</b> for specific sectors of communities/civil society involved in the Global Fund. For example, the MENA Platform organised the region's first ever workshop on key population representation in CCMs, involving 22 stakeholders from five countries. Also, the Anglophone Africa Platform: co-hosted a regional meeting for civil society PRs, involving 65 participants from 23 countries and leading to the establishment of a Civil Society PR Community of Practice; and conducted a survey on community engagement in Global Fund Regional Grants – involving 43 stakeholders from four countries (Botswana, Mozambique, Nigeria and Uganda).</li> <li>• Conducting specific <b>outreach to TB and Malaria</b> communities/civil society to mobilise interest in CRG issues and access to TA. For example, the LAC Platform coordinated with the GCTA to strengthen support to communities/civil society on TB-related issues. Also, the AP Platform: conducted Q&amp;A sessions on CRG-related issues, the Global Fund and TA at various meetings of TB and Malaria advocates; supported the Malaria grant for the Greater Mekong Region by assisting its Civil Society Platform to develop a TA proposal to the 5% Initiative; and, through a grant under Component 1 of the CRG Special Initiative, supported the same Civil Society Platform and its members to prepare for the development of the next regional Malaria grant, as well as country Malaria grants.</li> <li>• Participating in <b>joint activities</b> to share and promote the Platforms' shared results and lessons learned. For example, the Platforms conducted joint activities – such as on communities/civil society financing and on sustainability and transition - at the Global Fund Networking Zone at the International AIDS Conference in Durban (2016), sharing lessons and highlighting the specific needs in their respective regions. The Platforms also participated in CRG Special Initiative meetings – alongside partners from Components 1 and/or 2 - in Bangkok (August 2015) and Marrakech (October 2016).</li> </ul>
--	--



<p><b>2. Coordinate with other TA initiatives and programmes in the region</b></p>	<ul style="list-style-type: none"> <li>• Compilation and dissemination of up-to-date information on <b>sources of TA</b> for communities/civil society in the region. For example: the EECA Platform mapped over 44 global TA providers and donors of potential relevance to their region; and the Anglophone Africa Platform compiled a directory of TA sources – with contact details for three kinds of TA partners (pre-qualified CRG Special Initiative TA providers, technical partners that fund TA requests and other TA partners in the region).</li> <li>• Coordination with <b>other TA initiatives</b> in the region to share information and build their capacity in communities/civil society issues. For example: the Francophone Africa Platform established communication with over 30 TA providers in its region; the MENA Platform organised a Working Group of communities/civil society and TA providers to inform the providers of CSOs' TA needs; the Anglophone Africa Platform coordinated with TA providers in their region (including Stop AIDS Now and RCNF grantees) to strengthen links and build complementarity; and the EECA Platform designed two certified e-learning courses for TA providers on the Global Fund Funding Model (focused on CRG-related issues and community engagement) and TA quality standards. Also, the AP Platform: shared communities/civil society information with TA providers - such as the UNAIDS Technical Support Facility (TSF), 5% Initiative and United States Agency for International Development (USAID) - through regular e-mails and presentations at national and regional meetings; and strategised with UNAIDS to ensure the provision of CRG-related information and TA to countries entering the Concept Note development for the Global Fund's Allocation Cycle 2017-19.</li> <li>• Facilitation of <b>access to TA</b> for communities/civil society from the CRG Special Initiative and other TA providers. All of the Platforms have connected communities/civil society in their regions to opportunities for TA – sometimes simply 'sign-posting' opportunities, other times engaging in intensive processes of support. Examples of such work include that: <ul style="list-style-type: none"> <li>• The MENA Platform supported the Association Tunisienne de Prévention Positive (Tunisia) and Association Nationale de Reduction des Risques, (Morocco) to apply for TA from the French government's 5% Initiative.</li> <li>• The AP Platform supported multiple instances of communities/civil society accessing opportunities for TA. Examples include supporting TA requests by: communities/civil society in the Philippines (to document a national civil society consultation prior to the review of the HIV NSP); APN+ (to strengthen engagement in their Regional Concept Note processes); and the Civil Society Platform on Malaria (to conduct an in-depth human rights and gender analysis in the Greater Mekong Sub-Region).</li> <li>• The EECA Platform supported 21 instances of communities/civil society requesting TA in their region.</li> <li>• The LAC Platform supported over 18 opportunities for communities/civil society stakeholders to access TA, financing or support.</li> <li>• The Francophone Africa Platform supported multiple instances of connecting communities/civil society to TA opportunities. Examples include in relation to: Guinea (to support the greater involvement of communities/civil society in national processes, including NSP development); Cote D'Ivoire (to support the network RAP+AO to further engage in processes related to the Global Fund Funding Model); West Africa (to support networks of people living with HIV to strengthen their capacity for engagement).</li> <li>• The Anglophone Africa Platform supported communities/civil society in 15 countries to access TA and also linked the South African National AIDS Council (SANAC) to a TA opportunity from the Stop TB Partnership.</li> </ul> </li> </ul>
--	---

<p>3. Improve understanding of TA/capacity development gaps and needs of civil society and community groups</p>	<ul style="list-style-type: none"> <li>• Conduct of <b>needs assessments/mappings of communities/civil society</b> and TA for HIV, TB and Malaria responses in the region. For example: the MENA Platform conducted a survey on communities/civil society TA needs, reaching 17 associations in five countries; the EECA Platform mapped 302 communities/civil society groups in 29 countries; the Francophone Africa Platform reached out to 126 organisations in 14 countries to understand the region's needs; the Anglophone Africa Platform conducted a regional mapping of CSOs (with more than 200 responses received to a survey); and the LAC Platform is currently conducting in-depth national studies of communities/civil society needs in three countries (Bolivia, El Salvador and Haiti).</li> <li>• Conduct and dissemination of <b>national-level situation analyses</b> on communities/civil society access to information and TA related to the Global Fund. For example, the Francophone Africa Platform conducted a quantitative and qualitative situation analysis to identify communities/civil society barriers to engagement with the Global Fund and access to TA - incorporating country-level data collection (involving 126 stakeholders in 14 countries) and a regional consultation workshop (involving 14 countries, with 36 communities/civil society participants and 12 technical partners) – followed up with a more in-depth mapping in partnership with the International HIV/AIDS Alliance Hub. Also: the MENA Platform conducted a regional survey, involving 17 organisations in five countries; the AP Platform is finalising a needs assessment in nine countries; and the EECA Platform conducted a needs assessment involving 50 communities/civil society groups.</li> </ul>
<p>4. Strengthen and develop strategic civil society and community capacity development initiatives</p>	<ul style="list-style-type: none"> <li>• Provision of <b>ad hoc support</b> to communities/civil society on specific areas of engagement with the Global Fund. For example, the Francophone Africa Platform provided advice and support to: organisations of people living with HIV across West Africa to more effectively engage in processes related to the Global Fund's Funding Model and to apply for TA from the CRG Special Initiative.</li> <li>• Support for CRG-related <b>reviews of Concept Notes</b> for the Global Fund. For example, the AP Platform supported the review of Concept Notes from across the region to analyse the extent to which communities/civil society were engaged in the process and their priorities were addressed.</li> <li>• Support – particularly by the EECA and LAC Platforms - for, within Component 1 of the CRG Special Initiative, the launch of a programme of short-term TA funds for communities/civil society engagement in <b>sustainability and transition</b> planning during Country Dialogues.</li> </ul>

### 2.3.3. Outcomes of Component 3

The Evaluation, completed in mid-October 2016, noted that the Regional Coordination and Communications Platforms remained relatively new. As such, while it is possible - as seen in Section 2.3.2 - to cite concrete examples of activities, it is challenging to identify their results and, in particular, impact. However, there are *indications* that the outcomes of Component 3 include that the Platforms are contributing to:

- **More evidence of the information and TA needs and gaps of communities/civil society in relation to the Global Fund and better understanding of 'what needs to be done' to strengthen their engagement.** For example, this is through the Platforms conducting national surveys and situation analyses for use by the Platforms themselves and by TA providers and other stakeholders in their regions. [See [Case study 18](#) on the MENA Platform for an example]
- **Better informed and prepared communities/civil society representatives that have stronger knowledge about their rights and opportunities to engage in national-level Global Fund processes.** For example, this is through the Platforms conducting stakeholder mappings, developing list-servs of contacts and producing and disseminating up-to-date and communities-friendly information materials. [See [Case study 23](#) on the Anglophone Africa Platform for an example]
- **Strengthened advocacy by communities/civil society on priority issues related to CRG and the Global Fund.** For example, this is through the Platforms providing workshops and meetings that build communities/civil society participants' knowledge on critical subjects – such as access to medicines and transition and sustainability – and facilitate the identification of common advocacy 'asks'. [See [Case study 22](#) on the LAC Platform for an example]
- **Stronger communities/civil society engagement in and influence on Global Fund processes, through improved access to information and TA.** For example, this is through the Platforms sign-posting organisations to TA initiatives (such as to support their engagement in Concept Note and Country Dialogue processes) and, where possible, providing practical assistance for them to apply for and maximise opportunities. [See [Case study 19](#) on the EECA Platform for an example]
- **Greater solidarity among communities/civil society organisations responding to HIV, TB and Malaria – with enhanced understanding about each other's disease areas, as well as the common challenges and opportunities that they face.** For example, this is through the Platforms convening meetings of regional stakeholders involved in the three diseases and facilitating opportunities for them to learn about each other's work and identify joint priorities. [See [Case study 21](#) on the AP Platform for an example]
- **Strengthened strategic role of regional civil society networks/consortia as convenors and coordinators of information and TA opportunities on CRG-related issues and the Global Fund.** For example, this is through the Platforms having the mandate and resources to reach out to communities/civil society in countries and to respond to the specific priorities for their region. [See [Case study 20](#) on the Francophone Africa Platform for an example]

### 2.3.4. Lessons learned from Component 3

The following summarises the success factors (strengths) and challenges (areas for attention) identified for Component 3. The lessons do not necessarily apply to *all* of the Platforms.

#### Box 18: Lessons learned from Component 3

Success factors	Challenges
<ul style="list-style-type: none"> <li>✓ Working through <b>established</b> regional networks/consortia that had existing knowledge and connections at the national, regional and global levels.</li> <li>✓ Promoting <b>South-to-South</b> and civil society-to-civil society support.</li> <li>✓ Employing <b>Platform staff</b> with experience and contacts that could ‘hit the ground running’.</li> <li>✓ Having common <b>objectives</b> for the Platforms, but allowing them to be interpreted flexibly in each region.</li> <li>✓ Filling a gap in the <b>TA landscape</b> – by providing TA information and resources that are: communities-friendly; focused on the Global Fund; and in local languages.</li> <li>✓ Responding to the specific dynamics and needs of <b>each region</b>, such as those with countries experiencing transition from the Global Fund.</li> <li>✓ Conducting needs <b>assessments and mappings</b> early in the Platforms’ development – to understand the landscape, gain evidence of needs and identify priorities.</li> <li>✓ Moving beyond a sole focus on HIV – with Platforms increasingly reaching out to <b>TB and Malaria</b> communities and with the potential for greater exchange and integration across the three diseases.</li> <li>✓ Having a dynamic set of host organisations/Platforms that are keen to work together and exchange ideas and resources, building a ‘<b>global TA Platform</b>’.</li> <li>✓ Building understanding – among communities/civil society, as well as other stakeholders – of <b>CRG-related issues</b> as <i>essential</i> (not optional) to effective national responses to the three diseases.</li> <li>✓ Giving the host organisations <b>authority</b> (through the Global Fund’s endorsement) to expand their existing work and be leaders on CRG issues in their region.</li> <li>✓ Providing a straightforward <b>monitoring framework</b> – enabling the Platforms to report on their activities and highlight case studies of good practice.</li> <li>✓ Having a Regional Platforms <b>Coordinator</b> with specific time and responsibility to support and coordinate the work.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Delaying <b>the start</b> of the Platforms – placing them under unreasonable time pressure to demonstrate results, particularly in regions with ‘early submitter’ countries for the Allocation Cycle 2014-16.</li> <li>✗ Experiencing confusion about the Platforms’ <b>mandate</b>, such as whether it should extend to the <i>provision</i> of TA.</li> <li>✗ Experiencing ‘<b>blurred lines</b>’ between what roles host organisations should or should not play as: Platforms; independent CSOs/networks; or in other capacities (such as grantees of other initiatives).</li> <li>✗ Experiencing low <b>buy-in</b> to the Platforms from some regional stakeholders - due to presumptions that the funding would not extend beyond 2016.</li> <li>✗ Experiencing a lack of understanding and recognition of the Platforms by some people in the <b>Global Fund Secretariat</b> (notably in the GMD).</li> <li>✗ Coping with <b>regional contexts</b> where: HIV funding has declined; countries are ineligible for the Global Fund; communities/civil society are fragmented/poorly funded; and key populations are criminalised and dis-respected, including in CCMs.</li> <li>✗ Working in regional contexts where, beyond Component 1 of the CRG Special Initiative, there are very few <b>TA opportunities</b> available.</li> <li>✗ Dealing with limitations to the <b>available TA</b> for communities/civil society - such as that Component 1 of the CRG Special Initiative was only available until grant signing.</li> <li>✗ Responding to changing dynamics in regions’ <b>civil society architecture</b>, such as the declining influence of some networks of people living with HIV.</li> <li>✗ Changing the mind-set (including among communities/civil society) that responses to <b>HIV, TB and Malaria</b> should be siloed, with no inter-connections or shared needs.</li> <li>✗ Accessing few technical tools and guidance on how, in practice, to <b>integrate CRG issues</b> into responses to TB and, in particular, Malaria.</li> <li>✗ Coping with the frequent reality that ‘<b>information is not enough</b>’ – such as with Platforms having to provide intense support to communities/civil society to articulate, cost and apply for TA.</li> <li>✗ Coping with burnout among communities/civil society, with the lack of a <b>next generation</b> of young leaders getting involved in the three diseases.</li> <li>✗ Lacking formal connections between the Platforms and <b>Component 2</b> of the CRG Special Initiative (long-term capacity building by RCNF grantees).</li> </ul>

## SECTION 3: CONCLUSIONS

Section 3 presents the conclusions of the Evaluation, based on an analysis of the strengths, weaknesses and lessons learned from the CRG Special Initiative.

Based on an analysis of the findings *across* all of the Components and activities, the Evaluation's main conclusion was that the Global Fund's CRG Special Initiative brought **significant value-added** - being strategic and timely and filling an identified and urgent gap in the global TA/capacity building architecture. The Initiative had a sound rationale – responding to the specific need to strengthen the meaningful engagement of communities/civil society in the Global Fund's processes and to ensure the inclusion of technically sound CRG-related interventions in Concept Notes and grants.

### Box 19: Summary of key results and outcomes of CRG Special Initiative

Results per Component	Outcomes across Components
<p><b>Component 1. Short-term TA for Country Dialogue and Concept Note development</b></p> <p>This was allocated approx. \$ 4.25 million. By mid-October 2016, 65 TA assignments had been approved, delivered by pre-qualified CRG TA providers, predominantly civil society organisations (CSOs). The TA strengthened the meaningful engagement of communities/civil society and the inclusion of CRG interventions in 24 country and 16 regional-level Dialogue and Concept Note processes, mostly relating to HIV and/or TB and with a focus on key populations.</p>	<p><b>Country and regional-level Global Fund Dialogues, Concept Notes and grants</b> that benefitted from:</p> <ul style="list-style-type: none"> <li>➤ The more extensive and effective <b>engagement</b> of better informed, capacitated and coordinated representatives of communities/civil society.</li> <li>➤ The contribution of more consensus-based and strategic <b>CRG-related inputs**</b> - through communities/civil society's identification of, and advocacy on, joint and priority 'asks'.</li> <li>➤ The <b>design</b> of more relevant and focused CRG-related interventions* - through the increased availability, analysis and application of evidence on key gaps and needs, in particular relating to key populations.</li> <li>➤ The <b>inclusion and budgeting</b> of more technically sound CRG-related interventions** – through the integration of recognised good practice into grants.</li> </ul> <p><b>**</b> The terms 'CRG-related inputs' and 'CRG-related interventions' are used to refer to a wide range of inputs and interventions that, for example, address human rights, gender equality, community responses and key populations.</p>
<p><b>Component 2. Long-term capacity development of key population networks through partnership with the Robert Carr Civil Society Networks Fund (RCNF)</b></p> <p>This was allocated approx. \$ 5.3 million*. By mid-October 2016, two rounds of one-year grants had been channelled through the RCNF (an existing pooled funding mechanism) to eight networks/consortia. The grantees incorporated 33 global and regional networks by and for key populations – namely men who have sex with men (MSM), transgender people, sex workers, people living with HIV, women living with HIV, people who use drugs and young key populations). The grants strengthened the capacity of such communities to understand, engage in and influence Global Fund processes in over 50 countries and regions, predominantly in relation to HIV.</p> <p>*Refers to the Global Fund/RCNF partnership. An additional \$ 650,000 was allocated to long-term capacity development of TB and Malaria networks, bringing the total for Component 2 to approx. \$ 5.95 million.</p>	
<p><b>Component 3. Regional Coordination and Communication Platforms for communities/civil society</b></p> <p>This was allocated approx. \$ 4.4 million. By mid-October 2016, six host organisations had been selected and were serving as Regional Coordination and Communication Platforms for Anglophone Africa, Asia and the Pacific, Eastern Europe and Central Asia (EECA), Francophone Africa, Latin America and the Caribbean (LAC) and MENA. The Platforms enhanced Global Fund responses to the three diseases through strengthening information, coordination, evidence, engagement and attention to TA for communities/civil society.</p>	

The Evaluation's other conclusions included that the CRG Special Initiative:

- Achieved **concrete results** in each of its core Components. In combination, these contributed to the more meaningful engagement of communities/civil society in multiple country and regional processes and the better inclusion of CRG-related interventions in multiple grants. [See [Box 19](#)].
- Achieved notable results in the areas of **HIV and key populations**. While important efforts were made, the results were less significant in relation to communities/civil society responses to TB and, in particular, Malaria.
- Was based on a **logical model** – with three core and complementary components, supplemented by additional efforts to fill specific gaps. However, the Initiative did not achieve its potential to work 'as a whole' – due to the Components' different start times and sets of stakeholders, combined with a lack of systematic and facilitated connections.
- Was limited by **acute under-staffing** in the CRG Special Initiative Team – raising questions about efficiency and transparency, such as relating to decision-making processes for Component 1. This was, initially, exacerbated by the significant work required to adapt the Global Fund's systems to manage and administrate an Initiative comprised of multiple and, often, small-scale activities.
- Was challenged by the lack, from the start, of a clear **MEL framework** for each of the core Components and for the Initiative as whole. This made it difficult to articulate and assess the expected results of the Initiative and, in turn, to report on and communicate those results effectively to both internal and external stakeholders.
- Is **needed now more than ever**, to respond to: the growing and emerging demands of the Global Fund's Allocation Cycle for 2017-19; and the operationalisation of the Strategy for 2017-22 which frames CRG issues as central to the work of the Global Fund.

## SECTION 4. RECOMMENDATIONS

**Section 4 presents the Evaluation's recommendations to the Global Fund.**

Based on the findings and conclusions of the Evaluation, the following seven key recommendations are made concerning the future of the CRG Special Initiative, within the context of operationalising the Global Fund Strategy for 2017-22.

It is recommended that the Global Fund should:

**Recommendation 1:** Allocate **funding**, for at least three years (the duration of the next Global Fund Allocation Cycle), for continuation of the CRG Special Initiative, in recognition of:

- The significant results achieved by the Initiative in 2014-16.
- The on-going need for tailor-made TA and capacity building for communities/civil society engagement in all stages of the Global Fund Funding Model, within the Allocation Cycle 2017-19.
- The increasing and emerging needs for specific TA and capacity building on CRG-related issues, as mandated by the Global Fund Strategy for 2017-22.

**Recommendation 2:** Expand the **remit of the CRG Special Initiative** – including within the provision of short-term assistance under Component 1 – to go beyond grant signing and to offer TA and capacity building to communities/civil society for *all* stages in the Global Fund’s Funding Model, from the development of National Strategic Plans to the monitoring of CRG-related grant implementation.

**Recommendation 3:** Review the conceptual framework and, in turn, implementation modalities, of the CRG Special Initiative to ensure that it operates as a more **connected and comprehensive model**. This should focus on identifying and institutionalising systematic links between the three core Components of the Initiative – in order to exchange lessons, identify gaps and achieve greater impact *as a whole*.

**Recommendation 4:** Alongside reviewing the overall framework, collaborate with relevant technical partners to strengthen the CRG Special Initiative’s *specific* and innovative efforts to mobilise and support the meaningful engagement of **TB and Malaria-focused communities/civil society** in Global Fund processes and the inclusion of appropriate CRG-related interventions in grants. This should include the further expansion of Component 2 to more fully provide for long-term capacity development in relation to *all three* diseases.

**Recommendation 5:** Strengthen the effectiveness and efficiency of the **management and administration** of the CRG Special Initiative by the Global Fund Secretariat. This should focus on: significantly scaling-up the capacity of the CRG Special Initiative Team within the CRG Department; and reviewing the Initiative’s systems and processes (such as to select and deploy TA providers) to improve their simplicity, speed and transparency.

**Recommendation 6:** Develop and implement an **M&E framework** – for each core Component of the CRG Special Initiative and, in combination, for the Initiative as a whole. This should focus on: articulating the expected results of the Initiative; enabling the systematic measurement of those results; and facilitating clear and regular reporting on the Initiative, including to the Board of the Global Fund and to the CRG Special Initiative Coordination Mechanism.

**Recommendation 7:** Alongside the M&E framework, develop and implement a **knowledge management and communications strategy** to document, analyse and systematise the key learning from the CRG Special Initiative and, in turn, to communicate its work and value-added to: internal stakeholders (such as the Board and Grants Management Division of the Global Fund); and external stakeholders (such as other TA providers).



## ANNEX 1: EVALUATION ENQUIRY FRAMEWORK

1. Overall, to what extent has the CRG Special Initiative met its stated **objectives and added-value** in supporting the meaningful engagement of communities and CSOs in the rollout of the Global Fund's New Funding Model?
2. What have been the **specific results** for each the three components of the CRG Special Initiative – in terms of making a difference to the meaningful engagement of communities and CSOs in the rollout of the Global Fund's New Funding Model?
3. What have been the major **innovations and success factors** in implementation of the CRG Special Initiative?
4. What have been the major **challenges** in implementation of the CRG Special Initiative?
5. What **lessons** have been learned through the CRG Special Initiative, including about how to plan, manage and operate this type of Global Fund Initiative? How can those lessons be applied – both within the Global Fund and among other institutions?
6. In the **future**, how should the CRG Special Initiative be implemented or adapted – in particular, within the context of operationalisation of the Global Fund Strategy for 2017-22 and the changing environment for technical support?



## ANNEX 2: EVALUATION METHODOLOGY

Methodology	Component of CRG Special Initiative			
	Component 1	Component 2	Component 3	As a whole
<b><u>Method 1: Desk review</u></b>  Review of resources (such as Global Fund Board documents, workplans, presentations and progress reports) on the inception, development, implementation and assessment of the CRG Special Initiative.	□*	□	□	□
<b><u>Method 2: Data analysis</u></b>  Analysis of available data (such as from Quality Assurance surveys for Component 1) to compile quantitative results and, where possible, identify trends.	□	-	-	-
<b><u>Method 3: Stakeholder interviews and focus group discussions</u></b>  Conduct of semi-structured in-depth interviews and focus group discussions with selected stakeholders involved in the CRG Special Initiative.	□*	□	□	□
<b><u>Method 4: Meetings of stakeholders</u></b>  Participation in international or regional meetings bringing together stakeholders involved in the CRG Special Initiative to share progress, good practice and lessons learned.	-	□	□	□
<b><u>Method 5: Case studies</u></b>  Compilation of case studies** illustrating good practice and innovation within the CRG Special Initiative.	□	□	□	-

\* Focusing on a sample of 12 TA assignments (9 relating to Country Concept Notes, 3 relating to Regional Concept Notes), selected to ensure a cross-section of assignments in terms of: geography; disease area; TA requestors and providers; and types of TA.

\*\* Including case studies compiled by Ian Grubb, Independent Consultant, within documentation of Global Fund engagement with communities/civil society.

## ANNEX 3: DESK REVIEW RESOURCES

### Resources about the CRG Special Initiative and the Global Fund:

1. *Community, Rights and Gender Special Initiative*, (presentation to CRG Advisory Group Meeting), Sharmeen Premjee and Mounia Meftah, the Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2016.
2. *Progress Update: Community, Rights and Gender Special Initiative*, [brochure], the Global Fund to Fight AIDS, Tuberculosis and Malaria, September 2015.
3. *Community, Rights and Gender Report 2015, (report to the 35<sup>th</sup> Board Meeting)*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, March 2015.
4. *Community, Rights and Gender Report 2016, (report to the 37<sup>th</sup> Board Meeting)*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, April 2016.
5. *Community, Rights and Gender Special Initiative 2014-2016: Inspiring and Supporting the Meaningful Engagement of Civil Society and Community in Global Fund Processes*, [brochure], the Global Fund to Fight AIDS, Tuberculosis and Malaria.
6. *Engaged Communities, Effective Grants: A Global Fund Partners Meeting: Meeting Report*, (report of Partners Meeting of CRG Special Initiative), the Global Fund to Fight AIDS, Tuberculosis and Malaria, August 2015.
7. *Update on the Funding Model*, (presentation to SIIC), the Global Fund to Fight AIDS, Tuberculosis and Malaria, March 2016.
8. *An Overview: Technical Assistance Program on Community, Rights and Gender*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
9. *The Global Fund Strategy 2012-2016: Investing for Impact*, The Global Fund to Fight AIDS, Tuberculosis and Malaria.
10. *The Global Fund Strategy 2017-2022: Investing to End Epidemics*, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2016.
11. *Request for Proposals (RFP): Invitation Notice FP No. TGF 16-041: Strengthening Community Engagement in Global Fund Malaria Grants*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, April 2016.
12. *CRG Technical Assistance webpage*:  
<http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/communityrightsgender/>

### Resources about the CRG Special Initiative Component 1:

13. *Guidance on Filling in the CRG Technical Assistance Request Form*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
14. *CRG Technical Assistance Request Form*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
15. *Quality Assurance Survey Data (Requestors)*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2016.
16. *African Key Populations' Engagement with Financing Institutions: A Rapid Review*, AMSHeR, ASWA, Gender Dynamix and Transbantu Association Zambia, 2016.
17. *Draft: UNAIDS Technical Support Facilities Mid-Term Review*, Darren Leitch, Aurorita Mendoza and Clement Chankam for UNAIDS, May 2016.
18. *Midterm Evaluation of the Grant Management Solutions II Project*, USAID, March 2016.
19. Documents relating to TA in the Dominican Republic:
  - *CRG Technical Assistance Request Form: Dominican Republic*, January 2015.
  - *Community, Rights & Gender (CRG) Technical Assistance Program Terms of Reference: Dominican Republic*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
  - *Technical Assistance Report: Dominican Republic*, Partners in Health, April 2015.
  - *Guia Formacion De Comites 'Fin De La TB'*, 2015.
  - *Principales Cambios Realizados a la Guía Técnica*, 2015.
20. Documents relating to TA for ICW Latina:
  - *Community, Rights & Gender (CRG) Technical Assistance Program Terms of Reference: ICW Latina*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
  - *Technical Assistance Report: ICW Latina*, UPCH, March 2015.
  - *Brechas de Financiamiento*, Ximena Salazar, UPCH, January 2015.
  - *Violencia Contra las Mujeres (No Viviendo y Viviendo con VIH)*, Ximena Salazar, UPCH, January 2015.
21. Documents relating to TA in Georgia:
  - *CRG Technical Assistance Request Form: Georgia*, September 2015.

- *Community, Rights & Gender (CRG) Technical Assistance Program Terms of Reference: Georgia*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
  - *Meaningful Participation Of LGBT Communities In Implementation, Monitoring And Evaluation Of HIV - Related Prevention Programs in Georgia: Roadmap*, NCDC, Tanadgoma and LGBT Georgia, 2016.
  - *Workshop on Empowerment of LGBT Community Organisations for Effective Engagement in HIV/AIDS Programmes in Georgia: Workshop Report*, June 2016.
  - *PrEP Demonstration Working Group: Initiative Concept Discussion Notes*.
  - *PrEP Demonstration Project Plan*.
  - *Service Delivery Draft Framework*.
  - *Communication and Education Draft Framework: PrEP*.
  - *Georgian NGO Responds to Large Increase in HIV Among MSM: Technical Assistance Provided by the Global Fund's CRG Initiative*, Global Fund Observer, June 2016.
22. Documents relating to TA in Kenya:
- *CRG Technical Assistance Request Form: Kenya*.
  - *Access to Funding Case Study: Kenya*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
  - *Report on the Training of Key Population Representatives on the Global Fund Funding Model and on Effective Participation In National Dialogue and Concept Note Development*, CLAC, ASAP, KELIN and the Global Fund to Fight AIDS, Tuberculosis and Malaria, December 2014.
23. Documents relating to TA in Sierra Leone:
- *CRG Technical Assistance Request Form: Sierra Leone*, September 2014.
  - *Community, Rights & Gender (CRG) Technical Assistance Program Terms of Reference: Sierra Leone*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
  - *Community, Rights & Gender (CRG) Technical Assistance Program Terms of Reference – Phase II: Sierra Leone*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
  - *Technical Report: CRG Technical Assistance – Sierra Leone*, EANNASO, September 2015.
  - *Technical Report: CRG Technical Assistance – Sierra Leone*, EANNASO, October 2015.
  - *Report: Technical Assistance on Community, Rights and Gender to Civil Society and Key Affected Populations in Sierra Leone*, Mayowa Joel, EANNASO.
  - *Consortium for the Advancement of Rights for Key Affected Population Sierra Leone (CARKAP-SL): Finance and Procurement Manual*, CARKAP, 2016.
  - *Consortium for the Advancement of Rights for Key Affected Population Sierra Leone (CARKAP-SL): Constitution*, CARKAP, 2016.
24. Documents relating to TA in South Africa:
- *South African Civil Society Priorities Charter: An Advocacy Roadmap for the Global Fund to Fight AIDS, Tuberculosis and Malaria New Funding Model*, SAT, SANAC Civil Society Forum, AIDS Accountability International, Ford Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria, March 2015
  - *Our Stories, Statistics, Solutions: A Supplement to the South African Civil Society Priorities Charter – Written by Key Populations*, SAT and the Global Fund to Fight AIDS, Tuberculosis and Malaria.
  - *The Inclusion/Exclusion of Key Populations in Global Fund Decision-Making in South Africa*, Brian Kanyemba, School of Public Health and Family Medicine, University of Cape Town, 2016.
25. Documents relating to TA in Cameroon:
- *Technical Support Delivery and KAP Engagement in the Cameroonian Global Fund Process*, MSMGF, January 2015.
  - *CLAC Provision of Technical Support in Cameroon and Tunisia*, CLAC.
  - *Enhanced KAP Engagement in Cameroon Wins Global Fund Opportunities*, Liesl Messerschmidt, November 2015.
26. Documents relating to TA in Benin:
- *Community, Rights & Gender (CRG) Technical Assistance Program Terms of Reference: Benin*.
  - *Request for Technical Assistance to the Global Fund: Benin*.
  - *Eléments sur les Notes Conceptuelles: Rencontre du 17 Aout 2015 Benin*, (presentation), CHALN.
  - *L'Assistance Technique: Benin*, (presentation), CHALN, 2015.
  - *Technical Report: CRG Technical Assistance – Benin*, CHALN, 2015.
  - *Assistance Technique Droits Humains, Genre et Renforcement des Systèmes Communautaires*, (presentation), CHALN, 2015.
  - *Mapping: Benin*, CHALN, 2015.
  - *Issues Template: Benin*, CHALN, 2015.
  - *Rapport de Mission Juillet-Aout 2015: Assistance Technique Fonds Mondial au Benin*, CHALN, 2015.
27. Documents relating to TA in Kyrgyzstan:
- *Community, Rights & Gender (CRG) Technical Assistance Program Terms of Reference: Kyrgyzstan*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
  - *Draft: Report on Technical Assistance Assignment in Kyrgyzstan*, Regional Technical Support Hub for EECA, 2014.
  - *Technical Assistance to Key Populations and Civil Society in Kyrgyz Republic: Report of Activities: Phase one*, CHALN, April 2015.

28. Documents relating to TA in Nigeria:

- *CRG Technical Assistance Request Form: Nigeria*, January 2015.
- *Community, Rights & Gender (CRG) Technical Assistance Program Terms of Reference: Nigeria*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2015.
- *Comprehensive Integrated Package of Services for Key Affected Populations: Report for Men who have Sex with Men*, February 2015.
- *Comprehensive Integrated Package of Services for Key Affected Populations: Report for People who Inject Drugs*, February 2015.
- *Comprehensive Integrated Package of Services for Key Affected Populations: Report for Female Sex Workers*, February 2015.
- *Agenda: Key Affected Populations' New Funding Model Programmes Validation Meeting*, February 2015.
- *Report of the Validation Meeting of KAP Engagement Framework*, February 2015.
- *Assessment of Modules in the TB/HIV NFM Concept Note: Suggestions for Gender Mainstreaming*.
- *Concept Note on Proposed One-Day Gender Technical Session on the GFATM TB-HIV NFM*.
- *Gender Gaps in the Nigeria TB/HIV Concept Note for the New Funding Model*, (presentation), Ejio J. Otiye-Igbuzor.
- *Gender Indicators Per Strategies*.
- *Background Brief: GF TB/HIV NFM Gender Technical Workshop*, Dr. Yinka Falola-Anoemua, May 2015.
- *Technical Report: CRG Technical Assistance – Nigeria*, Heartland Alliance International, June 2015.
- *Planning Meeting of Community Systems Strengthening Components of the Global Fund New Funding Model as it Affects Key Affected Populations*, Heartland Alliance International and the Global Fund to Fight AIDS, Tuberculosis and Malaria, April 2015.
- *Key Affected Population Secretariat Operational Guidelines*, Heartland Alliance International and the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- *Criteria for selection of KAP-Friendly CBOs/CSOs*, Heartland Alliance International and the Global Fund to Fight AIDS, Tuberculosis and Malaria
- *KAP Committee Organogram*, Heartland Alliance International and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

29. Documents relating to TA for ITPC West Africa:

- *CRG Technical Assistance Request Form: ITPC West Africa*, September 2015.
- *Community, Rights & Gender (CRG) Technical Assistance Program Terms of Reference: ITPC West Africa*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2015.
- *Technical Report: CRG Technical Assistance – ITPC West Africa*, ASAP, March 2015.
- *REQUEST: ITPC West Africa Survey to Inform Regional Concept Note Development to Global Fund*, ASAP, November 2015.
- *Results of the Online Survey: ITPC West Africa regional concept note development to the Global Fund*, (presentation), ASAP, December 2015.
- *ITPC-West Africa Regional Concept Note Development for the Global Fund: Results of the Regional Online Survey*, ITPC, November 2015.
- *TRIPS Information Note: Using TRIPS Flexibilities To Improve Access To Affordable HIV Treatment in West Africa: Prepared in Support of ITPC West Africa's Regional Concept Note to the Global Fund*, ASAP and ITPC, January 2016.

**Resources about the CRG Special Initiative Component 2:**

- 30. *Progress Report 2015: Partnership Global Fund Robert Carr Networks Fund*, RCNF/AidsFonds, March 2016.
- 31. *Reaching Inadequately Served Populations: 2015*, RCNF/AidsFonds, 2016.
- 32. *RCNF: Revising the Monitoring, Evaluation and Learning (MEL) Framework: Framework to AidsFond*, Impact Consulting, September 2016.
- 33. *RCNF: Phase 1 of Revising the Monitoring, Evaluation and Learning (MEL) Framework: Report to AidsFonds*, Impact Consulting, September 2016.
- 34. *RCNF website: [www.robertcarrfund.org](http://www.robertcarrfund.org)*
- 35. For each of the eight Global Fund/RCNF grantees:
  - *Global Fund/RCNF Interim Narrative and Financial Report: December 2014 – December 2015*, 2016.
  - Poster presentation for *Enhancing Synergies and Peer-to-Peer Collaboration Meeting* of the CRG Special Initiative, October 2016.
- 36. Examples of Global Fund/RCNF grantees' publications:
  - *YouthLead: Voices of Change*, YouthLead, 2015.
  - *Making the Money Work For Young Key Populations: Experiences of Young Key Populations with the New Funding Model in Indonesia*, YouthLead, 2016.
  - *APTN Learning Guide Strengthening Knowledge on the Global Fund Processes for Transgender Communities*, APTN, February 2016.

- *ICW Bulletin: ICW Marks World Malaria Day 2016*, ICW, April 2016.
- *Issues Paper by Women Living with HIV in Uganda for Inclusion in the Concept Note Development for the Global Fund and the National HIV & AIDS Strategic Plan 2015/20*, ICW and partners.
- *Global Fund Workshop: Case Study, NSWP*, December 2015.
- *The Smart Sex Worker's Guide to The Global Fund*, NSWP.
- *(Even) Greater Than the Sum of Its Parts: A Case Study on Working Together as the Consortium of MSM and Transgender Networks*, Consortium of MSM and Transgender Networks, 2015.
- *African Key Populations' Engagement With Global Health Financing Institutions: A Rapid Review*, AMSHeR, Gender Dynamix, AWA and Transbantu Association Zambia, 2016.
- *Report on the HIV and TB Financing Activist Workshop: Strengthening Key Population Advocacy for the Best Use of Global Fund Resources and Sustainable Funding for HIV & TB in Botswana, Malawi and Tanzania*, ARASA and ITPC, March 2015.

### Resources about the CRG Special Initiative Component 3:

37. *Community, Rights and Gender Special Initiative: Update on the Regional Communication and Coordination Platforms 31<sup>st</sup> May - 2<sup>nd</sup> June 2016*, (presentation), The Global Fund to Fight AIDS, Tuberculosis and Malaria, May 2016.
38. *Six Regional Platforms for Communication and Coordination: Part of the Global Fund to Fight AIDS, Tuberculosis and Malaria's Special Initiative on Community, Rights and Gender*, (brochure for IAC), The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2016.
39. *Regional Platform Notes from Joint Meeting 5 – 7 October*, Regional Platforms Coordinator for the Global Fund to Fight AIDS, Tuberculosis and Malaria, October 2016.
40. For each of the six Regional Platforms:
  - *Regional Platform Progress Report to April 2016*, May 2016.
  - *Regional Platform (Provisional) Progress Report to October 2016*, October 2016.
  - Regional Platform websites or webpages.
41. Examples of Regional Platform publications:
  - *Community Perspectives: Guiding the CRG Special Initiative in Anglophone Africa: Survey Results From A Situational Analysis Conducted by the Regional Platform for Communication and Coordination for Anglophone Africa*, Anglophone Africa Platform/EANNASO, January 2016.
  - *A Community Guide to the Global Fund: An Introduction*, Anglophone Africa Platform/EANNASO, 2016.
  - *Platform Pulse: Newsletter of the Regional Platform for Anglophone Africa*, Issue # 1, Anglophone Africa Platform/EANNASO, April 2016.
  - *Technical Support, Funding and Capacity Building: Current Opportunities*, Listserv/Digest # 4, EECA Platform/EECA Consortium, 2016.
  - *Newsletter: CRG LAC Platform*, LAC Platform/CRAT, May 2016.

## ANNEX 4: STAKEHOLDER INTERVIEWS

### List of interviewees:

1. Olayide Akanni	47. RD Marte
2. Mohac Altuntug	48. Miguel Martinez Aponte
3. Jonas Bagas	49. Mick Mathews
4. Don Baxter	50. Mounia Meftah**
5. Gaj Bahadur Gurung	51. Annabelle Metzner**
6. Maxim Berdnikov	52. Ruth Morgan Thomas
7. César Bonifaz Arboleda	53. Wame Mosime
8. Ian Carter	54. Mohamed Msefer
9. Arely Cano Meza	55. Olive Mumba
10. Lionel Caruana	56. Edward Mwangi
11. Veronica Cenac	57. Peninah Mwangi
12. Alberto Colorado	58. Lillian Mworeko
13. Giles Cesar*	59. Ed Ngoksin
14. Chris Connelly	60. Gemma Oberth
15. Kieran Daly	61. Susan O'Leary**
16. Coleen Daniels**	62. Igor Oliynk**
17. Sophie Dilmitis	63. Renate Olinyk*
18. Miriam Elderhorst	64. Rachel Ong**
19. Kathy Eridania Brito Garcia	65. Ifeanyi Orazulike
20. Edwige Fortier	66. Emma Ouedraogo
21. Mikhail Golichenko*	67. Sue Perez
22. Carmen Gonzalez	68. Rene-Frederic Plain**
23. Mathew Greenall	69. Midnight Poonkasetwattana
24. Rico Gustav	70. Sharmeen Premjee**
25. Kevin Halim	71. Nadia Rafif
26. Felicita Hikuam	72. Ximena Salazar
27. Jennifer Ho	73. Motoko Seko
28. Javier Hourcade Bellocq	74. Abdulai A Sesay
29. Natakorn Jittanonta	75. Valentin Simionov
30. Mayowa Joel*	76. Omar Syarif
31. Ralf Jurgens	77. Trisa Taro
32. Simon Kabore	78. Khuat Thi Hai Oanh
33. Brian Kanyemba	79. Kate Thomson**
34. Cecile Kazatchkine*	80. Donald Tobaiwa
35. Michel Kazatchkine	81. Estelle Tiphonnet**
36. Irene Keizer	82. David Traynor
37. He-Jin Kim	83. Cecilia Vitale
38. Sarah Kirk	84. Orion Yeandel
39. Blessi Kumar	85. <u>Global Fund focus group</u> : Melvyn Young, Amiyana Farouque, Adam Garner, Katie Silk, Giovanna Guglielmi, Christopher Marshall, Caroline Truesdell, Nicole Delaney, Ximena Navia Henao, Fatoumata Sy, Maria Padkina, Kathryn Hodson, Sarah Ritch, Svetlana Dupriez, Jonathan Helliwell, Jessica Hofmans, Mario-Alessander Bauwens
40. Mariami Kvaratskhelia	
41. Micah Lubensky	
42. Anuar Luna	
43. Matthew Macgregor	
44. Kateryna Maksymenko	
45. James Malar	
46. Allan Maleche	

\* Interviews conducted by Ian Grubb, Independent Consultant, within documentation of case studies of Global Fund engagement with communities/civil society.

\*\* Members of the CRG Special Initiative Coordination Mechanism

Breakdown of stakeholder interviews:

Component of CRG Special Initiative	No. of interviews
<b>Component 1: Short-term technical assistance for Country Dialogue and Concept Note development:</b> 10 representatives of TA requestors; 10 representatives of TA providers; 9 representatives of the Global Fund Secretariat	29
<b>CRG Special Initiative Component 2: Long-term capacity development of key population networks through partnership with RCNF:</b> 8 representatives of Global Fund/RCNF grantees; 5 other representatives of RCNF/AidsFonds, including International Steering Committee	13
<b>CRG Special Initiative Component 3: Regional Coordination and Communication Platforms for communities/civil society:</b> 6 representatives of Regional Platforms; 9 representatives of stakeholders of Regional Platforms; 1 representative of the Global Fund Secretariat	16
<b>CRG Special Initiative (overall/across the Initiative):</b> 9 members of the CRG Special Initiative Coordinating Mechanism (including representatives of technical partners and other TA initiatives); 5 representatives of the Global Fund Secretariat and partners	14



## ANNEX 5: CASE STUDIES ON COMPONENT 1

### Case study 1: Supporting communities/civil society to identify shared priorities, South Africa

In South Africa, two complementary TA assignments were conducted in February and April 2015, both delivered by SAT (a regional CSO based in the country) and carried out in partnership with the CCM representative for key populations. The first focused on engaging complex and disparate communities/civil society sectors in the development of the country's HIV/TB Concept Note. This included developing a *South African Civil Society Priorities Charter* that was adopted by the sector and used as a roadmap for advocacy related to the Global Fund. The Charter argued for action on 'critical enablers' (such as human rights and gender equality), to complement the country's increasing attention to bio-medical interventions. It was structured according to the strategic objectives of the NSP, outlining civil society's priorities for: interventions; target groups; regional coverage; implementing partners; and measurable outcomes. The Charter was presented to the CCM and the South African National AIDS Council. Meanwhile, the second TA assignment built on the *Priorities Charter* by consolidating the specific viewpoints of key population groups, including those supporting MSM, transgender people, sex workers, adolescent girls and young women, people who use drugs and TB survivors. The resulting document – *Our Stories, Statistics and Solutions* – cited key populations priorities, supported by relevant data and quotes from community members. SAT also supported reviews of drafts of the HIV/TB Concept Note in collaboration with community representatives, identifying recommendations – many of which were reflected in the final version of the Note.

### Case study 2: Engaging key populations in Concept Note development, Kenya

In Kenya, the TA request came from a group of key population organisations, including those by and for sex workers, MSM and women living with HIV. They recognised the potential to influence the country's HIV/TB Concept Note, but needed support to more clearly identify and advocate for their joint priorities. The TA was led by KELIN (a network based in the county), supported by ASAP and CLAC (providing specific technical expertise in relation to sex workers and women living with HIV). The assignments focused on providing key population representatives with support to represent their constituencies and provide effective input into the Country Dialogue and Concept Note processes. They included supporting: a two-day meeting for 32 representatives to update their knowledge on the Global Fund, identify joint priorities and review the draft HIV/TB Concept Note; and the development of a collective work plan. The meeting resulted in a letter to the Chair of the CCM Drafting Team and a report outlining key populations' priorities. Overall, the TA contributed to CRG-related issues emerging as high priorities in the final Concept Note, such as with attention to SRH services for women living with HIV and to the alignment of national laws affecting key populations to the constitutional right to health.

### Case study 3: Strengthening the engagement of LGBT groups in the Global Fund, Georgia

In Georgia, HIV incidence among MSM is as high as 25%<sup>17</sup>, yet, due to intense stigma, their community groups are relatively undeveloped and are isolated from other national stakeholders. Here, the TA request came from LGBT Georgia - a national CSO with strong advocacy skills, but modest experience of programme implementation. The request was supported by the National Center for Disease Control and Public Health (NCDC) - the PR for the country's HIV grant and supportive of the role of communities in piloting pre-exposure prophylaxis (PrEP) among key populations in the country. The assistance was managed by the CLAC and delivered over several months by ECOM (a network based in EECA, with expertise in organisational development and advocacy on sexual orientation and gender identity (SOGI)) and APCOM (a network based in Bangkok, with expertise in MSM community engagement in PrEP). The work involved three elements:

- Two-day workshop for community representatives, the CCM, medical personnel and government officials on innovative HIV prevention methods – sensitising participants on issues related to PrEP, in particular for MSM. It enabled the MSM community to identify its own preferences for PrEP services, such as that they should be provided in community-based settings, rather than medical facilities.
- Assessment of needs, services and gaps for MSM, informing a roadmap for a pilot PrEP programme for MSM and sex workers included in the Global Fund HIV grant.
- Organisational capacity of lesbian, gay, bisexual and transgender (LGBT) organisations. This included a strategic planning workshop to identify organisations' gaps and solutions, leading to an organisational development plan for LGBT Georgia to enable it to fulfil its role with the Global Fund.

#### Case study 4: Operating a Task Force to promote communities needs to the CCM, Cameroon

In December 2014, Cameroon's HIV/TB Concept Note was rejected by the Global Fund, including because it lacked evidence of key populations' needs and engagement and details of how related programmes would be implemented. To support the re-submission process, TA – applied for by Affirmative Action - was provided through the CLAC, with the deployment of a key populations expert consultant and the facilitation of engagement activities. The latter brought together representatives of key populations – including sex workers, MSM, people living with HIV, truck drivers and people who use drugs – to, for the first time in the country, identify joint priorities and work together as one voice. It involved the establishment of a Taskforce that reviewed the draft Concept Note, compiled priority recommendations and advocated for those priorities – and appropriate budget allocations – to the CCM. Representatives of key populations were also supported to participate in the Drafting Committee. In July 2015, the Global Fund confirmed a grant for Cameroon that allocated funding for key population programmes – notably those for sex workers and MSM - at an even higher level than requested, representing 10% of the total budget (compared to 4% in the previous Concept Note). It is expected that – having collaborated successfully and established a platform - communities/civil society will continue to work together during grant implementation, including to perform a monitoring and watchdog role.

#### Case study 5: Prioritising communities' 'asks' in a Regional Concept Note, ITPC West Africa

In West Africa, HIV prevalence among key populations is often 20 times that of national rates. While countries include minimum packages of interventions in their NSPs, the coverage and quality of these can be questionable – affected by factors such as ARV stock-outs, punitive legal environments and low involvement of communities in decision-making. ITPC West Africa was invited to submit a Regional Concept Note to the Global Fund. The network – with established partners in the 11 selected countries - requested TA to ensure that its Regional Dialogue process was inclusive and that its proposed strategies fully integrated rights (to health and affordable medicines) and gender. The resulting assignment was conducted by ASAP. It included an on-line survey that was disseminated to relevant stakeholders (including CCM members and people living with HIV organisations), with 157 responses received. The survey explored issues such as: access to ART; access to viral load testing; quality of services; and the social and legal environment. Its findings enabled the prioritisation of issues to be addressed in the Concept Note – with the top three being: *'improve drug procurement mechanisms and supply chain management to ensure drugs are always available at clinics'*; *'equip clinics with viral load testing machines and equipment'*; and *'train staff to use viral load machines correctly and provide test results'*.

ASAP also supported the conduct of an in-person Regional Dialogue (held at the 18<sup>th</sup> International Conference on AIDS in Africa and involving people living with HIV networks and partner organisations) and provided technical inputs on gender and Trade Related Intellectual Property Rights (TRIPS) issues. The documented results of ASAP's support were included as Annexes to ITPC West Africa's completed Regional Concept Note that was submitted to the Global Fund and, following modifications, approved by the Board.

#### Case study 6: Strengthening the evidence-base of a Regional Concept Note, ICW Latina

ICW Latina is a regional network by and for women living with HIV. It focuses on Central and South America – where, in contrast to other regions, HIV rates have remained constant. In 2014, ICW Latina submitted an Expression of Interest to the Global Fund. This aimed to support women living with HIV by: understanding the social determinants that exacerbate their vulnerability; supporting their empowerment; and increasing the reach and effectiveness of information and gender-sensitive services. The GAC endorsed the TRP's recommendation for the Expression of Interest to proceed to Concept Note development. One month before the due date, ICW Latina requested TA to respond to TRP comments and refine their submission. The TA started with UPCH supporting the gathering of evidence on the specific vulnerabilities of women living with HIV, focusing on the core areas of: human rights violations; gender-based violence; and barriers to integrated health services. UPCH produced reports on: the availability of comprehensive SRH services for women living with HIV; violence against women living with and not living with HIV; and funding gaps for women living with HIV. Then, CVC implemented a mapping of the legal and policy environment related to women living with HIV in 18 focus countries, again addressing the core areas. This included attention to women living with HIV who are transgender, sex workers, migrants and who use drugs. Finally, HIVOS provided support to map subgroups of women living with HIV in 11 countries, identifying their specific needs (and defining differentiated strategies to support them. In combination, the TA assignments filled critical gaps in the technical content of ICW Latina's Concept Note, while also providing concrete evidence of the lack of adequate programming and financing for women living with HIV in the region. They led to a significantly better-informed and conceptualised proposal that, in turn, lay the foundations for more effective grant implementation.

### Case study 7: Strengthening engagement in HIV/TB dialogue and governance, Kyrgyzstan<sup>18</sup>

In June 2014, Kyrgyzstan's HIV Concept Note was rejected by the Global Fund due to its failure to comply with CCM eligibility criteria. In response, the country decided to develop a joint HIV/TB proposal – providing an important opportunity for communities/civil society to engage in the Country Dialogue and advocate for better programmes for key populations, in particular for harm reduction. To support this process, a series of TA assignments were delivered under the CRG Special Initiative. These started in September-October 2014, with ASAP undertaking a consultation with key populations and people living with HIV to identify gaps in programming and barriers to effective engagement. Later in 2014, the International HIV/AIDS Alliance's Eastern Europe and Central Asia Technical Support Hub (EECA Hub) undertook a comprehensive review of the existing harm reduction programme. It also facilitated Pre-Dialogue and Country Dialogue meetings for key populations and CSOs, as well as meetings with service providers and government officials. As a result, communities/civil society identified six priorities for harm reduction programming – such as increasing programme coverage and mitigating human rights abuses - to be included in the new Concept Note.

In December 2014-January 2015, additional TA was provided by CHALN to develop recommendations for the content of the CSS and removing legal barriers (RLB) modules of the new Concept Note. While the former focused on TA to ensure the inclusion of capacity building in the grant, the latter focused on increasing legal literacy among key populations and establishing a network of street lawyers. The recommendations were, subsequently, largely included in the HIV/TB Concept Note developed by the CCM's Writing Committee.

In January 2015, after the Concept Note was submitted to the Global Fund, some CSOs remained concerned that the writing process had lacked transparency, particularly about how their proposed activities were prioritised and how the text was finalised. In response, the Global Fund and CHALN recommended further steps to increase transparency and the involvement of civil society in the process. In April 2015, CHALN, the CCM Secretariat and United Nations Development Programme (UNDP) hosted a workshop where 30 civil society participants drafted – and made budget allocations for - their own 'Concept Note' for the CSS and RLB modules. The proposed programmes closely resembled those in the actual Concept Note – helping to build understanding about Global Fund processes in an environment where civil society had previously been neglected. However, the participants agreed that the Concept Note's budget for the two modules was inadequate. Accordingly, CHALN and key population groups made representations to the CCM and other partners for additional funds for TA to ensure appropriate civil society participation in the programme implementation. They also formed a Working Group to oversee a legal environment assessment (conducted by CHALN) to identify the instruments available to support implementation of the RLB Module, including for the street lawyers programme.

In late April 2015, the TRP requested that Kyrgyzstan revise the HIV/TB Concept Note, addressing four issues: service coverage for key populations; monitoring and retention in the HIV treatment cascade; government support for prevention among key populations; and case management for people leaving prison. The Panel noted the appropriateness of the street lawyers component.

To ensure a transparent redrafting process, the EECA Hub supported the planning and facilitation of Kyrgyzstan's 7<sup>th</sup> National Forum of AIDS Service Organisations, with a key objective to develop a civil society response to the TRP comments. The Forum also provided an opportunity to improve communication and coordination among civil society groups and promote reform of the CCM. The Global Fund's Country Team and CRG Department worked with the EECA Hub and civil society groups to ensure that both the Forum and the election process for the civil society CCM representatives were inclusive. Prospective participants were invited to join a Google Group as a platform for pre-discussions. The two-day Forum took place in June 2015, involving over 120 participants. A session was devoted to interaction with the consultant engaged by the World Health Organisation (WHO) to redraft the Concept Note. After the Forum, the Google Group enabled ongoing dialogue on the redrafting process. In July, its members provided consolidated inputs to the WHO consultant. Meanwhile, the NGO Forum also facilitated agreement on a new election process for the country's civil society CCM members, based on a set of principles emphasising equity, confidentiality and representation based on constituency. The election resulted in two-thirds of the CCM's existing civil society members being replaced.

Kyrgyzstan's final Concept Note was submitted in August 2015 and, following a further clarifications for the TRP, was approved by the Global Fund Board in May 2016. In November, CHALN provided additional TA to prepare CSOs to implement the CSS/RLB modules, based on the findings of the legal environment assessment. In June 2016, the EECA Hub also provided TA to train trainers in the delivery of peer-driven harm reduction services.

### Case study 8: Strengthening civil society engagement in grant-making and monitoring, Benin<sup>19</sup>

In Benin, communities/civil society experienced challenges around their: meaningful engagement in Global Fund processes, in particular due to limited representation; and capacity to advocate for and implement effective programmes, in particular due to the legal environment. Although the sector participated in the Country Dialogue, its limited engagement and capacity had restricted its influence. As a result, while the Global Fund's TRP broadly supported the country's HIV, TB and Malaria Concept Notes, it called for greater attention to areas such as: coverage and comprehensive programmes for key populations (such as needle and syringe exchange and opioid substitution therapy for people who use drugs, including those in prison); law reform; rights-based approaches for people living with HIV; and strategies to address gender-based violence.

Following the TRP's comments, five NGOs submitted a joint request for assistance in two areas: strengthening attention to key populations, gender and human rights in the implementation of Benin's new grants; and developing the National Health Alliance, a newly established group of stakeholders that aimed to improve the visibility and participation of civil society in programmes on the three diseases and to advocate for the needs of key populations.

The TA was provided in June-September 2015 by the CHALN and a consultant knowledgeable about Benin and CSS. It involved consultations with over 30 groups and stakeholders, including: people living with HIV; sex workers; people who use drugs; prisoners; MSM; organisations working on gender-based violence; youth groups; lawyers; health professionals; organisations working in health and development; UN agencies; and Global Fund PRs, including Plan International and the National TB Control Programme. The TA also involved in-depth reviews of the original Concept Notes, TRP comments, NSPs and legal frameworks related to access to prevention, treatment and care for key populations.

The TA – combined with discussions between communities/civil society, the CCM and the Global Fund Country Team during the refinement of the Concept Note and grant making - resulted in a number of recommendations. These included that there should be further national dialogue on HIV and the law to address issues such as criminalisation of disclosure, legal aid and sensitisation of the police. The TA report noted that provisions already in the Concept Note - relating to research on target groups, training of peer educators and advocacy to prison authorities for law reform – could be used to support such a dialogue.

Acting on these recommendations, the government PR (the Ministry of Health's Programme National de Lutte contre le SIDA) developed an entirely new Module during the grant-making process, focusing on the removal of legal barriers. This included activities such as legal assessments, trainings and support services for people living with HIV, people who use drugs and people at risk of sexual and gender-based violence. The Module will be implemented by two national NGOs with experience in gender and human rights-based programming. The PRs also advocated with relevant authorities for prisoners to have access to condoms and for wider access to needle and syringe exchange and opioid substitution therapy.

CHALN also produced a report summarising the outstanding legal challenges and barriers to access to healthcare for these populations – to serve as a reference for future advocacy.

Meanwhile, the TA providers supported the National Health Alliance to identify opportunities to expand its membership and expertise - by including organisations focused on key populations, human rights, prison, health service users, social science and health research. They also worked with the Alliance's existing members to identify their priority activities – including acting as a watchdog to monitor implementation of the Global Fund grants and conducting advocacy (such as to improve the quality of care, address discrimination, promote law reform, address gender-based violence and increase TB case detection and bed net use among key and vulnerable groups).

The process also identified that the Alliance and members' capacity building priorities focused on knowledge about harm reduction and human rights and skills in health policy dialogue. The recommendations from the TA were shared with local and international partner organisations that are positioned to help the National Health Alliance to grow and to progress its agenda.

### Case study 9: Building community capacity and a resilient health system, Sierra Leone<sup>20</sup>

Sierra Leone was severely affected by Ebola in 2014-15, placing significant strain on its already weak health system and workforce. Its HIV, TB and Malaria programmes were seriously disrupted, including with major impact on the rates of adherence and retention among people on treatment. In mid-2015, the country was due to begin preparing new Concept Notes for Global Fund grants. However, recognising the strain that the country was under, in June 2015, the Global Fund Country Team informed the CCM that it could fast track its grant applications through the Simplified Application Process (SAP) - to avoid further disruptions to services and mitigate the impact of the Ebola outbreak. The SAP allowed the country to reprogramme savings from its existing grants and access a new allocation of \$ 126 million to extend the term of the grants for two years to the end of 2017. However, the timeline for developing the simplified Concept Notes was tight, with proposals due by mid-August.

Having demonstrated their critical role during the Ebola crisis, communities/civil society in Sierra Leone formed the Consortium for the Advancement of the Rights of Key Affected Populations (CAR-KAP) - a platform to advocate for and deliver community-based health services and promote gender and human rights-based approaches, particularly for HIV and TB. The Consortium's members include networks and organisations of people living with HIV, the LGBT community, women, children and faith-based groups.

CAR-KAP was the leading civil society voice in the early phase of the Country Dialogue to develop the SAP proposals for HIV/TB, Malaria and health and CSS (with the latter developed as a separate proposal to complement the National Health Sector Recovery Plan). This included participating in multiple, complex processes, such as a Partnership Forum convened by the National AIDS Council and UNAIDS, a meeting to review the National TB Control Programme and a consultation to identify components to be included in the modules for the proposals.

Once drafts were available, CAR-KAP was further involved in work to review and strengthen the proposals. However, as a relatively new entity, the Consortium recognised that it lacked an appropriate governance structure and resources to participate effectively in these demanding processes – especially for the CSS and key population components. In response, the Consortium requested TA from the CRG Special Initiative.

The resulting support was provided by EANNASO, led by a consultant from Nigeria. It involved three phases. The first (in August) focused on supporting CAR-KAP's participation in the ongoing Country Dialogue process, coordinating the Consortium's inputs into the HIV/TB proposal and working with the members to draft the CSS Module. The latter focuses on four aspects: 1. Community-based monitoring of HIV, TB and Malaria programmes; 2. Advocacy for social accountability; 3. Improving civil society participation in policy and strategic decision-making; and 4. Institutional capacity building. The second TA (in October 2015) focused on supporting CAR-KAP and its members to respond to comments on the proposals from the Global Fund's TRP, ensuring that the CSS component was fully maintained and that the key population priorities were reflected in programmes and budgets across the three diseases.

The results of the TA and CAR-KAP's work include that:

- The Global Fund approved \$ 2.2 million for Sierra Leone's CSS component.
- The approved HIV grant has a stronger focus on key populations, providing specific support to people living with HIV, sex workers, MSM, transgender people and people who use drugs.
- The approved TB grant will scale-up community-based TB care to more effectively address stigma and discrimination in health services.
- The approved Malaria grant includes a stronger focus on community-based service delivery through community and school health clubs.

In addition, CAR-KAP's role as a civil society platform and voice has grown significantly. It is now – for the first time in Sierra Leone - recognised by other stakeholders as a key national player and faces increasing demands to participate in health governance, planning and oversight in the country. To further help build the Consortium's own capacity to implement a community-based monitoring system, a third phase of TA through the CRG Special Initiative was ongoing in late 2016.

## ANNEX 6: CASE STUDIES ON COMPONENT 2

### Case study 10: ARASA/ITPC - Advocating for Global Fund investment in key populations

In 2015, ARASA/ITPC commissioned the Centre for Economic Governance and AIDS in Africa to research the national budgets in Botswana, Malawi and Tanzania to inform its partners' advocacy messages on domestic health financing. The resulting research reports were summarised in three policy briefs that were disseminated nationally, supported by media statements.

In Botswana, a petition based on the policy brief was submitted to the Parliamentary Sub Committee on Health and used as the basis for advocacy. This contributed to the allocation of resources for interventions for key populations in the country's Global Fund grant. Nana Gleeson of Botswana Network on Ethics, Law and HIV/AIDS (BONELA) says that: *"Being able to feed into the development of the budget and performance framework ensured that it stayed true to the proposed activities as described in the approved Concept Note during grant making, especially for the Key Population and Community Systems Strengthening modules. As a result, now in Botswana, over 26% of the total Global Fund Grant allocation is for key population programming (sex workers, MSM and transgender persons), interventions towards the creation of an enabling legal environment and Community Systems Strengthening. Considering that there was before 0% allocation for key populations and only \$ 200,000 in the HIV grant for creating an enabling legal environment, this is a significant improvement."*

### Case study 11: APTN - Developing tailor-made Global Fund training tools for transgender communities

APTN developed *Strengthening Transgender Knowledge on the Global Fund for AIDS, Tuberculosis and Malaria* - a learning guide for transgender communities in Asia and the Pacific. This served as a means to build the network's own knowledge about the Global Fund – increasing its confidence to share information with its country partners and to become a hub for the region. APTN used the guide in a range of activities, including a regional workshop for partners from India, Indonesia, Pakistan, Nepal, Thailand and Vietnam – building their capacity to engage in the Global Fund at the national level. It also mapped Global Fund investments in transgender services and used the information to increase understanding among CCM stakeholders and opportunities for participation by transgender people. For example, in Thailand, the transgender community now participates in the CCM through the Annual Meeting of the Thai NGO Coalition on AIDS.

APTN has further strengthened this work through the development and dissemination of the *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific* ('Trans Health Blueprint') – which serves as a normative reference document and has been used for advocacy (to donors and technical agencies) and programming in over six countries.

### Case study 12: INPUD/ANPUD – providing tailor-made Global Fund capacity building for representatives of people who use drugs

Working within repressive social and legal environments for people who use drugs, INPUD/ANPUD designed and conducted a regional training-of-trainers in Bangkok. The workshop covered basic information and skills building on the Global Fund (what it is, how to engage, etc.) and was supported by staff from the Global Fund Secretariat's CRG Department as well as the Office of the Inspector General (OIG). The workshop had a continuation meeting specifically for women who use drugs – enabling them to identify advocacy priorities and lobbying strategies related to the Global Fund and other national processes. INPUD also conducted a similar training-of-trainers (plus continuation meeting) for four informal national networks of people who use drugs in Africa. That workshop, held in Zanzibar, contributed to the registration of a network in Nigeria. Both workshops were complemented by INPUD/ANPUD's development of an organisational capacity tool to assess networks' governance structures and training needs on Global Fund processes and mechanisms.

In 2016, the regional workshops have been followed up with country-level trainings in Kenya, Nepal, Nigeria, Tanzania, Vietnam and Zanzibar.



### Case study 13: PNC+ - developing platforms to advocate on priorities for people living with HIV

PNC+ developed Communities Coordination Meetings as a mechanism to establish regular communication between communities/key population groups. The Meetings serve as an opportunity to discuss key issues and challenges related to engaging with and accessing resources from the Global Fund, as well as to identify and prioritise joint messages for advocacy opportunities, such as CCM meetings and Country Dialogues. In Indonesia and Ukraine, the Platforms built on existing coordination efforts, while - in Pakistan, Kazakhstan and Vietnam - it was the first time that communities/key populations had met together for a facilitated discussion.

In 2015, PNC+ members also supported communities to hold 10 national meetings, inviting national stakeholders (such as the government and bilateral donors) and highlighting common concerns about Global Fund processes. For example: in Ukraine, constituents raised issues about the limited involvement of representatives of people who use drugs and substitution therapy service users in Country Dialogue discussions on reducing barriers to HIV testing and treatment; and, in Vietnam, constituencies raised issues about sustainable funding for community-based organisations.

PNC+ has also conceived a Community Internship Programme – a model whereby a community actor works as an intern within the government PR organisation. The objective is to increase partnership and communications between communities and governments, as well as to identify challenges and solutions to issues related to the management of services for communities. The Programme is being piloted in Pakistan – with the government PR responsible for ARV procurement and distribution and focusing on issues around drug stock-outs and the quality of treatment services.

### Case study 14: YouthLead - developing Global Fund capacity and advocacy for young key populations

YouthLEAD's work included the development of a training manual on the Global Fund, specifically focused on young key populations and tailored to young champions/advocates. This and other resources were used to support activities such as a regional training on the Global Fund that produced 10 young trainers who, in turn, trained their peers at the national level. Examples of YouthLEAD's other activities included implementing: youth key population assessments in Pakistan, Nepal and Vietnam; a youth guide on the Global Fund in Cambodia; and training for young key populations in Myanmar (to prepare them to engage in their country's development of a Global Fund Concept Note and NSP). A report from a stakeholder involved in the work in Pakistan stated how: *"Through this project, for the first time, the young people are being reached, contacted and an assessment of their needs is in process, which shall provide them with a chance to showcase their issues to the policy makers for in the future in Pakistan and lobby with the CCM to explore a possibility of having a seat for young people .... The project has offered an opportunity to capacitate the young people to influence the policy and decision makers based on their specific issues .... [the] project foresees the engagement of youths in the implementation phase of the Global Fund grant based on the finding of [the needs] assessment ... and through Y-Chapter."*

YouthLEAD convened a regional dialogue on young key populations – involving 14 young key population leaders, 12 CCM members, five PRs from eight countries - leading to the development of joint action plans. It also developed regional guidelines to support PRs and SRs to better integrate issues related to young key populations and to implement more relevant interventions within their Global Fund grants.

Examples of the results of YouthLEAD's work include that: in Nepal, the Young Key Affected Population organisation was invited to be a co-convenor for development of the country's new NSP for HIV; in Pakistan, a Y-Chapter was established within one of the main national HIV networks; issues related to young key populations were included in the Global Fund Concept Notes for Myanmar and Indonesia and the NSP for Cambodia; and seats for young key populations were secured on the CCMs in Cambodia, Indonesia and Mongolia. Meanwhile, YouthLEAD has complemented its national/regional work with engagement with the Global Fund at the global level. Through PACT (a global alliance of youth organisations working on HIV and sexual and reproductive health), YouthLead led the first ever meeting of youth stakeholders with the Global Fund Secretariat. This – alongside participation in the Global Fund's Partnership Forums in 2015 and contribution to the Global Fund Board (through the Point7 Youth Advisor and the Youth Delegation) - served as an opportunity to provide strategic and specialised inputs into the development of the Global Fund Strategy for 2017-22. It also contributed to the Modular Template for Concept Notes being changed to better address young people.



### Case study 15: Consortium of MSM and Transgender Networks - connecting national, regional and global action on the Global Fund

The Consortium of MSM and Transgender Networks brings together 10 global and regional networks – the largest number involved in a Global Fund/RCNF grant. In combination, the members bring a range of expertise and focus, such as in terms of geographic areas.

In 2015, the Consortium produced a case study (*Even Greater Than the Sum of Its Parts*) on its collaboration to date, supported by its core and Global Fund grants from the RCNF<sup>21</sup>. This provided examples of how the Consortium has used its grants to strengthen communities' engagement with the Global Fund at all levels:

**National level:** The Consortium's members promoted the involvement of MSM and transgender communities in countries' decision-making bodies related to the Global Fund. For example: the South Causes Network (SCN) helped to, for the first time, secure MSM representation on the CCM in Azerbaijan and Georgia; SOMOSGAY supported the CCM in Paraguay to become more accountable; and CVC led the development of the Jamaica Civil Society Forum that helped reform the CCM, including securing a civil society Chair.

APCOM developed a series of Country Dialogue Fact Sheets in local languages for MSM and transgender advocates in countries such as Cambodia, Indonesia and the Philippines. This template was used by other Consortium members - such as ABDGN and M-Coalition - in their respective regions, as well as by UNAIDS.

Many members supported MSM and transgender communities in Country Dialogue and Concept Note processes. For example, ECOM researched experiences in the EECA region and produced case studies on Russia and Ukraine, while APCOM developed user-friendly, evidence-based resources for communities advocates [see [box](#)].

**Regional level:** Three members of the Consortium – APCOM, CVC and ECOM [see [box](#)] – played lead roles in the development of Regional Concept Notes for the Global Fund, facilitating processes for consultation and programme design. These provided a vital opportunity to secure resources for MSM and transgender programmes and promote rights-based, good practice approaches.

Through their connection in the Consortium, ECOM invited IRGT to consultations on an Expression of Interest for a Global Fund regional grant to increase access to HIV services for MSM and transgender communities in EECA. This strengthened the application's attention to transgender issues and led to an IRGT representative joining the project's Regional Expert Group.

Members such as AMSHeR, APCOM, CVC, ECOM and SOMOSGAY also advocated on MSM and transgender priorities within the 2015 regional Partnership Forums of the Global Fund to inform the institution's new Strategy for 2017-22.

**Global level:** The Consortium channeled its national and regional experiences into international advocacy. For example, in November 2015, it presented a joint letter to the Board of the Global Fund, citing the lack of ambition in the proposed new Strategy for 2017-22 and highlighting priorities for MSM and transgender communities, such as responsible transition in middle-income countries. This work built on the Consortium's on-going involvement with the Global Fund's Board (through the civil society Delegations) and technical and advisory bodies [see [box](#)].

As the Lead Organisation, MSMGF represented the needs of the consortium and its members in international processes and mechanisms related to the Global Fund. For example, in the Key Population Experts' Group, it advocated for MSM and transgender issues within the implementation of the Key Populations Action Plan for 2014-17. It was also a member of the Global Fund's CRG Advisory Group.

### Case study 16: ICW - Global Fund capacity building and advocacy on the needs of women living with HIV

Through its Global Fund/RCNF grant, ICW has implemented a process to steadily build the capacity and engagement of women living with HIV - working at the global level and in 10 countries in sub-Saharan Africa and the Caribbean (Benin, Burundi, Jamaica, Kenya, Mali, Namibia, South Africa, Swaziland and Uganda). An underlying priority was to build communication and knowledge about the Global Fund within its *own* organisation. Actions to support this included the recruitment of a full-time Global Fund Coordinator – whose work has involved developing a Global Fund Advocacy Agenda at global and regional levels and strengthening collaboration with groups such as Women for the Global Fund (W4GF), the Global Fund Advocates Network (GFAN) and the Communities Delegation. These partnerships have enabled ICW to, for example, contribute to the development of Global Fund Strategy for 2017-22 and to the 2016 Global Fund Replenishment. Meanwhile, the network has also strengthened its communications work – such as producing a regular Global Fund bulletin and, for example in Namibia, producing a country engagement brief (documenting the challenges faced by women living with HIV in terms of engaging in national-level processes and securing programmes/budgets to support their community – a gap also highlighted by the Global Fund’s TRP).

To strengthen engagement in the development of Concept Notes, ICW regional networks hosted a series of country priority setting meetings (in Botswana, Namibia, South Africa, Swaziland, Uganda and Kenya). In Uganda and Kenya, these led to the development of Issues Papers that outlined the priorities of women living with HIV for the Concept Notes and were disseminated to the National AIDS Councils and Concept Note writing teams. The ICW regional networks have provided ongoing support to the women who participated in the country meetings - to continue to exchange information and support each other’s advocacy.

Capacity building has been a major focus of the grant. In July 2015, ICW East Africa convened the 10 regional ICW coordinators and Global Office staff in Kampala, undertaking an analysis to identify common challenges and solutions across the networks. In West Africa, a training of trainers enabled 15 ICW Board and staff members to learn about engagement in Global Fund processes and deepen their understanding of gender analysis and gender-based HIV programming. A similar training was held for ICW Board members and leaders of national networks in Southern Africa, with support from the Senior Gender Adviser from the Global Fund Secretariat. In East Africa, KELIN provided guidance to 17 leading women living with HIV - including CCM members - on effective Country Dialogue and engagement with the Global Fund.

The Global Fund/RCNF grant also enabled ICW regional networks to mobilise specific technical support for organisations of women living with HIV at the country level to review and input into draft Concept Notes. For example, the Uganda Network on Law and Ethics undertook an analysis of the country’s Global Fund HIV Concept Note to identify the extent to which the activities and budget addressed issues of concern to women living with HIV, and to recommended improvements. In Kenya, a member of the Communities Delegation held a training session for women leaders on how the Global Fund Gender Equality Strategy can be operationalised, while a similar process supported by ICW West and East Africa (ICWEA) in Burundi helped improve women’s understanding of the draft Concept Note and also enabled them to respond to a request to apply to be SRs.

To expand opportunities to become SRs, ICW engaged with PRs in all countries where the Global Fund/RCNF grant was implemented. For example, in East Africa, it worked with the PRs in Kenya (Red Cross Society), Burundi (Ministry of Health) and Uganda (The AIDS Support Organisation (TASO)) to organise guidance meetings - enabling prospective SRs to better understand the application requirements. These led to the development of teams that have worked with PRs to ensure that requests for applications are widely disseminated to community organisations. ICWEA has also lobbied for the inclusion of women living with HIV in Concept Note writing teams – a step that, in Uganda, enabled the inclusion of proposed priorities in the final text. Similarly, significant work has also been undertaken to strengthen the engagement of women living with HIV in CCMs, beginning with a survey of CCM composition by ICW Southern Africa in nine countries. Workshops in Burundi, Kenya and Uganda were held to bring together representatives of women living with HIV, other civil society organisations and CCM members representing communities – strengthening communication mechanisms.

Lillian Mworeko, ICW East Africa Executive Director, summarises that: *“We are no longer begging to be heard or waiting to be invited. We have the resources we need to organise, and organisation gives us legitimacy. Principal Recipients and important decision and policy-makers attend meetings where we are in charge of setting the agenda. That is what we call meaningful engagement - when we are engaged on our own terms.”*

## Case study 17: Global and Regional Networks of Sex Worker Projects Consortium: Training sex workers as Regional/National Experts to engage in Global Fund processes

The Global and Regional Networks of Sex Worker Projects Consortium has brought together a range of expertise and cross-regional mutual support to implement a step-by-step process of capacity building among sex worker leaders.

The Consortium's initial steps included NSWP and its partners developing *The Smart Sex Worker's Guide to the Global Fund* to provide clear and basic information about the Global Fund and its infrastructure. The Guide was peer reviewed - for both content and appropriate language - by sex workers from Kenya and Malawi at the first Sex Worker Academy for Africa (SWAA) in May 2015. NSWP subsequently made the Guide available - in Chinese, English, French, Russian and Spanish - on its website.

The Consortium used the *Smart Guide*, alongside other fact sheets and handouts, in a series of training workshops – firstly for Regional Community Experts, then for National Community Experts. These aimed to strengthen the capacity of sex worker-led organisations to engage in national and regional Global Fund processes, with the Experts going on to provide TA and support advocacy in their own contexts. The workshops enabled sex workers from the grassroots level to gain knowledge and access resources to engage with national processes (such as CCMs and Country Dialogues) and monitor HIV programming by the Global Fund (such as through *I Speak Out Now* - the human rights violation reporting mechanism set up by the OIG).

The workshops used a variety of participatory methods - including art advocacy – and were delivered by sex workers and other resource people, including staff of the Global Fund (such from the GMD and OIG). The core curriculum addressed:

1. The Global Fund and the Funding Model.
2. Sex workers' experiences of working with the Global Fund.
3. The Board, its Delegations and its Committees.
4. The CRG Department.
5. GMD and Country Teams.
6. CCMs.
7. Country Dialogue and Concept Note development.
8. Global Fund Strategies and Action Plans and integrating human rights and gender equality into rights-based sex work programmes.
9. Understanding community empowerment in the context of CSS and integrating CSS into rights-based sex work programmes.
10. Finding your way around the Global Fund website.
11. Understanding the role of the OIG.
12. Taking action/getting practical with next steps.

In 2015, the Consortium's trainings reached sex workers from 32 countries, resulting in 12 Regional Community Experts and 99 National Community Experts. In December 2015, NSWP published *Global Fund Workshop Case Study*, documenting the development and implementation of its workshops and their impacts on the participants.

In 2016, the Consortium followed up its workshops through tailor-made mentoring and support (virtual and, where possible, in person) to Regional Coordinators. This focused on Global Fund-related priorities, identified by the Coordinators themselves, namely: Concept Notes; transition and sustainability; Replenishment; engagement in national processes; and the CRG Special Initiative, including the provision of short-term TA.

The following quotes - from key stakeholders involved in a workshop in Cambodia – provide examples of the impact of the Consortium's work at the country level:

*"One thing make me very attentive is gender and human rights violations. This made a big impression. In the past I knew that The Global Fund was only working for the three diseases, but didn't know how they link to human rights and gender. I feel very comfortable now contacting Global Fund staff. I have all the contacts and they are willing to work with us to solve the problems. We are the ones who can collect the information so they can help us solve the problems."*

Civil society participant in workshop

*"Communities are at the heart of everything that The Global Fund does and play an active role at every level of our operations. This workshop is an effort to continue to reach out to communities and to key populations to ensure that they are able to contribute to Global Fund decision-making processes in a meaningful way and to make their voices heard. Consultations with communities and civil society are key to achieve The Global Fund's mission, which is to invest for impact to achieve a world free of HIV, TB and Malaria."*

Member of Country Team for Cambodia, Global Fund Secretariat

## ANNEX 7: CASE STUDIES ON COMPONENT 3

### Case study 18: MENA Platform: Identifying communities/civil society TA needs and gaps

To inform its priority setting and work planning, the MENA Platform – hosted by ITPC MENA - conducted a survey of 17 organisations in 5 countries to determine the needs and challenges of communities/civil society working on HIV, TB and Malaria. The survey focused on respondents' involvement in the Global Fund's Funding Model and their access to TA. It reached local, national, regional and international CSOs working with key populations in Algeria, Egypt, Morocco and Tunisia. The results of the survey included that:

- The majority of respondents reported having average or limited knowledge about the Global Fund's (new) Funding Model.
- 44% of respondents reported having a communities and/or civil society representative on their country's CCM. They further reported that, in such contexts, key populations were generally represented through members of national NGOs.
- About 40% of respondents reported that they had managed a project financed by the Global Fund.
- 45% of respondents reported that they needed further TA to strengthen their work in response to HIV, TB and Malaria.

### Case study 19: EECA Platform: Supporting communities/civil society to request TA

As a consortium of six organisations with diverse expertise, the EECA Platform has conducted a range of activities to better understand – and, in turn, support – the needs of communities/civil society to access TA related to the Global Fund.

As an initial step, the Platform conducted a needs assessment of TA in the region. This identified that a key barrier to access for communities/civil society was their lack of capacity to articulate and submit TA requests. In response, the EECA Platform conceptualised three levels of support that it would offer to communities/civil society:

**Level 1:** Providing information about opportunities for TA and how to access them.

**Level 2:** Providing more detailed information, alongside advice and support to develop a TA request.

**Level 3:** Being fully involved in the preparation of a TA request, covering gaps in applicants' capacity. Examples have included Consortium partners providing support to communities/civil society in:

- Kyrgyzstan – with TB Europe Coalition (TBEC) supporting the development of a TA request for an assessment of the country's gender and legal environment.
- Georgia - with TBEC supporting the development of a TA request for the election of TB representatives for the CCM.
- Georgia - with the Eurasian Coalition on Male Health (ECOM) supporting the development of a TA request to build the capacity of LGBT groups and to promote innovative HIV prevention approaches, such as PrEP.

As of October 2016, the Platform had supported communities/civil society to some form of TA or support in approx. 21 instances.

To further support communities/civil society access to TA opportunities, the EECA regional platform has invested in making its information as user-friendly as possible. This has included developing a communications plan to produce and distribute information on identified priority themes – namely the Global Fund, the Funding Model, transition and sustainability, TA, CSS, human rights and gender equality. It has also included the development of an information-sharing platform, consisting of:

- Website (<http://eecaplatform.org/en/home/>) - with 282 publications uploaded, including 146 in Russian.
- Facebook page (<https://www.facebook.com/eeca.platform/>) - with 789 likes.
- E-digest on TA/funding opportunities – with 9 digests sent to 576 contacts among CSOs and individuals.
- Thematic webinars – such as, during May – October 2016, two webinars conducted (on Global Fund Board decisions and their implications for the EECA), involving 50-60 participants.

### Case study 20: Francophone Africa Platform: Re-energising communities engagement with the Global Fund

To inform its priorities, the Francophone Africa Platform – hosted by RAME - conducted a study on communities/civil society access to information and TA about the Global Fund's Funding Model. This involved:

- Data collection from 126 CSOs in nine countries (Burkina Faso, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of Congo, Gabon, Guinea and Senegal).
- Consultation in 14 countries (the nine previously named, plus Benin, Mali, Mauritania, Niger and Togo).

The results of the research were published during a three-day event that combined a launch of the Regional Platform with a workshop co-organised with the African Network of People Living with HIV in West Africa (RAP+AO). This took place in April 2016 in Burkina Faso and involved 48 participants, including CSOs, key population organisations and key stakeholders, such as from CCMs. The launch/workshop enabled communities/civil society to: update their knowledge about changes in the Global Fund's Model; gain information about Global Fund-related TA; and articulate their specific needs for information and assistance within the context of Francophone Africa. The meeting also served as a critical opportunity for different generations of people living with HIV activists to identify ways to re-energise the leadership of their movement – providing fresh momentum to engage with the Global Fund and strengthen the involvement of young people. In follow-up to this work, the Francophone Africa Platform collaborated with the International HIV/AIDS Alliance Hub to organise an in-depth process to monitor the effectiveness of TA being provided in the region. It also supported networks of people living with HIV in West Africa to submit a request for short-term TA from the CRG Special Initiative – to support activists and their groups to prepare for and engage in the next round of Country Concept Note development, within the Global Fund's Allocation Cycle 2017-19. This will include conducting a mapping of the legal and social environment and the gathering of evidence to ensure that interventions included in Concept Notes are evidence-based and respond to the gaps and priorities for people living with HIV.

### Case study 21: AP Platform: Mobilising action on CRG issues in responses to Malaria and TB

The start of the Asia Pacific Regional Platform – hosted by APCASO - coincided with the development of the Greater Mekong Sub-Region Malaria Civil Society Platform (GMS Malaria CS Platform). This was the first such platform in the region, set up to facilitate collaboration among the implementing partners of the GMS Regional Artemisinin Resistance Initiative, a \$ 100 million Global Fund regional grant. After participating in a GMS Malaria CS Platform meeting, APCASO proactively promoted CRG issues among the Platform's members. APCASO staff also participated in a regional Malaria Symposium (organised by the Malaria Consortium) and a Meeting of Senior Officials of the Asia Pacific Leaders on Malaria Alliance – both predominantly involving donors, scientific researchers and Ministers of Health/Finance. Here, APCASO again made CRG-related interventions, as well as providing technical support to the communities/civil society participants. Subsequently, the AP Platform supported the GMS Malaria CS Platform to develop a TA proposal to the 5% Initiative for network development. Also, APCASO was awarded a six-month, short-term TA grant by the CRG Special Initiative to support the GMS Malaria CS Platform and its members to prepare for the development of the next round of regional and country-level Malaria grants. Through such actions, the AP Platform has started to increase attention to CRG issues not only among communities/civil society, but other stakeholders involved in responses to Malaria. For example, it has led to discussions with researchers on how to address the research gaps on CRG and Malaria.

The AP Platform has also made efforts to mobilise on CRG issues within responses to TB. This has included proactive work with the Global Coalition of TB Advocates (GCTA) to develop a regional strategy to ensure the engagement of TB advocates and communities/civil society from the Coalition's inception. This partnership was one of the key outcomes of the AP Platform's first meeting, held in November 2015. Here, the GCTA Global Coordinator requested TA and guidance to develop an Asia Pacific TB advocates network. Shortly after the meeting, a draft Concept Note was developed by the AP Platform, with input from the Coalition. This focused on convening the first regional AP Platform/GCTA meeting and outlining the technical support that an advocates network would need. Three key issues were identified as the primary focus of the work: increasing TB treatment literacy activities in the community and among TB key populations; addressing the cost of TB diagnostics and treatment and the barriers to access; and enhancing TB advocates' capacity to operationalise CRG principles within the regional response to TB. As follow-up, the AP Platform and GCTA have been active in resource mobilisation for the Concept Note. The Note has been submitted to the Stop TB Partnership, Global Fund, Asia Pacific TB Caucus and 5% Initiative. The first-ever meeting of the network is due to occur by the end of 2016.

### Case study 22: LAC Platform: Mobilising joint action on transition and sustainability

The first meeting of the LAC Platform, hosted by CRAT, took place in May 2016 and involved over 60 activists and stakeholders from the region. The event provided an opportunity for communities/civil society to get up to speed on the Global Fund's most recent policies - such as on Sustainability, Transition and Co-Financing - as well as the revised Allocation Methodology for 2017-19. It also enabled the participants to clarify their joint priorities for action in the region, such as the need to:

1. Conduct national and regional advocacy to ensure the sustainability of responses to HIV, TB and Malaria and the on-going involvement of communities/civil society after Global Fund withdrawal.
2. Evaluate, document and systematise the community response - to support advocacy on investment within domestically-funded strategies.
3. Increase communities/civil society capacity in technical skills related to sustainability and transition, such as budget analysis and monitoring of public health policies.
4. Develop packages of technical tools for communities/civil society, such as on human rights and gender-based approaches.

Since the meeting, CRAT has specifically focused much of its effort on developing a methodology to support and inform communities/civil society in relation to transition and sustainability. This has included nurturing partnerships with APMG Health, OSF, USAID and the Global Fund's LAC Country Teams to explore adapting readiness assessment tools (to be conducted prior to the development of countries' Transition Plans) and to map priorities for communities/civil society. The Platform will support readiness assessment trainings being conducted by APMG Health.

### Case study 23: Anglophone Africa Platform: Developing communities-friendly resources and specific opportunities for exchange

As the host of the Anglophone Africa Platform, EANNASO developed a series of succinct and user-friendly information resources and capacity-building tools to support communities/civil society engagement in the Global Fund. These include: a seven-module video toolkit on Global Fund processes and programmes; and 27 Community Guides (nine in each of English, Swahili and Portuguese) addressing subjects such as the Global Fund's Gender Equality Strategy Action Plan and the Sustainability, Transition and Co-financing Policy. The Platform has also produced: 22 newsletters (providing news about the Global Fund and TA opportunities); a TA Directory; and an Anglophone Africa calendar of key events (including key dates, such as for Mid-Term Reviews of NSPs). EANNASO has shared these resources widely – among the nearly 1,283 subscribers to its list-serv (which includes communities/civil society PRs, SRs and CCM members) and through its website (from which there have been over 16,209 document downloads), as well as among the other Regional Platforms (providing them with models for adaptation).

The Anglophone Africa Platform has complemented its information resources through tailor-made opportunities for sub-sectors of communities/civil society to come together and exchange their experiences on specific topics related to the Global Fund. For example, in August 2016, it co-hosted – with the UNAIDS Regional Support Team and the Technical Support Facility for East and Southern Africa - a dialogue focused on civil society PRs. The 65 representatives from 20 African countries included 29 national level and 3 regional level civil society PRs, alongside other stakeholders (including representatives of CCMs, Local Fund Agents (LFAs), USAID and the Global Fund Secretariat). In addition, eight national-level civil society SRs attended, as a capacity building opportunity. The results of the dialogue included a unanimous commitment to establish a civil society PR Community of Practice, closely linked to the existing Civil Society PR Network (CSPRN). EANNASO's follow-up activities will include producing a Q&A for communities/civil society on becoming a new PR, as well as documenting recommendations/mitigating factors for PRs facing challenging scenarios.

A further example of this area of EANNASO's work was research on communities/civil society experiences in relation to *regional* Global Fund grants in Anglophone Africa. This involved 43 key informant interviews in Botswana, Mozambique, Nigeria and Uganda – countries chosen due to being included in nine of the region's 11 existing Regional Grants on HIV, TB and Malaria (totalling over \$ 100 million). The results were documented in a report entitled *You Just Find Things Happening in a Cloud Over Your Head*. This includes: tables and maps of the 11 regional grants – outlining the PRs, amounts granted, countries covered, scope and key contact details; and five action points to improve communities/civil society engagement in future regional grants in Africa.



## ANNEX 8: REFERENCES

<sup>1</sup> In this report, the term ‘communities/civil society’ is used to refer to all civil society sector stakeholders involved in responses to HIV, TB and Malaria and the work of the Global Fund. Examples include organisations and networks of: key populations (such as sex workers, men who have sex with men, transgender people and people who use drugs); people living with HIV and affected by TB and Malaria; nongovernmental organisations; and AIDS service organisations.

<sup>2</sup> JCSAP was developed in late 2013 and played a key role in identifying activities of importance to communities/civil society in the rollout of the Global Fund’s (new) Funding Model. The Action Plan was orientated around key building blocks and a time-bound Task Team. The Task Team concluded at the end of 2014, but catalysed the creation of other mechanism to engage with the Global Fund Secretariat, notably the current CRG Advisory Group.

<sup>3</sup> Global Fund Board decision GF/B31/DP06 approved the allocation of up to \$ 100 million over 2014-16, in the amounts of: \$ 30 million for the Humanitarian Emergency Fund; \$ 17 million for Country Data Systems; \$ 29 million for Technical Assistance for Strong Concept Notes and PR Grant-making Capacity Building; \$ 15 million for Technical Assistance on Community, Rights and Gender; and \$ 9 million for Enhancing Value for Money and Financial Sustainability of Global Fund Supported Programs.

<sup>4</sup> As of October 2016, the members of the Coordination Mechanism were: Susan O’Leary, United Nations Program on AIDS (UNAIDS); Coleen Daniels, Stop TB Partnership; Estelle Tiphonnet, 5% Initiative, Government of France; Annabelle Metzner, Back-Up Initiative, GIZ, Government of Germany; Rachel Ong, Communities Delegation to the Board of the Global Fund;

and the following representatives of the Global Fund Secretariat - Rene-Frederic Plain (CCM Hub), Kate Thomson (CRG Department), Igor Oliynk (Technical Cooperation Hub), Maria Kirova (Project Head: Accelerated Integration Management, Grants Management Division), Linden Morrison (Head: Impact Africa 2, Grants Management Division) and Sharmeen Premjee and Mounia Meftah (CRG Special Initiative Team: CRG Department).

<sup>5</sup> Unless otherwise stated, information on Component 1 referenced from a range of inputs to the Evaluation. These include: interviews with key stakeholders (including requestors and providers of short-term TA, as well as members of the CRG Special Initiative Coordination Mechanism); materials for a sample of 12 country/regional level TA assignments – relating to process (such as ToRs and contracts) and deliverables (such as Civil Society Priorities Charters and reports of Dialogue Meetings); data analysis of the Quality Assurance surveys; and presentations and promotional materials produced by the CRG Special Initiative Team of the Global Fund Secretariat.

<sup>6</sup> Initially, the mandate of Component 1 was limited to the submission of a Concept Note. However, it was subsequently expanded to grant-making and, as such, could include TA relating to grant-making.

<sup>7</sup> Indefinite Quantity Contracts provide for an indefinite quantity of services or supplies within a fixed period of time.

<sup>8</sup> Unlike Country Grants, Regional Grants were not required to jointly address HIV/TB.

<sup>9</sup> CRG TA Pilot objectives included assisting countries to: assess the legal and policy environment as it affects HIV, TB and Malaria, as well as opportunities for improvements based on current context and past history of reform efforts; and assess and improve CSS and gender equality gaps in consultation with, and agreement by, communities and key populations most highly impacted by the three disease.

<sup>10</sup> Unless otherwise stated, information on Component 2 referenced from a range of inputs to the Evaluation. These include: interviews with key stakeholders (including the RCNF Fund Management Agent and key population network grantees); materials relating to the eight Global Fund/RCNF grantees (including 2015 progress reports and October 2016 presentations); materials produced by the Fund management Agent (such as a 2015 consolidated progress report); presentations and promotional materials produced by the CRG Special Initiative Team of the Global Fund Secretariat.

<sup>11</sup> 1. To improve regional and global network capacity; 2. To enhance HIV response implementation; 3. To support human rights advocacy; and 4. To increase resource accountability for the HIV response.

<sup>12</sup> *RCNF: Revising the Monitoring, Evaluation and Learning (MEL) Framework: Framework to AidsFond*, Impact Consulting, September 2016; and RCNF: Phase 1 of Revising the Monitoring, Evaluation and Learning (MEL) Framework: Report to AidsFonds, Impact Consulting, September 2016.

<sup>13</sup> *Issues Paper by Women Living with HIV in Uganda for Inclusion in the Concept Note Development for the Global Fund and the National HIV & AIDS Strategic Plan 2015/2020*, ICW and partners.

<sup>14</sup> *African Key Populations’ Engagement With Global Health Financing Institutions: A Rapid Review*, AMSHeR, Gender Dynamix, AWA and Transbantu Association Zambia, 2016.

<sup>15</sup> Unless otherwise stated, information on Component 3 referenced from a range of inputs to the Evaluation. These include: interviews with key stakeholders (including each of the Regional Coordination and Communication Platforms and a sample of three sets of HIV, TB and Malaria stakeholders); materials relating to the six Platforms (including progress reports submitted in October 2016); and presentations and promotional materials produced by the CRG Special Initiative Team of the Global Fund Secretariat.

<sup>16</sup> *Regional Platform Notes from Joint Meeting 5 – 7 October*, Regional Platforms Coordinator for the Global Fund to Fight AIDS, Tuberculosis and Malaria, October 2016.

<sup>17</sup> *Georgian NGO Responds to Large Increase in HIV Among MSM: Technical Assistance Provided by the Global Fund’s CRG Initiative*, Global Fund Observer, June 2016.

<sup>18</sup> Summarised from information provided by Ian Grubb, Independent Consultant, within documentation of case studies of Global Fund engagement with communities/civil society.

<sup>19</sup> Summarised from information provided by Ian Grubb, Independent Consultant, within documentation of case studies of Global Fund engagement with communities/civil society.

<sup>20</sup> Summarised from information provided by Ian Grubb, Independent Consultant, within documentation of case studies of Global Fund engagement with communities/civil society.

<sup>21</sup> *(Even) Greater Than the Sum of its Parts: A Case Study on Working Together as the Consortium of MSM and Transgender Networks*, Consortium of MSM and Transgender Networks, 2015.