
Community, Rights and Gender Strategic Initiative 2017-2019: Independent Evaluation

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Acronym List

ACT	Africa Coalition on TB
AGYW	Adolescent Girls and Young Women
ASPAT	Asociación de Personas Afectadas por Tuberculosis
CBMF	Community Based Monitoring and Feedback
CCM	Country Coordinating Mechanism
COE	Challenging Operating Environment
CRG	Community, Rights and Gender
CS4ME	Civil Society 4 Malaria Elimination
CSO	Civil Society Organization
CT	Country Team
EANNASO	Eastern Africa Network of National AIDS Service Organizations
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
GCTA	Global Coalition of TB Activists
GFAN	Global Fund Advocates Network
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
INPUD	International Network of People who Use Drugs
KenAAM	Kenya Advocates Against Malaria
LAC	Latin America and the Caribbean
MEL	Monitoring and Evaluation for Learning
MENA	Middle East and North Africa
MSM	Gay, bisexual, and other men who have sex with men
NSP	National Strategic Plan
NSWP	Network of Sex Worker Projects
PLHIV	People Living with HIV
PWUD	People Who Use Drugs
SAT	South African Trust
STC	Sustainability, Transition and Co-Financing
STE	Sustainability, Transitions and Efficiency (Strategic Initiative)
TA	Technical Assistance
TB	Tuberculosis
TBEC	TB Europe Coalition
TRP	Technical Review Panel
Y+	Global Network of Young People Living with HIV

Executive Summary

Background

This evaluation has been commissioned by the Community, Rights and Gender (CRG) Department of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), to review the results of the US\$15m investment from the 2017-2019 allocation period in the CRG Strategic Initiative. It was conducted by an external consultant, who was selected through a competitive bidding process.

The aim of the Final Evaluation is:

- To reflect on the overall return on the Phase 2 (2017-2019; \$15m) investment in the CRG Strategic Initiative in terms of results, management processes and learnings in supporting the meaningful engagement of communities/civil society in the Global Fund's funding model; and
- To make recommendations for Phase 3 (2020-2022) of the CRG Strategic Initiative and potentially beyond, within the context of achieving the objectives of the Global Fund Strategy.

The CRG Strategic Initiative's work is organized into three components:

Component 1 – Short-term Technical Assistance (TA): Providing peer-led TA to ensure that communities are meaningfully engaged in Global Fund-related processes.

Component 2 – Long-term capacity building: Networks are developing capacity to ensure that communities are (1) engaging safely and effectively, (2) advocating for increased investment and more rights-based and gender responsive programs, and (3) adapting and using evidence-based implementation tools and guidance.

Component 3 – Regional Platforms are strengthening communication and coordination systems to ensure that communities are (1) utilizing quality information and communication, (2) participating in decision-making processes, and (3) accessing coordinated and harmonized TA and support.

This evaluation addresses the CRG Strategic Initiative *as a whole*, in terms of its high-level, cumulative results, learnings and strategic implications. While analysis of each individual component is conducted, this exercise does not aim to serve as an evaluation of individual Components of the Initiative in isolation from one another. It incorporates and builds upon the findings of past evaluations and reviews, but uses the Monitoring and Evaluation for Learning (MEL) framework, introduced in 2018, as a basis for measuring progress; it should be noted that this framework was finalized after all grantee workplans, leading to some gaps in alignment. This evaluation additionally utilizes a Value for Money lens to identify opportunities for further increasing economy, efficiency, effectiveness, equity and sustainability of the CRG Strategic Initiative and its outcomes. The ultimate goal of this report is to challenge the CRG Strategic Initiative to think differently, where needed, for continuous improvement of impact.

Methods

This evaluation took place from late February through April of 2020. The time period under evaluation is the start of the Strategic Initiative (effectively: March 2017) through 10 April 2020. The methods included desk review of all available materials related to the CRG Strategic Initiative's implementation and reporting, including previous evaluations, grantee narrative reports and case studies, and the Technical Assistance database. Desk review was complemented by key informant interviews with twenty two

individuals; six virtual focus groups with an additional twenty three people; and a survey of Country Teams to gather their feedback on interactions and collaboration with each of the three Components of the Strategic Initiative.

Findings

Component 1 provided civil society and community organizations with demand-driven, peer-to-peer, short-term TA to improve community engagement in Global Fund-related processes. A total of US\$6m is dedicated to short-term TA within the CRG Strategic Initiative, making this component 40% of the overall budget.

Between 15 March 2017 and 10 April, Component 1 received 212 requests for TA and 159 requests were deemed eligible, while 111 went on to delivery. TA was delivered across 69 countries, including 17 challenging operating environment countries, and including support for HIV, TB, HIV/TB, and malaria grants. A milestone of progress was the expansion of eligible TA to cover all phases of the grant cycle, including implementation and oversight, which accounted for 46.5% of all eligible requests. Demand for TA was greatly increased relative to the Special Initiative period, highlighting improved integration of Component 1 and Component 3, whereby Component 3 Regional Platforms played a significant role in supporting communities to submit TA requests.

Component 1 showed considerable progress under all five objectives defined in the MEL framework. Despite this considerable progress, there are opportunities for continued strengthening of Component 1, as presented in the recommendations below. Further details to guide the implementation of each recommendation are available in the main body of this report.

Recommendation 1.1. Assure that all TA assignments define expected outcomes, including time frame for when outcomes might be realized, to allow for better understanding of medium- and longer-term value of TA investments.

Recommendation 1.2. Involve Component 2 grantees in planning for all TA requests where there is relevant overlap of scope.

Recommendation 1.3. Provide a range of follow-up options for beneficiaries who require support beyond initial TA provision, including engagement of Component 2 grantees and/or technical and bilateral set-aside partners.

Recommendation 1.4. Assure that the intended peer-to-peer nature of TA is realized and that the CRG Strategic Initiative is contributing to community capacity to provide TA, by requiring the involvement of local community experts in each assignment.

Recommendation 1.5. Introduce the option of targeted calls for proposals, for priority-driven TA assignments to respond to cases where community capacity and/or recognition is severely limited.

Recommendation 1.6. Increase transparency around assignment of TA requests to particular providers.

Recommendation 1.7. Consider developing a menu of TA services and budget ranges.

Recommendation 1.8. Rationalize and systematize coordination with other Strategic Initiatives to better align TA on relevant topics.

Recommendation 1.9. Assure that timely feedback is provided on ineligible/unsuccessful TA to requesting communities and Platforms, so that alternatives may be brokered.

Recommendation 1.10. To support consistency in monitoring data, decide whether to track distribution of TA by topic using the MEL Activity categories or the Key TA categories.

Component 2 aimed to strengthen long-term capacity of community groups and networks to better support the meaningful engagement of their constituencies in Global Fund-related processes. A total of US\$5m was dedicated to long-term capacity building within the CRG Strategic Initiative, making this component 33.3% of the overall CRG Strategic Initiative budget.

A notable expansion compared to the Special Initiative, under the Strategic Initiative the Component supported HIV, TB, and malaria communities, via grants to 14 grantees:

HIV

- GATE, in partnership with the Asia Pacific Transgender Network (APTN)
- Global Network of People Living with HIV (GNP+)
- International Network of People who Use Drugs (INPUD)
- MPact, working through its regional network members
- Network of Sex Worker Projects (NSWP)
- Youth Consortium

TB

- Africa Coalition on TB (ACT), a consortium of six country partners
- Asociación de Personas Afectadas por Tuberculosis (ASPAT), a regional association of people affected by TB in Latin America
- Global Coalition of TB Activists (GCTA), a global platform of people affected by TB
- TB Europe Coalition, a regional network of TB activists focused on Eastern Europe and Central Asia
- TBpeople, a global network of people affected by TB

Malaria

- Kenya Advocates Against Malaria (KenAAM)
- Malaria No More
- Civil Society for Malaria Elimination (CS4ME)

A separate stream of work within this Component supported the HER Voice Fund pilot project, with two management and administration grantees supported to issue grants to adolescent girls and young women (AGYW) under this mechanism.

Component 2 grantees, with progress measured individually by disease component, showed varied progress under the three objectives defined in the MEL framework; however, it should be recalled that the MEL framework was finalized after workplans were designed, potentially contributing to some misalignment. Alongside the progress made, there are opportunities for continued refinement and strengthening of Component 2, as presented in the recommendations below. Further details to guide the implementation of each recommendation are available in the main body of this report.

Recommendation 2.1. Strongly clarify and communicate the scope and results-based purpose of CRG Strategic Initiative funding for long-term capacity building, as it differs from other funding mechanisms.

Recommendation 2.2. Require Component 2 grantees to develop and implement workplans, and track progress, that focus on country-level impact on community engagement in Global Fund grant processes.

Recommendation 2.3. Limit the number of sub-grantees eligible under each grantee, in order to better focus funds to obtain measurable outcomes.

Recommendation 2.4. Assure clear geographic or topical complementarity amongst grantee portfolio in each disease component.

Recommendation 2.5. Continue building partnership with a global community-led malaria network.

Recommendation 2.6. Carefully differentiate the role and results expected of TB and malaria grantees in contrast to HIV grantees.

Recommendation 2.7. Address equity concerns in AGYW investments, providing opportunities for AGYW outside of 13 priority countries covered by HER Voice Fund to access resources and support.

Component 3 supported civil society and community organizations to host regional communication and coordination Platforms to strengthen systems and information for meaningful community engagement in Global Fund-related processes. Regions covered by the 6 contracted Platform hosts include: Anglophone Africa, Asia Pacific, EECA, Francophone Africa, LAC, and MENA. Component 3 received US\$4m (26.6%) from the total allotted to the CRG Strategic Initiative in this allocation period.

Six Regional Platforms were active for the duration of the CRG Strategic Initiative. Platforms implemented a striking range of activities, touching on all elements of the extensive MEL framework. Highlights of achievement included the expansion of communications reach to a combined estimate of 32,500 constituents reached in sharing of strategic documents, implementation updates and other informational resources; as well as the support for the development of 112 unique TA requests (53% of all requests). Platforms also implemented targeted activities on the ground in 38 countries. This Component was consistently the most recognized and understood for its added value across a broad range of stakeholders surveyed for this evaluation, noting a marked improvement from the Special Initiative, under which there was a noted lack of understanding and appreciation of the role of Platforms.

Component 3 grantees showed significant progress under all relevant objectives defined in the MEL framework. To continue growth and development of this Component, there are several opportunities as presented in the recommendations below. Further details to guide the implementation of each recommendation are available in the main body of this report.

Recommendation 3.1. Ensure improved implementation of TA provider coordination and lesson sharing (Activity #9).

Recommendation 3.2. Continue to build engagement in TB and malaria, focusing especially on generating TA demand in these areas.

Recommendation 3.3. Provide clear expectations and/or parameters on level of effort to be devoted to creating demand for TA.

Recommendation 3.4. Enhance cross-Platform experience sharing.

Recommendation 3.5. Include a focus on supporting communities to more effectively engage with multi-country grants.

Recommendation 3.6. Continue to allow and encourage Platforms to differentiate their approach based on regional needs, context and culture.

Overarching Analysis

The evolution of the Strategic Initiative, as measured against the recommendations from the 2014-2016 Special Initiative’s final evaluation, has been significant, noting most recommendations completely fulfilled.

Special Initiative Recommendation	Strategic Initiative Accomplishments
1: Allocate funding, for at least three years (the duration of the next Global Fund Allocation Cycle), for continuation of the CRG Special Initiative [...].	The CRG Strategic Initiative has successfully operated for three years – though this included a late start to implementation and an extension of operations through the end of 2020 to ensure a smooth transition to the next Strategic Initiative. Alignment with the Global Fund funding cycle is hoped to address this for the next iteration, and the CRG Strategic Initiative team is undertaking significant planning processes in the Spring of 2020 to assure that implementation of the next iteration begins in a timely manner.
Status	Fulfilled
2: Expand the remit of the CRG Special Initiative to go beyond grant signing and to offer TA and capacity building to communities/civil society for all stages of the Global Fund’s Funding Model	The CRG Strategic Initiative has effectively expanded its remit in this area, with clear, quantifiable results that TA is delivered across the full grant cycle is valuable and in demand. Component 2 and Component 3 grantees also show evidence of implementation across the full cycle, including building capacity on many implementation tools to guide community engagement and the support of community oversight mechanisms, including both CCM engagement and CCM watchdogging.
Status	Fulfilled
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	Significant progress can be seen in this area in the closely linked activities of Components 1 and 3, creating an improved sense of cohesion as an initiative. Opportunity remains to integrate Component 2 in a similar manner, by linking short-term TA and long-term capacity building for both improved coordination of inputs and continuity of results. There is additional opportunity to consistently and strategically coordinate the work of Component 2 with that of Component 3. With careful planning for a Component 2 that is well-balanced across the three disease areas and which utilizes a common start date for all grantees, the next Strategic Initiative is poised to take a thoughtful leap forward in this area of coordination and communication.
Status	Progress noted, more to be done

4: Collaborate with relevant technical partners to strengthen the CRG Special Initiative’s specific and innovative efforts to mobilize and support the meaningful engagement of TB and malaria-focused communities and civil society	Component 2 has been successfully expanded to include a diverse portfolio of TB grantees, and coordination with the Stop TB Partnership is valued by all parties involved. Malaria-focused work remains more challenging, which both grantees and stakeholders report as related to the complex and fluid nature of community in the malaria space. A closer working relationship with RBM Partnership as well as deeper engagement with the Global Fund Secretariat’s own malaria specialists is advised.
Status	Fulfilled, with follow-up needed
5: Strengthen the effectiveness and efficiency of the management and administration of the CRG Special Initiative by the Global Fund Secretariat, including scaling-up the capacity of the CRG Special Initiative Team	The structure of the CRG Strategic Initiative team has evolved significantly in response to the need for more designated and streamlined management of TA deployment, as well as to balance the range of skills and technical competencies available across the team. Advances have been made in systems and processes. Continued gains should be feasible within the space provided by reducing reporting burdens and systematizing data collection, as discussed in the next section.
Status	Fulfilled, with follow-up needed
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	A Theory of Change was developed for the CRG Strategic Initiative as a whole, and comprehensive MEL framework was developed for each component. Grantees from Component 2 and 3 report strong value for the MEL in understanding expectations and organizing strategy, and it has facilitated the capture of a tremendous amount of information on grantee activities and results. However, there are significant challenges posed by some of the current MEL structure, which require revisiting. Continued evolution of deployment of the MEL is in line with the spirit of learning from experience, and should be embraced to allow this robust framework to deliver results that are more easily digested and processed. This is discussed further in Annex 4.
Status	Fulfilled, with follow-up needed
7: Develop and implement a knowledge management and communications strategy to document, analyze and systematize the key learning from the CRG Special Initiative and, in turn, communicate its work and value-added	This recommendation has not been fully realized, with many opportunities still evident. While there is greater recognition of Component 1 and Component 3 efforts within the Global Fund and external stakeholders, Component 2 is regularly misunderstood. Streamlining of reporting processes will aid in transparency of use of data, allowing the CRG to more effectively and efficiently produce regular updates on the Strategic Initiative’s results, and to demonstrate to grantees and stakeholders how the large volumes of information submitted, are utilized.
Status	Further attention required

A **Value for Money Analysis** shows a high degree of **economy** achieved by the CRG Strategic Initiative, achieving significantly more gains than the Special Initiative within the same funding envelope. Grantees demonstrated **technical efficiency** through the implementation of well-crafted activities born of holistic thinking about a results chain; opportunities to increase cross-grantee collaboration show promise to further increase yields in this area. Greater **allocative efficiency** can be expected by reorienting planning and reporting around outcomes, and aligning financial investments with what can be feasibly expected as a return – a key step to better measuring what appears to be strong **effectiveness** of interventions supported by the CRG Strategic Initiative. Strengthened monitoring of progress will also support better communications whereby the CRG Strategic Initiative team can communicate and bring attention to the effectiveness of the Strategic Initiative, and enhance understanding of its value within the Global Fund and other collaborating actors. Significant gains in **equity** across disease components and geography were

easily measurable, and arguably the most laudable achievement of the Strategic Initiative in response to recommendations of the Special Initiative. Further equity could be obtained through specific strategies included in the recommendations of this evaluation report. The CRG Strategic Initiative's contributions to **sustainability** have been apparent through its clear alignment with Global Fund sustainability and transition efforts, including partnership with other relevant Strategic Initiatives, and leave this Strategic Initiative well-positioned to respond to emerging issues in health security, Universal Health Coverage, and other related areas.

Several recommendations, presented below, can guide further evolution in these areas. Further details to guide the implementation of each recommendation are available in the main body of this report.

Recommendation 4.1. Significantly reduce reporting burden for grantees, while also improving the accessibility and digestibility of the information received, to enhance regular progress monitoring.

Recommendation 4.2. Activate the reorganized CRG Department structure under CRG Accelerate to assure that Regional Focal Points within CRG continue to liaise with regional and country teams, promoting engagement and integration with all three Components.

Recommendation 4.3. Assure maximum economy and efficiency by proactively aligning with regional priorities and target countries.

Recommendation 4.4. Ensure balanced grantee portfolios, avoiding multiple grantees working in a disease track without clear complementary roles.

Recommendation 4.5. Assure that all grantees within and across each disease component are formally linked/introduced to one another and coordinating regularly.

Recommendation 4.6. Enhance communication and collaboration across components through formal and regular information exchange between all three components.

Recommendation 4.7. Continue utilizing a MEL framework for each component, assuring that it is fully integrated across the planning, reporting and learning cycle for each grantee.

Recommendation 4.8. Conduct biannual monitoring updates across the CRG Strategic Initiative, including basic expenditure data.

Recommendation 4.9. Assure that qualitative results and stories are shared publicly.

Recommendation 4.10. Assure equitable dedication to design of and investment in technically sound malaria-related interventions, noting the fundamental differences in the nature of community in the malaria response.

Recommendation 4.11. Continue alignment with other Strategic Initiatives to ensure that key and vulnerable populations are equitably included in the full range of Global Fund Strategic Initiatives.

Recommendation 4.12. Continue to maintain flexibility in the CRG Strategic Initiative to respond to changes in the health landscape, including developments in health security and health coverage.

Conclusion

The 2017-2019 CRG Strategic Initiative has achieved remarkable growth and maturation, expanding its remit across the grant cycle and solidly into malaria and TB, expanding geographic reach, and building a complex supportive relationship between Components 1 and 3 in building demand for and delivering TA. This report offer 35 unique recommendations for its further improvement. This volume of recommendations is provided not as a reflection of the weakness or flaws of this Strategic Initiative, but quite the opposite – as evidence of the potential for further strengthening and achievement that is underpinned by a history of consistent learning and evolution since the beginning of the Special Initiative in 2014. The thoroughness of these recommendations are a testament to the openness of the community surrounding the CRG Strategic Initiative, which willingly shared their thoughtful and honest reflections on what had been done well and what could be done better, and to the dedication and determination of the CRG Strategic Initiative team, which has pushed consistently throughout this process for a level of detail that will allow the next CRG Strategic Initiative to be best informed by its past and reach for its maximum potential in the future. This leaves the CRG Strategic initiative ideally positioned to support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes as it moves into its next phase.

Introduction to the Evaluation

This evaluation has been commissioned by the Community, Rights and Gender (CRG) Department of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), to review the results of the US\$15m investment from the 2017-2019 allocation period in the CRG Strategic Initiative. It was conducted by an external consultant, who was selected through a competitive bidding process.

The aim of the Final Evaluation is:

- To reflect on the overall return on the Phase 2 (2017-2019; \$15m) investment in the CRG Strategic Initiative in terms of results, management processes and learnings in supporting the meaningful engagement of communities/civil society in the Global Fund's funding model; and
- To make recommendations for Phase 3 (2020-2022) of the CRG Strategic Initiative and potentially beyond, within the context of achieving the objectives of the Global Fund Strategy.

This evaluation will address the CRG Strategic Initiative *as a whole*, in terms of its high-level, cumulative results, learnings and strategic implications. While analysis of each individual component will be conducted, this exercise does not aim to serve as an evaluation of individual Components of the Initiative in isolation from one another. The goal of this report is to challenge the CRG Strategic Initiative to think differently, where needed, for continuous improvement of impact.

Overview of the Community, Rights and Gender Strategic Initiative

The CRG Strategic Initiative is funded through a US\$15m investment as part of the Global Fund's Catalytic Investments¹. Following on the success and learnings of the CRG Special Initiative of 2014-2016, the CRG Strategic Initiative was designed to "build upon progress made in strengthening engagement of civil society and communities most affected by the three diseases in Global Fund processes."²

The CRG Strategic Initiative's work is organized into three components, which are defined by the Global Fund Board and are described in its Theory of Change, developed in 2017. The three components are as follows:

Component 1 – Short-term Technical Assistance (TA): Providing peer-led TA to ensure that communities are meaningfully engaged in Global Fund-related processes.

Component 2 – Long-term capacity building: Networks are developing capacity to ensure that communities are (1) engaging safely and effectively, (2) advocating for increased investment and more rights-based and gender responsive programs, and (3) adapting and using evidence-based implementation tools and guidance.

¹ In April 2020, an additional US\$2.2m was allocated to the CRG Strategic Initiative to support implementation from May-December 2020. These additional funds were allocated across all three components (Component 1 – 50%; Component 2 – 35%; Component 3 – 15%).

² 2017-2019 Strategic Initiatives. November 2019. Accessible at: https://www.theglobalfund.org/media/9012/fundingmodel_2017-2019strategicinitiatives_list_en.pdf?u=637122775300000000

Component 3 – Regional Platforms are strengthening communication and coordination systems to ensure that communities are (1) utilizing quality information and communication, (2) participating in decision-making processes, and (3) accessing coordinated and harmonized TA and support.

The design and operation of the CRG Strategic Initiative was informed by the final evaluation of its predecessor Special Initiative, which found that mechanism provided significant value-add to realization of the Global Fund Strategy for 2012-2016. It provided seven major recommendations, which can be summarized as:

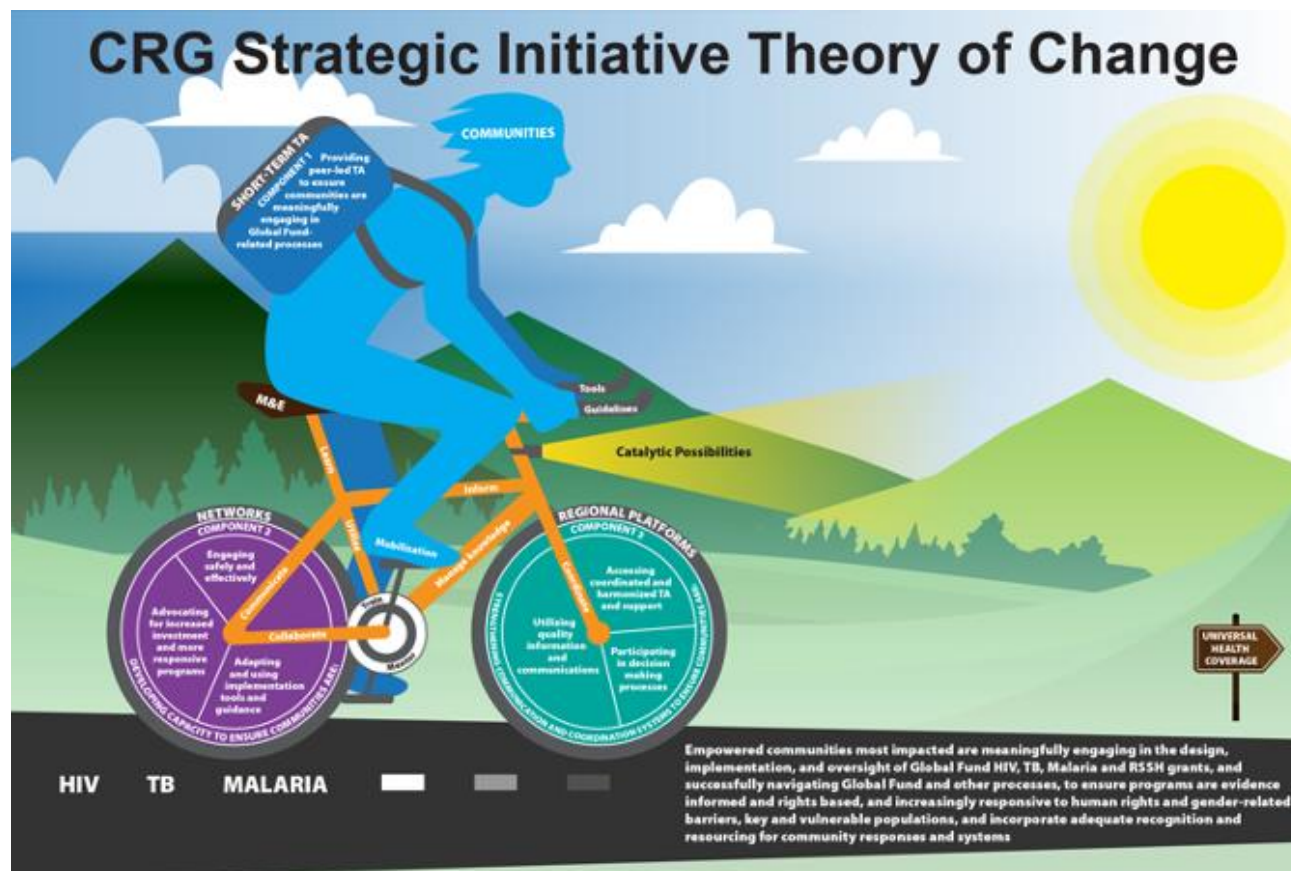
1. Allocate funding for at least three years for continuation of the CRG Special Initiative
2. Expand the remit of the CRG Special Initiative to go beyond grant signing and to offer TA and capacity building to communities/civil society for all stages of the Global Fund's Funding Model
3. Review the conceptual framework and, in turn, implementation modalities, of the CRG Special Initiative to ensure that it operates as a more connected and comprehensive model
4. Collaborate with relevant technical partners to strengthen the CRG Special Initiative's specific and innovative efforts to mobilize and support the meaningful engagement of TB and malaria-focused communities and civil society
5. Strengthen the effectiveness and efficiency of the management and administration of the CRG Special Initiative by the Global Fund Secretariat, including scaling-up the capacity of the CRG Special Initiative Team
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
7. Develop and implement a knowledge management and communications strategy to document, analyze and systematize the key learning from the CRG Special Initiative and, in turn, communicate its work and value-added

Many of the points of growth of the Strategic Initiative correspond to these recommendations, which are revisited in full in the Overarching Analysis section of this report.

One immediately obvious advance undertaken on the basis of these recommendations was the development of a Theory of Change (see Figure 1, below) and a Monitoring and Evaluation for Learning (MEL) Framework starting in late 2017, and concluding development in early 2018. The MEL Framework is designed to track a full results chain for each of the three components. The framework for each component is available in full in Annex 1.

This MEL Framework aligns with mandatory internal Global Fund reporting, and was designed to highlight the contributions of the CRG Strategic Initiative to the realization of the Global Fund mission and all objectives under the Global Fund Strategy 2017-2022. The data generated by the MEL framework provides the foundation for this final evaluation of the CRG Strategic Initiative.

Figure 1. CRG Strategic Initiative Theory of Change



The CRG Strategic Initiative was originally conceived to run from 1 January 2017 to 31 December 2019. After a delay, the CRG Strategic Initiative became operational in August 2017. To compensate for the delayed start, an internal CRG Department decision led to an extension of implementation through 30 April 2020. Subsequently, a Global Fund Strategy Committee decision further extended the Strategic Initiative to 31 December 2020, providing an addition US\$2.2m for this time period. These extensions have allowed the CRG SI not only to implement across a full three years of programming as planned, but also to extend greater impact on the 2020 funding request processes which will account for approximately 65% of the entire 2020-2022 country grants allocation³.

In early 2019, an internal midterm review of the CRG Strategic Initiative was conducted by the consultant responsible for developing the MEL framework. The midterm review, like the final evaluation of the Special Initiative before it, invested significant effort in documenting the history and process of CRG Strategic Initiative implementation, and capturing qualitative results through a series of case studies. The midterm review focuses on reviews of each Component, providing detailed suggestions for process improvement, but does not provide a whole of Strategic Initiative perspective. This current external evaluation takes a different approach. It incorporates and builds upon the findings of these past reviews, but uses the MEL framework as a basis for

³ As of 3 April 2020, 65% (n=136/208) of the anticipated funding requests for the 2020-2022 allocation cycle are registered to be submitted in 2020 (Windows 1-3). Source: <https://www.theglobalfund.org/en/funding-model/applying/submissions/>

measuring progress and a Value for Money lens to identify opportunities for further increasing economy, efficiency, effectiveness, equity and sustainability of the CRG Strategic Initiative and its outcomes.

While analysis of each individual component is included as part of this final evaluation, this exercise does not aim to serve as an evaluation of individual Components of the Strategic Initiative in isolation from one another. The desired result is a thoughtful and creative analysis which challenges the CRG Strategic Initiative to think differently, where needed, for continuous improvement of impact.

Methods of Evaluation

This evaluation took place from late February through April of 2020. A desk review was conducted of all available materials related to the CRG Strategic Initiative's implementation and reporting, including previous evaluations (Special Initiative Final Evaluation and Strategic Initiative Midterm Review), grantee narrative reports and case studies, and the Technical Assistance database.

Desk review was complemented by key informant interviews with twenty two individuals; and six virtual focus groups with an additional twenty three people, including Component 2 and Component 3 grantees, staff of the CRG Department and other Global Fund Strategic Initiatives. A survey was also conducted with a selection of Country Teams to gather their feedback on interactions and collaboration with each of the three Components of the Strategic Initiative. More details on the methods utilized in this evaluation are available in Annex 2.

Limitations of Evaluation

This evaluation was conducted over a condensed time period, due to circumstances beyond the CRG Strategic Initiative's control. This period also coincided with the outbreak of the COVID-19 pandemic, which challenged the working environment for the evaluator, the CRG Strategic Initiative team, and all stakeholders. These factors limited the number of key informant interviews and focus groups that could be conducted, and in some cases caused desk review work to be done in parallel to qualitative data gathering. This may have led to missed opportunities to probe more deeply in interviews and focus groups to gain greater clarity on specific topics.

This evaluation is heavily informed by the data gathered by the CRG Strategic Initiative under the guidance of the MEL framework. As the framework is new and was developed after most grantee workplans for the CRG Strategic Initiative were complete, there may be limitations to the information that it was able to capture; more details on these possible limitations are discussed throughout this report.

CRG Strategic Initiative Programs Findings

This section of the evaluation report presents the results and learnings from each individual component of the CRG Strategic Initiative. Findings are organized and progress is judged on the basis of the MEL framework and the Objectives, Activities, Outputs and Outcomes that it defines. Detailed findings for each Component are available in Annex 3.

It is important to note that this framework was introduced in early 2018, after all grantees had submitted proposals and many had finalized detailed workplans. In adhering to the reporting process defined by the MEL Framework reference document, grantees were obliged to “fit” their existing workplans into the MEL framework categories – an exercise that several grantees described as “fitting a square peg in a round hole.”

In addition, grantees almost universally noted that the degree of linearity assumed by the MEL – that an Activity leads to a single Output which feeds into a single Outcome – is not reflective of reality. This issue was echoed by the CRG Strategic Initiative team, especially while reviewing preliminary findings for this evaluation. The lack of standardization of indicators and of required level of detail in narrative reports posed additional challenges for analysis.

Where these challenges have presented significant difficulties for this evaluation, it is noted below; however, the reader should bear in mind the overarching limitations that the reporting system may have placed on capturing the full range of CRG Strategic Initiative results. These challenges, as well as proposed solutions for the next CRG Strategic Initiative, are described in greater detail in Annex 4.

Component 1: Short-term TA Program

Component 1 provides civil society and community organizations with demand-driven, peer-to-peer, short-term TA to improve community engagement in Global Fund-related processes. A description of the TA program, list of community TA providers, and other application information is housed on the Global Fund’s website.⁴ As part of the shift from the 2014-2016 Special Initiative to the 2017-2019 Strategic Initiative, TA eligibility parameters were extended to cover the entire funding cycle — from national strategic planning, to funding request development, right through to grant negotiations and into implementation and monitoring. Previously, under the Special Initiative TA was only offered up until Global Fund grants were signed.

Areas eligible for Component 1 TA include (but are not limited to):

- Situational analysis, needs assessment, and planning
- Participation in country dialogue
- Prioritization of and input into program design
- Oversight and monitoring of grant implementation and re-programming
- Engagement in sustainability and transition strategy development

Component 1 TA is strictly limited to exclude:

- Strengthening Country Coordinating Mechanisms (CCMs)
- Long-term capacity strengthening of civil society organizations (CSOs)
- Funding request writing

⁴ <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/>

- Direct advocacy

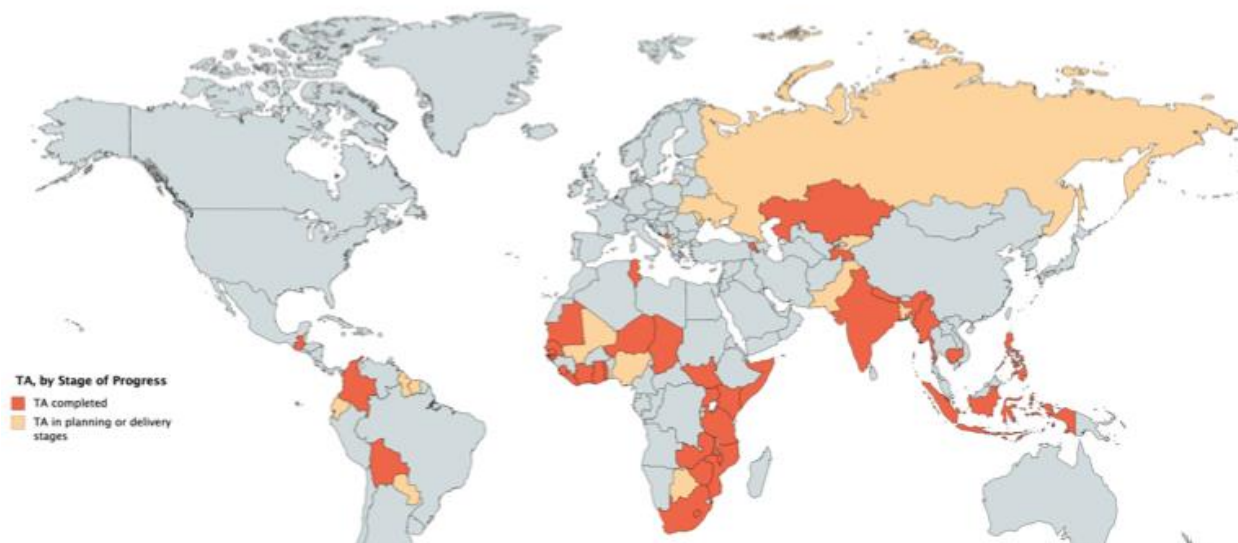
A total of US\$6m is dedicated to short-term TA within the CRG Strategic Initiative, making this component 40% of the overall budget. Projected final expenditure for short-term TA under Component 1 was US\$4,027,158 (26.8% of total projected expenditure) at the time of this evaluation⁵.

Summary of Results

Between 15 March 2017 and 10 April 2020, a total of 212 requests were lodged for short-term TA under this component, with 75.0% of all requests being deemed eligible. Of the 159 requests that were deemed eligible, 111 of them went on to the delivery phase and 69 have been completed to date.

TA has been or is being provided in 69 unique countries. Ten additional TA missions addressed multi-country grants, including three in South East Asia, three in Latin America and the Caribbean (LAC), two in the Middle East and North Africa (MENA), one in Eastern Europe and Central Asia (EECA), and one in Eastern and Southern Africa. Seventeen TA missions were delivered in countries that are classified as challenging operating environments (COEs).

Figure 2. Countries of Implementation for TA Assignments



While the Component 1 MEL Framework describes seven Activity tracks for TA provision, the TA database uses the five areas eligible for TA as a means of tracking activity areas. This summary opts to align with the data available for the purposes of reporting activities and outputs.

TA was largely requested by civil society organizations (80.5%), with outlying requests coming from Country Teams (16.4%) or the CRG Department (2.5%). Slightly less than half (41.5%) of all TA focused on supporting national strategic planning or funding requests, while a smaller portion (8.8%) focused on grant-making and the preponderance (46.5%) focused on grant implementation including oversight.

⁵ Under Component 1, an additional US\$600,000 was expended to support the HER Voice Fund (results reported under Component 2), and US\$1,216,846 was expended under Component 1 to support Secretariat costs of the CRG Strategic Initiative. Including these expenditures, the total amount expended under Component 1 was projected to be US\$5,844,004 (39% of total projected expenditure). These amounts, and their placement under Component 1 are further discussed on p47 of this report.

Just over one-third (60 assignments; 37.7%) of all eligible TA assignments were HIV-related, and 37.1% (59 assignments) were HIV/TB. Fifteen assignments (9.4%) were cross-cutting across all disease components, but only fourteen (8.8%) targeted malaria alone, and only ten (6.2%) targeted TB alone. The majority (65.4%) of all assignments involved key and vulnerable populations as constituents, with distribution across regions being fairly even, relative to overall distribution of TA across regions.

Milestone of Achievement: Expansion of TA for TB and Malaria

Under the Special Initiative, only 3 TB-specific assignments were completed, and no assignments focused on malaria. The Strategic Initiative shows a 140% increase in TB assignments, even after controlling for a longer implementation period, and an expansion from malaria accounting for 0% of all assignments to 8.8%.

TA was provided by nineteen unique service providers, though five providers accounted for 79.7% of all assignments that had been completed as of 10 April 2020. The budget for 69 TA assignments completed ranged from US\$9,200 to US\$120,000, with a mean of US\$42,890 and a median of US\$38,910.

Further details on Component 1 achievements and challenges are available in Annex 3.1.

Progress in Achieving Objectives

The Component 1 MEL framework specifies five objectives, across which the CRG Strategic Initiative displayed marked progress. Table 1, below, summarizes progress made, while further details are provided in the narrative below.

Table 1. Summary of Component 1 Progress Towards Objectives

Objective	Progress	Details
Objective 1 To support communities to participate more in country dialogue more effectively, to ensure that national and regional planning adequately reflect and respond to issues associated with community, rights, and gender	Significant	Evidence that TA that directly supports engagement in country and multi-country dialogue
Objective 2 To support communities to more effectively consult, prioritize needs, and design and budget modules, interventions, and activities for Global Fund funding requests	Significant	Evidence that TA has helped to prioritize needs and contribute to design of funding requests
Objective 3 To support communities to more effectively engage in grant-making negotiations and related processes to ensure that grants adequately reflects and responds to issues associated with community, rights, and gender	Evident	Significant progress in HIV and HIV/TB, with marked room for more progress in malaria and TB
Objective 4 To support communities to more effectively monitor and follow up during grant implementation and performance reviews through active participation in national coordination and oversight mechanisms, and other ad hoc or routine activities	Significant	Anecdotal evidence shows strong results, but more carefully documented outcomes of implementation-related TA is desired
Objective 5 To support greater community participation in transition planning and coordination processes out of Global Fund eligibility	Evident	Strong results are limited to a relatively small number of assignments, with lack of coverage in malaria and TB

Objective 1: To support communities to participate more in country dialogue, more effectively, to ensure that national and regional planning adequately reflect and respond to issues associated with community, rights, and gender

AND

Objective 2: To support communities to more effectively consult, prioritize needs, and design and budget modules, interventions, and activities for Global Fund funding requests⁶

With over 40% of TA focused on the stages before or during funding request preparation, overall Component 1 has responded well to supporting communities to access and utilize information to influence planning processes; prioritize population needs in national strategic planning; and engage in funding request design. Key population communities received assistance to assure integration of their HIV-related needs into funding requests in five countries and one multi-country grant in South East Asia, and five additional TA assignments were oriented around accessing matching funds for removal of human rights barriers. Communities were supported in contributing to and prioritizing HIV/TB needs in seven countries across Africa and in Kazakhstan and Paraguay. TA was provided for reviewing the design of comprehensive malaria programming, including a mock TRP exercise in Kenya; and for building TB community capacity to advocate for inclusion of needs in funding requests in Mauritania, Nigeria and South Africa's mining sector. This range of assignments demonstrates the flexibility and responsiveness of this TA mechanism to meet the varied demands of communities, and underscores the importance of providing support in the conceptualization and planning stages of the grant cycle.

While downstream outcomes of this work are not currently captured in regular reporting, there is evidence of some important results. One example is the TRP comments on the South Africa funding request that was informed by TA to the national Civil Society Forum. The TA provided allowed the country to identify, prioritize and define activities for key populations, resulting in a glowing commentary from the Technical Review Panel: *"The request provides a clear analysis of existing data and a clear understanding of the drivers of the TB and HIV epidemics. ... The key populations are well identified including geographical contributions. This analysis has been used to prioritize key HIV interventions targeting adolescent girls and young women, men who have sex with men, sex workers and people who inject drugs."*

There are still some areas of opportunity for strengthening, especially for communities which may lack the capacity or place within power structures to participate in requests for TA through this demand-driven model. Across the entire TA portfolio, only nine assignments focused on adolescent girls and young women (AGYW), across only six of Global Fund's 13 priority countries in Africa. These assignments were largely in response to Country Teams' identification of the need for more engagement of AGYW in program design and funding requests, highlighting the importance of priority-driven TA to fill programmatic or engagement gaps.

⁶ Objective 1 and Objective 2 are addressed together for analytical purposes because the MEL framework is designed such that all activities and outcomes that feed into these two Objectives are shared. Because of the way that TA data has been coded within the TA database, this grouping has been observed for the purposes of analysis, as well.

Milestone of Achievement: Dedicated Human Resources for Component 1 Management

While the Special Initiative evaluation noted that there was not an adequate number of staff to manage the high volume and complexity of TA requests, the Strategic Initiative included a dedicated staff member for management of TA, and further drew on the role of Component 3 in preparing more eligible TA requests – resulting in the capacity to deliver a greatly improved volume of high-quality TA.

Objective 3: To support communities to more effectively engage in grant-making negotiations and related processes to ensure that grants adequately reflects and responds to issues associated with community, rights, and gender

TA assignments focused on grant-making were more limited in number (14 assignments) and focused heavily on HIV (6) and HIV/TB (5). Four out of the six HIV-focused assignments were to assist in grant-making of multi-country grants with a focus on key populations. This suggests a strong value add for TA in building robust programming plans for these types of grants – which by their nature often bring together disadvantaged groups that have little access to funding and/or decision-making in their own countries. Two HIV-specific assignment focused on AGYW — one of which resulted in the development of an accountability framework for US\$8m matching funds for AGYW in Zimbabwe, representing a rare demand-driven TA for AGYW.

Of the five assignments which focused on HIV/TB, three were driven by the Global Fund’s Country Team or by the CCM in partnership with community. Assignments in Ghana, Nepal and Chad were in direct response to TRP comments, allowing countries to make evidence-informed adjustments to their program design. An assignment in Kenya supported the development of an AGYW engagement plan, and Tanzania focused on the engagement of key population leaders in the grant-making process.

The remaining assignments focused on malaria (2) and TB (1). Both malaria assignments, delivered in Nigeria and Djibouti, were requested by Global Fund Country Teams, and focused on assessment of needs amongst refugees and internally displaced people – again, highlighting the importance of priority-driven TA to assure inclusion of disempowered communities. The single TB-focused assignment, in Sierra Leone, was demand-driven and focused on strengthening community-based monitoring.

Overall, expansion of TA eligibility to the grant-making phase had clear value across a range of topics and geographies. However, there is opportunity for further engagement of TA in this area, especially for malaria and TB. The relatively high proportion of priority-driven TA in this area may indicate that Country Team intervention is particularly important in this phase, where for a variety of reasons program design may lead to the exclusion of community priorities that had been voiced in dialogue and funding request development.

Objective 4: To support communities to more effectively monitor and follow up during grant implementation and performance reviews through active participation in national coordination and oversight mechanisms, and other ad hoc or routine activities

Within the 48 assignments delivered for the grant implementation stage, all disease components were well-represented and TA was widely responsive to individualized country contexts. In Bolivia, Uganda, and Guatemala, cross-cutting TA was provided to support community oversight across all three diseases; and in Malawi, Myanmar and Tajikistan, assistance was provided to build basic capacity for engagement amongst the TB community and to undertake situational assessments to inform service delivery.

Ten malaria-related assignments were delivered across Africa and India, including four explicitly for piloting of the Malaria Matchbox Tool. Eighteen HIV assignments focused on supporting people living with HIV (PLHIV) (3) and key populations (15), and a further 15 assignments supported HIV/TB communities, including two with AGYW constituents in Lesotho and Zambia.

As noted above, within the current monitoring arrangement, limited downstream outcomes are captured as a result of these TA assignments. However, anecdotal findings indicate that TA has been impactful, such as the notation in the January 2020 Office of the Inspector General audit that Indonesia has developed a functional Community Based Monitoring and Feedback (CBMF) system for TB – a result that was supported by a 2017 TA mission to map out the CBMF activities to be incorporated in its next funding request. Such results highlight the longer-term nature of some outcomes, and also indicate that more planned and systematic capture of outcomes may yield a clearer picture of how TA affects change over time. Such insights may be important in judging the value for money derived from TA, especially across the wide range of TA assignment budgets.

Objective 5: To support greater community participation in transition planning and coordination processes out of Global Fund eligibility

Sixteen TA assignments (10.1% of all eligible) were targeted to support communities to engage in transition planning and coordination processes. Not surprisingly, most of these were delivered outside of High Impact settings, where transition is imminent, including LAC and EECA; only three were delivered within High Impact Africa or Asia.

Typically, seven assignments (43.8%) focused on HIV, and heavily concentrated in LAC (Suriname, Ecuador and Colombia (2)), with the remaining assignments delivered in Botswana, Cambodia and Tajikistan. All but the Botswana assignment focused on the grant implementation stage, with the LAC assignments focusing on supporting the engagement of civil society in developing social contracting mechanisms as well as in grant oversight. In Tajikistan, support focused on developing different levels of support packages for PLHIV to support appropriate budgeting processes, while in Cambodia the purpose was to more broadly support the engagement of CSOs and community networks in Global Fund Sustainability, Transition and Cofinancing (STC) strategies. Six assignments (37.5%) were HIV/TB-focused, with equal proportions focusing on national strategic plan (NSP) development and validation from the key population perspective (Ghana and Mozambique), funding request development (Bangladesh and Kazakhstan), and supporting key population-sensitive grant implementation through mapping of CSOs in Belize and assessing gender identity barriers for trans people in Colombia. The remaining three TA assignments were of the “all” category, cutting across all three disease components. These were delivered in Bolivia, Burundi and Sierra Leone, and all focused on the engagement of key populations in developing and implementing sustainable national responses.

It is notable that no assignments focused exclusively on TB or malaria. This may be reflective of the evolving nature of community movements in these two disease responses, with communities just beginning to gain a foothold as actors engaged in planning and oversight at the strategic level, and not yet able to look towards the role of stewardship in sustainable transitions. This presents a potential area for increased focus under the long-term capacity building of Component 2, in order to drive more demand for TA in this area.

Contribution to Strategic Initiative’s Impact

This review indicates Component 1 has contributed to the empowerment and engagement of communities by providing demand-driven support to meet concrete, time-bound needs of partners on the ground. TA has generated critical information to be used by communities in advocacy and/or provided direct support for the costs of participation in planning and oversight processes, allowing communities to be present in decision-making spaces, even when strong and reliable community systems are not yet in place. The measurement and reporting structures used during the period under evaluation do not permit a systematic analysis of contribution to impact for individual assignments, representing an opportunity for better capture of follow-up data in the future.

Analysis of Component-Specific Learnings

Component 1 has significantly increased its TA output during this evaluation period, increasing from 65 eligible TA requests in 26 months under the Special Initiative, to 159 requests in 36 months under the Strategic Initiative – a growth of 76% over the previous period⁷. This reflects strong emphasis on demand-creation by Platforms, with the overall number of requests nearly doubling, from 111 (an average of 4.3 per month) under the Special Initiative to 212 (an average of 5.8 per month) under the Strategic Initiative.

The expansion of country reach is notable, with 69 countries receiving TA under the Strategic Initiative, in comparison to only 24 under the Special Initiative, representing a 188% increase in geographic reach. Of particular importance is the reach of 17 COE countries, an achievement that responds directly to the Global Fund’s Operational Policy related to COEs (Article 40, *Operations Policy Manual*), which includes an aim to improve technical assistance in these environments.

Milestone of Achievement: Improved Geographic Reach of TA

The CRG Strategic Initiative reached 69 countries with its TA program, a significant expansion over the 24 countries reached during the Special Initiative. This 188% increase in reach represents not only the CRG Strategic Initiative’s expanded capacity to deliver, but also the performance of the Regional Platforms in generating demand for TA.

The influence of Platforms on the request process is also apparent in the greater eligibility ratio, with 75% of requests in the Strategic Initiative being within the bounds of eligibility.

Figure 3. Comparison of Eligibility and Delivery of TA, Special Initiative and Strategic Initiative

⁷ The increase of 76% controls for the shorter period of performance captured under the Special Initiative evaluation. With 65 assignments in 26 months, the Special Initiative averaged 2.5 TA assignments for every month of implementation. The Strategic Initiative, on the other hand, had 159 assignments across 36 months, averaging 4.4 assignments per month. The volume of TA delivered under the Strategic Initiative was therefore 176% of the Special Initiative, or a 76% increase.

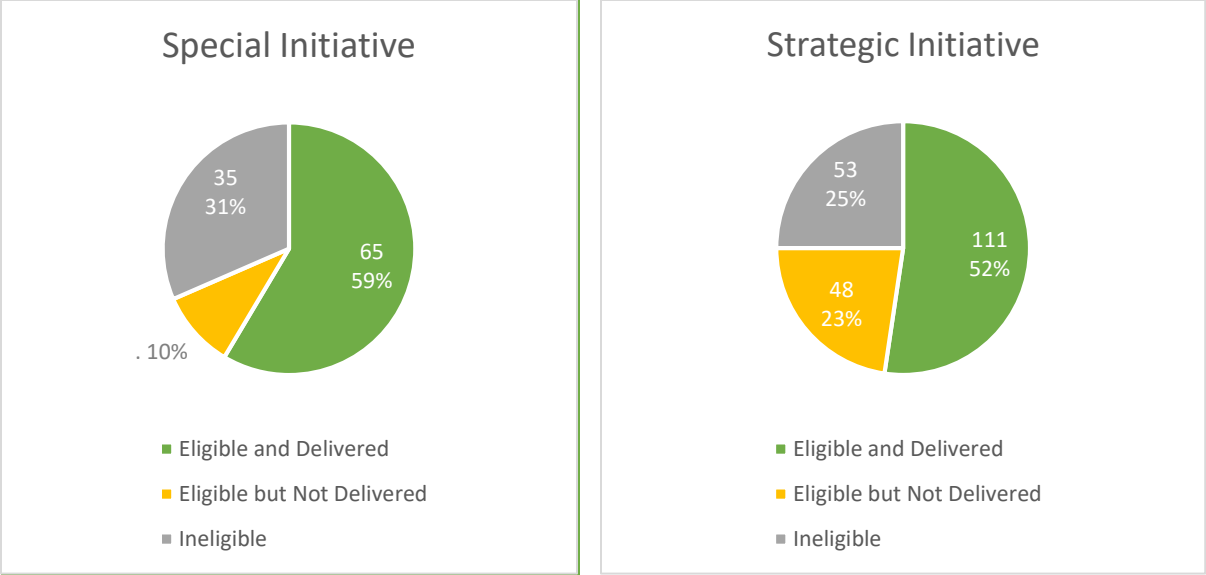
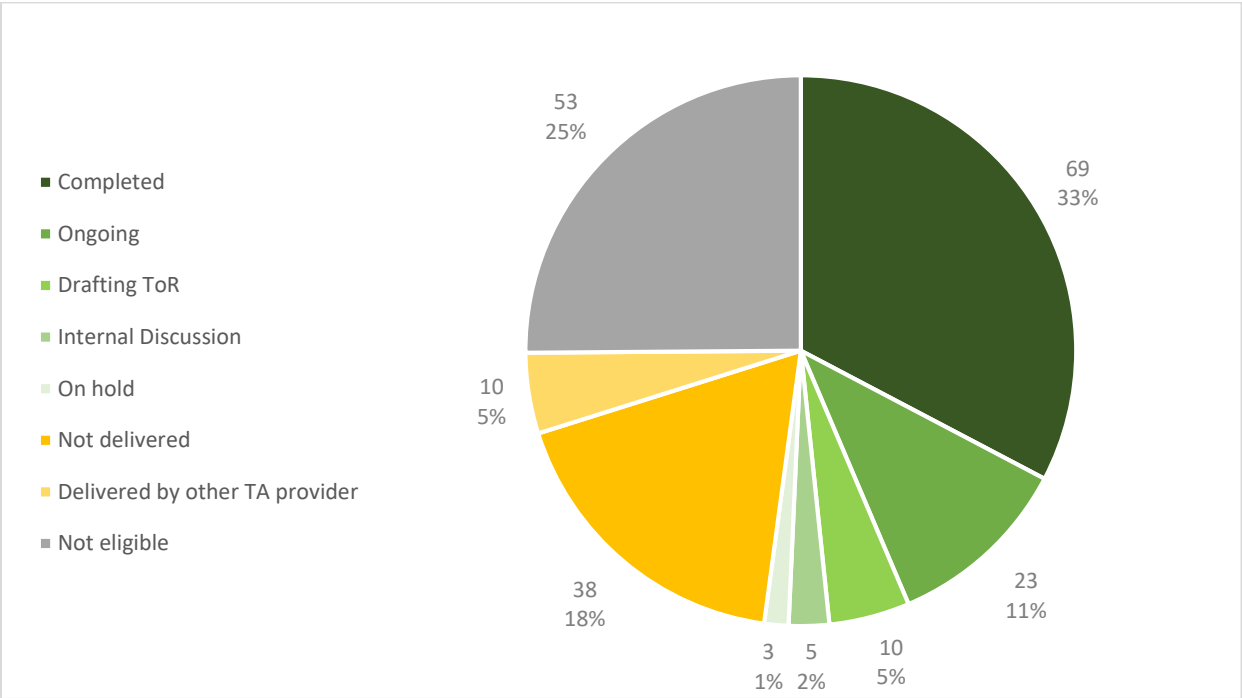


Figure 4. Detailed Breakdown of Strategic Initiative TA



While overall TA delivery increased, a greater proportion of eligible requests went undelivered during the period under evaluation when compared with the Special Initiative. As noted above, some of these were due to TA being provided by other partners, including other Strategic Initiatives with whom the CRG Strategic Initiative closely coordinated to make the decision on where TA was best placed. Other reasons included TA requests not being timely, competing with other TA applications lodged from the same country, insufficient relation to Global Fund investments in country, and the existence of other funding

streams that could support the work requested. This range of reasons for which eligible TA was not delivered is summarized in Table 2, below.

Table 2. Reasons that Eligible TA Was Not Delivered

Reason	# of Occasions	% of All Eligible TA
Not timely or postponed to allow for better alignment with other processes ongoing in country	13	8.2%
A different TA application was prioritized by CT or the TA was judged to be duplicative with other efforts	10	6.3%
TA was being provided by another provider	10	6.3%
Insufficient relation to Global Fund investment in country	8	5.0%
TA should happen/is happening under existing grant funding	4	2.5%
TA should happen/is happening under Component 2	3	1.9%
Total Not Delivered	48	30.2%

While no single reason for non-delivery accounts for more than 9% of all eligible TA requests, the frequency of the top two reasons identified could potentially be reduced by greater communication with Country Teams as facilitated by Platforms.

Figure 5a. Eligible TA Requests Not Delivered, by Disease Component

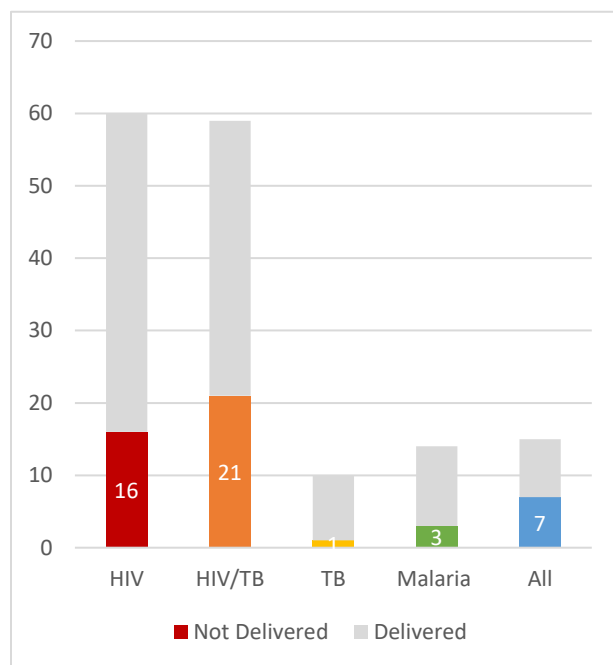
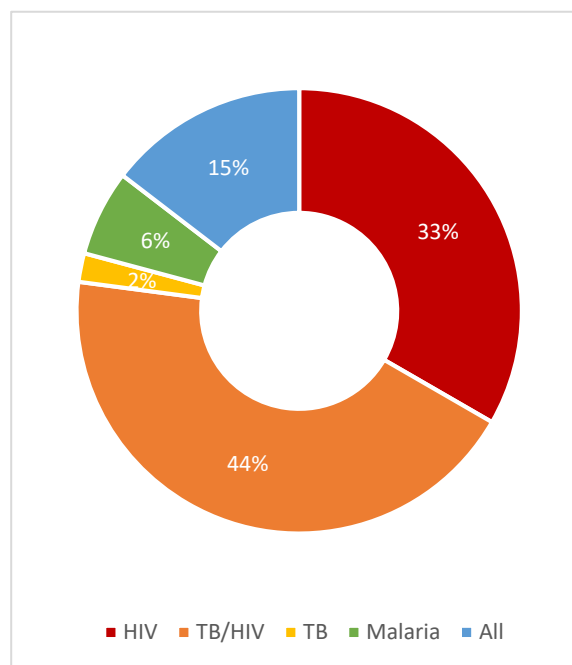


Figure 5b. Distribution of Non-Delivered Eligible Requests, by Disease Component



Non-delivery of eligible assignments occurred across all disease components, but was more frequent amongst HIV (26.7% of all eligible requests not delivered), HIV/TB (36.6% of all eligible requests not delivered), and cross-cutting (“all component”) requests (46.7% of all eligible requests not delivered).

Some Platforms noted during interviews the frustration experienced by requestors whose requests were ultimately not fulfilled, marking an opportunity for continued coordination and communication between Platforms and the Global Fund Secretariat on the front-end of the application process, to ensure that Platform assistance is in line with the requirements and priorities of the CRG Strategic Initiative, regional priorities (as facilitated by the Regional Focal Points in the CRG Department), Country Teams, and potentially other collaborating Strategic Initiatives. For instance, in some cases Country Teams provided support to the CRG Strategic Initiative in prioritizing one request over another to avoid duplication; some such situations may be avoidable through increased communication in the earliest stages of request preparation. Productive and consistent debriefing on ineligible requests is also an important opportunity for both Platform and requestor learning.

A significant change from implementation under the Special Initiative was the expansion of TA to cover grant implementation and oversight. The distribution of nearly half of all TA being oriented towards the grant implementation phase is a strong testament to a need that is being better fulfilled through these changes in the Strategic Initiative.

Milestone of Achievement: TA Coverage Across Full Grant Cycle

Under the CRG Strategic Initiative, communities could request TA to support across the full grant cycle, including not only funding requests and grant making, but through grant implementation and oversight. Requests for grant-making and implementation support made up 55.3% of all requests, affirming that there was a significant unmet need for TA in these stages.

Country Teams (CTs) surveyed reported a high degree of satisfaction with TA provided, citing clearly defined and appropriate Terms of Reference to guide delivery and alignment with country priorities. Given the designated nature of Component 1 as demand-driven TA, the handful of TA assignments which were driven by Country Teams and the CRG Department were met with mixed feelings by some community stakeholders from networks. These individuals expressed some concern that Global Fund driving the agenda for TA may push unwanted or irrelevant TA on to communities that are not ready to receive it.

At the same time, several stakeholders and CRG Strategic Initiative team members identified the important role of CT's driving demand in settings where non-traditional vulnerable populations are involved, or where societal or government suppression of a population is so strong that the population cannot reasonably demand TA themselves. This is particularly applicable for malaria, where vulnerability to the disease alone does not build the same sense of identity and community as with TB or HIV, as well as to issues impacting refugee and displaced populations, as noted in examples above. This may also be a strategy for bring greater equity across the full TA portfolio, to address the fact that TB- and malaria-specific requests accounted for only 15% of all requests made, and AGYW accounted for only 5.7% of all eligible requests. Gaps in geographical coverage (especially as it relates to specific disease components or populations) could also potentially be addressed through closer collaboration with the Grant Management Division, including both CTs and regional teams, as mediated by greater engagement of the new CRG Regional Focal Points as part of CRG Accelerate.

While some TA providers questioned the lack of transparency by which individual TA requests are matched with one of the twenty-six pre-approved providers, others appreciated the straightforward nature of the CRG Strategic Initiative team approaching TA providers proactively, without an assignment-specific tendering process. These concerns may be supported by the fact that while 19 TA providers were engaged across the Strategic Initiative, five providers completed nearly 60% of the assignments delivered. This lack of transparency was previously a finding of the Special Initiative evaluation, and will require more

dedicated attention going forward, including possibly the use of a matrix for decision-making in selecting TA providers.

Additionally, the intended peer-led nature of TA was not always apparent, with community-based organizations interviewed feeling that some of the most-frequently used TA providers relied on professional consultants who were not able to offer true peer-to-peer learning. This concern was linked to the limitations of short-term nature of TA, and whether communities with complex capacity-building needs are able to gain enough benefit from a short-term consultancy. Component 2 grantees expressed their perspective that longer-term support from peer-led networks may be more effective in some cases. This presents the opportunity to further clarify the value that different TA providers bring to different TA assignments, and for the CRG Strategic Initiative team to consider a more systematic and/or transparent process of selecting providers and activating a more controlled range of budgets based on task. There is also opportunity to engage Component 2 networks in making recommendations for local consultants to pair with international expertise, in order to support transfer of skills and the capacity-building of community experts, even when it is necessary to use outside expertise.

Another issue reported across stakeholders, including some CTs, was the limited timeframe associated with the assignments, with no built-in follow-up or assurance that TA outputs translate into action or change. Additionally, while the primary TA database is functional and yields strong and detailed quantitative data, there are some challenges with the way in which the quality and outcomes of TA are monitored and readily assessed. Simple changes could include the requirement that requestors identify the specific expected outcomes of the TA (the change that they desire to affect, rather than simply the output of the TA that is expected), as well as the expected timeline for that change. It would be useful for post-assignment surveys to both the requestor and the TA provider to pose the same question in follow-up, recognizing that in the course of a TA assignment external factors may become apparent which shift readily expected outcomes, and also to assure that the CRG Strategic Initiative knows when and where to look for results. While detailed follow-up on each TA provided is unlikely to be feasible, routinely collecting such information could support Terms of Reference to focus on how TA outputs will be activated, and would provide the CRG Strategic Initiative team with a readily available list of outcomes to sample for more detailed follow-up. Both of these elements would help to better determine the value for money of TA being provided. Additional details on this proposed approach are available in Annex 4.

There is also a significant opportunity to activate the capacity of Component 2 grantees and potentially other partners -- including Stop TB Partnership, the UNAIDS Technical Support Mechanism (TSM) and bilateral set-aside funds from GIZ Back Up and Expertise France -- to employ longer-term capacity building that follow-ups on some TA assignments. This was previously a finding of the Special Initiative evaluation, and it remains open for action. Realizing this opportunity (where relevant) will require the engagement of the relevant networks in the early TA planning stages, which highlights the need for increased communication and integration between Components 2 and 3, as discussed in further sections of this report.

On a related note, while TA providers reported completing post-assignment surveys, they were not clear on how data were used or whether there were collective learnings that should be integrated into their forward work; this evaluation did not find evidence that post-evaluation surveys data are informing TA provision in any meaningful way, highlighting an opportunity to strengthen both the content and use of surveys for improved decision-making. After improvements are made to the survey content, assuring transparency and accountability in the use of information collected could be motivating to future

respondents to continue providing such information; further strengthening of TA provider experience sharing may be another opportunity, as discussed further under Component 3.

While overall key informants, including most of those within the Global Fund Secretariat and implementing partners of Components 2 & 3, reported positively that Component 1 efforts delivered much-needed TA, there were exceptions. Several TA providers noted less positive experiences when they were asked to use certain consultants, with whom they had no working rapport and for whom they could not guarantee quality of work. One key informant from within the Sustainability, Transitions and Efficiency (STE) Strategic Initiative expressed a desire for strengthened oversight and quality assurance of TA by the CRG Strategic Initiative team, in order to guarantee that TA deliverables were consistently of the quality needed to successfully support sustainability and transition processes. CRG Strategic Initiative staff also noted some instances in which TA deliverables were initially below the expected standards, requiring a significant time investment to assure quality. This raises an opportunity for the CRG Strategic Initiative to more regularly record the quality of TA delivered, and include such scores in the decision-making matrix when assigning TA requests to specific providers.

The identification of high-quality consultants with appropriate language skills and technical expertise was particularly difficult in some regions and subregions, including across all of Spanish-speaking LAC - a sentiment echoed by multiple stakeholders. This, too, may highlight the opportunity for greater collaboration with Component 2 community networks, who may be able to fill some TA needs through peer-to-peer support.

Component 1 Recommendations

These recommendations are provided in order of priority. Priority is determined by a measure of both importance to the strengthening of the CRG Strategic Initiative, combined with the complexity of undertaking the recommendation. More important and complex recommendations are listed first, with less complicated and less consequential recommendations listed last.

Recommendation 1.1. Assure that all TA assignments define expected outcomes, including time frame for when outcomes might be realized, to allow for better understanding of medium- and longer-term value of TA investments. These details should be built into the TA request or planning process, and should reflect how TA outputs are expected to be used to affect change. These details should be verified after TA is delivered, noting that sometimes circumstances change, and should be sourced from both the requestor's and the TA provider's perspective during follow-up surveying. While it is not recommended that the CRG Strategic Initiative conduct a full investigation of the ultimate outcomes of every TA assignment, it is recommended that spot-checks be done periodically, i.e. 10% of TA assignments be sampled for verification of the expected outcomes. The information obtained from these spot-checks should be used to reflect on whether changes are needed in the specificity of Terms of Reference, timing of assignments, and management of partnerships related to the TA (e.g. other Strategic Initiatives, etc.).

Recommendation 1.2. Involve Component 2 grantees in planning for all TA requests where there is overlap of scope. This will permit Component 2 grantees to share perspective and possibly resources that will be helpful in refining scope and selecting a TA provider; within controls for Conflict of Interest, in some cases it may be appropriate for grantees to suggest a consultant or TA provider to be considered by the CRG Strategic Initiative team during the selection process. During implementation of TA, this should also assure that any grantee stakeholders are able to be involved as appropriate, and should allow Component 2 to track any follow-up support or capacity-building needs that may be filled by their sub-grantees.

Recommendation 1.3. Provide a range of follow-up options for beneficiaries who require support beyond initial TA provision, including engagement of Component 2 grantees and/or technical and bilateral set-aside partners. Such follow-up may include Component 2 grantees building activities into future workplans for request for additional funds (for more information on this option, see Recommendation 2.3), or collaboration with bilateral partners to determine how their funding can pick up where the CRG Strategic Initiative’s short-term TA leaves off. Where neither Component 2 grantees nor bilateral partners are able to fulfill follow-up needs, a streamlined mechanism for requesting follow-up TA from Component 1 may also be considered to allow for a second round of TA with a more streamlined application process.

Recommendation 1.4. Assure that the intended peer-to-peer nature of TA is realized and that the CRG Strategic Initiative is contributing to community capacity to provide TA, by requiring the involvement of local community experts in each assignment. While it is recognized that international or regional expertise may be required or preferred for many assignments, as part of the response to each specific request every TA provider should submit a brief plan for community capacity building, which would typically include the engagement of a local community expert, and define the expected skills transfer that the international or regional consultant will undertake during assignment delivery. As part of the TA provider follow-up survey, feedback should be provided on what capacity the TA provider perceives to have been built within the local community. Follow-up assignments (see Recommendation 1.2, above) should preferentially engage the previously-built local capacity, considering the use of remote support from the international consultant, where applicable.

Recommendation 1.5. Introduce the option of targeted calls for proposals, for priority-driven TA assignments to respond to cases where community capacity and/or recognition is severely limited. This should align closely with regional priorities set by the Grants Management Division, and brokered by the CRG Regional Focal Points, in order to respond to real needs even in the absence of community-driven demand for TA. It may also be used to strategically balance observed lack of equity across geography, disease components and populations in the overall TA beneficiary portfolio. This should serve as a complement to the ongoing demand-driven TA format.

Recommendation 1.6. Increase transparency around assignment of TA requests to particular providers. While the Strategic Initiative is not obliged to provide a transparent selection process, it would be beneficial to build trust with stakeholders in this Component to make some selection criteria clear. This may be as simple as publishing a matrix which lists different capacities/strengths/pre-qualifications of each provider, including ability to mobilize quickly, presence of consultants in regions, rate of inclusion of community members/peers as consultants, etc. This matrix could then be used to match a provider to the requirements of a particular TA assignment. An important element of this matrix could also be quality scores or feedback from past assignments from both CRG Strategic Initiative staff and relevant Country Teams, assuring that providers who consistently provide better value for money receive more assignments. The CRG Strategic Initiative may also consider multi-assignment contracts with high-performing providers (e.g. up to 5 assignments up to a ceiling of \$100K) based on the prequalification factors outlined in such a matrix, to support the speed at which TA can be deployed.

Recommendation 1.7. Consider developing a menu of TA services and budget ranges. This would support requestors in envisioning some of the potential options for TA, and to understand the level of effort involved in various options. An illustrative example of such a table is provided below.

Assignment Type	Level of Effort	Illustrative Tasks	Budget Range
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Community consultation	Light	Provide support in planning and facilitate consultation event and develop report.	\$5,000-\$9,999
	Moderate	Develop and analyze survey data, provide support in planning, facilitate consultation event, and develop report.	\$10,000-\$14,999
	Heavy	Develop survey tools, conduct/support data collection (remotely or in person), analyze data, provide support in planning and facilitate consultation event, and develop report. Review and/or draft portions of funding request.	\$15,000-25,000
Community-based Service Mapping	Light	Oversee development of methods to be implemented by local partner; provide input on/review results.	\$10,000-\$14,999
	Moderate	Oversee development of methods and train local partner(s) to collect mapping data in multiple sites. Provide ongoing support for processing findings, and support final report/results generation. In small to medium geography.	\$15,000-\$29,999
	Heavy	Oversee development of methods and train local partner(s) to collect mapping data in multiple sites. Provide ongoing support for processing findings, and support final report/results generation. In medium to large geography.	\$30,000-\$50,000

Such a table could also optionally include items such as requestor/partner engagement required in each level of effort, timeframe for deployment, and other desired factors. A specific menu might be created for each disease component, as well as for cross-cutting TA services.

Recommendation 1.8. Rationalize and systematize coordination with other Strategic Initiatives to better align TA on relevant topics. This is particularly notable for the STE, CCM Evolution, and Finding Missing People with TB Strategic Initiatives, which also have TA provision arms and both of whom see significant value-add of working with the CRG Strategic Initiative. This may also be applicable for other Strategic Initiatives led by the CRG Department, including those for addressing to human rights, AGYW, and community-led monitoring – none of which were explored in-depth during this evaluation, but all of which offer potential synergy opportunities. As a starting point, mapping of collaborations and boundaries of TA responsibilities could be integrated into the menu of TA services recommended above. Regular coordination (e.g. monthly or quarterly) with each Strategic Initiative would maintain collaboration and allow for adjustment of alignment when needed. Depending on the depth of collaboration, shared tracking tools may be beneficial to collaborate between formal check-ins.

Recommendation 1.9. Assure that timely and detailed feedback is provided on ineligible/unsuccessful TA to requesting communities and Platforms, so that alternatives may be brokered. In order to support learning by communities and continued effective demand creation by Platforms, it is highly desirable to provide brief details in writing to all requestors who submit an ineligible TA request. The CRG Strategic

Initiative team should consider developing a standard feedback form to assure that all requestors receive a consistent level of detail; development of this form should be done in consultation with Platforms. Platforms should receive a copy of all feedback forms for sent to unsuccessful requestors in their region. This will assist requestors in better tailoring requests in the future, and support Platforms to maintain rapport with requestors and assist them in finding alternative TA providers.

Recommendation 1.10. To support consistency in monitoring data, decide whether to track distribution of TA by topic using the MEL Activity categories or the Key TA categories. The discrepancies between these two categorization methods are not significant nor contradictory, but an attempt should be made to ameliorate the differences between the two, so that the data available respond directly to the intended measurement framework. These categories should also inform a more robust post-assignment survey process. It is recommended that this be addressed as part of broader MEL realignment activities, as discussed in Annex 4.

Component 2: Long-term Capacity Building of Key and Vulnerable Population Networks

Component 2 aims to strengthen long-term capacity of community groups and networks to better support the meaningful engagement of their constituencies in Global Fund-related processes. Based on recommendations coming from review of the 2014-2016 CRG Special Initiative, capacity strengthening was expanded to support engagement amongst a wider range of TB and malaria communities, and overall to better target AGYW.

A total of US\$5m was allocated to long-term capacity building within the CRG Strategic Initiative, making this component 33.3% of the overall CRG Strategic Initiative budget. The projected final expenditure for Component 2 was US\$5,171,755 (34.6% of total expenditure) at the time of this evaluation.

Summary of Results

Component 2 has supported HIV, TB, and malaria communities supported by the 14 Component 2 grantees include:

- Gay, bisexual, and other men who have sex with men (MSM)
- Sex workers
- Transgender people
- People who use drugs
- Young key populations
- People living with HIV (including women and young people living with HIV)
- Networks of communities living with and/or affected by TB and including TB advocates
- Community-based organizations involved in the malaria response

A separate stream of work within this Component supported the HER Voice Fund pilot project, with two management and administration grantees supported to issue grants to adolescent girls and young women (AGYW) under this mechanism. A major benchmark in Component 2 evolution has been the addition of TB- and malaria-focused grantees.

Further details on Component 2 achievements and challenges are available in Annex 3.2. Due to the varying nature of this Component's inputs across disease components, the following sections summarizing progress on objectives and impact are differentiated by disease component.

Progress in Achieving Objectives

HIV

The HIV portion of Component 2 supported six community-led networks or consortia:

- GATE, in partnership with the Asia Pacific Transgender Network (APTN)
- Global Network of People Living with HIV (GNP+)
- International Network of People who Use Drugs (INPUD)
- MPact, working through its regional network members
- Network of Sex Worker Projects (NSWP)
- Youth Consortium

National-level activities were implemented in 45 countries⁸. HIV grantees undertook activities across the full range of MEL Activities, resulting a broad range of outputs as further described in Annex 3.1.

The Component 2 MEL framework specifies three objectives, across all of which the CRG Strategic Initiative HIV grantee progress evident. Table 3, below, summarizes progress made, while further details are provided in the narrative below.

Table 3. Summary of Component 2 HIV Progress Towards Objectives

Objective	Progress	Details
Objective 1 To support national community group and network constituencies in effectively engaging in (and contributing to) Global Fund-related processes throughout the funding cycle, collaborating and synergizing with sub-partners across networks, and other partners across the components	Significant	This was an area of focus for grantees, with strong early outcomes; more systematic tracking of outcomes is desired to better showcase results
Objective 2 To strengthen the capacity of marginalized and criminalized individuals, groups, and networks—across all 3 diseases—to engage in all Global Fund-related processes more effectively and safely	Evident	There is evidence of well-grounded capacity-building activities; some question remains about whether they are strategically reaching those most in need
Objective 3 To strengthen the capacity of HIV, TB, malaria, and AGYW community groups and networks to advocate for increased investment in community-led, rights-based, and gender responsive programming within Global Fund grants and transition planning out of Global Fund eligibility towards sustainable domestic responses	Evident	Tailored activities were conducted to build capacity in this area, but a more strategic approach to this Objective would be beneficial

Objective 1: To support national community group and network constituencies in effectively engaging in (and contributing to) Global Fund-related processes throughout the funding cycle, collaborating and synergizing with sub-partners across networks, and other partners across the components

Activities contributing to this Objective were widely reported and showed consistent activity throughout the lifespan of the CRG Strategic Initiative, demonstrating that grantees view this objective as a core aim of their work. One of the most apparent direct outcomes of these efforts was the availability of basic information on individual countries’ Global Fund grants and relevant contact information, as part of the country profiles developed by INPUD and NSWP (and documented by INPUD as impactful to community, in their February 2019 case study). This is a positive outcome showing networks’ adaptation to “go beyond training” – a challenge noted in the Special Initiative evaluation – by producing strategic information that can be used for advocacy and action. There is also evidence of increased community mobilization following IDUIT training in Kenya and in Eurasia (INPUD), with increased communication between national networks and Principal Recipients. Additionally, there is evidence of increased sex worker engagement in CCMs in countries where NSWP has worked with its regional or national network partners have engaged

⁸ This number may be an underestimate, and should be treated with caution. Because grantees are not obliged to report clearly on engagement by country, this evaluation attempted to capture all mentioned instances of country-level engagement. Participation of a representative from a country in a regional event, without any specific country-level follow-up provided under this funding, did not qualify as country-level engagement.

in capacity building: Rwanda, Papua New Guinea, Nepal, Malaysia, Mongolia, Colombia, El Salvador, Kazakhstan, Kyrgyzstan, and Ukraine. It should be noted that, relative to the extensive activities that have been undertaken to contribute to this objective, limited outcomes have captured to date using the MEL Framework. This highlights both the nature of change over an extended time period, and also opportunities for better-attuning the MEL reporting system to capture incremental progress.

Objective 2: To strengthen the capacity of marginalized and criminalized individuals, groups, and networks—across all 3 diseases—to engage in all Global Fund-related processes more effectively and safely

A more limited range of activities contributed directly to achievement of this objective, though they were generally well-organized and grounded in international guidance. CCM members in Bolivia, Brazil and Paraguay received mentoring support, and in Kazakhstan and India the direct support of CCM working groups created spaces where key population voices could be heard by decision-makers. These direct support activities provide significant measurable results of community engagement. Another notable area of work was capacity-building to use the so-called “implementation tools” for each key population – the SWIT, MSMIT, IDUIT and TransIT – ensuring that an ever-wider range of activists at the grassroots level are versed in the international standards and good practices on safe and effective engagement. While these trainings do not themselves ensure that communities transfer capacity into action, they are an important element of achieving this capacity-building objective.

It should also be noted that some of the achievements of Objective 1, as described above, inherently conveys that marginalized and criminalized communities are indeed being effectively engaged. What remains unclear is the degree to which capacity has been built strategically in countries where marginalization and criminalization are most severe, and where enhanced safety and effectiveness of engagement is most needed; work under this objective could benefit from further definition or targeting to assure that interventions are appropriately tailored and maximally impactful in the next CRG Strategic Initiative.

Objective 3: To strengthen the capacity of HIV, TB, malaria, and AGYW community groups and networks to advocate for increased investment in community-led, rights-based, and gender responsive programming within Global Fund grants and transition planning out of Global Fund eligibility towards sustainable domestic responses

Using the MEL framework’s reporting pathways to gauge progress on this Objective highlights a significant limitation in the linear nature of the results chain described in the MEL and demanded by the current reporting structure: if one is to examine progress under this Objective based solely on the Activities, Outputs and Outcomes that are meant to feed into measuring its achievement, it appears that a limited range of activities was implemented, with no significant or cohesive results. However, examining this Objective from a more strategic vantage point indicates that many of the results feeding into Objective 1 contributed to significant progress under Objective 3, as well. These include significant efforts to empower the transgender community to engage in sustainability and transition planning (Peru, Belize, India, Thailand and Philippines), the preparation of communities of people who use drugs (PWUD) to use a Smart Guide to Transition, and building capacity to monitor expenditure of prevention funds (Moldova). As with Objective 1, above, in the future a clearer strategic approach to tracking changes in advocacy activity would make it easier to track progress on this objective more cohesively.

TB

Overall, the introduction of TB grantees under Component 2 was a significant achievement for the CRG Strategic Initiative, and a robust portfolio of grantees, including two international networks and three regional networks provided strong geographic coverage in most regions:

- Africa Coalition on TB (ACT), a consortium of six country partners
- Asociación de Personas Afectadas por Tuberculosis (ASPAT), a regional association of people affected by TB in Latin America
- Global Coalition of TB Activists (GCTA), a global platform of people affected by TB
- TB Europe Coalition, a regional network of TB activists focused on Eastern Europe and Central Asia
- TBpeople, a global network of people affected by TB

National-level activities were implemented in fourteen countries, with a further eleven countries reached through participation in regional events. Grantees implemented a wide range of activities, responsive to local needs and leveraging the networking power of working across countries and regions to address common problems.

It is also notable that TB grantees reported within a MEL framework that was developed heavily based on the experience of HIV grantees, and that moreover many TB networks function in a space that is historically defined by HIV community movements and the structures associated with the HIV response. Therefore it is valuable to bear in mind, when considering the progress of TB grantees described below, that they were selected prior to the finalization of the MEL using four main objectives of the Request for Proposals:

1. Capacity development and meaningful engagement in Global Fund processes
2. Learning and advocacy on human rights and gender issues
3. Advocacy for finding missing people living with TB
4. Support communities to access technical and financial resources (TA, domestic funding, etc).

As a result while the MEL framework was used for measurement of their results and ultimately used to inform this evaluation, it should be considered for the future that a measurement tool better attuned to the realities of the TB movement may assist in the documentation of more compelling results.

The Component 2 MEL framework specifies three objectives, across which the CRG Strategic Initiative TB grantees displayed mixed progress. Table 4, below, summarizes progress made, while further details are provided in the narrative below.

Table 4. Summary of Component 2 TB Progress Towards Objectives

Objective	Progress	Details
Objective 1 To support national community group and network constituencies in effectively engaging in (and contributing to) Global Fund-related processes throughout the funding cycle, collaborating and synergizing with sub-partners across networks, and other partners across the components	Evident	Evidence exists of activities implemented, but stronger evidence of outcomes of improved engagement is desirable
Objective 2 To strengthen the capacity of marginalized and criminalized individuals, groups, and networks—across all 3 diseases—to	Limited*	Limited evidence of progress across full grantee portfolio. <i>*Important to note confusion</i>

engage in all Global Fund-related processes more effectively and safely		<i>on applicability of this Objective to TB</i>
Objective 3 To strengthen the capacity of HIV, TB, malaria, and AGYW community groups and networks to advocate for increased investment in community-led, rights-based, and gender responsive programming within Global Fund grants and transition planning out of Global Fund eligibility towards sustainable domestic responses	Significant	Despite challenges with reporting due to the linearity of the MEL, this Objective shows significant progress

Objective 1: To support national community group and network constituencies in effectively engaging in (and contributing to) Global Fund-related processes throughout the funding cycle, collaborating and synergizing with sub-partners across networks, and other partners across the components

Activities feeding in this area were amongst the most reported, and the activities showed limited but promising outcomes in engagement in Global Fund related processes. There is some limited evidence that of resulting change at the country level, including testimonials from community members who have received capacity building trainings, including one participant from Azerbaijan who shares, “TBEC workshops held in 2018-2019 had a great impact in my capacity and helped me a lot during TBEC Coaching visit to Azerbaijan as well as during the National Dialogue that took place on 3-4 December 2019. I had a clear picture about TB response globally, regionally and nationally like a well-trained TB advocate.” Likewise in Tanzania, civil society engagement in funding request development was successfully achieved for the first time; and in South Africa, health facility monitoring resulted in some improvements in facility-level implementation (infection prevention and control and commodity availability, as well as some expansion in information and education materials for patients).

However, such changes are not systematically captured in grantee reporting, highlighting a need – as noted elsewhere in this report – to reorient grantee reporting around tracking outcomes in addition to outputs. Further follow-up of advocacy progress in Bolivia, El Salvador, Guatemala, Paraguay, Peru and Tajikistan may produce outcomes from activities implemented in this area.

It should be noted that the TB grantees displayed significant evidence of synergizing with sub-partners across networks, including engaging several of the HIV grantees at the global level in strategic planning, and working regionally in EECA to coordinate with both HIV grantees and the Platform for collaborative events.

Milestone of Achievement: Engagement of TB Community Capacity Building

Five TB grantees were engaged in the CRG Strategic Initiative’s efforts to expand Component 2 to include TB. These organizations represented a wide range of geographies and brought different organizational strengths and capacities to the CRG Strategic Initiative. All showed signs of organizational growth over the period of funding, reflecting a difference in the maturity of organizations when compared to HIV grantees, and the role that CRG Strategic Initiative funding plays for this disease component in its unique funding environment.

Objective 2: To strengthen the capacity of marginalized and criminalized individuals, groups, and networks—across all 3 diseases—to engage in all Global Fund-related processes more effectively and safely

It should be noted first and foremost that there is considerable confusion about whether this Objective is applicable to TB. While the Objective itself states the inclusion of the disease, the TB-specific MEL

framework appears to suggest that reporting is not required on the Activities and Outcomes that feed into this Objective; nevertheless, some grantees did report activities in this area. Therefore, an analysis of those contributions is provided here, but it should be noted that limited progress could be expected given this confusion.

In this area, grantees implemented a community engagement survey, the results of which are still pending; and supported a first-ever succession event for TB civil society CCM members in Nigeria. Outcomes of the former are not yet measurable, and the latter presents an important possibility for replicable practice, but it will be important to follow on any outcomes related to changes in CCM operation due to managed succession. To the degree that this Objective may be applicable for TB, it shows some early progress that should be explored and further built upon in the next CRG Strategic Initiative. The applicability of this Objective to TB is further discussed in Annex 4.

Objective 3: To strengthen the capacity of HIV, TB, malaria, and AGYW community groups and networks to advocate for increased investment in community-led, rights-based, and gender responsive programming within Global Fund grants and transition planning out of Global Fund eligibility towards sustainable domestic responses

As noted above for the HIV grantees, this Objective presents a challenge of measurement within the assumptions of the MEL framework. Based on the structure of the MEL and its pathways intended to contribute to achievement, grantees did not log any activities that contributed to increased investment or transition planning to sustainable domestic responses. However, a more strategic look at the range of activities implemented and outcomes reported indicates that there has been considerable focus on achieving this objective, and the progress made is promising. From regional efforts in LAC to coordinate high-level dialogue on increased domestic funding, to identification of national resource gaps in Tanzania, to advocacy for domestic financing of treatment in Eastern Europe, grantees undertook a range of activities contributing to achievement of increased investment. Additionally, capacity building of TB communities on community, rights and gender issues as well as legal and gender assessments laid the groundwork for communities to engage in evidence-informed advocacy in this area, particularly in EECA. For the next iteration of the CRG Strategic Initiative, it will be important to track how capacity-building and regional-level events translate into effective advocacy at the country level.

Malaria

The malaria portion of Component 2 supported two community-led networks across a one-year time period:

- Kenya Advocates Against Malaria (KenAAM)
- Malaria No More

Additional limited support was provided for the launch of the global network, Civil Society for Malaria Elimination (CS4ME) after the previous two grantees had finalized implementation. National-level activities were implemented in 7 countries, across a relatively limited range of topics; analysis of this work was further hampered by incomplete reporting from one grantee.

As for HIV and TB, the Component 2 MEL framework specifies three objectives, across which the CRG Strategic Initiative malaria grantees displayed limited progress. However, it is notable that, as for TB, malaria grantees reported within a MEL framework that was developed heavily based on the experience of HIV grantees. Furthermore, grantees were selected prior to the finalization of the MEL, and designed workplans around the objectives stated in the Request for Proposals, rather than around the MEL.

Table 5, below, summarizes progress made, while further details are provided in the narrative below.

Table 5. Summary of Component 2 Malaria Progress Towards Objectives

Objective	Progress	Details
Objective 1 To support national community group and network constituencies in effectively engaging in (and contributing to) Global Fund-related processes throughout the funding cycle, collaborating and synergizing with sub-partners across networks, and other partners across the components	Limited	Grantees provided limited evidence of outcomes in this area; this may be due in part to the short timeframe of funding
Objective 2 To strengthen the capacity of marginalized and criminalized individuals, groups, and networks—across all 3 diseases—to engage in all Global Fund-related processes more effectively and safely	Evident*	Progress in this area was evident, despite confusion over whether this Objective is relevant for malaria. <i>*Important to note confusion on applicability of this Objective to malaria</i>
Objective 3 To strengthen the capacity of HIV, TB, malaria, and AGYW community groups and networks to advocate for increased investment in community-led, rights-based, and gender responsive programming within Global Fund grants and transition planning out of Global Fund eligibility towards sustainable domestic responses	Limited	One significant activity reported, but limited work on increased investment or sustainability across the broader grantee portfolio

Objective 1: To support national community group and network constituencies in effectively engaging in (and contributing to) Global Fund-related processes throughout the funding cycle, collaborating and synergizing with sub-partners across networks, and other partners across the components

A very limited implementation period, combined with a small funding envelope and focus on a limited range of activities, yielded limited progress on this Objective for malaria. One notable step in this direction was Malaria No More’s development of a community guide for engagement on social, gender and human rights issues and its publication in French and English. It is also notable that the evidence base for inclusion of community, rights and gender issues is still emerging (as further discussed below), which naturally limits the progress that could be made on national-level engagement on this Objective. In the future iteration of the CRG Strategic Initiative, more concentrated effort – including a longer implementation period – would be needed to make progress on this Objective. Investment in the development of CS4ME shows promise as this mechanism appears to be designed to support such progress.

In addition, attention must be brought to the final point of this Objective, which addresses synergizing with sub-partners across networks and components. There is extremely limited opportunity to synergize across partnerships in the malaria community, with only a nascent global network (which was non-existent at the time that Malaria No More and KenAAM implemented their activities). At the same time, it became evident during the course of this evaluation that the two initial malaria grantees were not at all aware of each other’s roles as grantees of the CRG Strategic Initiative, highlighting a potential missed

opportunity for collaboration and the need for more structured stewardship by the CRG Strategic Initiative team of grantee coordination in the earliest stages of implementation.

Objective 2: To strengthen the capacity of marginalized and criminalized individuals, groups, and networks—across all 3 diseases—to engage in all Global Fund-related processes more effectively and safely

As with TB, it should be noted that there is confusion about whether this Objective is applicable for malaria. While reporting on the activities and outcomes that link to this objective were not mandated, both of the initial grantees reported activity in this area, including the participation of community advocates in field oversight visits with the national malaria control program in Kenya, and the support of CSO representative elections for CCM delegates in both Kenya and Tanzania. These activities provided important avenues for community to safely and effectively engage in Global Fund grant implementation. In addition, implementation of community, rights and gender assessments in eight African countries in provided an important foundation for documenting the needs of marginalized populations who are often overlooked in designing malaria programming – a key step to achieving effective and safe engagement of these populations in the design, implementation and monitoring of future programing.

Objective 3: To strengthen the capacity of HIV, TB, malaria, and AGYW community groups and networks to advocate for increased investment in community-led, rights-based, and gender responsive programming within Global Fund grants and transition planning out of Global Fund eligibility towards sustainable domestic responses

As noted under Objective 1, above, the achievement of this objective depends in part on the documentation of community, rights and gender issues around which a community movement can be mobilized. In Kenya, where the engagement of civil society in the malaria movement is well-established, a sophisticated budget accountability process was implemented by KenAAM, with community capacity built to track domestic financial commitments to and delivery for malaria. This practice shows great promise for scale up to other communities in the future.

Milestone of Achievement: Documentation of CRG Issues for Malaria Responses

Implementation of the Malaria Matchbox assessment in India, Niger and Guinea-Bissau was a significant step in building capacity for CRG interventions in malaria. These assessments documented vulnerability to malaria, barriers to accessing human rights including health care, and potential interventions to reduce barriers while respecting rights and gender. Findings provide the foundation for enhanced community engagement on CRG issues within the malaria response, and provide an example for other high-burden malaria countries to follow a similar path.

HER Voice Fund

The HER Voice Fund is a fund created by the Global Fund and partners to support the meaningful engagement of AGYW and youth-led community-based organizations with Global Fund and other related policy and program processes in 13 priority countries⁹. The CRG Strategic Initiative investments in the HER Voice Fund have been grouped under Component 2¹⁰, despite a significantly different mode of operation

⁹ These 13 priority countries for scaling up AGYW interventions are defined in the Global Fund’s Key Performance Indicator 8. They are: Botswana, Cameroon, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

¹⁰ While programmatically considered to be part of Component 2, funding for HER Voice Fund was expended from the Component 1 budget, which allowed the flexibility to allocate funding for this investment. This includes

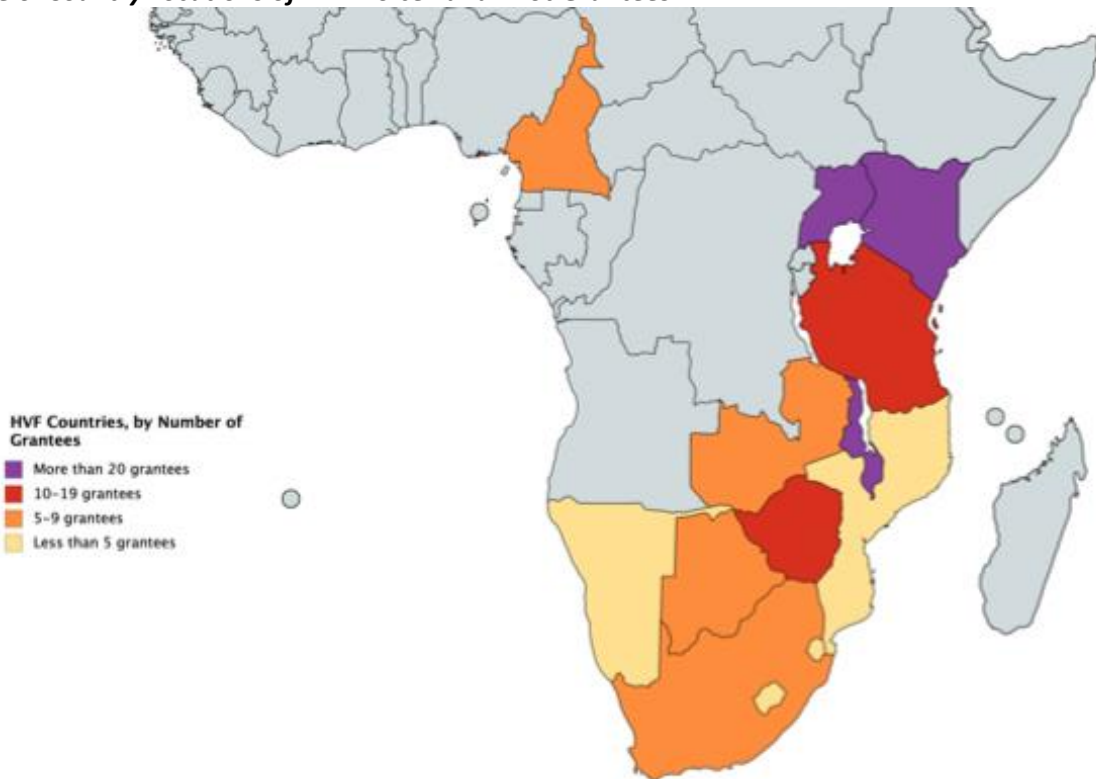
versus the other long-term capacity building elements. This investment was characterized by the conceptualization, initiation and funding of a mechanism to provide small grants to youth-led and CBOs to “facilitate opportunities, spaces and created platforms from which the voices of the AGYW community could be heard and influence change.”

Because this mechanism differs significantly from the other investments for which this Component’s MEL was designed, this summary does not attempt to capture HER Voice Fund results within the MEL framework. In addition since a detailed evaluation of this investment was performed independently of this evaluation of the CRG Strategic Initiative, this summary does not attempt to add value to the HER Voice Fund pilot evaluation findings, but rather provides here a brief overview of the findings, as they have been considered as part of this whole-of-Initiative evaluation.

The HER Voice Fund pilot was implemented with the Eastern Africa Network of National AIDS Service Organizations (EANNASO) and South African Trust (SAT) jointly undertaking management and administration. A total of US\$499,800 was invested in the pilot, with US\$402,950 (80.6%) awarded through 183 sub-grants to support AGYW engagement.

The one year pilot covered 13 countries, and successfully awarded at least one grant in each country – though there was a wide variation in the number of grantees per country, ranging from 38 in Uganda to a single grantee in Mozambique. Each country also hosted one Ambassador, between the ages of 22-26 years old.

Figure 6. Country Locations of HER Voice Fund Pilot Grantees



US\$500,000 allocated for pilot phase investment and US\$100,000 to support a Leadership component. More details on this are available on p47 of this report.

The 183 sub-grants were awarded to 172 organizations. Initial grants were for up to US\$2000, with an additional US\$3000 in booster funds available for grantees who had completed use of their first grant.

Grants were available to focus on four areas:

- Participation,
- Community consultation,
- Policy and advocacy,
- Communication and outreach

The pilot evaluation found moderate impact on:

- Participation in grantee activities/reach,
- Community consultation,
- Improvement of grantee and ambassador knowledge, and
- Demand generation.

At the same time, the pilot had low impact on:

- Facilitating participation in policy and programming decision making platforms,
- Influencing policy and programming change,
- Implementing activities and generating outcomes around comms and outreach, and
- Facilitating communication between stakeholders.

The HER Voice Fund has currently moved beyond pilot phase and is being primarily funded by ViiV Healthcare and implemented by the Global Network of Young People Living with HIV (Y+ Network) with technical support from GNP+, independent of Global Fund support. The HER Voice Fund will continue to offer grants to address the barriers to meaningful engagement for AGYW in policy and program processes in the 13 focus countries, as well as continue to support the HER Voice Ambassador program. The CRG Strategic Initiative continues to provide targeted support to HER Voice Fund via a grant to Y+ network, specifically to continue strengthening the Fund's leadership component, through the Ambassador program as well as through training, technical support, mentoring and materials for country leads and grantees. This grant also bolsters other critical elements of the Fund's function, including communications and monitoring and evaluation.

Contribution to Strategic Initiative's Intended Impact

HIV

Relying on the logic of the MEL framework, it is evident that the CRG Strategic Initiative has made progress on each of its objectives, which in turn translates into impact in empowering most-affected communities to meaningfully engage in Global Fund grant processes. It is apparent that grantees have put in foundational work that would be prerequisite to ensure that programs are evidence-informed and rights-based, based on work they have done in producing and disseminating tools and training and mentoring to build capacity; what remains to be seen more clearly is whether these interventions have resulted in changes that make programs more responsive to key and vulnerable populations, and/or whether recognition of community role in response and the necessary resources have been realized. This may be due in part to the limitations in capturing more complex achievements in the current MEL reporting model. Therefore, while the work of HIV key population network grantees during this funding cycle has

contributed to the desired impact, it appears that opportunities remain for both increased impact-making and improved documentation of such in future rounds of funding.

TB

A primary point of consideration related to achievement within the TB component is clarity of purpose. Grantees achieved some verifiable and admirable results, including the activation of national-level networks of people affected by TB, and successfully hosting informational platforms with social media reach in the thousands. However, the link between grantee's activities of focus and the desired impacts of (1) meaningful engagement of community in the design, implementation and oversight of Global Fund TB grants, (2) evolution towards more rights- and gender-informed programs, and (3) increased recognition and resourcing for community responses and systems was unclear. A lack of quantifiable results in this area likely indicates that the MEL framework is not well-attuned to the nuances of an evolving TB movement and the outcomes that can be expected as the result of limited (18-month) investment. This is further discussed in Annex 4.

Malaria

Given the limited scope of investments in malaria grantees and the emergence of the concepts of community, rights and gender in the malaria response, it is unsurprising that this area of Component 2 appears to have had limited contribution to the overall impact of the CRG Strategic Initiative to date. However, the activities implemented and the limited outcomes achieved demonstrate a need for interventions in this area, and some potential for continued and greater impact in community engagement in oversight and governance mechanisms, as well as in influencing national frameworks to include community, rights and gender issues in their national malaria responses. As with TB, it will be important to continue to refine the MEL framework to capture the differentiated contributions to impact that can be expected from these investments going forward. This is further discussed in Annex 4.

HER Voice Fund

Acknowledging that the HER Voice Fund was not structured to contribute to the full range of outcomes set out for the other elements of Component 2, this limited investment in the piloting of this funding mechanism provided an important contribution in form of financial incentives to sponsor logistical costs for AGYW groups to engage in Global fund process. While the results of the pilot do not demonstrate significant changes in actual engagement in Global Fund or other policy and decision-making processes, the short time frame of the pilot is most likely a limiting factor. The CRG Strategic Initiative's ongoing investment in strengthening the leadership elements of the HER Voice Fund appear well-placed to yield better impact in the coming years.

Analysis of Component 2 Learnings

Component 2 underwent significant change during this period, with the HIV network funding moving from administration under the Robert Carr Fund (RCF) to the Global Fund Secretariat and funding the grantees across the whole of the Strategic Initiative implementation (rather than guaranteeing only one year periods) – marking a positive step forward in a sense of continuity and belonging as part of the CRG Strategic Initiative.

The addition of TB and malaria grantees was a source of additional growth and change. The expansion into these disease components has been instructive of the inherent value of directly funding key and vulnerable population networks, and the importance that the CRG Strategic Initiative be able to continue this work. While there were some initial challenges with absorptive capacity of specific organizations and

there is a differentiated level of functionality across the networks of each disease, this only highlights the importance of community networks being funded consistently and without interruption, allowing them to build their own capacity in the course of doing their work. The latter is an experience that HIV networks have had over decades of funding, and which allows them to work across the full range of results anticipated by the CRG Strategic Initiative, but which is still a relatively new possibility for communities affected by TB and malaria.

As the dust has settled on this period of tremendous constructive change, there is evidence of issues to be addressed for completing the integration of Component 2 into the Strategic Initiative's operations. A major area for improvement noted across virtually all interviews and focus groups was the need to ensure a common understanding of the purpose of Component 2 funding, and how grantees could be expected to engage – with other Components of the CRG Strategic Initiative, with other partnering Strategic Initiatives (e.g. CCM Evolution, STE, etc.) and in broader arenas such as collaboration with the Global Fund Advocates Network (GFAN). There remains a lack of clarity amongst these stakeholders on the form and function of this Component, and its intended value add to the CRG Strategic Initiative as well as to Global Fund investments more broadly. Partners, both internal and external to the Global Fund Secretariat, felt confusion about entry points for collaboration with Component 2 grantees, or what was within their remit to undertake as part of their work. This was particularly apparent in some discussions on the limitations of the short-term nature of TA in Component 1, in which stakeholders expressed a desire to have a “longer term TA mechanism that could really build capacity over time” – a mandate very similar to the intention of Component 2 overall. This presents a significant and important opportunity to improve communications coming from the CRG Strategic Initiative, and potentially from the grantees themselves.

Clearer promotion, including but not limited to via Regional Focal Points within the CRG Department, may help partners to better understand the remit of Component 2 grantees and where Global Fund and technical partner actors can engage with their long-term capacity building activities. Explicit inclusion of Component 2 grantee roles in coordination with other Strategic Initiatives will also be important. Such coordination could strengthen the mobilization role that networks play within their communities by assuring that networks are working at the cutting edge of changes and movements happening within the Global Fund, including evolutions in CCM function and approaches to sustainability and transition, among other potential topics.

Another universal challenge amongst Component 2 grantees was the need to reorient thinking about programming around outcomes – and learning from successes or failures in achieving them. While HIV grantees diligently produced case studies as required by the MEL format, it is clear that they are still in a mindset of reporting on process and justifying their value as implementers of process. And while grantee concerns about reporting outcomes in a short period are valid, there is no compelling evidence that grantees are engaging in thoughtful development of proxy indicators or milestones which will indicate an incremental move towards a longer-term outcome, nor that they are proactively mapping the timeline during which such progress may be expected while still in the workplanning stages. Instead, grantees default to explaining the challenges of capturing outcomes at the most granular level, or to seeking validation of the value of activities through purely qualitative methods (e.g. training participants indicating how much they appreciate the content of a training). In order to effectively and clearly contribute to the CRG Strategic Initiative's desired impact, a shift in this frame of thinking – from process-oriented to outcome-oriented – is critical, and must be stewarded by the CRG Strategic Initiative team and management processes.

Overall, the addition of designated TB and malaria grantees in this allocation was welcomed by stakeholders and seen as a major step forward in the Strategic Initiative balancing its investments across the three diseases. Particularly for TB, strong coordination and complementarity with the Finding Missing People with TB SI was important for achieving synergistic results: with the TB SI leading TB CRG Assessments and Costed Action Plans, stigma assessments, OneImpact Community-led monitoring, and Challenge Facility for Civil Society – all of which provided opportunities for engagement by CRG Strategic Initiative grantees, ensuring that both Strategic Initiative’s investments were mutually reinforcing.

Investments in these grantees were relatively modest in comparison to HIV, particularly for malaria, and the variation in results achieved highlighted the need to build absorptive capacity in some of the networks serving these communities. This was apparent to varying levels across the different TB grantees, some of whom focused reporting primarily on progress in organizational development, and for the malaria community movement as a whole. While malaria grantees reported a shortage of resources, one of the two initial grantees also struggled to deliver expected results in long-term capacity building; as this grantee also functioned as a TA provider, it may be a more viable option to continue their engagement in strategic short-term TA in the future.

The recent emergence of a global network for malaria, supported in part by the CRG Strategic Initiative, is a promising sign. This may provide a path for the next CRG Strategic Initiative to invest in a grantee that can reach a strategic and diverse geography to sensitize implementers of malaria programs to include elements of community, rights and gender in their program design, and advocate for inclusion of these elements in Global Fund grants. Partners interviewed at RBM Partnership and GFAN enthusiastically encouraged the exploration of deeper partnership with the emerging global network for future investments in malaria. The RBM partnership also identified CCM-centered work as an urgent and feasible entry point to expand community engagement in malaria program design and oversight, and recommended a global mapping of malaria community representatives serving on CCMs as a possible first step in a new line of activities. The RBM Partnership also stated a desire to see stronger and more consistent engagement by the CRG Strategic Initiative of the technical experts on malaria housed within the Global Fund Secretariat, to assure the technical integrity of any tools or plans going forward.

Moving forward, it is imperative for the next Strategic Initiative to define how TB and malaria grantees in Component 2 are differentiated from HIV grantees, including both the outcomes that can be expected from them and the degree to which funding may be used for core organizational development. These issues are further examined in Annex 4.

Component 2 Recommendations

These recommendations are provided in order of priority. Priority is determined by a measure of both importance to the strengthening of the CRG Strategic Initiative combined with the complexity of undertaking the recommendation. More important and complex recommendations are listed first, with less complicated and less consequential recommendations listed last.

Recommendation 2.1. Strongly clarify and communicate the scope and results-based purpose of CRG Strategic Initiative funding for long-term capacity building, as it differs from other funding mechanisms.

This would include emphasis on the purpose of the funding as stated by the Board, which is not to support networks in a general role representing their constituents or movement-building, but rather for networks to provide long-term capacity strengthening of key and vulnerable population organizations and networks to engage in Global Fund-related processes in their countries across the grant life cycle, including CCM representation, transition planning, funding request development, grant making, and oversight. Communication on this issue should be strengthened in a 360-degree manner, to all relevant stakeholders

– including but not limited to: grant applicants/grantees, actors within the Global Fund Secretariat (the Grant Management Division, other Strategic Initiatives, and the CRG Department, itself), and technical partners.

Recommendation 2.2. Require Component 2 grantees to develop and implement workplans, and track progress, that focus on country-level impact on community engagement in Global Fund grant processes.

While it is understood that many of the global network recipients may work through regional networks as subgrantees, in order to fulfill the desired impact, their interventions must ultimately show changes in community engagement in Global Fund processes at the country level. Targeted countries should be clearly enumerated and activities built with the intention of achieving progress in these places; these should align with Global Fund priorities in each region. Progress should then be monitored and reported by country, tracking how activities (hopefully multiple, reinforcing activities) result in change over time. In many cases, this requires greater detail in planning and more strategic monitoring than was observed during the 2017-2019 cycle. If there is any exception to be made for this, e.g. to allow for greater focus on general organizational development of grantee organizations in the TB or malaria movements, the balance between this and outcomes-driven work should be clearly described to grantees during workplanning.

Recommendation 2.3. Limit the number of sub-grantees eligible under each grantee, in order to better focus funds to obtain measurable outcomes.

By limiting the number of sub-grantees eligible to be supported by each grantee, the CRG Strategic Initiative will support grantees to focus their resources on a manageable number of actors from whom they need to track results. In the case that subgrantees are regional entities (such as for some of the HIV grantees), further limits may need to be imposed to assure that each sub-grantee focuses on or sub-sub-grants to a limited number of country-level partners. The limit to the number of subgrantees for each disease component will need to take into account the resources available, to assure that sufficient funds are available to each subgrantee to implement a range of strategic, complementary activities that can be projected to achieve outcomes at the country level. If there is a possibility for flexible funding, grantees should be permitted to add an additional sub-grantee or two, as funds permit, after sufficient management of the base cadre has been established in Year 1.

Recommendation 2.4. Assure clear geographic or topical complementarity amongst grantee portfolio in each disease component.

If multiple global networks are selected as grantees within the same disease component, a clear differentiation of their expected contributions should be specified and communicated during the workplanning period. This highlights the importance of initiating all grantee contracts in the same time period (e.g. over the course of a single quarter at the beginning of the Strategic Initiative)// in a coordinated manner.

Recommendation 2.5. Continue building partnership with a global community-led malaria network.

This will involve continuing to carefully consider the differentiation of community mobilization in malaria versus in the HIV and TB movements, noting that the vulnerability to malaria does not always confer the same sense of identity across a defined community. For sustainability purposes, organizational infrastructure should not be built simply for the sake of defining a malaria community equivalent to the other two disease components. Investment may, for instance, focus specifically on building partnerships across civil society implementers doing prevention and behavior change campaigns to improve equity, gender and human rights considerations in the design of core malaria interventions; and around strengthening civil society representation for malaria-affected communities on CCMs.

Recommendation 2.6. Carefully differentiate the role and results expected of TB and malaria grantees in contrast to HIV grantees. This should account for the broader context of disease response in which these communities and their networks operate. This differentiation will involve reconsideration of the Component 2 MEL framework so that it is built around concepts that apply to all disease components and communities, and is more sensitive to the range of engagement appropriate for different networks in different stages of development.

Recommendation 2.7. Address equity concerns in AGYW investments, providing opportunities for AGYW outside of 13 priority countries covered by HER Voice Fund to access resources and support. A single grantee (or consortium of grantees) should be considered to address inclusion of AGYW in Global Fund related processes on the national level. In addition to the short-term seed funding that HER Voice Fund provides, this intervention would allow for the kind of long-term capacity building that is available to other key and vulnerable populations, and take into account the varying needs of girls and women in all their diversity, even outside of the specific construct of AGYW in the 13 priority countries. It is recommended that this work to complement HER Voice Fund, but also be available to provide country-level support in all countries where need is present.

Component 3: Regional Communication and Coordination Platforms

Component 3 supports civil society and community organizations to host regional communication and coordination Platforms to strengthen systems and information for meaningful community engagement in Global Fund-related processes. Emphasis is placed on catalytic impact through improved access to – and use of – Global Fund-related information, stronger cohesion and coordination of communities when engaging in Global Fund-related processes, and intensified demand and harmonized provision of timely and relevant Global Fund-related TA. Regions covered by the 6 contracted Platform hosts include: Anglophone Africa, Asia Pacific, EECA, Francophone Africa, LAC, and MENA.

Component 3 received US\$4m (26.6%) from the total allotted to the CRG Strategic Initiative in this allocation period. The projected final expenditure for Component 3 was US\$3,924,241 (26.3% of total expenditure) at the time of this evaluation.

Summary of Results

Six Regional Platforms were active for the duration of the period under evaluation. Collectively, all Activities defined in the Component 3 MEL framework received at least some contribution from at least two Platforms, contributing to a well-balanced portfolio of implementation. Highlights of achievement included the expansion of communications reach to a combined estimate of 32,500 constituents reached in sharing of strategic documents, implementation updates and other informational resources; as well as the support for the development of 112 unique TA requests.

Figure 7. Countries with National-level Activities Under Component 3



Platforms also supported national-level activities in 38 countries. The types of country-level interventions varied significantly by region, ranging from workshops on sustainability and transition, to supporting simultaneous translation of country dialogues into additional languages to enhance accessibility, to generation of country profiles to be used by community advocates, to the support of CCM scorecards and shadow reports. This variety reflects the variable form and function of each Platform, based on both the strengths and preferences of the implementing organization, and the context and needs of the regional communities.

Further details on Component 3 achievements and challenges are available in Annex 3.3.

Progress in Achieving Objectives

The Component 3 MEL framework specifies three objectives. Significant progress was noted under each applicable Objective, with the exception of Objective 2 which appears to be the result of an issue with the MEL framework's logic. Further details on progress are provided in the narrative below.

Table 6. Summary of Component 3 Progress Towards Objectives

Objective	Progress	Evidence of Progress
Objective 1 To enhance knowledge and improve meaningful engagement of communities through regular dissemination of tailored and targeted information on Global Fund-related processes and the CRG SI	Significant	Quantifiable progress in expanded reach, including concerted efforts to reach TB and malaria community implementers
Objective 2 To strengthen the engagement of communities to improve the overall impact of national and regional responses including through efficient and effective Global Fund-supported programs	Evident/ Unclear*	Limited, but carefully-obtained evidence reports shows significant reach of communities with interventions designed to strengthen their engagement, as well as a surveyed increase in use of new knowledge for engagement in Global Fund processes. <i>*The primary concern around achievement of this Objective comes not from the performance of Platforms, but from a lack of clarity on its intent within in the MEL framework</i>
Objective 3 To support strategic community capacity strengthening initiatives by fostering spaces for engagement, collective participation, and learning within key decision-making processes, in particular as they relate to community, rights, and gender	Significant	Detailed evidence of outcomes in this area; opportunity for continuation of work and expansion of outcomes to other countries
Objective 4 To improve community access to TA opportunities through greater coordination and harmonization among CRG SI short-term TA providers (Component 1), other TA providers, and donors	Significant	Strong progress in this area in HIV and TB, as evidenced by TA statistics; room for expanded outcomes in TA coordination, particularly around TA needs identification and demand generation for TB and malaria, and lesson sharing

Objective 1: To enhance knowledge and improve meaningful engagement of communities through regular dissemination of tailored and targeted information on Global Fund-related processes and the CRG SI

AND

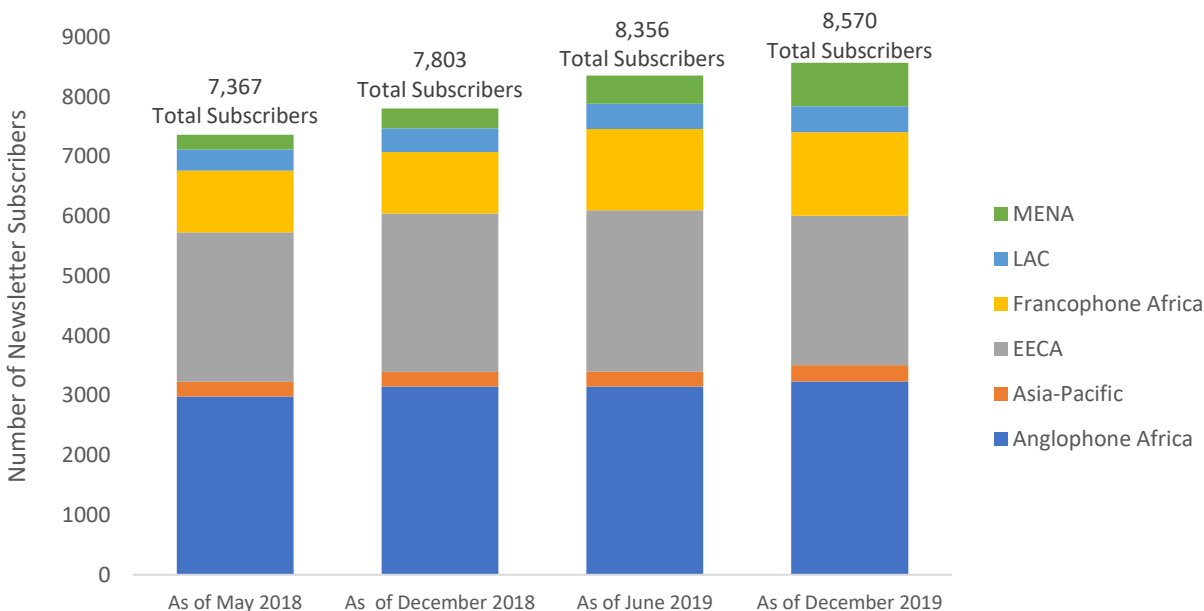
Objective 2: To strengthen the engagement of communities to improve the overall impact of national and regional responses including through efficient and effective Global Fund-supported programs¹¹

Grantees utilized multiple virtual modalities to reach constituents to support knowledge enhancement, ranging from passive social media reach, to more directed newsletter and listserv distribution, to in-

¹¹ Objective 1 and Objective 2 are addressed together for analytical purposes because the MEL framework is designed such that all activities and outcomes that feed into these two Objectives are shared.

person engagement of constituents at conferences and other large events. This demonstrated both commitment to and delivery of reaching the widest possible audience. Platforms demonstrated clear growth in engagement of constituents through these virtual platforms, particularly through significantly increased newsletter reach from the first biannual reporting period to the final one.

Figure 8. Growth in Regional Platform Newsletter Subscribers, May 2018 – December 2019



Notably, this includes efforts targeted at the TB and malaria communities, through attendance of major events on these disease components. Mapping exercises, while not universally implemented, appeared well-tailored to contextual need. Platforms themselves, as reported during a focus group, felt that this communication was one of their clearest and most vital functions. It is clear from these outcomes that significant progress was made on Objective 1.

Less apparent is whether these efforts which led to progress on Objective 1 directly translated into strengthened engagement of communities required to complete Objective 2. This is problematic primarily because Objective 2 language appears to summarize the overall Impact statement of the CRG Strategic Initiative; therefore it is unclear how this Objective was meant to significantly differ from the overall intended impact of the CRG Strategic Initiative, and how Component 3 would track unique contribution to this. Nevertheless, targeted efforts by the Platforms to capture results do show two significant pieces of data, which can be used as proxies to assume progress on this Objective: by the end of 2018, the Platforms’ first joint case study documents 1,479 communities reached through in-person peer learning and exchanges; and a survey for the same case study indicated that 59.6% of the 146 respondents felt they were in a position to engage more effectively in Global Fund processes due to engagement with Platforms. Further clarifying the purpose of this Objective and its expected measurement is an issue to be addressed in revisiting and refining the MEL frameworks, as discussed more in Annex 4.

Objective 3: To support strategic community capacity strengthening initiatives by fostering spaces for engagement, collective participation, and learning within key decision-making processes, in particular as they relate to community, rights, and gender

Platforms conducted ample and consistent activities to create spaces for engagement, supporting communities to build their knowledge and capacity through webinars, peer-to-peer learning and national level workshops and accountability monitoring. The Platforms' first joint case study provides exemplary evidence of communities applying knowledge, including training participants from Madagascar and Cameroon effectively incorporating human rights and gender elements into service design as a result of their new knowledge, and the formation of a MENA Stop TB Coalition after the Platform supported regional advocates to attend a TB forum. The Platforms' second joint case study further documents the direct outcomes of country level support, by ensuring community engagement in transition planning in Tajikistan and in funding request development in Mozambique through Platform-hosted events.

Objective 4: To improve community access to TA opportunities through greater coordination and harmonization among CRG SI short-term TA providers (Component 1), other TA providers, and donors

Support for TA demand and design was clearly echoed as an important priority during the focus group with Platform implementers and was acknowledged by other key informants as a major role played by Platforms. Platforms engaged country-level partners to understand TA options in a variety of different ways, ranging from targeting specific countries where TA needs were apparent, to hosting regional webinars to distribute information to any interested potential requestors and development of a TA directory. Ultimately, Platforms supported a total of 112 TA requests to the Component 1 TA program during the reporting period, accounting for 53% of all TA request submitted. For some TA requests returned due to ineligibility, Platforms assisted requestors in reframing requests to eventually become eligible.

As described in the Component 1 results, this included a greatly expanded delivery of TA for TB, as well as across a broader geography. Notably, Platforms also contributed to demand generation in COEs, resulting in the delivery of 17 TA assignments in these environments; this outcome is reported as the result of regular discussions during monthly coordination meetings and focused, strategic efforts to reach communities in these difficult environments.

One under-realized area of activity for Platforms was engagement of TA providers to build their capacity in understanding regional needs. There are a limited number of examples in which this was done well during the period under evaluation, including the Francophone Africa Platform's coordination of a small network of TA providers who regularly engage with one another and share lessons from their work in the region. Other examples include the LAC Platform's engagement of TA providers in a pre-meeting before their annual learning event, as well as the EECA Platform's approach to jointly engaging providers and beneficiaries to discuss TA priorities throughout the region. Expansion of these approaches to all Platforms, as well as ensuring adequate frequency (only the Francophone Africa Platform's efforts were more than a single instance, with their biannual convening of the provider network) is worth considering for future iterations.

Milestone of Achievement: Support to Communities to Access TA on Demand

Platforms have made a concerted effort to expand their reach to TB implementing communities, including sharing of relevant information resources and engagement in events dedicated to these disease components. Stakeholders within and external to the Global Fund Secretariat readily identified this shift.

Contribution to Strategic Initiative's Intended Impact

Platform contributions were clearly in line with overall intended impact of the CRG Strategic Initiative, serving as mechanisms for distribution of key evidence and guidance documents that can underpin

advocacy for more responsive programming. Special events hosted by Platforms also provide a venue for mobilizing on key topics, including the recognition and resourcing of community responses and systems, particularly in regions and countries in or approaching transition.

Analysis of Success Factors and Learnings

Virtually all sources consulted judged that the Platforms have undergone significant positive growth and organization over this reporting period. Factors mentioned by many informants included both the activation of the MEL framework, which provides clarity on the purpose and expected function of Platforms, as well as the strong and communicative stewardship of the Component 3 Coordinator.

Milestone of Achievement: Understanding and Recognition within the Global Fund

In direct contrast to the findings from the Special Initiative, where Component 3 was the least understood by partners within the Global Fund, the Strategic Initiative's Component 3 activities and remit were most likely to be recognized by stakeholders within the Global Fund Secretariat, including the Grants Management Division and partners from other Strategic Initiatives.

Component 3 was the component most likely to be recognized by partners outside of the Global Fund: for instance, GFAN noted the consistent value of Platforms, providing a vital conduit for two-way information about the Global Fund strategy development process, as well as a venue for advancing communication around community-led monitoring. Partners at the Sustainability, Transition and Efficiency (STE) Strategic Initiative cited the strong role of the LAC Platform in coordinating civil society around sustainability and transition, while GIZ Back Up partners noted the strength of the Platforms in stewardship of TA needs, helping to match the right request with the right TA opportunity. This is a notable change from the Special Initiative, where the final evaluation found a lack of understanding and recognition of the Platforms within the Global Fund, most notably within the Grant Management Division. In contrast, during the Strategic Initiative, Platforms were well-understood and all key informants displayed at least some understanding of and interaction with them.

Platforms were also largely commended for their efforts in moving beyond HIV-related communication and engaging on issues related to TB and malaria; in LAC, one Global Fund stakeholder noted that while the Platform struggles because of lack of community mobilization around TB, the Platform itself works as a driving force for change in the messaging and engagement on this issue. Likewise, in both Anglophone and Francophone Africa, Component 2 malaria grantees reported positive collaboration with the Platforms, who they found very attentive and eager to assist in educating on the role of community, rights and gender in malaria.

Other strategic initiatives within the Global Fund, including the STE Strategic Initiative and the CCM Evolution Strategic Initiative report strong coordination with the Platforms. The LAC Platform, in particular, has engaged not only on issues of sustainability but also on broader health architecture and movements, including Universal Health Coverage, in a manner well-coordinated with STE SI goals and messaging. Component 3 also communicates well within the CRG Department, having been an early adopter in leveraging the realignment of responsibilities under CRG Accelerate and including Regional Focal Points on the monthly call with Platforms to aid in improved communication of regional issues and priorities. This practice of engaging the Focal Points should be considered for expansion to other Components of the CRG Strategic Initiative.

The Platform's growth into TA demand generation has been successful but not without challenges. All Platforms reported as steep learning curve, and some reported it as a time-intensive process that

potentially distracts from some other critical communications and community engagement functions. This may indicate the need for more appropriate budgeting of the level of effort which will be involved - something that should be easier based on the experience gained in this round of implementation. There was also an observed lack of coordination with Component 2 HIV grantees (who, it should be noted also serve as TA providers in Component 1), who felt that Platforms may sometimes struggle to assist community partners in framing TA requests where they do not have the depth of information available to properly guide request development. There is a strong opportunity to better-align Component 2 in the TA request phase, drawing on the complementary perspectives of global population-based networks and regionally-oriented civil society networks. This would in turn support a role for these grantees in following-up on TA outcomes, as well. Moreover, while Platforms expanded their communications to include TB and malaria, this did not translate into a significant number of TA requests for these two disease components. This highlights the opportunity to bring a more equitable focus to TA demand generation across the three diseases.

Some other opportunities for improvement remain. There is an opportunity for more direct coordination between Components 2 & 3, particularly to build rapport and trust between the individuals implementing within the components. This echoes a finding from the evaluation of the Special Initiative – and indeed there is evidence of some progress in this area, though there is space for further strengthening. For instance, while the sharing of information from Component 3 via the Secretariat is appreciated and was mentioned by several Component 2 stakeholders and an improved practice, it was widely agreed that the Secretariat leading these communiques was not sufficient to forge the kinds of relationships between the Components that would be needed to successfully collaborate. More structured, direct interfacing between grantees is needed.

It should be noted that there were some very positive examples of coordination between Platforms and regional networks: the Asia Pacific Platform coordinates well with regional networks, who are partners/subgrantees to the Component 2 grantees, in Bangkok because of heavy concentration of regional organizations in this city. In addition, the EECA Platform coordinates closely with regional key population networks – though this is based largely on pre-existing relationships and experience of working together in consortia for RCF and other funders. Furthermore, the LAC Platform has coordinated long-term technical support for regional partners with GATE. However, these regional examples of coordination do not appear to translate to the global level, where Component 2 grantees feel relatively disconnected from the work of the Platforms. This is likely reflective of Component 2 more than Component 3, with the justification of tremendous shift in the architecture of Component 2 during this period: with HIV grantees moving from RCF stewardship to full integration within the Global Fund Secretariat, and the addition of TB and malaria grantees in a step-wise manner, the Component 2 portfolio have been in almost constant flux. Even with steady efforts by Component 3 to systematize coordination, these external factors have been daunting. A coordinated start, with a full range of grantees mobilized at the beginning of the next Strategic Initiative should provide the opportunity to overcome this long-standing barrier.

Platforms themselves also recognized the opportunity for better alignment and engagement with multi-country initiatives; while this is an area that has been engaged by some, this is a particularly good entry point for expanding the Platform's role in TB community mobilization. The Asia Pacific experience has shown a positive example in this area, where the "HIV community" has become more active in TB over the years, highlighting that responses and communities are about people, not about diseases. One key informant indicated the potential for stronger relationships between the Platforms and The Stop TB

Partnership as an entry point for greater TB engagement. Alignment with the Finding Missing People with TB Strategic Initiative is an opportunity for further progress in the inclusion of TB in Platform work.

Component 3 Recommendations

These recommendations are provided in order of priority. Priority is determined by a measure of both importance to the strengthening of the CRG Strategic Initiative combined with the complexity of undertaking the recommendation. More important and complex recommendations are listed first, with less complicated and less consequential recommendations listed last.

Recommendation 3.1. Ensure improved implementation of TA provider coordination and lesson sharing (Activity #9). Building on the experiences in Francophone Africa and EECA, Platforms should plan to take a more active role in tracking TA use and outputs, and sharing those lessons with TA providers and beneficiaries across the region to drive further, more responsive TA. Technical and funding partners, including UNAIDS, PEPFAR, GIZ Back Up, Initiative 5%, and others should be proactively engaged in these events to maximize the coordination of TA resources. This type of sharing would optimally happen by phone call or webinar, to allow for broadest possible participation.

Recommendation 3.2. Continue to build engagement in TB and malaria, focusing especially on generating TA demand in these areas. Building upon Platform's overall engagement in malaria and TB topics during this Strategic Initiative, Platforms should continue to grow their focus on understanding TA needs within these responses and communities. This should then be followed by a focus on supporting TA requests in these areas, in careful coordination with Country Teams and recently established CRG Regional Focal Points. It should be noted that this recommendation applies only to geographic areas where disease burden warrants such a focus.

Recommendation 3.3. Provide clear expectations and/or parameters on level of effort to be devoted to creating demand for TA. This should be done in conjunction with recommendations in Component 1 for streamlining and/or categorizing TA in a way that makes the request process more intuitive and less time-consuming. Additionally, Platforms should be encouraged to take a more diversified approach to demand generation, by engaging in a wider range of activities including needs mapping to better understand the potential demand for TA, and engagement with the CRG Strategic Initiative team and CRG Regional Focus Points to determine priorities for specific calls for proposals (as described in Component 1 recommendations, above).

Recommendation 3.4. Enhance cross-Platform experience sharing. In addition to the regular monthly joint regional platform calls, where there is some cross-platform learning and exchange, the platforms could benefit from regular (e.g. quarterly or biannually) more in-depth discussions sharing best practice and lessons, particularly as they relate to come complex tasks such as coordinating with Component 2 grantees or integrating TB and malaria communities into their work. It is recommended that this be done on a quarterly basis through an online platform; this may allow two Platforms to share an in-depth example of practice and learning for each quarter.

Recommendation 3.5. Include a focus on supporting communities to more effectively engage with multi-country grants. Because of the regional nature of multi-country grants, Platforms provide an opportunity for significant value-add to the communications of these initiatives and should aim to support community engagement, amplify peer learning (both within the grant's implementers and to the broader community outside the grant), and contribute to transparency in implementation of these initiatives.

Recommendation 3.6. Continue to allow and encourage Platforms to differentiate their approach based on regional needs, context and culture. The balance between flexibility of delivery approach and standardization of expected role of Platforms has been highly appreciated by stakeholders across the spectrum, and should be continued.

Overarching Analysis

Evolution of the Strategic Initiative – A Progress Check

The findings of this evaluation indicate significant growth and progress of the CRG Strategic Initiative when compared to its 2014-2016 predecessor. The table below provides a summary check of progress against the recommendations outlined in the final evaluation of the Special Initiative, highlighting the areas of growth under the Strategic Initiative.

Table 7. Summary of Strategic Initiative Accomplishments Relative to Special Initiative Recommendations

Special Initiative Recommendation	Strategic Initiative Accomplishments
1: Allocate funding, for at least three years (the duration of the next Global Fund Allocation Cycle), for continuation of the CRG Special Initiative [...].	The CRG Strategic Initiative has successfully operated for three years – though this included a late start to implementation and an extension of operations through the end of 2020 to ensure a smooth transition to the next Strategic Initiative. Alignment with the Global Fund funding cycle is hoped to address this for the next iteration, and the CRG Strategic Initiative team is undertaking significant planning processes in the Spring of 2020 to assure that implementation of the next iteration begins in a timely manner.
Status	Fulfilled
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.	The CRG Strategic Initiative has effectively expanded its remit in this area, with clear, quantifiable results that TA is delivered across the full grant cycle is valuable and in demand. Component 2 and Component 3 grantees also show evidence of implementation across the full cycle, including building capacity on many implementation tools to guide community engagement and the support of community oversight mechanisms, including both CCM engagement and CCM watchdogging.
Status	Fulfilled
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 institutionalizing systematic links between the three core Components of the Initiative – in order to exchange lessons, identify gaps and achieve greater impact as a whole.	Significant progress can be seen in this area in the closely linked activities of Components 1 and 3, creating an improved sense of cohesion as an initiative. Opportunity remains to integrate Component 2 in a similar manner, by linking short-term TA and long-term capacity building for both improved coordination of inputs and continuity of results. There is additional opportunity to consistently and strategically coordinate the work of Component 2 with that of Component 3, moving beyond 2-dimensional sharing of plans and progress to a more dynamic process whereby grantees across components engage in more active identification of opportunities for collaboration and joint implementation. With careful planning for a Component 2 that is well-balanced across the three disease areas and which utilizes a common start date for all grantees, the next Strategic Initiative is poised to take a thoughtful leap forward in this area of coordination and communication.
Status	Progress noted, more to be done

<p>4: Alongside reviewing the overall framework, collaborate with relevant technical partners to strengthen the CRG Special Initiative’s specific and innovative efforts to mobilize 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.</p>	<p>Component 2 has been successfully expanded to include a diverse portfolio of TB grantees, and coordination with the Stop TB Partnership is valued by all parties involved. Malaria-focused work remains more challenging, which both grantees and stakeholders report as related to the complex and fluid nature of community in the malaria space. A closer working relationship with RBM Partnership as well as deeper engagement with the Global Fund Secretariat’s own malaria specialists is advised.</p>
<p>Status</p>	<p>Fulfilled, with follow-up needed</p>
<p>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.</p>	<p>The structure of the CRG Strategic Initiative team has evolved significantly in response to the need for more designated and streamlined management of TA deployment, as well as to balance the range of skills and technical competencies available across the team. Advances have been made in systems and processes, however there is opportunity for more strategic structuring of workflows to support the efficiency of the team, and for improved external communications with stakeholders on CRG progress and achievements. These continued gains should be feasible within the space provided by reducing reporting burdens and systematizing data collection, as discussed in the next section.</p>
<p>Status</p>	<p>Fulfilled, with follow-up needed</p>
<p>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.</p>	<p>A Theory of Change was developed for the CRG Strategic Initiative as a whole, and comprehensive MEL framework was developed for each component. Grantees from Component 2 and 3 report strong value for the MEL in understanding expectations and organizing strategy, and it has facilitated the capture of a tremendous amount of information on grantee activities and results.</p> <p>The framework provides a great amount of detail on interpretation and implementation of its extensive components; however, it presents an almost-crippling burden of reporting while failing to systematically capture some core quantitative information that would be necessary for regular programmatic monitoring. While a great deal of effort has been invested in this areas since the Special Initiative concluded, thoughtful reflection and revisions are required to move forward. Continued evolution of deployment of the MEL is in line with the spirit of learning from experience, and should be embraced to allow this robust framework to deliver results that are more easily digested and processed. This is discussed further in Annex 4.</p>
<p>Status</p>	<p>Fulfilled, with follow-up needed</p>
<p>7: Alongside the M&E framework, develop and implement a knowledge management and communications strategy to document, analyze</p>	<p>This recommendation has not been fully realized, with many opportunities still evident. While there is greater recognition of Component 1 and Component 3 efforts</p>

<p>and systematize 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).</p>	<p>within the Global Fund and external stakeholders, Component 2 is regularly misunderstood. In addition, the exercise of conducting this evaluation highlights some shortcomings in the knowledge management of the Strategic Initiative as a whole, driven in part by the unwieldy burden of reporting and processing information under the current MEL framework structure. Streamlining of reporting processes will aid in transparency of use of data, allowing the CRG to more effectively and efficiently produce regular updates on the Strategic Initiative’s results, and to demonstrate to grantees and stakeholders how the large volumes of information submitted, are utilized.</p>
<p>Status</p>	<p>Further attention required</p>

Achievement of the Strategic Initiative and Lessons for the Next Round - A Value for Money Perspective

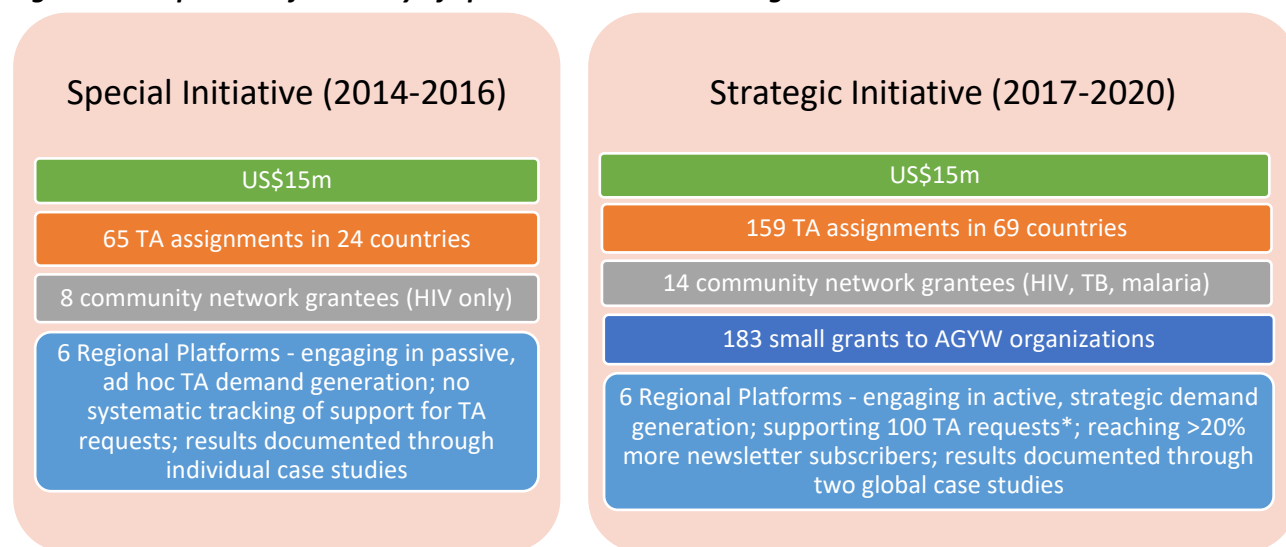
To reflect on the whole of the US\$15m investment in the CRC Strategic Initiative, and to inform planning for the next CRG Strategic Initiative, a Value for Money lens was utilized for a final whole-of-Initiative analysis. The framework used here draws from the Global Fund’s own guidance¹² on Value for Money, and explores the following domains:

- Economy – how the CRG Strategic Initiative can achieve the highest quality inputs for the lowest possible cost
- Efficiency – how the CRG Strategic Initiative can maximize the quality of its outputs, outcomes and impact within the level of resources available
- Effectiveness – how the CRG Strategic Initiative can improve its strategic focus and assure technically sound implementation, being sufficiently ambitious while maintaining operational feasibility
- Equity – how the CRG Strategic Initiative can assure that its efforts equitably reach all key and vulnerable population communities across their diversity and geography
- Sustainability – how the CRG Strategic Initiative contributes to continuity of programs and services supported by Global Fund investments, particularly by ensuring the long-term engagement of key and vulnerable populations in national and local disease responses.

Economy

Overall, this US\$15m investment has supported 159 unique TA assignments in 69 countries; 14 organizations as grantees to work across four key populations at increased risk for HIV, PLHIV, and populations living with and affected by TB and malaria; 183 small grants to organizations dedicated to AGYW; and 6 Regional Platforms. In comparison, the Special Initiative expended US\$15m on 65 TA assignments in 24 countries; 8 organizations as grantees working in HIV; and 6 Regional Platforms with an expended scope and results. By these measures, the economy of the Strategic Initiative investment has been high, achieving greatly expanded results with a relatively modest investment.

Figure 9. Comparison of Economy of Special Initiative to Strategic Initiative



¹² Value for Money Technical Brief, November 2019. Accessible at: https://www.theglobalfund.org/media/8596/core_valueformoney_technicalbrief_en.pdf?u=63710974312000000

Several opportunities to further economize were noted both across components and within individual components. Within Component 1, greater economy could be achieved by rationalizing budget bands for specific types/classes of TA and seeking to maximize the number of smaller (~US\$15,000) investments over larger investments. However, this option will need to be balanced with other priorities, including engagement in multi-country grant support (often costlier due to the nature of travel) and continued commitment to expand operations in COEs.

For Component 2, the greatest opportunity for improved economy comes from linking grant amounts to national coverage and anticipated outcomes; for some grantees this will mean a reduced number of subgrantees are supported, in order to concentrate resources on more measurable outcomes. A further option would be to reserve a pool of funds to supplement of 'top-up' grantees who have shown strong returns on investment in the first year of implementation of the next CRG Strategic Initiative, allowing them to expand their activities either within existing countries (if further outcomes can justify greater investment) or to new sub-grantees and/or new countries. This would assure that the desired value for money is clear to grantees and that resources are invested only to a level for which tangible results can be delivered. This underscores the importance of realigning networks' workplans to focus on country-level results.

In Component 3, it should be recalled that the considerable investment of \$4m distributed across only 6 grantees also contributed to economy of results under Component 1, by driving demand for eligible TA. Under the next Strategic Initiative, this investment could be pushed to even greater economy by further responding to Global Fund strategic priorities via engagement with the CRG Regional Focal Points to align demand generation with regional priorities.

It is notable that while Components 2 and 3 budgets were fixed at the beginning of the three-year period, while the Component 1 budget allowed for more flexibility to respond to new or emerging programming needs throughout the life of the Strategic Initiative. As a result, US\$600,000 from Component 1 was used to support the HER Voice Fund and approximately US\$1.2m was allocated for Secretariat costs including salaries and consultancy to build a more robust management structure for the CRG Strategic Initiative (which supported all three components). This expenditure on Secretariat costs clearly contributed to improved economy of each component, and the most prominent opportunity to achieve further economy within the CRG Strategic Initiative management processes going forward is through significantly streamlining MEL reporting mechanisms to reduce unnecessary reporting burden. This would allow CRG Strategic Initiative staff to dedicate their time to matters that require more attention, while also allowing for better capture and sharing of results, as discussed further below.

Efficiency

At the implementation level, Component 2 and 3 grantees demonstrated technical efficiency in addressing multiple MEL Activities and Outcomes through single events and/or cohesive activity tracks. This demonstrates well-crafted activities born of holistic thinking about a results chain, and should be encouraged by a reporting structure that more elegantly captures the complex nature of these activities.

There is however opportunity for greater technical efficiency within each component. In focus groups with TA providers, malaria grantees and Platform grantees all reported a disconnect from the work being done by other implementers within their own component. This concern was most strongly held by TA providers, who had no formal connection to any of the other TA providers nor knowledge of what other TA assignments had been completed, by whom; one provider interviewed expressed frustration that work or tools may have been developed by other TA providers under this component which could be valuable for

adaptation and prevent them from “reinventing the wheel”. Similarly, it became apparent while co-interviewing the two malaria grantees that neither was aware that the other existed; no resources or lessons had been shared between them during implementation. In the latter case, because grantees were from two different regions, engagement of Platforms in this issue would not have been a viable solution. In future cases like this, the CRG Strategic Initiative team will need to take a stronger role in making introductions and encouraging or requiring communication across grantees working on the same disease component.

The CRG Strategic Initiative appears to have achieved strong allocative efficiency in distributing resources and balancing the roles of Components 1 and 3, with Component 3 lending a strong contribution to the efficiency of Component 1. This practice should be continued, with Component 3 continuing to enhance the understanding of regional TA needs and lessons, as described in recommendations above.

There is room for improved allocative efficiency within Component 2, where investments in the HIV sub-component were made based on historical funding more than calculated need, and none of the grantees were funded based on an outcomes-driven model. By reframing grant-making to a result-oriented exercise and setting limits on organizational overhead and administrative costs, as effectively trialed during bridge funding. This will be particularly important in anticipation of a full three years of implementation for all HIV, TB and malaria subgrantees; if the allocation to this component remains a static \$5m, careful rationalization of fund distribution across grantees will be needed. One option for assuring efficient use of funds would be to select grantees for the full 3-year period, but assign allocations on an annual basis based on results delivered and demonstrated capacity to expand scope (as described in Recommendation 2.3, below).

Effectiveness

Across all three components, activities employed evidence-based and experience-grounded methods to support communities to more effectively engage in Global Fund processes. Component 1 TA was valued by both communities and Country Teams in filling identified needs, and showed dramatic growth in volume and reach of TA. Component 2 HIV grantees focused on providing a full range of activities that feed into the MEL framework, underpinned by international guidance and standards that they bring to the community level; TB and malaria grantees undertook a more narrow range of activities, but showed promising early results in strengthening community engagement and activation of CRG issues on the national advocacy agenda. Component 3 grantees showed tremendous growth in both reach and outcomes on TA uptake. The CRG Strategic Initiative’s management of the strengthened relationship between Components 1 and 3 was critical to this progress.

At the same time, there was a lack of systematic capture of outcomes by Components 1 and 2, leaving a dearth of evidence on the effectiveness of current approaches and where there may be room for improvement. While anecdotal evidence provides some clues to some outstanding achievements, more emphasis on definition of expected outcomes, paired with more focused country-level results reporting will address these issues, will providing greater clarity on the current level of effectiveness and how it may be strengthened. It should be noted that this is a continual process, which should be able to be integrated into an ongoing cycle of monitoring and reflective learning conducted at least biannually; it should not be necessary to wait for another external evaluation to begin to better understand the effectiveness of interventions supported by the CRG Strategic Initiative.

Once the CRG Strategic Initiative has implemented improved reporting mechanisms that allow for it to regularly review its own progress, it is recommended that the Strategic Initiative share summary updates

to partners and stakeholders. Such updates will bring attention to the effectiveness of the Strategic Initiative and enhance understanding of its value within the Global Fund and other collaborating actors. Sharing of qualitative results, in the form of case studies or other grantee profiles, should also be shared regularly and widely by the CRG to promote better understanding of the depth of its impact.

Equity

The entire CRG approach is grounded in principles of equity, and therefore meeting the needs of key and vulnerable populations and strengthening community systems is inherent in the Strategic Initiative's work. Across its own portfolio, the CRG Strategic Initiative has made significant gains in establishing a more equitable reach of TA, expanding from 24 countries to 69, including COEs. In addition the expansion to significant investment in TB and malaria network grantees, and a more proactive role of Platforms to cover TB and malaria indicates significant gains in equity of impact across the three diseases.

However, there is room for significant improvement, particularly in malaria, where limitations in absorptive capacity within the global malaria community landscape have hampered the ability to scale up investments. In line with the value of investing more resources when required to address difficult situations, the relative investments in malaria and TB must be considered alongside need and the differing nature of communities in these disease areas as well as alongside the need for geographic equity within regions affected by these diseases.

Language barriers also continue to be major barrier in equity, particularly in Francophone Africa. This has implications for all three disease components, though most strongly for malaria where there a significant portion of the world's malaria burden is concentrated in an environment of underinvestment of resources. Strengthened attention to this geographic region, in line with Grant Management regional priorities, should be considered.

Gaps in equity can be addressed through careful planning of the next Strategic Initiative, ensuring that Component 2 and Component 3 partners are clear on CRG's priorities for expanding reach across populations, disease components and geographies. This may be further encouraged and supplemented through the targeted calls for proposals and the year-by-year allocation of funding to Component 2 grantees (in which additional funding can be made available for targeted issues, populations or geographies, if desired), as described above.

Sustainability

The CRG Strategic Initiative, itself, does not have inherent elements to assure its own sustainability. Instead, its implementation focuses on both short-term inputs that assure inclusion of key and vulnerable population needs in longer-term strategic planning processes at the national level (Component 1), and the long-term development of community capacity (Component 2), which will continue to exist after intervention from the Strategic Initiative ceases. The Component 1 provision of TA to build national strategic plans that are inclusive of key and vulnerable populations, and the strong emphasis of Component 2 grantees on CCM engagement are strengths in this area. Reorientation towards an outcomes-focused approach will further support sustainability, by tracking how short-term investments from the CRG Strategic Initiative translate into systematic change that will outlast the CRG Strategic Initiative funding.

Continued and strengthened collaboration with the CCM Evolution Strategic Initiative, potentially through targeted CCM-related TA to complement Component 2 interventions, is a possible path for further enhancement of sustainability outcomes. Likewise, continued collaboration should be pursued with other

Strategic Initiatives, including the STE Strategic Initiative, the Finding Missing People with TB Strategic Initiative, the Human Rights Strategic Initiative, and potentially others from within the 2020-2022 Catalytic Investment portfolio -- particularly the Service Delivery Innovations Strategic Initiative and any related initiatives for community-led monitoring and AGYW¹³. This collaboration can involve leveraging the Component 3 Platforms for communication and engagement purposes, and the Component 2 grantees to build capacity of communities to sustainably engage on specific issues related to each Strategic Initiative.

There is additional opportunity to contribute to the sustainability of local capacity through the mandated involvement of local consultant counterparts for all TA assignments provided via Component 1. This would assure the transfer of expertise to in-country actors, outlasting the CRG Strategic Initiative's immediate investments in TA provision.

In some settings, opportunity exists for communities to explore building more sustainable responses through a focus on integrated disease responses, including engagement in Universal Health Coverage (UHC) dialogues and processes at the country level. Such opportunities for integration may be particularly important amidst emerging health security concerns, including but not limited to the COVID-19 pandemic -- which has demonstrated both the potential value of strong and responsive community systems as part of a government response to changing health environments, and also the vulnerability of stand-alone HIV, TB or malaria responses when an emergent issue takes precedence. There is potential for all Components to engage on this work on an as-relevant basis, though Platforms are well positioned to lead on this issue.

Overarching Recommendations

The following overarching recommendations are related to information and learning within the CRG Strategic Initiative.

*To enhance **economy**:*

Recommendation 4.1. Significantly reduce reporting burden for grantees, while also improving the accessibility and digestibility of the information received, to enhance regular progress monitoring. It is recommended that this be achieved by:

- a. Reduce the frequency and volume of narrative reporting, focusing biannual reporting on quantitative and/or milestone measures. This could include introducing a limited number of quantitative indicators, simple categorization of progress on workplan activities (completed, in progress, delayed, etc.), and budget/expenditure reporting. It may also include a brief section on synergies with other components.
- b. Reserve narrative reporting and case studies for either annual reporting or midterm and final reporting. Revisit narrative reporting template, streamlining to avoid repetition and provide more guidance on level of detail desired.
- c. Require all reporting, whether quantitative or qualitative, to enumerate results by country, allowing the CRG Strategic Initiative to better track its intended impact on Global Fund processes. Requiring grantees to report in this manner should guide them to avoid the hosting of regional events which do not include country-level follow-up.

More details on this are provided in Annex X.

¹³ https://www.theglobalfund.org/media/9228/fundingmodel_2020-2022strategicinitiatives_list_en.pdf?u=637261641360000000

Recommendation 4.2. Activate the reorganized CRG Department structure under CRG Accelerate to assure that Regional Focal Points within CRG continue to liaise with regional and country teams, promoting engagement and integration with all three Components. This practice should build upon early successes seen in Component 3, and in which the engagement of these Focal Points has improved bi-directional communication between civil society in the regions and the CRG Department at large. This affect should be replicated to assure that Country Teams and Regional Teams within the Global Fund Secretariat enjoy the same level of coordination and collaboration with the CRG Strategic Initiative.

To enhance economy and efficiency:

Recommendation 4.3. Assure maximum economy and efficiency by proactively aligning with regional priorities and target countries. These elements should be explicitly built into the RFP and workplanning stage, and to every degree possible the CRG Strategic Initiative should avoid super-imposing these after workplanning has been completed. With a greater focus on country-level interventions and targeted results, this approach applies to each of the components:

- a. Component 1: Consider tailored TA service menus (see recommendation 1.X., above) for each region, aligning with identified priorities, and/or thematic calls or tracks for TA aligning with certain priorities.
- b. Component 2: Require a set percentage of effort or budget be allotted to defined results of long-term capacity-building in strategic countries and/or areas, assuring that grantees are focused on results-based interventions alongside broader community mobilization efforts.
- c. Component 3: Encourage Platforms to both understand and communicate to constituents the regional priorities defined by the Global Fund Secretariat.

To enhance efficiency:

Recommendation 4.4. Ensure balanced grantee portfolios, avoiding multiple grantees working in a disease track without clear complementary roles. This will require clear definition of Global Fund and CRG priority issues and countries, in order to craft an RFP that solicits effectively-tailored proposals. At the stage of considering proposals, in some limited cases the CRG Strategic Initiative may choose to push individual grantees to work in consortium, if it would support better balance within the overall portfolio. Further coordination should be supported through the undertaking of coordinated workplanning, whereby grantees share early workplans and identify areas of synergy or overlap, and strategically plan work to complement one another. Such an activity is best done in person, if circumstances allow, and should be undertaken on an annual basis as part of the learning and planning cycle.

Recommendation 4.5. Assure that all grantees within and across each disease component are formally linked/introduced to one another and coordinating regularly. This is of particular importance for the Component 2 grantees outside of HIV (as the key population networks have other common platforms across which they communicate regularly), as previous grantees express lack of knowledge about who their counterparts are and what they are involved in. This should be done, at a minimum, at face-to-face gatherings of all implementing partners at least twice in the Strategic Initiative Cycle. This recommendation will be naturally fulfilled if annual workplanning is done in a coordinated manner as recommended above; however, this recommendation should be noted as stand-alone and undertaken whether or not workplanning is able to be done collaboratively.

Recommendation 4.6. Enhance communication and collaboration across components through formal and regular information exchange between all three components, with a focus on:

- a. Linking the work being done by Component 2, including the adaptation of materials, guidance and tools, and the capacity building on the same, to the communication and information sharing efforts of Component 3.
- b. Building bridges between areas of intervention and observed needs that Component 2 grantees hear from their constituents, and demand-creation for TA applications by grantees of Component 3.
- c. Regular reviews of ongoing TA by population and/or region, assuring that Component 2 grantees are aware of TA requests that go on to delivery (to assist in seamless follow-up) as well as those that are not eligible or no delivered (to potentially support unfilled need).

This can be through file share/sharing of written resources, but is likely to be most effective if supported with quarterly or biannual coordination calls.

To enhance effectiveness:

Recommendation 4.7. Continue utilizing a MEL framework for each component, assuring that it is fully integrated across the planning, reporting and learning cycle for each grantee. Most grantees were thankful for the structure provided by the MEL framework, but its late introduction relative to project planning was a challenge. Having a verified framework in place, the CRG Strategic Initiative should assure that it is fully integrated into the RFP and grant making process, assuring that workplans align with the MEL framework to clarify expectations around achievement, measurement of results, and reporting.

Recommendation 4.8. Conduct biannual monitoring updates across the CRG Strategic Initiative, including basic expenditure data. This process should not be overly complicated or time consuming, and should only be completed with the precondition that reporting is streamlined as recommended above. Subsequently, these monitoring updates could be completed by compiling key indicator data and expenditure data, and could then be communicated across components, as well as to implementing and non-implementing stakeholders. This should simultaneously promote:

- a. better coordination across components,
- b. improved transparency of data use, and
- c. improved ability to course-correct or reallocate resources to Components, populations or disease components which are in need of more resources.

As a priority, monitoring updates should strive to be succinct and digestible; a long-form narrative update is discouraged, and more dynamic format including visuals (potentially hosted in a slide deck) is encouraged to support this.

Recommendation 4.9. Assure that qualitative results and stories are shared publicly. The sharing venue for this may include the Platforms and CRG website, and it should also be distributed widely within the Global Fund Secretariat.

To enhance equity:

Recommendation 4.10. Assure equitable dedication to design of and investment in technically sound malaria-related interventions, noting the fundamental differences in the nature of community in the malaria response. Sensitivity to the differentiation should include engaging disease component and other technical specialists within the Global Fund Secretariat, to ensure the technical underpinnings of all planning and implementation.

Recommendation 4.11. Continue alignment with other Strategic Initiatives to ensure that key and vulnerable populations are equitably included in the full range of Global Fund Strategic Initiatives. This includes and emphasis on the CCM Evolution Strategic Initiative as it moves past the pilot phase and into universal roll-out of evolution practices; the STE Strategic Initiative to enhance community engagement

in sustainability and transition planning; the Human Rights Strategic Initiative as it moves through implementation; and the Finding Missing People with TB Strategic Initiative. Stakeholder feedback indicates that the first priority is to assure this is coordinated and that roles are clear at the Secretariat level, secondarily defining the role and capacity for change of each individual Regional Platform.

To enhance sustainability:

Recommendation 4.12. Continue to maintain flexibility in the CRG Strategic Initiative to respond to changes in the health landscape, including developments in health security and health coverage. This may include support for integration of community, rights and gender issues into broader health systems development and UHC alignment, as well as response to emerging threats and system changes driven by changes in health security, including but not limited to the COVID-19 pandemic.

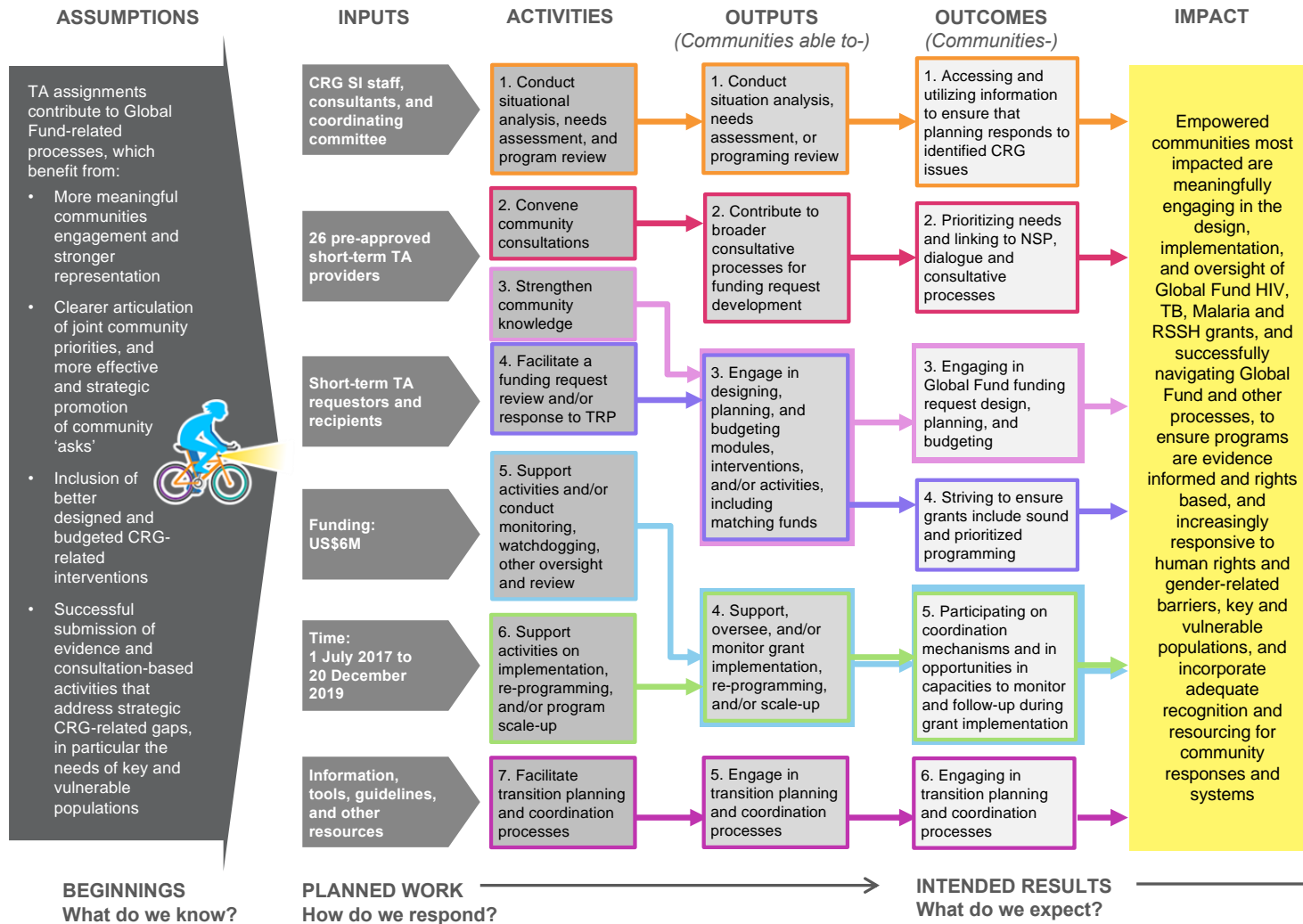
Conclusion

The 2017-2019 CRG Strategic Initiative has achieved remarkable growth and maturation, expanding its remit across the grant cycle and solidly into malaria and TB, expanding geographic reach, and building a complex supportive relationship between Components 1 and 3 in building demand for and delivering TA. This report offers 35 unique recommendations for its further improvement. This volume of recommendations is provided not as a reflection of the weakness or flaws of this Strategic Initiative, but quite the opposite – as evidence of the potential for further strengthening and achievement that is underpinned by a history of consistent learning and evolution since the beginning of the Special Initiative in 2014. The thoroughness of these recommendations are a testament to the openness of the community surrounding the CRG Strategic Initiative, which willingly shared their thoughtful and honest reflections on what had been done well and what could be done better, and to the dedication and determination of the CRG Strategic Initiative team, which has pushed consistently throughout this process for a level of detail that will allow the next CRG Strategic Initiative to be best informed by its past and reach for its maximum potential in the future. This leaves the CRG Strategic initiative ideally positioned to support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes as it moves into its next phase.

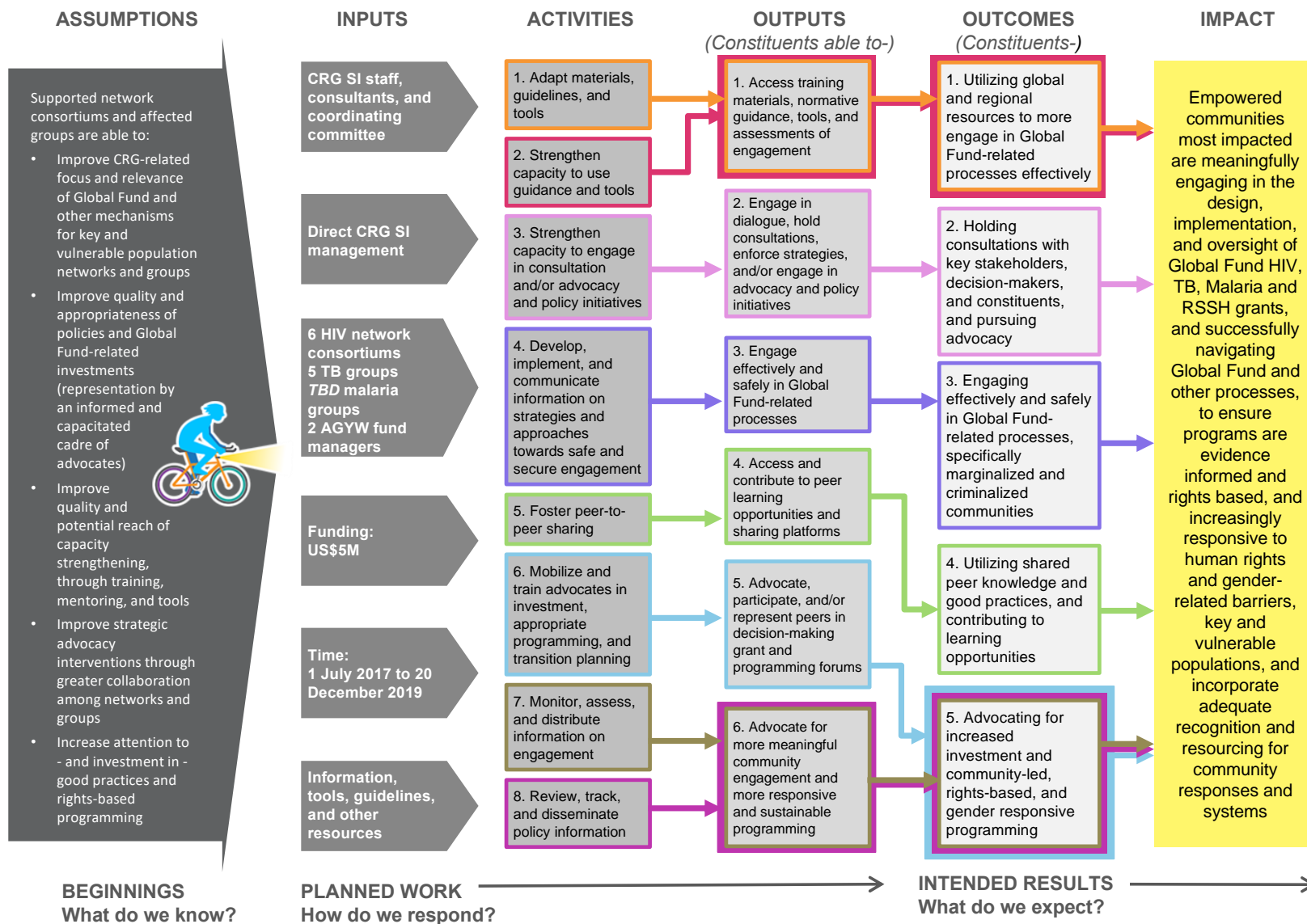
Annexes

Annex 1. MEL Frameworks

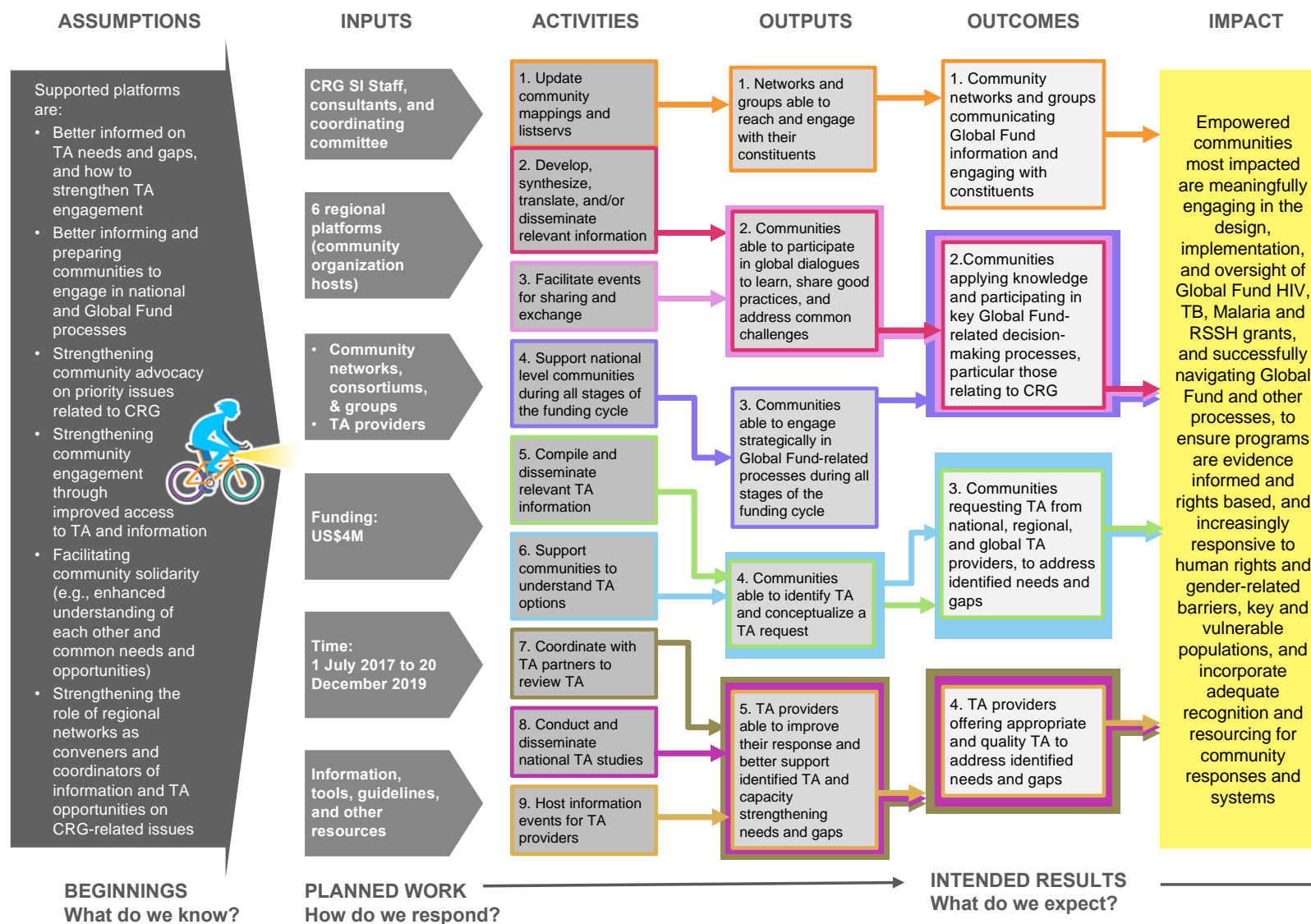
Annex 1.1. Component 1 MEL Framework



Annex 1.2. Component 2 MEL Framework



Annex 1.3. Component 3 MEL Framework



Annex 2. Evaluation Methods

Data collection and analysis for this report was conducted in March and April of 2020. This evaluation included a desk review of the following:

- Final Evaluation of the CRG Special Initiative 2014-2016
- All MEL Framework documents and related MEL content
- Midterm Review of the CRG Strategic Initiative 2017-2019 (conducted in spring 2019)
- Component 1 “TA Tracker” database
- All Component 1 post-assignment surveys available from requestors and TA providers
- A selection of TA contracts and deliverables (not for the purpose of a full survey of content, but for the purpose of familiarity with scope and quality)
- All Component 2 grantee narrative reports (a total of 29 reports: 18 for HIV grantees, 8 for TB grantees, 3 for malaria grantees) and HIV grantee case studies (6)
- Pilot Evaluation of the HER Voice Fund
- Malaria Matchbox Tool
- All Component 3 grantee narrative reports (24 total) and two joint case studies

Key informant interviews were conducted with individuals representing the following stakeholders:

Global Fund CRG Department

1. Kate Thomson
2. Gavin Reid
3. Uliane Appolinario
4. Brice Bambara
5. Ed Ngoksin*
6. Alexandrina Iovita*
7. Rene Bangert*
8. Rukia Mannikko*
9. David Traynor*

**These individuals were interviewed jointly; additional feedback was received during a presentation of initial recommendations of this report.*

Global Fund STC Department

10. Matthew Macgregor
11. Carmen Gonzalez
12. Paul Bonilla

Global Fund CCM Evolution Strategic Initiative

13. Deepanjali Sapkota
14. Sylvie Pawele

Stop TB Partnership

15. Viorel Soltan
16. James Malar
17. Caoimhe Smyth
18. Thandi Katlholo

UNAIDS

19. Laurel Sprague

RBM Partnership

20. Joshua Levens

Other partners

21. Sophie Hermanns, GIZ Back Up
22. Katy Kydd Wright, Global Fund Advocates Network
23. Christelle Boulanger, formerly 5% Initiative
24. Maria Phelan, Robert Carr Fund

Focus groups included the following individuals from grantees and TA providers:

1. Erika Castellanos, GATE
2. Judy Chang, INPUD
3. Ruth Morgan Thomas, NSWP
4. Johnny Tohme, MPact
12. Edward Mwangi, KenAAM
13. Jennifer Ho, APCASO
14. Onesmus Mlewa Kalama, EANNASO
15. Ivan Varentsov, EHRA

5. Omar Syarif, GNP+
6. Timur Abdullaev, TBpeople
7. Blessi Kumar, GCTA
8. Yuliya Chorna, TBEC
9. ASPAT, Melicio Mayta
10. ACT Africa, Austin Obeifuna
11. Olivia Ngou, Malaria No More
16. Anuar Ismael Luna Cadenda, Via Libre
17. Amal El Karouaoui, ITPC MENA
18. Ida Savadogo, RAME
19. Amina Ruff, Frontline AIDS
20. Nadia Rafif, MPact and CLAC (consortium)
21. Susan Perez, ASAP Consulting
22. Hilary Nkulu, ASAP Consulting

The following country teams* were surveyed on their experience interacting with the CRG Strategic Initiative:

1. Chad
2. Cameroon
3. Malawi
4. South Africa
5. Algeria
6. Djibouti
7. Morocco
8. Tunisia

**It should be noted that the survey was also sent to Country Teams for Bolivia, Indonesia and Kazakhstan, though even after extensive follow-up, no response was received. This highlights the need for timely consultation with CTs to receive feedback immediately after TA has been provided.*

Annex 3. Summary of Findings By Component

Annex 3.1. Summary of Component 1 Results

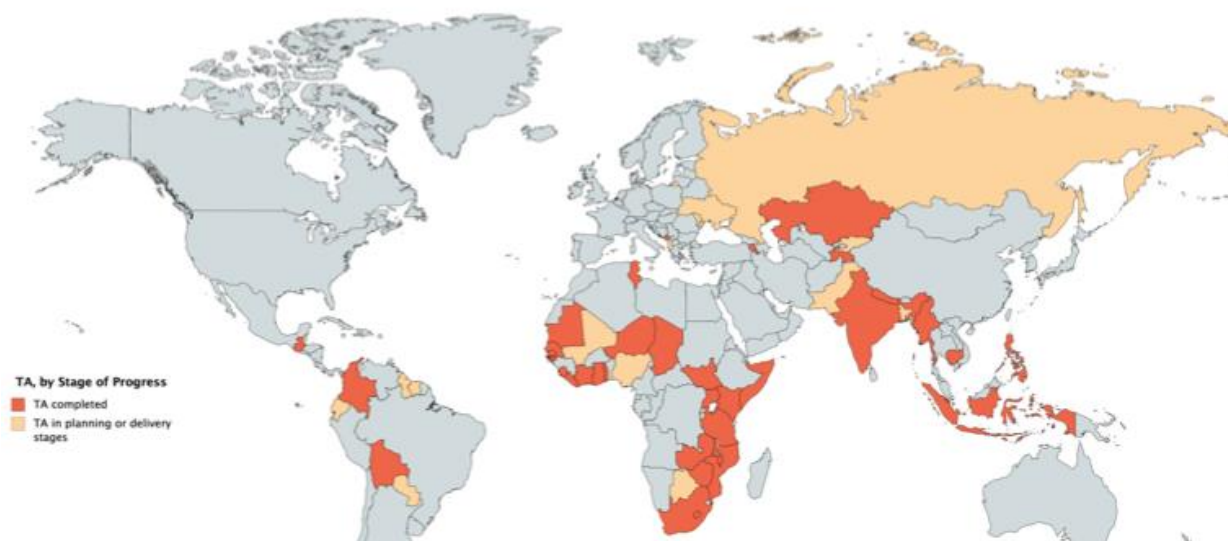
A total of 212 requests for short-term TA had been submitted to Component 1 of the CRG Strategic Initiative as of 31 March 2020. Of these, 159 (75.0%) were deemed eligible, and 69 have currently been completed.

Table 8. Summary of TA Request, by Region

Region	HIA 1	HIA 2	W Africa	C Africa	ES Africa	MENA	HI Asia	SE Asia	LAC	EECA	Total
No. of Requests	26	53	20	11	14	14	14	12	25	23	212
% of all requests	12.6%	25.0%	9.4%	5.2%	6.6%	6.6%	6.6%	5.7%	11.8%	10.9%	100%
No. Deemed Eligible	18	38	15	8	9	13	10	8	20	19	159
% of all eligible	11.3%	23.9%	9.4%	5.0%	5.7%	8.2%	6.3%	5.0%	12.6%	12.0%	100%
No. of Countries Represented	5	7	7	4	4	8	7	4	11	12	---
No. of Multi-Country Engagements	0	0	0	0	1	2	0	3	3	1	---

For the 159 eligible requests, 111 requests continued on to delivery. TA was provided in 69 unique countries. Ten TA missions addressed multi-country grants, including three in South East Asia, 3 in LAC, 2 in MENA, 1 in EECA, and 1 in Eastern and Southern Africa. Seventeen TA missions were delivered in countries that are classified as COEs.

Figure 10. Countries of Implementation of TA Assignments



*Note: TA was also delivered in Mauritius, though the country is not able to be rendered on this map, due to scale.

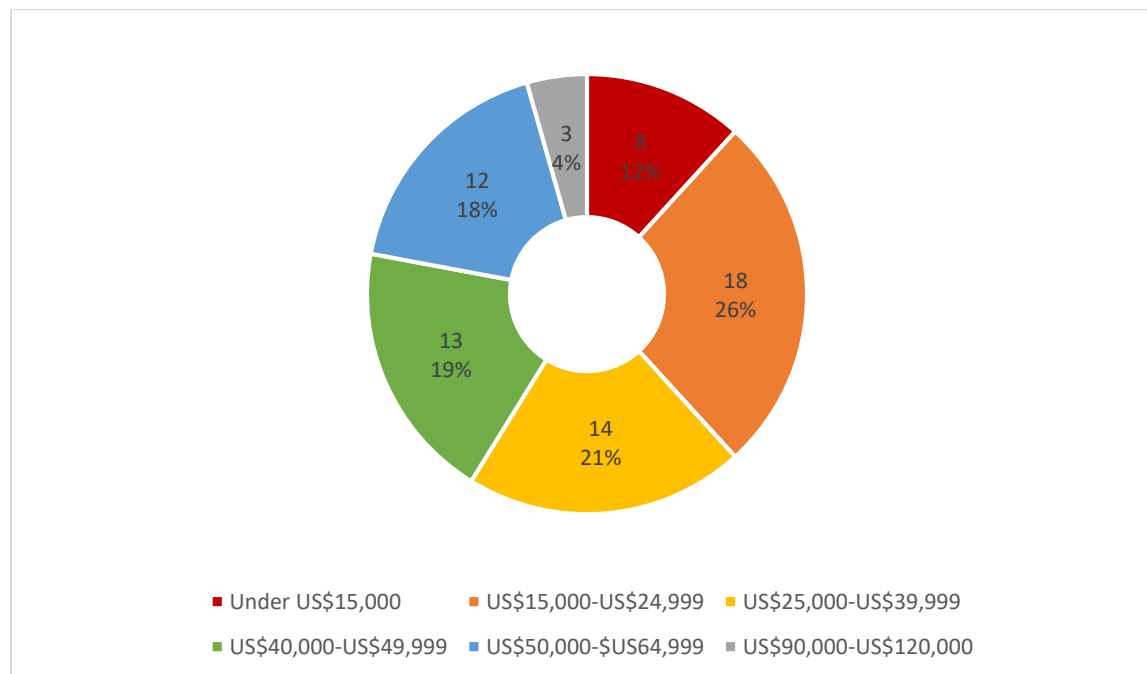
Of the TA that was deemed eligible, the overwhelming majority (80.5%) was requested by civil society organizations. The remaining requests were made by Global Fund Country Teams (16.4%) or the CRG Department (2.5%).

Delivered TA focused on¹⁴ situational analysis and assessment (46.5%), engagement in country dialogue (43.4%), supporting program design (54.1%), support oversight and monitoring of grants (30.2%), support for engagement in sustainability and transition strategies (22.6%) and national strategic planning (12.6%). The reader should note that many TA assignments addressed more than one area of focus, and therefore these categories are not mutually exclusive.

Slightly over one-third of all TA provided focused on funding requests (36.5%) or development of national strategic plans (5.0%), while 8.8% supported the grant-making phase, and the preponderance (46.5%) supported grant implementation.

The budget for 54 TA assignments completed/with a finalized budget ranged from US\$9,199.77 to US\$120,000, with a mean cost of US\$42,890 median of US\$38,910. The distribution of assignments into cost categories is presented in Figure 11, below¹⁵.

Figure 11. TA Assignments Completed, by Budget



Of the twenty-six providers who were pre-approved to provide TA, 19 were actually engaged to provide services. One TA provider, ASAP Consulting, accounted for 24 (25.5% of all completed) assignments. The next most-frequently used providers included the Canadian HIV/AIDS Legal Network (10; 10.6%), KELIN

¹⁴ There is some discrepancy between the categories eligible for TA (noted as “Key TA” in the TA database), and the MEL Activities assigned for Component 1. Because the “Key TA” categories are what has been used for record-keeping, these are the categories that were used for this analysis.

¹⁵ A total of 68 assignments are represented here, because one completed assignment did not have a final cost reported.

(8; 8.5%), ICASO (7; 7.4%), and KenAAM (6; 6.3%). No other single TA provider accounted for more than 5 assignments. The range of budgets did not differ significantly across most providers, with lower-end assignments typically falling under US\$20,000. Table 9, below, presents a summary of data for all assignments for which a provider had been selected at the time of this evaluation.

Table 9. TA Providers Engaged, by Assignments and Budget Range

Provider	No. of Assignments							Budget Low (US\$)	Budget High (US\$)
	HIV	H/T	TB	M	All*	Total	%		
AFAO	3	2	--	--	--	5	5.3%	11,849	93,030**
Alliance Consultancy	3	1	--	--	--	4	4.2%	9,200	59,530
APCASO***	1	--	--	--	--	1	1.1%	N/A	120,000
ARASA	--	2	2	--	--	4	4.2%	11,324	59,889
ASAP	10	9	2	--	3	24	25.5%	19,035	67,630
Asia Catalyst	2	--	1	--	--	3	3.2%	47,871	54,365
Canadian HIV/AIDS Legal Network	6	2	2	--	--	10	10.6%	9,240	60,485
CLAC	5	--	--	--	--	5	5.3%	27,473	55,749
CVC	2	1	--	--	--	3	3.2%	18,700	41,855
EANNASO***	--	2	--	--	--	2	2.1%	17,112	40,339
ECOM	2	--	--	--	--	2	2.1%	27,434	13,967
Frontline AIDS (formerly, International HIV/AIDS Alliance)	2	2	--	--	--	4	4.2%	27,765	62,948
HIVOS	1	1	--	--	--	2	2.1%	45,273	53,550
ICASO	4	2	--	--	1	7	7.4%	9,775	57,910
IMPACT Sante Afrique	--	--	--	1	--	1	1.1%	NA	9,990
KELIN	--	6	--	2	--	8	8.5%	14,630	64,450
KenAAM	--	--	--	6	--	6	6.3%	9,282	39,897
Malaria No More	--	--	--	2	--	2	2.1%	60,300	92,474
Via Libre***	--	--	--	--	1	1	1.1%	N/A	20,841
Total	41	30	7	1	5	94	100%	---	---

*The categorization "All Disease Components" refers to a type of TA request that addresses all three components in a cross-cutting manner. It does not reflect a cumulative view of columns to the left of it. For cumulative statistics, please see the "Total" column.

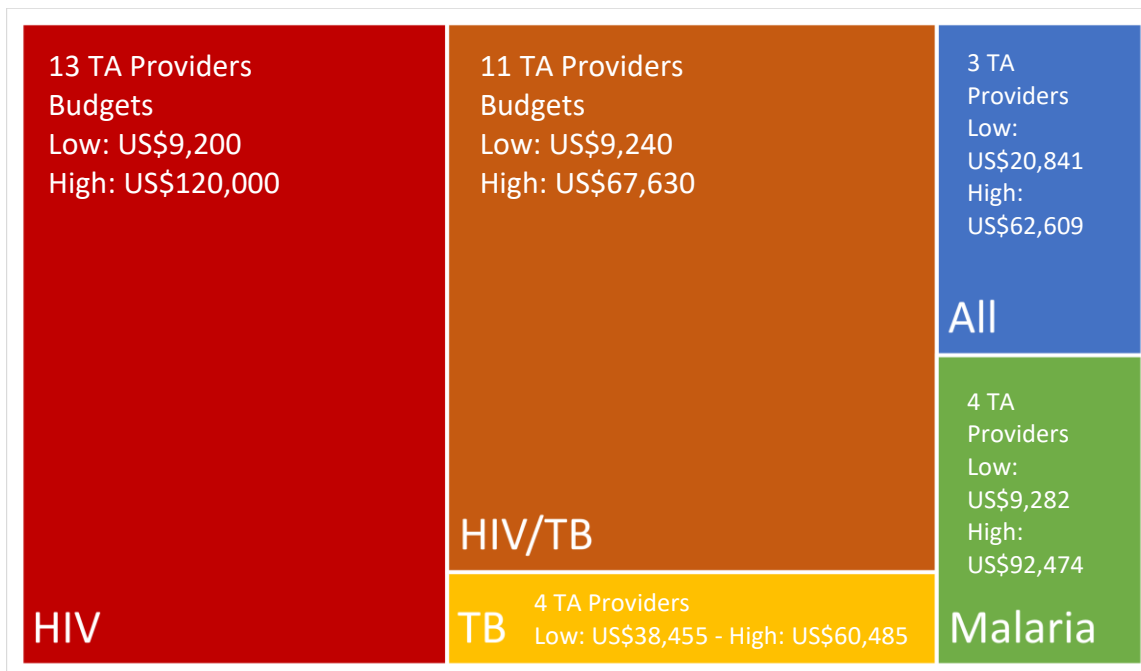
**Represents a multi-country grant requestor

***EANNASO, APCASO and Via Libre served as TA providers under the Special Initiative. The work indicated here reflects work done early in the Strategic Initiative, under their previous contracts. They were subsequently ineligible to serve as TA providers, due to serving at Platform grantees.

Just over one-third (60 assignments, 44 delivered; 37.7%) of all eligible TA assignments were HIV-focused, and those with providers assigned by the time of this evaluation were supplied by 12 unique providers. A similar proportion (59 assignments, 38 delivered; 37.1%) were HIV/TB-focused, and provided by 11 unique providers. Eight of 11 providers overlapped with those providing HIV-focused services.

Fourteen (8.8%; 11 delivered) assignments were malaria-focused, and they were provided by four providers; three of these providers did not deliver TA services for any other disease component. Only 10 (6.2%; 9 delivered) of assignments were TB-focused (one not delivered), and these were provided by four TA providers. Fifteen assignments (9.4%; 8 delivered) were cross-cutting across all disease components, and were delivered by three TA providers.

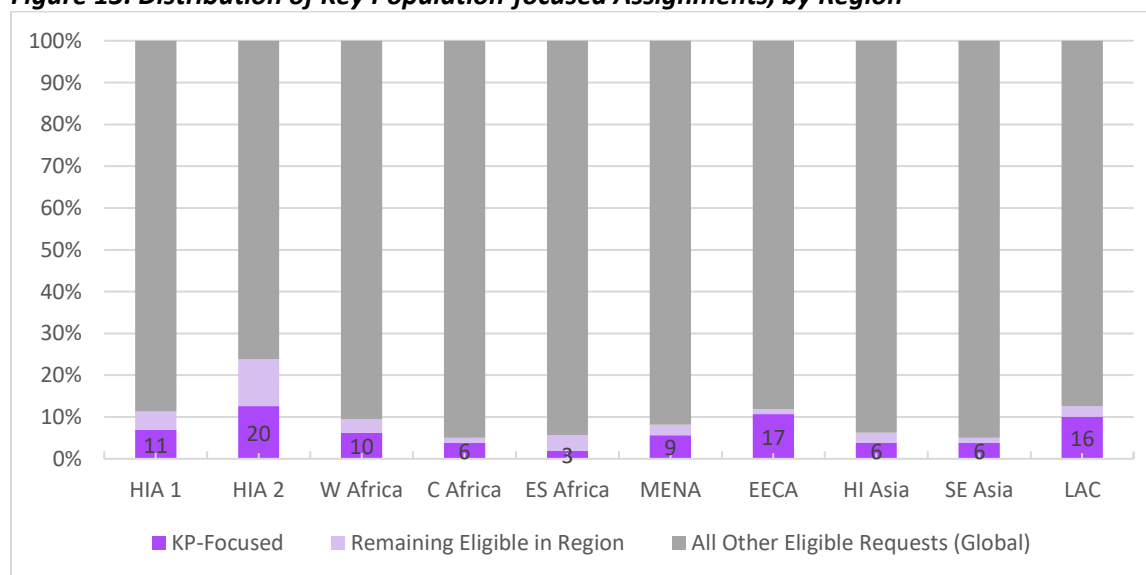
Figure 12. Key Statistics on TA by Disease Component



**The categorization “All” refers to a type of TA request that addresses all three components in a cross-cutting manner. It is not a category reflecting cumulative statistics.*

Eighteen assignments (11.3%) were centered around PLHIV as constituents, while 6.3% on people living with or affected by malaria, and only 1.8% focused on people living with or affected by TB. The majority (65.4%) of all assignments involved key and vulnerable populations as constituents, with distribution across regions being fairly even, relative to overall distribution of TA across regions. Figure 13, below, indicates a wide variation in focus on key populations, as a function of all TA in each region, ranging from 89.5% of all TA in EECA being key population-focused to only 33.3% in Eastern and Southern Africa.

Figure 13. Distribution of Key Population-focused Assignments, by Region



There were thirteen additional TA assignments focused on adolescents and young people, with nine of those (5.7% of all eligible assignments) specifying AGYW (as opposed to all youth/young people/adolescents irrespective of gender). All AGYW assignments took place in Anglophone Africa, within one of the 13 countries prioritized by the Global Fund’s Key Performance Indicator 8, which recognizes the needs and vulnerabilities of AGYW in this region as distinct from the differentiated needs of girls and women in other regions of the world. One additional assignment was focused on community-based monitoring.

TA assignments as they relate to CRG components most often related to key populations (59.7%), human rights (54.7%) and gender (49.1%), with civil society strengthening (16.4%) and harm reduction (3.1%) being relatively less frequent. Approximately two-thirds of all eligible requests were delivered to countries who were also eligible for catalytic funding under either the AGYW track (26.4%), the key populations track (12.6%), and/or the human rights track (25.8%).

Among TA requests which were eligible but not delivered, 10 (20.4%) were not delivered because the same or similar TA was being supported via another mechanism; 4 (8.2%) were declined because other, similar requests for TA were prioritized as stronger, and 3 (6.2%) were put on hold to better align with other activities in country. Other reasons that TAs were declined included the delivery not being timely, conflict of interest of requestor (including inclusion as a subgrantee of Component 2), and weak proposals. Ineligible requests were distributed across all regions, with ineligibility rates ranging from only 7.1% of all requests in MENA to 35.7% of all submitted requests in Eastern and Southern Africa and 33.3% in South East Asia. HIV, TB and malaria specific requests all had ineligibility rates ranging between 20% and 25%. Outliers were RSSH requests (only one was submitted, and it was not deemed eligible), and requests which cut across all components, which were 51.6% ineligible – suggesting that more targeted requests, focusing on a single disease component were more likely to be considered eligible.

Table 10. Ineligible TA By Region, By Disease Component

Region	HIV	HIV/TB	TB	Malaria	RSSH	All Disease Components*	Total	% Ineligibility
HI Africa 1	2	1	1	0	0	4	8	30.8%
HI Africa 2	3	0	1	3	0	4	14	26.9%
W Africa	0	0	0	0	0	3	5	25.0%
C Africa	0	0	1	0	0	1	3	27.3%
ES Africa	0	1	0	0	0	1	5	35.7%
MENA	2	0	0	0	0	0	1	7.1%
HI Asia	1	2	0	0	1	0	4	28.6%
SE Asia	2	1	0	0	0	1	4	33.3%
LAC	3	3	0	1	0	1	5	20.0%
EECA	3	2	0	0	0	1	4	17.4%
Total	16	10	3	4	1	16	53	25.0%
% Ineligibility	24.1%	14.5%	23.1%	22.2%	100%	51.6%	25.0%	---
COEs	2	2	0	0	0	4	8	23.5%
% Ineligibility	28.6%	16.7%	0%	0%	0%	57.1%	23.5%	---

**The categorization “All Disease Components” refers to a type of TA request that addresses all three components in a cross-cutting manner. It does not reflect a cumulative view of columns to the left of it. For cumulative statistics, please see the “Total” column.*

Annex 3.2. Summary of Component 2 Results

HIV

The HIV portion of Component 2 supported six community-led networks or consortia:

- GATE, in partnership with the Asia Pacific Transgender Network (APTN)
- Global Network of People Living with HIV (GNP+)
- International Network of People who Use Drugs (INPUD)
- MPact, working through its regional network members
- Network of Sex Worker Projects (NSWP)
- Youth Consortium

Component 2 MEL Activities

Activity 1	Adapt materials, guidelines and tools
Activity 2	Strengthen capacity to use guidance and tools
Activity 3	Strengthen capacity to engage in consultation and/or advocacy and policy initiatives
Activity 4	Develop, implement, and communicate information on strategies and approaches towards safe and secure engagement
Activity 5	Foster peer-to-peer sharing
Activity 6	Mobilize and train advocates in investment, appropriate programming, and transition planning
Activity 7	Monitor, assess, and distribute information on engagement
Activity 8	Review, track, and disseminate policy information

National-level activities were implemented in 45 countries¹⁶.

Figure 14. Country-Level Implementation for Component 2 HIV Grantees



The distribution of grantee activities across the eight Activity areas defined in the Component 2 MEL are presented below.

Table 11. HIV grantee implementation of MEL activities

¹⁶ This number may be an underestimate, and should be treated with caution. Because grantees are not obliged to report clearly on engagement by country, this evaluation attempted to capture all mentioned instances of country-level engagement. Participation of a representative from a country in a regional event, without any specific country-level follow-up provided under this funding, did not qualify as country-level engagement.

Platform	Act 1	Act 2	Act 3	Act 4	Act 5	Act 6	Act 7	Act 8
GATE	X	X	X	X	X	X		
GNP+	X	X	X		X		X	
INPUD	X	X	X	X	X		X	
MPact	X	X	X	X	X	X	X	
NSWP		X	X		X			
Youth Consortium	X	X	X				X	

All grantees implemented MEL Activities 2 and 3, with at least two grantees implementing all other Activities except Activity 8; no grantees reported implementing Activity 8 during this funding cycle.

Activity 1. Adapt materials, guidelines and tools

Grantee activities in material development and promotion of global materials ranged from the Global Fund-specific, including GATE’s Monitoring and Oversight Tool and Training Guide for trans populations, INPUD’s and GNP+’s guides for CCM engagement, and the Youth Consortium’s ‘Count Me In’ Grant Implementation guide for youth-inclusive Global Fund programming; to more broadly applicable tools for the global HIV response, including MPact’s Global Safety and Security Toolkit (a LINKAGES and HIV/AIDS Alliance production with contribution from MPact). Some materials also focused specifically on supporting communities to engage in transition, including GATE’s promotion of sustainability and transition planning tools and INPUD’s Smart Guide to Transition for PWUD.

Some grantees also provided significant support for translation of materials in UN languages (French, Spanish, Russian and Arabic) as well as into national languages ranging from Vietnamese, Khmer, Nepalese, Thai, Hindi, Urdu and Swazi.

A handful of materials produced and/or disseminated by grantees focused on region- or country-specific needs, as well, including MPact’s support for the development and distribution of a LGBTI+ communications handbook in LAC and MSMIT dissemination in LAC and MENA. INPUD and NSWP also developed member country profiles (22 and 26, respectively), which compile Global Fund grant-specific information including contact information, for use by regional and national partners to more effectively target advocacy. The Youth Consortium also purposefully expanded its activities from Asia Pacific to begin coverage across LAC and the African regions.

Activity 2. Strengthen capacity to use guidance and tools

Grantee activities to build capacity were broken down into those undertaken via training, and those by mentorship. Trainings included topic-specific trainings such as GATE’s trainings on the sustainability and transition tools (Peru, Belize, India, Philippines, Thailand) and the Youth Consortium’s trainings on their Count Me In tool (Pakistan, Burundi, Zambia and Ukraine.) INPUD and MPact also provided training to build community capacity to use the IDUIT (regional trainings in EECA, LAC, MENA, and in Senegal and Kenya), the MSMIT (across Eastern Africa, Moldova), and the TransIT.

Other trainings focused on more general orientation of populations to Global Fund processes, including trainings for youth in South Africa, Nigeria and Ukraine (Youth Consortium), and for women in Indonesia, Jamaica and eSwatini (GNP+). CCM-specific capacity building was also undertaken via trainings in Myanmar (GNP+).

On-the-ground mentoring processes supported capacity in Bolivia, El Salvador and Paraguay (MPact) and Colombia, Rwanda, Kyrgyzstan and Suriname (NSWP; with an additional 27 countries receiving some level

of remote mentoring). Mentorship and direct support for community representatives' work on CCMs was also provided for Indonesia, Myanmar, Pakistan, Timor Leste (GNP+) El Salvador, Honduras, Bolivia and Guatemala (MPact).

Activity 3. Strengthen capacity to engage in consultation and/or advocacy and policy initiatives

Grantees supported the strengthening of capacity to engage in consultation and advocacy through support for CCM working groups in India and Kazakhstan (INPUD and MPact), and by mentoring MSM community representatives on CCMS in Bolivia, Brazil, and Paraguay. Grantees also provided support more generally for network capacity to engage in advocacy at the national level (GATE, Youth, NSWP). Tailored activities to build community capacity to monitor and advocate on program expenditure were also included across focus countries in LAC and in Moldova (MPact).

The Youth Consortium also undertook an advocacy strengthening exercise at the global level, working with the CRG Department to convene a Youth Advisor Briefing in advance of a Global Fund Board Meeting.

Activity 4. Develop, implement and communicate information on strategies and approaches towards safe and secure engagement

This activity area showed significantly more limited engagement from grantees, with only one grantee reporting in this area¹⁷. MPact worked in Zimbabwe to support communities to develop an advocacy and communication strategy, and in Cameroon to publish a booklet on success and best practices for MSM engaging with Global Fund grants. MPact also directly supported safe and secure engagement of communities in CCM and funding request processes in Ghana and Jamaica, respectively.

It should be noted that it would be justifiable to categorize all work on building capacity on "implementation tools" (SWIT, MSMIT, IDUIT, TransIT) under this activity as well, as all of these tools do address safe and secure engagement. This highlights challenges that grantees face in categorizing natural workplan activities which are cross-cutting across MEL Activities.

Activity 5. Foster peer-to-peer learning

The majority of grantees conducted work in this Activity area, and approaches were varied by grantee. NSWP supported peer-to-peer learning as part of its core work as a global network, supporting regional partners to convene meetings of their national representatives for peer-to-peer exchange. INPUD, on the other hand, supported very targeted events at the national level in India and Kenya, supporting the national Drug Users Forum and a biometrics community consultation, respectively. MPact also supported targeted topics, GenderDoc training in Kyrgyzstan, and peer-led training for community literacy on clinical protocols in Moldova. Meanwhile, GATE and GNP+ took an approach somewhere between these two, convening community fora at the national (GNP+) and multi-regional level connecting Asia-Pacific and LAC (GATE). Despite the wide variety of approaches, all activities appear to fall soundly within the catchment of peer-to-peer learning.

Activity 6. Mobilize and train advocates in investment, appropriate programming, and transition planning

Work under this Activity was limited and tended to relate directly to support of funding requests, including MPact's support for community consultations to inform the funding request in Vietnam, and supporting

¹⁷ INPUD also reported activity under this area, though the activity – translation of the IDUIT Brief into Khmer and Vietnamese – has been reclassified by the evaluator as more accurately belonging under Activity 1 with other translation of materials.

community participation in funding request development in Botswana. MPact also supported transition-related advocacy in Kyrgyzstan, the result of which was the addition of an LGBTQ+ community organization to the eligibility list for domestic funding. GNP+, MPact and the Youth Consortium all supported the development and implementation of a community watchdog mechanism for the CCM in Indonesia, each using their with population-specific lenses.

Notably, several activities reported under Activity 2 are also applicable results for this activity, highlighting the need for more nuanced instructions to be provided in workplanning and reporting, to assure consistency of categorization of workplan activities.

Activity 7. Monitor, assess and distribute information on engagement

Work in this area was limited, but sharply targeted on the intended nature of this Activity. Mapping engagement in Global Fund processes was supported by INPUD at the global level as well as a more in-depth mapping in MENA (via INPUD member MENAPUD), and the Youth Consortium supported a youth-led review of the LOLIPOP program in Indonesia.

Activity 8. Review, track and disseminate policy information

No work was reported under this activity track. As with some other tracks, it is possible that work reported under different MEL Activities does, indeed, contribute to this Activity but fit more accurately or directly under a different Activity.

In addition activities that fit within the prescribed MEL framework, there were a small range of activities that the evaluator judged to be outside of the logical framework. This is understandable, considering that grant proposals were developed in advance of the MEL framework, and that the framework was retrospectively imposed on workplans. Support for organizational development of regional partner networks, for instance, does not have a clear link to country-specific outcomes. A pair of activities in the MENA region (development of a facilitator guide for PLHIV support groups, and training on HIV and mental health) – while technically sound activities – do not show a clear linkage to improving engagement by community in Global Fund processes. In addition, reported advocacy work at the global level on a joint statement of issues to consider for the Global Fund’s Eligibility Policy appears to fall outside the space allowed by this framework. The support of development of regional networks and engagement in global advocacy has inherent value and should not be dismissed as a poor use of funds; however, it is unclear whether these activities would be allowable under future iterations of CRG Strategic Initiative funding, if the current MEL framework were to be the guiding structure for workplanning.

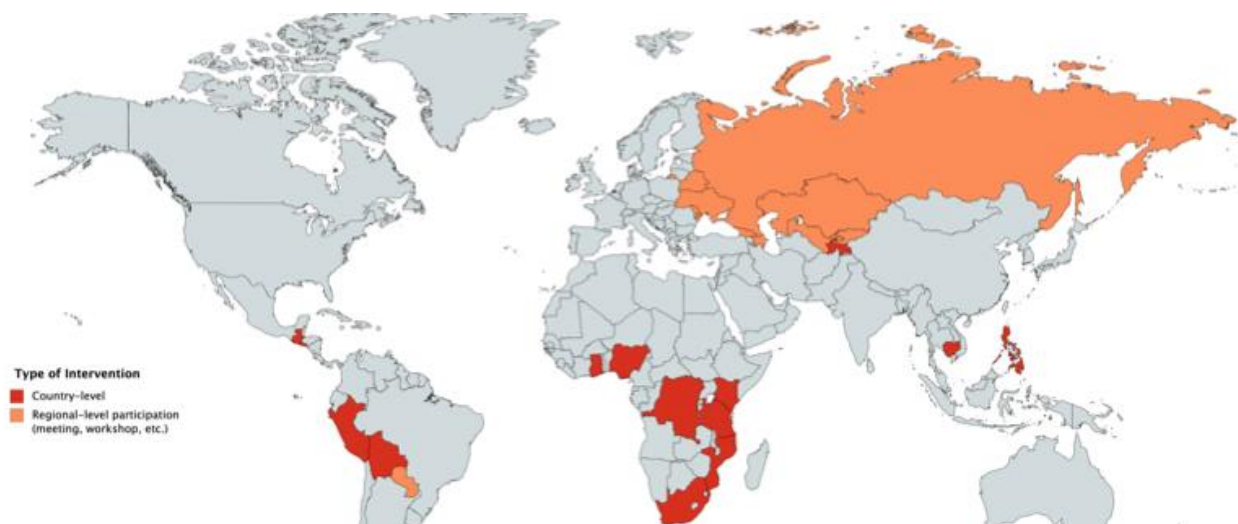
TB

The TB portion of Component 2 supported five community networks dedicated to TB:

- Africa Coalition on TB (ACT), a consortium of six country partners
- Asociación de Personas Afectadas por Tuberculosis (ASPAT), a regional association of people affected by TB in Latin America
- Global Coalition of TB Activists (GCTA), a global platform of people affected by TB
- TB Europe Coalition, a regional network of TB activists focused on Eastern Europe and Central Asia
- TBpeople, a global network of people affected by TB

National-level activities were implemented in fourteen countries, with a further eleven countries reached through participation in regional events.

Figure 15. Country-level Implementation for Component 2 TB Grantees



The distribution of grantee activities across the eight Activity areas defined in the Component 2 MEL are presented below.

Table 12. TB grantee implementation of MEL activities

Platform	Act 1	Act 2	Act 3	Act 4	Act 5	Act 6	Act 7	Act 8
ACT		X			X	X		
ASPAT		X	X			X		
TBEC	X*		X			X		
TB People	X*		X	X		X		
GCTA		X	X			X		
Total Biannual Reports Including Progress								
% of Biannual Reports Including Progress								

*The categorization of activities reported here reflects that evaluator's recategorization based on the activity's content, rather than the category originally reported by the grantee.

In contrast to HIV key population grantees, TB grantees concentrated efforts in a more narrow range of activities, regularly including only Activities 2, 3, and 6. This more limited range of interventions is reflective of a more limited range of MEL activities as defined by the TB- and malaria-specific Component 2 MEL framework document.

Activity 1. Adapt materials, guidelines and tools

Although this Activity track was not defined as relevant for TB grantees, some limited activities fitting this category were reported. TBEC reported developing an online library of TB resources, and TB people reported contribution to the development of the Stop TB Partnership's TB Stigma Assessment tool. TBpeople's dissemination of Legal Environment Assessment, Gender Assessment and Key Population Data Framework tools could likely also be grouped under this Activity area.

It is not clear from the scope of this evaluation whether the lack of attention to this area, as defined by the limited MEL, is warranted – e.g. whether there is significant unmet need for adaptation of existing materials, guidelines and tools amongst the TB community, or not. However, given the relatively earlier stage of community mobilization for TB, compared with HIV, it is likely that communities are still in need to accessible materials to support engagement and advocacy. Furthermore, the geographic coverage concerns noted above indicate a likely need for continued expansion of resources to be made available

outside of English, Russian and French languages. For this reason, the inclusion of this Activity (or a corollary) should be carefully considered for future TB planning and monitoring efforts.

Activity 2. Strengthen capacity to use guidance and tools

Strengthening of community capacity was the most frequently undertaken area of work, with national level activities reported in 10 countries. These ranged from community mobilization meetings, which served as springboards for the formation of national networks of people affected by TB (DR Congo, Kazakhstan, Kenya, Kyrgyzstan, Philippines), to trainings to build capacity on human rights elements of TB (Mozambique and throughout Eastern Europe and Central Asia), to workshops to develop national advocacy priorities (Tanzania), to the support of community led facility surveys to identify shortcomings in facility functions and patient experiences (South Africa). There were also several instances of hosting multi-sectoral coordination meetings (Bolivia, DR Congo, El Salvador, Guatemala and Peru) which included National TB Programs, CCMs, Ministries of Health and other stakeholders, to serve as a platform for establishing rapport and the right of civil society to be engaged in decision-making, and to share important updates such as those stemming from the 2018 High Level Meeting.

Some important learnings arose from these activities. In Kenya, community literacy on supply chain and procurement issues was identified as an important area for growth, while in Mozambique the recognition of gender and occupational risks related to accessing TB care were identified as priorities for action.

There were also one notable instance of supportive interaction between grantees, including collaboration between ACT and TBpeople in the formation and registration of a national network of people affected by TB.

A number of other activities were also reported under this area, which do not appear to align with the intended purpose of this Activity as defined in the MEL framework. These included the direct support of advocacy activities, including airing of anti-stigma radio broadcasts; distribution of patient education materials at the facility level; the development of informational materials on stigma in pediatric TB; training of community health workers to conduct community-based TB screening; general awareness raising about TB amongst medical students; and an awareness-raising event for youth to generate demand for TB testing. While none of these activities are problematic from a technical perspective, their alignment with the intended purpose of this grant funding is questionable. This underlines the importance of clear communication of purpose to grantees in advance of grant signing, as well as the clear communication of measurement metrics (e.g. MEL framework) in advance of detailed workplanning.

Activity 3. Strengthen capacity to engage in consultation and/or advocacy and policy initiatives

Implementation in this area was more limited but generally well-targeted. Civil society engagement in the development of a funding request (Tanzania), and mentoring of national TB caucus partners to work directly with Members of Parliament to avoid political blockades in the Ministry of Health (Tajikistan), and training of CCM members on representation of TB civil society issues (Bolivia, El Salvador, Guatemala, Paraguay, Peru).

There were also several instances of global advocacy reported, especially related to the UN High Level Meeting of 2018, as well as the participation in global and regional task forces and events, including the WHO Civil Society Task Force; the Global TB Caucus; and the HIV, Viral Hepatitis and Tuberculosis Civil Society Forum of the European Commission. While participation in these venues is valuable in terms of the global agenda, it is unclear whether this participation translates to changes at the country level, and

therefore whether support via the CRG Strategic Initiative is well-matched with the intended purpose. In addition, lack of specificity in reporting may have permitted omission of some key country-level results – e.g. one grantee makes reference to working closely with Members of Parliament within regional and global coordination bodies, but country specifics are not provided.

Activity 4. Develop, implement and communicate information on strategies and approaches towards safe and secure engagement

A single activity was reported in this area: a TBpeople study on community engagement in national TB programming, surveying over 200 respondents and including 30 in-depth interviews. It should be noted, as further described in Annex 4 that there is ambiguity as to whether TB grantees were meant to work on or report towards this MEL Activity; therefore, limited activity in this area is not surprising.

Activity 5. Foster peer-to-peer learning

This Activity area also had a single contributor: ACT supported the succession of TB civil society representatives to the CCM in Nigeria, allowing for handover of experience from one cadre to the next. It should be noted, as further described in Annex 4 that there is ambiguity as to whether TB grantees were meant to work on or report towards this MEL Activity. It should be noted also that this does not necessarily reflect a lack of activities that would contribute to this MEL Activity track, but rather may be a reflection of the limitations of the MEL reporting structure, whereby grantees were obliged to choose a MEL Activity under which to categorize all workplan activities. In this case, several activities which may indeed foster peer-to-peer learning may have been placed under other Activity tracks.

Activity 6. Mobilize and train advocates in investment, appropriate programming, and transition planning

This Activity area showed significant overlap with Activity 2, potentially reflecting the early stages of capacity building for advocates. In Cambodia, Kenya and the Philippines, TBpeople mobilized Country Advocacy Teams to conduct coordinated advocacy. In Tanzania ACT hosted a workshop to coordinate advocates on priorities including identified resource gaps, and supported a thematic working group to carry forward these priorities within the national TB program. In Latin America, ASPAT hosted a high-level dialogue as a side event to the WHO/PAHO National Tuberculosis Programs meeting, providing a platform to advocate for increased domestic financing in its five focus countries.

At the global level, TBpeople convened stakeholders to develop its own organizational advocacy goals to feed into its strategic plan for 2020-2022; and also developed formal partnerships with key population networks working in HIV, including INPUD, GNP+, and several Eurasian regional entities.

Activity 7. Monitor, assess and distribute information on engagement

No activities were reported in this track. It should be noted that according to the limited MEL framework, TB grantees were not meant to work on or report towards this MEL Activity; therefore, a lack of activity in this area is not surprising.

Activity 8. Review, track and disseminate policy information

No activities were reported in this track. It should be noted that according to the limited MEL framework, TB grantees were not meant to work on or report towards this MEL Activity; therefore, a lack of activity in this area is not surprising.

In addition activities that fit within the prescribed MEL framework, it is notable that several grantees reported achievements that related to core organization building and strengthening. These include the

development of organizational and financial manuals, development of organizational websites, establishment of governance mechanisms, and investment in social media presence. While these core functions are essential for a network to conduct its work, it is unclear whether such development should qualify for use of CRG Strategic Initiative funds or whether the resulting capacity of the global/regional network is a result directly sought by the Initiative.

Malaria Annex

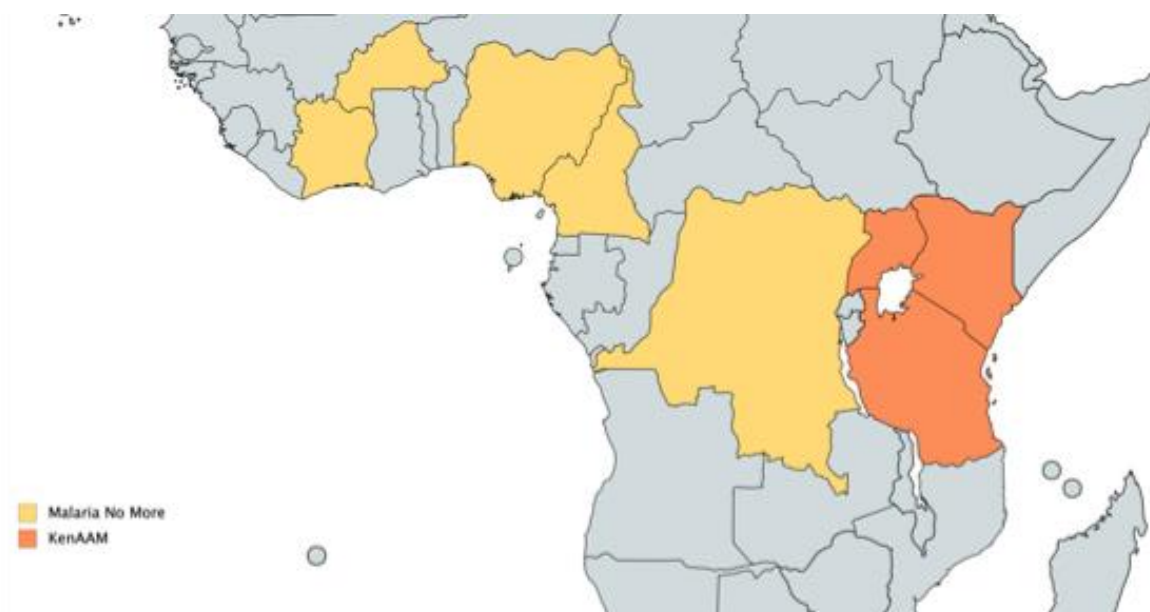
The malaria portion of Component 2 supported two community-led networks:

- Kenya Advocates Against Malaria (KenAAM)
- Malaria No More

Additional limited support was provided for the launch of the global network, Civil Society for Malaria Elimination.

National-level activities were implemented in 7 countries.

Figure 16. Country-level Implementation for Component 2 Malaria Grantees



The distribution of grantee activities reported across the eight Activity areas defined in the Component 2 MEL are presented below.

Table 13. Malaria grantee implementation of MEL activities

Platform	Act 1	Act 2	Act 3	Act 4	Act 5	Act 6	Act 7	Act 8
KenAAM				X*		X		
MNM		X		X				

Activity 1. Adapt materials, guidelines and tools

No implementation was reported under this Activity track. (Note: One grantee reported work under this Activity, but it was reclassified by the evaluator to more appropriately fit under Activity 4, below.) It should

be noted that according to the limited MEL framework, malaria grantees were not meant to work on or report towards this MEL Activity; therefore, a lack of activity in this area is not surprising.

Activity 2. Strengthen capacity to use guidance and tools

Limited activity was done in this area, including Malaria No More's development of a community guide to engagement on social, gender and human rights issues. The guide, developed in both English and French, was field tested during community consultations in Cameroon and Nigeria, in advance of finalization and dissemination.

Activity 3. Strengthen capacity to engage in consultation and/or advocacy and policy initiatives

No implementation was reported under this Activity track.

Activity 4. Develop, implement and communicate information on strategies and approaches towards safe and secure engagement

KenAAM provided mentoring support to CSOs in Kenya and Tanzania in this area, supporting their participation in field oversight visits with the National Malaria Control Programs to monitor Global Fund grant implementation. Facilitation support was also provided for CSO representative elections to the CCM in Kenya and Tanzania.

Community, rights and gender assessments were supported in Kenya, Tanzania, Uganda (KenAAM), Burkina Faso, Cameroon, Côte d'Ivoire, Nigeria and the Democratic Republic of Congo (Malaria No More).

It should be noted, as further described in Annex 4 that despite considerable engagement in this area from grantees, there is ambiguity as to whether malaria grantees were meant to work on or report towards this MEL Activity.

Activity 5. Foster peer-to-peer learning

No implementation was reported under this Activity track. It should be noted, as further described in Annex 4 that there is ambiguity as to whether malaria grantees were meant to work on or report towards this MEL Activity; therefore, a lack of activity in this area is not surprising.

Activity 6. Mobilize and train advocates in investment, appropriate programming, and transition planning

KenAAM developed and trained stakeholders on a budget resource accountability tool, called Kenya Budget Cycle, to build community capacity to track domestic financial commitments to and delivery for malaria. The grantee also developed and maintained a budgetary data repository hub to support advocates to track critical budget items.

Activity 7. Monitor, assess and distribute information on engagement

No activities were reported in this track. It should be noted that according to the limited MEL framework, malaria grantees were not meant to work on or report towards this MEL Activity; therefore, a lack of activity in this area is not surprising.

Activity 8. Review, track and disseminate policy information

No activities were reported in this track. It should be noted that according to the limited MEL framework, malaria grantees were not meant to work on or report towards this MEL Activity; therefore, a lack of activity in this area is not surprising.

Annex 3.3. Summary of Component 3 Results

All Regional Platforms were active for the duration of the period under evaluation. Collectively, all Activities defined in the Component 3 MEL framework received at least some contribution from at least two Platforms, though some Activities were more frequently reported than others, as summarized in

Table 14, below.

- Activities 3 and 6 were slightly less frequently reported (91.7% of all biannual reports) and Activities 4, 5, 7 and 8 were much less frequently reported (ranging between 66.7% and 50.0%).
- Activity 9 was reported least frequently, with only 37.5% of all biannual reporting containing results in this area, and only three of the Platforms reporting on this work through the lifespan of the Strategic Initiative.

Component 3 MEL Activities

- Activity 1. Update community mappings and listservs
- Activity 2. Develop, synthesize, translate and/or disseminate information
- Activity 3. Facilitate events for sharing and exchange
- Activity 4. Support national level communities during all stages of the funding cycle
- Activity 5. Compile and disseminate relevant TA information
- Activity 6. Support communities to understand TA options
- Activity 7. Coordinate with TA partners to review TA
- Activity 8. Conduct and disseminate national TA studies
- Activity 9. Host information events for TA providers

Table 14. Frequency of Results Reported on MEL Activities in Component 3

Platform	Act 1	Act 2	Act 3	Act 4	Act 5	Act 6	Act 7	Act 8	Act 9
Anglophone	4	4	4	4	1	4	3	3	0
Francophone	4	4	4	1	0	4	1	0	1
MENA	3	3	3	1	1	3	2	1	0
AP	4	4	4	2	4	3	2	3	0
EECA	4	4	4	4	4	4	4	1	4
LAC	4	4	3	4	4	4	2	4	4
Total Biannual Reports Including Progress	23	23	22	16	14	22	14	12	9
% of Biannual Reports Including Progress	95.8%	95.8%	91.7%	66.7%	58.3%	91.7%	58.3%	50.0%	37.5%

Activity 1. Update community mappings and listservs

This Activity track was one of the two most-frequently reported areas of work for Platforms. All Regional Platforms reported significant work in this area, focusing heavily on virtual engagement of constituents. Regular newsletters reach over 8,500 subscribers across the 6 regions, and social media generated over 800 posts reaching nearly 15,000 followers. Social media platforms included Facebook, Twitter and WhatsApp. For the Asia Pacific Platform, the website was also a significant venue of engagement, with over 1800 visitors. Total estimated reach across all channels is 32,500.

Face-to-face engagement included both participation in large international and regional events, including the 22nd International AIDS Conference in Amsterdam (4 sessions hosted by EECA Platform, MENA networking zone of Global Village supported by MENA Platform), the International Conference on HIV Science (LAC Platform supported a learning forum), the International Conference on AIDS and STIs in Africa (Anglophone Africa Platform), the 2019 UNION Conference (Asia-Pacific, Anglophone Africa), the UN High Level Meeting on TB, and the Malaria World Congress (Asia-Pacific).

Platforms also hosted mapping for a variety of topics, including mapping of community organizations (Francophone Africa in 17 countries, Anglophone Africa in 26 anglophone and lusophone countries), and experts available to provide TA in the region (MENA, Anglophone Africa). The Asia-Pacific Platform mapped community engagement in Global Fund processes throughout the region.

Activity 2. Develop, synthesize, translate and/or disseminate information

This Activity was the second most frequently-reported area of work, with Platforms considering this to be a core function. Over 3000 strategic documents were shared with constituents in 2018-2019, and translation into Russian, Spanish, Vietnamese, Khmer and Sinhala contributed to greater accessibility of documents. Translation support also mitigated language as one of the top barriers, as identified by Platforms in their second joint case study: by supporting both live translation at regional events (e.g. MENA support for Arabic translation at ICASA 2019) and translation of key findings and summaries from meetings (e.g. Francophone Africa Platform translation of the 39th Global Fund Board meeting highlights) Platforms helped to make information more accessible across language groups.

Webinars were also a popular modality of engaging constituents to disseminate information in a space between passive social media and resource-intensive face-to-face meetings. Platforms reported hosting a total of 55 webinars in the two year period, with over 880 participants in attendance. Webinar topics included dialogue around strategic documents, Global Fund information notes and study results; updates on Global Fund Board Meetings and the 2019 replenishment; updates following major events including the 2019 UN HLM; information sessions on funding opportunities (e.g. Robert Carr Fund, TB REACH, PEPFAR COP processes); topical discussions on sustainability, CCM evolution, AGYW; and the introduction of multi-country grants.

Activity 3. Facilitate events for sharing and exchange

Sharing of and capacity building on strategic documents was an area of focus in both virtual and face-to-face engagement. Platforms also hosted their own events, including thematic meetings on human rights (LAC, Francophone Africa), gender and AGYW (Anglophone Africa, Francophone Africa, MENA), and HIV/TB coinfection (Anglophone Africa); CCM dialogues (Anglophone Africa); and mobilization of civil society for funding requests (LAC).

Activity 4. Support national level communities during all stages of the funding cycle

Some platforms also provided dedicated support to Global Fund governance under this outcome area, including the EECA Platform's hosting of a Google Group for the EECA Delegation to the Global Fund Board, and hosting a workshop on CCM evolution in MENA.

Platforms supported national-level activities in 38 countries.

Figure 17. Country-level Implementation of Component 3 Platforms



The types of country-level interventions varied significantly by region, ranging from workshops on sustainability and transition, to supporting simultaneous translation of country dialogues into additional languages to enhance accessibility, to generation of country profiles to be used by community advocates, to the support of CCM scorecards and shadow reports.

Activity 5. Compile and disseminate relevant TA information

Activity 6. Support communities to understand TA options

**Note: Platforms interpreted the difference between these two activities inconsistently, which leads to inconsistency in presentation of compiled data. Because these two Activities contribute to the same Output in the MEL, and the evaluator does not judge there to be a consistent manner in which the work conducted can be split between the two Activities, their results are presented here in a compiled format.*

Platforms engaged country-level partners to understand TA options in a variety of different ways. In EECA, the Platform intensively targeted seven countries with apparent need for more external assistance, while in Asia Pacific the platform opted for a more demand-driven approach of conducting webinars and integrating TA informational messaging into the regional network partners meetings. In Anglophone Africa, a TA directory was developed and distributed; this was complemented by a survey of TA effectiveness, as well as a survey of accessed to TA for key population groups.

Ultimately, Platforms reported supporting a total of 112 TA requests to the Component 1 TA program. Regional breakdown of submitted requests is as follows:

- Anglophone Africa: 29
- Asia Pacific: 5
- Eastern Europe and Central Asia: 14
- Francophone Africa: 22
- Latin America and the Caribbean: 34
- Middle East and North Africa: 8

While information sharing on other TA opportunities is mentioned in reporting, support for other TA requests is not systematically captured.

Activity 7. Coordinate with TA partners to review TA

While this Activity is frequently reported on in biannual reporting, it appears that this is more often interpreted by Platforms as interfacing with TA requestors than review teams or providers. This is not inherently problematic, but is not aligned with the MEL's intention for this Activity, indicating an

opportunity for improved understanding of the intended role of Platforms in working across the full continuum of the TA process.

Activity 8. Conduct and disseminate national TA studies

Platforms interpreted this Activity category variably. It appears that only one significant study on TA (Activity 8) was conducted during the reporting period, by the Anglophone Africa Platform.

Activity 9. Host information events for TA providers

No work was reported by any Platform under this MEL Activity. This reality is reflected by reported from TA providers themselves reporting that lack of coordination and interfacing in advance of receiving TA requests, and that there remains significant opportunity for improved communication to TA providers on specific regional or country needs.

Annex 4. Considerations for Revisiting and Refining the MEL Framework and Reporting Structures

The development of a Theory of Change and Monitoring and Evaluation for Learning (MEL) framework was a major step forward in the CRG Strategic Initiative's capacity to systematically organize its work and assure that grantees and other stakeholders understood the types of inputs, outputs and outcomes expected to lead to empowered communities being meaningfully engaged in the design, implementation and oversight of Global Fund grants. Grantees and CRG Strategic Initiative staff consistently reported the value of a logical framework for this purpose.

At the same time, after two years of implementing the MEL framework, there are several important lessons learned. These can be summarized in four categories:

- Some of the MEL's **presentation is complicated** and would benefit from significant streamlining, for both practical and communications purposes. This includes both the visual presentation of the MEL and the design of the impact statement.
- The current MEL frameworks **assume a high degree of linearity of results** – with a single Activity leading to a defined Output which feeds into a further defined Outcome. This is reflected in the reporting structure, and when reports are used for analysis this skews the measurable outcomes of the CRG Strategic Initiative's work – in some cases, considerably.
- The current reporting structure presents two opposing challenges: on the one hand it requires a **great deal of effort** for both grantees and the CRG Strategic Initiative team; on the other hand it is **not yielding enough of the right information**, consistently, to support appropriate monitoring, evaluation or learning.
- The differing nature of community structures, barriers and interventions across HIV, TB and malaria may require **more sensitivity and differentiation within the MEL framework** to capture the results of each movement.

Each of these issues is addressed in greater detail below.

Streamlining Presentation

The current MEL framework provides a tremendous amount of information to be digested. Much of this is valuable as reference material, but it is often linguistically unwieldy. As a primary exercise, it would be valuable for the CRG team to review the full MEL framework and mark any area of language that are unclear or in need of significant simplification. One immediate area for attention would be the impact statement, which needs significant linguistic revision:

Empowered communities most impacted are meaningfully engaging in the design, implementation, and oversight of Global Fund HIV, TB, Malaria and RSSH grants, and successfully navigating Global Fund and other processes, to ensure programs are evidence informed and rights based, and increasingly responsive to human rights and gender-related barriers, key and vulnerable populations, and incorporate adequate recognition and resourcing for community responses and systems

This should be done while maintaining the intended nature of the statement, which appears to be sound and in line with CRG Strategic Initiative goals.

Other areas of the MEL framework may need to be revisited to assure fit-for-purpose. A few examples that were readily observed during this evaluation include:

- Component 1 Activity tracks were not used for tracking TA categories, and may need to be rationalized to better reflect the nature of TA assignments.
- Objective 2 under Component 3 does not appear to add any value beyond the Impact statement, and in fact seems to be impossible to measure using Outcome-level data for Component 3. This Objective may be considered for removal.
- Outcome 4 under Component 3 (TA providers offering appropriate and quality TA to address identified needs and gaps) appears differently in the MEL framework diagram vs in the description following is. There is a question as to whether this Outcome is appropriate for measurement of Component 3 activities; if it is, rewording may be warranted.

It is recommended that this review be facilitated for the CRG Strategic Initiative by an outside consultant, who can consolidate a list of concerns while also determining the elements of the current MEL framework which may be able to be removed due to streamlining in reporting (as further described below).

Once overall content has been revisited to assure that the MEL is linguistically approachable, the visual presentation of the framework should be revisited for the purpose of simplification. This may also be guided by several of the suggestions made in the sections following.

Addressing Missing Global Advocacy

In addition to verifying the fit-for-purpose of the contents of the existing MEL framework elements, consultation with the broader CRG Department noted the importance of supporting – and capturing as an outcome – global level advocacy efforts. Such efforts were readily apparent particularly among the TB grantees in Component 2, where preparation for and participation in the UN High Level Meeting in 2018 were activities of significant focus. Similar work was echoed by HIV grantees, who worked with and on various delegations to advocate to the Global Fund board on issues such as youth-orientation and revisiting eligibility criteria for countries. This type of participation, which gave grantees the opportunity to raise important community issues at the highest levels of decision-making, are not readily captured in the current MEL framework – nor will they be captured in a more country-results-oriented approach as is generally advocated for below. While these efforts should not make up the majority of the CRG Strategic Initiative’s work, which should mostly be focused on country-level impact, they do represent an important value-add of funding global and regional networks, and should be captured. With this in mind the MEL framework should allow for an Outcome whereby global-level advocacy efforts are captured, as well.

Addressing Constraints of Linearity

While the MEL framework acknowledges that several activities may feed into a single outcome, it does not allow for a single activity to feed into multiple outcomes. This was observed by grantees, CRG Strategic Initiative staff, and the evaluator. As a result, challenges in categorizing some inputs into the appropriate Activity tracks appears to have skewed the results chain and artificially separated some activities that contributed to a common outcome. This issue can be addressed by two important changes: cease the practice of requiring grantee workplan activities to “fit” into on prescribed MEL Activity track, and remove the linear assumptions of the framework.

On removing activity restrictions: The Activity categories were noted as very helpful for grantees in understanding the types of activities that would be expected of them. In general, each proved to be applicable to implementation for at least one grantee. Therefore, it is recommended that the current Activities be retained in the framework but that they are clearly indicated as being *illustrative to guide the development of workplan activities*. These Activities should no longer be used for categorization of workplan activities, as this created confusion and stress in assigning the ‘right’ category and discouraged the kind of efficiency that can be gained by creating a single activity that addresses two MEL Activity tracks (or, where the latter occurred anyway, it required double-reporting from grantees – not a good use of time resources). Likewise, illustrative corresponding Outputs should be maintained for inspiration as grantees develop workplans.

On removing linear assumption: The assumption that one activity would flow into a single outcome was not realistic and there is no amount of consideration that will be able to address the possible relationships between each activity and possible outcomes in every individual country context. For this reason, it is recommended that, as described above, Activities and Outputs be maintained for illustrative purposes, and it be acknowledged that all of them are theoretically able to feed into the main Outcome categories defined by the MEL framework.

The process of mapping which individual workplan activities are expected to feed into which Outcome then becomes an individual exercise, tailored to the individual grantee/subgrantee experience. This should proceed through a more traditional reverse-flow project design, whereby grantees first choose the MEL Framework Outcome that they would like to contribute to, further defining it and its measurement for individual country context, as described further below). Grantees can then determine which Outputs and Activities would be needed to contribute to that Outcome, effectively building out their workplan. In this arrangement, it is possible to assign contribution to multiple Outcomes to a single Activity; because Outcome reporting will be separated from progress reporting on activities and outputs (see more below) this is an exercise for workplanning but does not create double burden when reporting on outcomes.

Setting Initiative-Wide Targets

In proceeding through budgeting exercises in planning for the next CRG Strategic Initiative, the team may wish to set some targets for engagement – including engagement in different disease areas or with different populations, in different geographies – as they relate to Global Fund’s overall or regional strategic priorities. This target setting can be used to inform the development of RFPs for grantees, and further to support grantee workplanning by specifying the types of Outcomes that are being prioritized as a function of the disease components, populations and geographies relevant to specific grantees.

Ultimately, these changes allow the MEL framework and reporting structure easily and more-appropriately be oriented around outcomes. This is further described below in the description of how reporting systems can be reorganized.

Improving Reporting Structure and Practices

There are three distinct elements for improvement in this area: the level of detail required; the frequency of reporting; and the way in which the report template is structured to capture results.

On level of detail: The current reporting structure is narrative in form, and each biannual report captures a great deal of detail on process. Examples of the level of detail required include the following – noting that this is a small sample, to show the range required for each activity, in each report:

- the date and location of each activity to the full lists of materials (“financial, material, human, skills or competencies, tools or guidelines”) used for each activity,
- participant lists and notes from activities,
- evidence of level of satisfaction with the activity and reflection on the process of implementation,
- reflection on whether the activity unfolded according to expectations and what lessons were learned, and
- details on outcomes related to activities (which are often not able to be reported in the same timeframe as details on inputs and outputs).

While all of this information is valuable in the right setting, and much of it may hold significant value for grantee’s internal reflection, a large portion of it does not provide value-add for the CRG Strategic Initiative to best monitor and learn from how its investments are being used. As an example, perhaps based on a desire to provide transparency or perhaps driven by the section lengths prescribed by the MEL framework guidance, some grantees provided excessive level of detail on activities such as the rationale for choosing a specific training venue or decision-making on how an agenda would be structured. This indicates a reporting system which grantees feel focuses on oversight and proof of performance, rather than on learning and measuring of outcomes for communities. This, combined with the resource implications of reporting this level of detail, creates an unacceptable burden both for creation of the reports (grantees) and review of the reports (CRG Strategic Initiative team).

For these reasons, a sharp rationalization of level of detail is needed. It is possible to outline the records that grantees are required to keep for auditing and evaluation purposes (e.g. participant lists, satisfaction surveys, etc.) without requiring that these be reported and reviewed for every activity. A revised reporting template should consider requiring **only the most basic quantitative and categorical information to be reported biannually**, so that it can be aggregated by the CRG to gauge both individual grantee and overall portfolio progress. This update can also be linked to a reconsideration of reporting frequency.

On reporting frequency: The current reporting practice is for narrative reports, covering the full results chain, to be submitted biannually. Not only does this present an unacceptable time burden as noted above, but it is inappropriate for capturing outcomes of the types of investments that the CRG Strategic Initiative makes. Grantees reiterated and the evaluator observed that change downstream from activities often takes a year or more to become evident. Rather than being asked to report on a full range of results each six months, grantees would be better served by a reporting format which requires a progress check, **gathering basic quantitative and categorical information each 6 months, and reflecting on outcomes-level progress in periodic narrative form**, either once annually or at the midterm and final (18 month and three year) marks. Therefore, for biannual reporting grantees would be asked to report on clearly quantifiable inputs and outputs, including:

- Activity progress, by category (completed, in progress, delayed, or not yet started)
- Activity outputs, by applicable standard indicators (number of events, number of individuals trained, number of organizations provided with mentoring/technical support), allowing for custom indicators to be reported on where standard ones are not applicable
- Expenditure to date (overall and/or by activity, only to the degree that it provides useful information for the CRG Strategic Initiative team)
- A brief ‘Notes’ section should be available for each activity, only for grantees to describe any departures from planned schedules or activities,

- The template could optionally provide the option to note whether there were any immediately observed outcomes from the implemented activity, in a Yes/No fashion, allowing for minimal (1-3 sentence) explanation. This would serve as a way to capture emerging outcomes where relevant in between periodic narrative reports.

To complement such streamlined biannual reporting, periodic narrative reporting should provide an opportunity to stand back and reflect on outcomes-level progress. The foundation of such reporting would come from the workplanning phase: the definition of expected outcomes and their timeline for measurement is vital to drive a more realistic outcomes-focused method of work, and should be done when activities are being designed. This is part of an ongoing learning cycle, which pushes grantees and the CRG Strategic Initiative as a whole to consider how each investment is expected to translate into results, to carefully reflect on whether their assumptions were ultimately accurate, and to learn from and adjust for what was or was not achieved under those assumptions. In defining expected outcomes, key questions to be answered will include:

- What outcome can this be expected to contribute to?
- How will we be able to measure this outcome?
- When do we expect to be able to measure it? (It should be noted that for some investments this answer may be greater than a year or even greater than the length of the CRG Strategic Initiative funding cycle; if this is the case, see the question below on intermediate progress.)
- What other factors may affect whether this outcome is achieved or not?
- If this outcome is not achieved, or if the timeline for achievement is beyond the reporting period, what might be some signs of intermediate progress that we could measure?

Once these parameters have been defined during workplanning, the periodic narrative reporting exercise becomes a reflection on the expected outcomes:

- What evidence of outcomes can be observed? (Using previously-defined measurement metrics.)
- Were the outcomes as expected, or different? What other factors may have affected that?
- How did your activities contribute to this outcome? (Or the counter-factual: How would this outcome have been different without your activities?) Who or what else contributed?
- What did we learn from this? Is there anything we could have done differently?
- If we have no measurable outcome, what does that tell us? Were the contributing activities not well-aligned to create change? Did they create change that was different than we expected? What can we learn about how to do it differently next time?
- What follow-up is needed now?

While these questions require a good deal of reflection, they should be limited to a handful of outcomes that are the culmination of multiple complementary activities. They should also be revisiting previously carefully-considered outcomes, allowing grantees an opportunity for honest and critical reflection and releasing them from pressure to prove “performance” – as quantifiable measures of work done will be provided in a separate stream of reporting.

On structure of reporting template: In addition to the reorientation described above, it will be important wherever possible to reorient the reporting template around countries where support is being implemented; exceptions will be for Regional Platforms for activities applying to the entire region and for global-level advocacy. This will allow for *tracking the activities and intended outcomes in each country* to provide the CRG Strategic Initiative with a clearer sense of where and how its impact lies. This reorientation would be supported by the several recommendations of this evaluation to require grantees

to present proposals and workplans that focus on a defined number of countries via a limited number of subgrantees.

A Note On Component 1

Component 1 does not have grantees, and therefore does not report in the same fashion as Components 2 and 3. The primary sources of data for Component 1 are an Excel-based TA tracker, and post-assignment surveys that are currently completed by TA providers and requestors. There are several options to consider in strengthening these tools.

On the TA tracker: While overall this tool yielded strong quantitative results, it will be important to align its tracking categories carefully with the MEL activities. This should be done after any revisiting and streamlining of the MEL framework. In addition, expected outcomes should be included in the TA tracker. As described in the main body of this report, defining expected outcomes and expected timelines for measurement (mirroring the approach described above for periodic reporting) should be integrated into the request development phase.

On the post-assignment survey: The post-assignment survey presents several opportunities for strengthening

Requestors and TA providers should both be asked:

- to comment on whether expectations for outcomes remains the same (relative to what was provided in the request) after delivery of services. If there is consensus that a different outcome is now expected, this should be updated in the tracker; and
- whether there is the expectation of follow-up TA being needed, either immediately or in the future. Where follow-up TA is needed immediately, the CRG Strategic Initiative team should verify whether there is a possibility for Component 2 grantees to provide follow-on support within the scope of their ongoing work. Where the latter is not possible, Platforms should engage to assist requestors in envisioning a follow-up TA request.

In addition, further surveying is needed to record more details on TA provider performance, particularly around their provision of quality assurance services for deliverables:

- Country Teams and potentially other collaborating Strategic Initiatives should have the opportunity to complete a brief survey about their satisfaction with the provider. It should be noted that it is possible that the CRG Strategic Initiative team will need to administer this survey and record results by phone or in person, in order to assure an adequate response rate. For this reason, this survey should be **very short** – limited to two to three targeted questions, including at least one scoring element.
- The CRG Strategic Initiative team, itself, should complete a short survey on satisfaction with the TA provider.

Summary of these details (scores) may be kept in the TA tracker, and should also be utilized as part of the scoring matrix when selecting providers for specific assignments.

Improving Differentiation for Communities from HIV, TB and Malaria Perspectives

All of the recommendations above apply across all populations and disease components – all partners in implementing the CRG Strategic Initiative should benefit from a well-attuned and easily comprehensible MEL framework that provides a supportive architecture for the full implementations cycle, from planning through implementation and reflective learning. At the same time, it is important to acknowledge the

differing needs of populations and disease components in the content of what they do and the outcomes that can be anticipated to arise from CRG Strategic Initiative investments.

It is broadly acknowledged that the MEL framework – as well as much of the underlying CRG infrastructure – was built around the HIV movement, and reflects certain realities therein. The TB and malaria communities have some differing needs, which need to be better accounted for in a differentiated (or adaptable) MEL framework. It is beyond the scope of this evaluation to completely redesign the MEL framework to make these accommodations; and further would be inappropriate to do so without consultation of experts in each area, including communities themselves. However, the below provides a summary of points to be considered when undertaking necessary adjustments to the Component 2 MEL framework before the next Strategic Initiative.

For TB: The movements of TB communities are just establishing their footing in the global arena, and where they have been closely linked to or aligned with HIV movements, they are beginning to establish independent identities and roles. This is accompanied by a great deal of organizational development and capacity-building – activities that take significant time and resources, and do not always translate into immediate measurable results outside of the organization’s own operations.

In contrast to the HIV field, which has many well-established networks (and indeed strong global networks serve the role of supporting the development of younger/emerging regional and national networks) and where there are alternative funding streams available through the Robert Carr Fund and others, the TB movement is growing a more resource-limited environment. While the larger question of whether replication of the structures built within the HIV movement is a sustainable way for the TB movement to grow is beyond the scope of this evaluation, the reality is that the growing infrastructure of the global TB community is seeking resources to allow them to build and fulfill core network capacity needs: registration of organizations, development of financial and communications systems, strategic planning, etc. To the degree that the CRG Strategic Initiative chooses to support these elements of growth, the results should be able to be captured within the MEL framework. Revisions of the framework should consider an indicator that can capture the outcomes of such investments, if desired.

There is also additional confusion around whether Objective 2 applies to TB:

Objective 2: To strengthen the capacity of marginalized and criminalized individuals, groups, and networks—across all 3 diseases—to engage in all Global Fund-related processes more effectively and safely

While it would appear from the language of the Objective, itself, that it was designed to capture TB and malaria, a tailored version of the MEL framework for these two diseases advises that grantees need not report on the Activities, Outputs or Outcomes that feed into the achievement of this objective. At the same time, in practice a small number of relevant activities were reported in the upstream Activity categories. This is likely because this Objective deals with marginalization, which is often broadly applicable to many communities affected by TB, including women, migrant populations, and those experiencing housing insecurity. Additionally, even individuals who do not identify as being from a marginalized or criminalized community may effectively become marginalized and have need for increased strategies for safe engagement when operating in an environment where civil society suppression is broad and potentially violent. For these reasons, TB grantees may find this Objective to be more applicable than the CRG Strategic Initiative team had initially anticipated. It is recommended that

this Objective stay open to the TB component, but that there before further exploration of uniquely tailored Outcomes that may be expected for TB (as differentiated from HIV or malaria).

Moreover the evaluator's perspective on this is that TB does interface with at least two criminalized/criminalization-affected populations: PWUD and people who are currently or formerly incarcerated. While it should not be construed that all TB-affected populations are criminalized, leaving this area of work open to the TB community seems particularly appropriate.

For malaria: Issues pertinent to malaria fall broadly into the same categories outlined above for TB: the unique organizational needs of the global malaria community, and the applicability of Objective 2. These issues do, however, present significantly differently for malaria.

The mobilization of community at the global level is significantly more nascent than for TB, with the first global network in the earliest stages of establishment. The nature of the concept of "community" within malaria, as further described in the main body of this report, means that this network may not seek to build the capacity of local communities in the same way an HIV or TB network would. Rather, it may opt to work more as an awareness-raising body to support organizations implementing malaria programming to understand and seek resources to make malaria programming responsive to community, rights and gender needs. Additionally, the notion of 'global' is quite different for malaria, with 11 countries accounting for 70% of the global malaria burden¹⁸ - meaning that the corresponding regional infrastructure which often accompanies a global network is limited to a smaller range of regions than for HIV or TB. For these reasons, a global malaria network is likely to have different strategic goals than HIV or TB networks, and while it may also require organizational development resources, the metrics for measuring its growth and operationality may differ again from HIV or TB; an appropriately-tailored MEL outcome may be needed to reflect the results of any CRG Strategic Initiative investments in this direction.

The malaria-related issues around Objective 2 are similar to those for TB: while malaria itself is not a criminalized disease and there are not clear population-identity markers associated with risk as there are for HIV (e.g. PWUD, MSM, etc.), it is true that social economic and other marginalization does confer increased vulnerability to malaria, including along gender lines. The same concern around safety when engaging in advocacy in a repressive environment also applies for malaria as it does for TB. It may be for these reasons that grantees chose to focus activities heavily in this area, including in the documentation of marginalization as it relates to malaria. With this in mind, as for TB, it is advisable to keep this Objective open and applicable for malaria communities as they define it for themselves.

In addition, Objective 3, which is centered around investment and sustainability, should be carefully considered for malaria, particularly for settings where malaria elimination is envisioned and a longer-term sustainability strategy may look significantly different than for HIV or TB.

As stressed in the main body of this evaluation, it is of vital importance to assure that malaria expertise at the Global Fund and RBM Partnership are consulted in making any updates to the malaria-differentiated MEL framework.

¹⁸ World Malaria Report, 2017. Summary available here: <https://www.who.int/malaria/media/world-malaria-report-2018/en/>