

Rapid assessment of the Community Engagement TA Program's work in Eastern Europe and Central Asia (EECA) in 2020-2022

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1. About the Assessment

The Global Fund’s Community Engagement Technical Assistance Program (CE TA Program, before 2021, known as the Community, Rights, and Gender TA Program) has been implemented since 2014. It aims to provide short-term peer-to-peer technical assistance on human rights, gender, community responses, community systems strengthening, and other related areas to enhance the engagement of civil society and communities across the Global Fund’s grant cycle, priorities and processes. Implemented by the Community, Rights and Gender Department (CRG Department) at the Global Fund Secretariat, the TA Program is one of the three components of the CE Strategic Initiative (SI), the other two being: long-term support for capacity building (through global and regional community networks); and the Regional Communication and Coordination Platforms¹.

1.1. Purpose

This report presents the results of a rapid assessment of the implementation of the CE TA Program in the countries of Eastern Europe and Central Asia (EECA) in 2020-2022, with a limited scope to:

- Get perspectives of TA recipients and providers on the process, results, and lessons learned from the Program’s implementation;
- Compare the Program’s reach and scope with the previous period of 2017-2019;
- Inform the Second Regional Forum of TA recipients, providers, and organizers titled “Implementation of the Global Fund’s Community Engagement Technical Assistance Program in the EECA region in 2021-2022: Lessons learned and way forward” on 28-29 November 2022 in Istanbul, Turkiye.

¹ See more information at: <https://eecaplatform.org/en/about-crg-special-initiative/>

1.2. Methodology

The CRG Department produced a list of TA provided and scheduled as of October 2022. This list included the following information on the provided TA cases: recipient name, provider, TA request date, approved budget, scope, disease component, and country.

An online survey and follow-up interviews were used to extract quantitative assessment and qualitative lessons from the perspectives of TA recipients and providers. The themes mirrored a similar exercise conducted in the region in 2019². In consultation with the EECA Regional Platform (Platform), the assessor selected respondents for interviews.

Eleven TA recipients and 4 TA providers who were/are cumulatively engaged in 19 out of 21 TA cases responded in October-December 2022. While the assessor conducted most interviews and analyzed the survey results, 5 interviews were taken by the Platform's representative due to short timelines and the limited assessor's contract.

2. TA Program's reach and scope

Volume: As of October 2022³In 2020-2022, 21 TA events were initiated in EECA, including one suspended due to the war in Ukraine and two starting in October 2022. This is a 3-fold increase in comparison with 2017-2019, when 7 TA cases were approved.

Figure 1: Key features in 2020-22, in comparison with 2017-19



Recipients: Organizations with representatives as members or alternate members in CCMs are most likely to request and receive TA (7 out of 11 recipients responded). Five respondents were sub-recipients of the Global Fund's HIV grants, and six were HIV or TB grant sub-sub-recipients or contracted suppliers. CCM, in consultation and coordination with civil society representatives, initiated one request.

TA's scope of issues was diverse, though the engagement in funding request development, including C19RM, was dominating, making one-third of requests (seven TA committed). Like in 2017-2019, most cases were focused on HIV, with just four on TB and HIV together and two on C19RM grant requests. For the first time, three out of 21 TA events confirmed were specialized on the needs and communities of people in prisons and ex-prisoners. Unlike in the previous cycle, TA addressed broad policy and legal barriers (from Russia's Foreign Agent Law to the impact of sanctions on services in Russia, from analysis and advocacy on drug policy in Moldova to the effects of the new legislative remake in Kyrgyzstan). One TA assisted in better engagement and elections of community and civil society representatives in CCMs, which was an exception from the CR TA eligibility criteria for TA requests and was coordinated with the

²https://www.dropbox.com/s/delcqh25or5q1v/REPORT_2019%20EHRA%20Regional%20Forum%20on%20CRG%20TA.pdf?dl=0

³ At least two more requests were submitted and approved for Azerbaijan and Kazakhstan, and one more was initiated in Moldova, all related to the new funding cycle, according to the data of the Regional Platform. A review and potential consolidation of the requests from VOLNA (a network of people who use drugs), TBpeople Ukraine, and Free Zone working with people in prisons and ex-prisoners in Ukraine was reported in one interview.

Global Fund's CCM Hub. Three focused on improving service quality, and one on service sustainability advocacy. Like in 2017-2019, the transition-specific work was underrepresented.

Geography: Eleven countries have benefited directly from the CE TA Program: Albania, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Serbia, Ukraine, and Tajikistan. Russia's civil society-based Coordinating Committee (CCM analog, without the involvement of the government)⁴ Particularly well utilized the opportunities with 5 TA cases already delivered, all of them diverse in nature, nearly all engaging different TA providers. Two Tajikistan groups that received support in 2017-2019 are receiving TA this cycle. For the first time, Azerbaijan benefited and managed to utilize the Program repeatedly. Just two out of six eligible Balkan countries⁵ are receiving TA in this cycle. In the previous cycle, there was one multi-country TA case to support the region, which was more of an exception, and there were no multi-country TA cases in the current cycle of the CE TA Program.

Budget: The average budget of TA provision (where information was available) was US\$28'750, nearly half of US\$46'500 in the previous cycle. The range of costs was from US\$8'500 to the most expensive being US\$50'900 (in the preceding cycle, the most costly reached US\$115,000).

3. Process

3.1. Awareness, management, and timelines

Management: Recipients appreciate that the Russian-speaking and well-known-in-community member in the CRG team (Maria Golovanevskaya) manages their requests, and the availability of the request form and information in Russian, along with English. The additional support of the EECA CRG focal point (Alexandrina Iovita) is highly valued.

Roles: The Platform remains the main source of information about the Program, according to all but one response from TA recipients. Additionally, three specifically indicated support received from the Platform's piloted scheme of national focal points, while two learned about the TA program from their Fund Portfolio Managers. INPUD (International Network of People who Use Drugs), one of the CE SI partners for the long-term capacity, mediated and supported the development of 3 TA requests with a focus on the needs of the people who use drugs community.

The EECA Platform, with extended support through its national focal points, played a role in motivating and understanding eligible activities ("*The Platform explained our misconception about the program that it can only cover international consultants and no national consultants, no events*"; "*Applying was easy because of the Platform's support*"). It provided helpful feedback to tailor the request to the Program's requirements. This role highlights that

⁴ Russia receives the Global Fund support for HIV under the exclusive NGO rule through a community and civil society CCM.

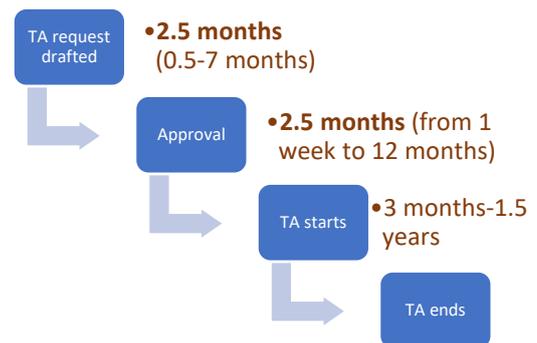
⁵ The countries receiving national grants (4 countries) and engaged in the regional grants (5 countries, including three receiving national grants) are eligible.

the description by itself needs to be clearer to fully understand the opportunities within the CE TA Program.

Timeline: On average, it takes 4-5 months from the first draft TA request to the initiation of TA provision. The process becomes more evident for the repeated TA recipients, and their TA requests are more concrete, based on what needs to go into the TA TOR; therefore, the process becomes swift. C19RM-related TA had exceptionally speedy timelines of the Global Fund CRG team's review, which otherwise takes 2.5 months on average.

According to the TA providers, the initiation of TA provision typically takes 1-3 months from the moment they are contacted. However, there have been exceptional cases of extensions of up to 6 months or even one year. According to TA providers, the CRG team has been open to extending timelines. Typically TA lasts 3-6 months; one case was reported to extend to 1.5 years. The TA duration varies depending on the scope and complexity of the TA. In two cases, the finalization of TA awaited government or CCM approval and therefore was taking longer than initially planned.

Figure 2: Timeline, estimated by recipients and providers



Hence, the process starting with conceptualizing the need and ending with completing products takes at least eight months on average. Some interviews reported a continued (though significantly lower than in the previous cycle) tension between the expectations of speed from recipients and providers. The TA recipients still expect a relatively quick start and delivery of TA. Timelines are the area with the lowest satisfaction from the providers (see *Figure 5 below*) – they are not sure when the Global Fund would confirm the TA. At the same time, they need to give clarity to preferred consultants if they can take other jobs or need to block specific days. Two providers recommended managing TA recipients' expectations better and facilitating early planning.

Roots for delayed confirmation and initiation: In two cases, the process was reported to take more time to frame TORs due to political sensitivities, e.g., careful crafting of TOR for mitigation of sanctions on the HIV programming in Russia to ensure no harm is done to the NGO CCM and Principal Recipient as well as consultants involved, while in Kyrgyzstan the Global Fund advised monitoring the political situation and postponing the start of TA, making additional analysis. In another case, the delayed start was caused by the internal consultations if the TA request should be expanded and consolidated with other needs. Ukraine's more prolonged initiation of nearly one year was reported due to the ongoing war and growing demands. Another Ukrainian request is on pause due to the war.

A Kyrgyz respondent reported that the Global Fund CRG team asked them to submit their TA request later due to a pause and prioritization of the most urgent TAs by the team. The prospective TA recipient commented about this limitation's bad timing in preparing for the new funding cycle. TA providers, too, mentioned a concern over sufficient staffing at the Global Fund CRG team for the full potential of the TA Program.

3.2. TA recipient satisfaction

The TA recipients report high satisfaction with the TA Program’s process. The two areas with concerns raised were around the decision-making within the CRG Team (the approval process and how a provider is decided), and the correct reflection of needs in the TOR. Multiple recipients were considering new TA requests and mentioned that *“it is one of the few available independent sources of support remaining”* for their country and highlighted its relatively easy accessibility. All indicated that they would recommend the TA Program to others and would apply again.

“Having independent funding and not from the grant was critical on the politically-sensitive topics like Foreign Agent Law, as otherwise the principal recipient and the grant, in general, would be put under the threat of closure by authorities.”

Unlike the previous cycle, there were no ineligible or unapproved TA requests from the EECA region.

Figure 3: Recipient assessment in a scale from 1 to 5, 5 being maximum

| | |
|---|------------------|
| Clarity of CE TA available and how to access the support | 4.4 |
| During the application process, communication with the Regional Platform and GF was timely and clear | 4.6 |
| Decision-making on approval of TA within the Global Fund Secretariat was clear and transparent | 4.3 |
| We were consulted on the final TA TOR | 4.5 |
| The TOR for the TA fully reflected our need | 4.3 |
| Our organization was consulted on the selection of consultants | 4.4 |
| Communication with TA providers was effective and fully met our expectations | 4.5 |
| Our organization filled out the evaluation form for the TA received and submitted it to the Global Fund | 4.8 ⁶ |

The TA recipients value the opportunity of engaging both international and national consultants. In some cases, access to global knowledge and guidelines and the lack of national expertise are why the Program is approached. In other cases, recipients proposed specific in-country international consultants who could speak the national language and understand the context; some even would check on their willingness to engage as part of their application process. In other cases, the recipients found it necessary to receive in-house funding for adequate support of the consultancies (national consultants and budget for bringing people together) – something that was highlighted as a gap in the previous cycle of the TA Program and has been resolved in this cycle.

⁶ The TA is not fully closed in 5 cases.

This review did not inquire about the proportion of national vs. international consultants or the portion of peer community consultants involved. It would recommend doing that in the future where feasible.

TA recipients repeatedly mentioned the significance of the ability to pay for in-person meetings as one of the post-COVID lessons learned when meetings moved to the virtual mode and were reported to be less effective and efficient, despite saving funds.

“In one TA implementation, a physical meeting was not allowed because of COVID though it was critical for removing tensions among stakeholders. The virtual support took months of what could have been resolved by a compact face-to-face meeting.” (TA recipient)

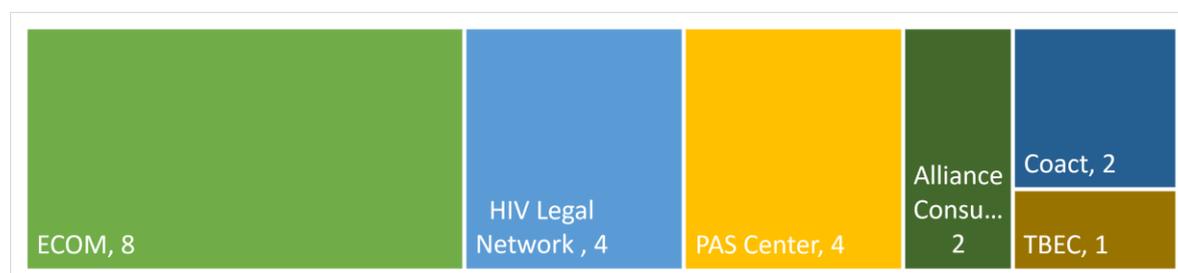
3.3. TA providers: selection and satisfaction

From the official list of 26 pre-selected CE TA providers⁷, six have been engaged in the EECA region in 2020-2022. Those are ECOM (Estonia), HIV Legal Network (Canada), PAS Center (Moldova), Alliance Consulting (Ukraine), Coact (UK), and TBEC (Ukraine). After a TA request is received and considered eligible, the CRG Department forwards it to the preferred TA provider if indicated in the TA request. If not, the CRG Department, in consultation with the Regional Platform, identifies a TA provider for a specific task. The CRG Department asks providers to indicate their readiness and potential consultants as the first step for selecting which organization is to deliver support. ECOM had 8 TAs provided, all in the region, and indicated that they responded to all inquiries from the CRG team (generally in 2-3 days), and in all cases, they have been selected to deliver TA. Despite their core mission being focused on gay, transgender, and gender-diverse people, they offer the broadest range of thematic areas among the TA providers. ECOM treats it as a recognition of the quality of their work: *“Because in all TA cases, our performance was excellent, now we are requested for jobs, which are distant from the original competencies.”* ECOM’s ability to quickly respond to various needs is based on its internal roster of more than 70 consultants and its ability to contact other regional community networks for advice. TBEC interestingly specialized in technical support to CCM-related work (one TA for this Program in Kyrgyzstan and three more cases for the Global Fund’s CCM Hub), seeing this as part of their mission to strengthen civil society. Alliance Consulting, which was more extensively used in the previous cycle, has been less involved and has agreed to support one pending TA and started another TA. One TA provider in the EECA region, the Moldova Institute for Human Rights, has not been engaged in any TA provision in the 2017-2019 cycle or so far in the current cycle. In the 2019 report on the EECA implementation of the TA Program, the Institute highlighted the limited focus of the Global Fund grants (and, by extension, TA requests) on human rights programming. HIV Legal Network continues to engage in human rights, civil society empowerment, and law

⁷ The list as of January 2021 is available at:
https://www.theglobalfund.org/media/10402/crg_technicalassistanceprovider_list_en.pdf

enforcement within and outside the region. The PAS Center (Moldova), which has been managing the regional TB project until the end of 2022, managed four diverse TAs. Coact is an international peer-led organization specializing in people who use drugs which led to two consultancies in EECA.

Figure 4: TA providers and the number of TA cases provided in EECA in 2020-2022



Generally, the TA providers are highly satisfied with the Program, except for the timelines, as highlighted above.

The interviews underlined the importance of ensuring good TORs. In one case, the agreed TOR from 2020 was so ambitious with two major resource-intensive economic studies that it could not be delivered and therefore had to be revised by the provider and lead consultant to ‘what is feasible and could be useful’. But the engagement between TA recipients and providers at an early stage remains not fully implemented.

Communication with some national partners and their national consultants presents a challenge. One provider estimated that in one-third of cases, there had been difficulties in receiving timely responses and support from national partners and consultants – some from the TA recipient organization, “though they should be highly motivated in the TA provision”.

Budget planning is highly affected not only by the more than 2-fold increase in flight costs and major inflation in 2022 but this was further exasperated by short timelines and further delays in the previously agreed timelines. Once approved and signed, the CRG Department cannot change the budgets. In one reported case, there was a real threat of not being able to deliver on the TA. Finding co-financing has been a major challenge due to the limited availability of alternative funding sources.

One TA provider highlighted the limited pool of qualified consultants, both at regional and national levels, who could be potentially involved in the TA provision. Different providers within and outside this CE TA Program are tapping into the same consultants who are overloaded and have limited availability. Some international consultants move from freelancing to employment, further restricting the pool.

Figure 5: Provider perspective on the TA Program on a scale from 1 to 5, 5 being maximum

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|--|-----|
| Clarity of provider selection process and criteria | 4.5 |
| TA TOR reflecting provider’s comments | 5 |
| Budget is reasonable and well planned | 4.2 |
| Timelines reasonable for quality TA provision | 3.5 |

| | |
|--|-----|
| Communicating with the TA recipient before finalizing TOR | 4 |
| TA recipient consulted on the selection of consultants | 4 |
| Satisfaction with the final selection of the consultants | 4.8 |
| Effectiveness of communication with TA recipient | 4.2 |
| Work of international consultants | 4.8 |
| Work of national consultants | 4.2 |
| Feedback from the Global Fund received on final deliverables | 4.5 |

3.4. CCM and FPM roles

In most cases, the Global Fund's Country Teams and CCMs play a role in reviewing TA requests or implementation support. In one case where civil society is not in a powerful position with the government institutions, this engagement, including a letter from FPM to the leadership of the CCM and PR, helped with taking the TA seriously, considering the recommendations, and using them in the adoption of critical programmatic innovations recommended by the TA. In another case, the TA form's question about consulting CCM and FPM was the reason for the doubt about utilizing the CE TA Program due to complex relationships within the country. But in most cases, the TA recipients saw an added value from the FPM engagement.

"I think it is the right approach to engage FPM because TA is about the country or regional project, largely to improve, adapt, or improve its effectiveness. So FPMs are uniquely positioned to see if the TA request is well linked to the funding request, as they see strengths and weaknesses of grants and the Global Fund priorities." (TA recipient)

4. TA influence and factors for success

The survey and the interviews showed various examples of solid deliverables with influence, though TA was still ongoing for six out of 11 TA recipients in the study. The TA recipients gave high marks to the usefulness of the TA products for their organization and the national response. There was a slightly lower rating of TA matching needs and expectations.

Figure 6: Quality of products according to recipients (the scale from 1 to 5, with 5 being the highest)

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|--|-----|
| Products are of high quality | 4,7 |
| Products were useful for our organization | 4,5 |
| Products were useful for HIV/TB response | 4,8 |
| Products were useful in influencing the country's funding request to the Global Fund | 4,8 |
| TA received matched our needs and expectations | 4,3 |
| Our organization would apply again and would recommend CE TA to others | 4,8 |

C19RM-related support includes particularly tangible and well-costed support:

- Based on costed and justified suggestions, the C19RM 2021 grant for Ukraine included 2.7 million (7% of the approved budget) for the penitentiary system. Ukraine has a separate component to address prison health for the first time (prison funding and governance are outside the health ministry's remit).
- Russia's NGO CCM could not have accessed C19RM funding and 2.5 million for NGOs to mitigate the impact of COVID on HIV services if not analysis and expertise engaged who managed to access data and normative documents that were not in the public domain and scattered.

Other examples include CCM-related impact, programmatic support, and protecting civil society in challenging operating environments:

- In Azerbaijan, PrEP and self-testing were proposed and introduced through funding requests as the follow-up of the IDUIT training provided.
- In Russia, the analysis of the Law on Foreign Agents was read and utilized by NGOs. The recommended precautions have likely enabled the sub-recipients and the principal recipient to reduce the risk of being classified as the foreign agent and helped the Humanitarian Action (the principal recipient) to be de-registered from the Foreign Agent List.
- In Russia, community-led monitoring is used by Community Forums and researchers, while some were initially skeptical about this approach's value.
- The Belarus funding request for the Global Fund allowed an open competition in the selection of sub-recipients (SRs) in line with the request of community groups interested in service delivery themselves and had no such possibility due to a pre-defined set of 3 NGO providers.
- In Kyrgyzstan, community and civil society groups reviewed and inputted in the new national strategic plans, notably successfully influencing the notion of civil society's role in both responses and, for the first-time adding importance of stigma reduction in the TB response. Three seats for unrepresented groups (ex-prisoners, trans, youth) were allocated. Other groups preserved their place in the CCM (people living with HIV, people with TB, sex workers, people who use drugs, men who have sex with men, and civil society). The National Strategic Plans and the updated CCM composition await approvals from the government and CCM.
- Because of TA provided in the previous cycle before 2020, an LGBTIQ representative sits on the Armenian CCM for the first time.

The TA providers have only partial visibility of the use and influence of the TA provided. They are not tasked to do so. There are no databases of the products or descriptions of cases (the Regional Platform's website includes a description of one case from the current period and another five cases from 2017-2020⁸). Moreover, time is needed to see an impact. Some TA providers do this if they are connected to the group or – if they are a network – check with their members. As one interviewer highlighted, the approach to TA provision, at least in some cases, is oriented towards national capacity building, which is important to maintain in the future. Other provider highlighted the simplified approach of the TA program operations and focused on specific results to explain the quick impact.

⁸ See at: <https://eecapplatform.org/en/category/ts-examples/>

“The high level of the consultants made the product more 'competitive' in the national dialogue on the funding request.” (TA recipient)

“This TA Program's approach is oriented more towards building national capacity, ensuring more people benefit. In comparison, the SoS Project is focused on consultant engagement and work delivered, less about the national capacity.” (TA recipient)

Compared with other Programs, this TA moves fast; it has fewer engaged partners, less reporting, and much more straightforward what we are trying to achieve. Part of the TA Program's success is its design oriented toward results. (TA provider)

5. Conclusions and Recommendations

1. The use of the CE TA Program increased three-fold in the region compared with the previous period. Often it is the only other (independent) source available to civil society for the Global Fund grants.
2. Multiple examples of the impact of TA provided have been reported. The impact should be better recorded, and the visibility and sharing of the products should be improved.
3. There is greater thematic variety in TA requested compared to the previous period. The HIV grant sub-recipients and organizations of people who use drugs are among the more frequent utilizers of the CE TA Program. Organizations and initiative groups of people in prisons and ex-prisoners have been among TA beneficiaries for the first time. Thematic and geographical underrepresentation remains for the TB grants and people with TB, gender, sex workers, MSM and LGBTIQ, access to medicines, donor transition, and the Balkans.
4. 2020-2022 saw the increased engagement of FPMs and more links with CCMs in addition to the central role of the Platform in promoting and supporting TA recipients. The involvement of FPMs helps with more strategic positioning of TA (in terms of the thematic focus and the use of the product by all the national stakeholders). A positive experience of the engagement of one Component 2 CE SI partner for the CE Program shows the potential of greater synergy between long-term and short-term branches of the CE Strategic Initiative.
5. Recipients expressed high satisfaction and would recommend the TA Program to others. The areas for improvement could be further work on greater alignment of their expectations and TA and better communication on the decision-making process within the Global Fund Secretariat. The recipients highlighted the need to plan in-person meetings.
6. Timelines and budget management (the latter mainly in 2022) are the areas of concern. The communication towards the TA recipients should be explicit that, on average, eight months are required from submitting a TA request and getting the requested product to be more realistic on the expectations. The TA providers and consultants are required to demonstrate great flexibility to accommodate the revisions in timelines following the TA approval. The most extensive changes in initiation and delivery timelines were linked to

politically sensitive TA cases and war-affected Ukraine. The delays significantly negatively impact budgets, primarily due to rapidly-increasing prices for flights. The TA Program should have a process to revise budgets in environments with significant economic instability and currency changes or allow for planning of last-minute travels.

7. National consultant and partner involvement are essential for capacity building, but in many cases, such engagement presents a challenge for providers. Those challenges should be better explored before making conclusions about how best to address them. Additionally, in the future, the involvement of national and peer consultants should be better studied and tracked.
8. There is an unequal use of TA providers. TA recipients nominate some TA providers or consultants based on their previous experience, but ultimately, the CRG Department leads the nominations. The current description of TA providers could be further improved to highlight the actual competence of providers or at least the TA cases provided.
9. The CRG management is appreciated, but the EECA recipients and providers have concerns over capacity and the current pause for some recipients in the period leading to the national dialogues for the preparation of funding requests.