

## REPORT of THE REGIONAL FORUM

### Implementation of the Global Fund's Community Engagement Strategic Initiative (CE SI) Technical Assistance Program in the EECA region in 2021-2022:

#### *Lessons learned and way forward*



28 - 29 November 2022  
Radisson Blu Sisli Hotel, Istanbul, Turkiye

## About the Forum

The Second Regional Forum on implementing short-term technical assistance supported by the Global Fund's Community Engagement Strategic Initiative (CE SI TA Program) in Eastern Europe and Central Asia reviewed lessons from 2021-2022 and opportunities for the future. Additionally, the new features and prospects in the upcoming funding allocation cycle, starting in 2023, were presented.

The in-person Forum gathered 26 speakers, participants, and organizers in Istanbul. Additional 9 speakers and participants joined online via Zoom. The participants included 10 past and current TA recipients and representatives of 8 CE SI TA providers and consultants. The Global Fund's team consisted of a CE SI Senior Program Officer responsible for coordination of short-term TA in the EECA region, a Senior Fund Portfolio Manager, a CRG Regional Advisor for EECA, and an Access to Funding team representative. Other partners and technical support organizers who presented the plans linked to the upcoming Global Fund grant cycle (GC7) included UNAIDS, GIZ, WHO/Europe, the STOP TB Partnership, and the Regional Project 'SoS-2.'

The Regional Platform for Information and Communications organized the Forum, using the experience of a similar Regional Forum in 2019 in Chisinau, Moldova.

The concept note [[English](#) | [Russian](#)] developed by the EECA Regional Platform informed the agenda. The organizers coordinated the Forum's plans with the Global Fund colleagues, on whose recommendation they added a segment on guidelines, processes, and requirements for the Global Fund's new allocation cycle. The agenda [[English](#) | [Russian](#)] featured different methods of work: presentations, experience sharing, analysis of a case from perspectives of various players involved, panel discussions, plenary discussions, and the interactive co-development of recommendations through the world café approach. Before the Forum, a rapid assessment was conducted to analyze the progress of the CE SI TA Program compared to the 2017-2019 round and identify good practices and lessons learned. This assessment was finalized already after the workshop and is available [here](#).

The Forum's report features the highlights from the discussions, followed by the meeting's evaluation results. For brevity, the PowerPoint presentations are hyperlinked to the files without repeating their content in the report. The meeting materials are available in the special Dropbox folder at this link:

<https://www.dropbox.com/sh/xczk7uk0v7wzmyv/AADsdLIVZqohIEG2qYd9IXiNa?dl=0>

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## Abbreviations

APH	Alliance for Public Health
C19RM	COVID-19 Response Mechanism
CCM	Country Coordinating Mechanism
CE SI TA	Community Engagement Strategic Initiative Technical Assistance
CLM	Community-led monitoring
CRG	Community, Rights and Gender
ECOM	Eurasian Coalition on Health, Rights, Gender and Sexual Diversity
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
ENPUD	Eurasian Network of People who Use Drugs
FPM	Fund Portfolio Manager
GHRN	Georgian Harm Reduction Network
INPUD	International Network of People who Use Drugs
LGBTIQ	lesbian, gay, bisexual, trans, intersex, queer
MSM	men who have sex with men
NGO	non-governmental organization
OST	Opioid substitution therapy
SWAN	Sex Workers' Rights Advocacy Network
SWIT	Sex Worker Implementation Tool
TA	Technical Assistance
TB	tuberculosis
TBEC	TB Europe Coalition
TOR	terms of reference
UHC	universal health coverage
UN	United Nations
UNAIDS	Joint UN Programme on HIV/AIDS
USAID	U.S. Agency for International Development
WHO	World Health Organization

## 1. CE TA practice and lessons in 2021-2022 (Day 1)

### 1.1. Presentations

On Day 1, four presentations were delivered to outline the framework and practice of the Community Engagement Technical Assistance (CE TA) Program. Maria (Masha) Golovanevskaya, Senior Program Officer in the CRG Team of the Global Fund's Secretariat and the CE SI focal point for coordination of the implementation of TA in the EECA region, gave an overview of the TA provided in 2021-2022, with the disaggregation of the internal analysis of the groups, countries and the portion of the requests led by affected communities ([PPT link](#)). The Regional Platform's activities, reported by its Coordinator Ivan Varentsov, highlighted the high number of online information sessions to present the TA Program ([PPT link](#)). The meeting's facilitator and the Platform's consultant introduced the interim results of the rapid assessment of the TA program ([PPT link](#)), which showed generally high satisfaction among the recipients and providers and significant improvements in the uptake and processes of the TA Program in comparison with the previous period. Anuar Ismael Luna Cadena, the Regional Platform Coordinator for the respective region ([PPT link](#)), presented the Latin American and Caribbean experience of the TA Program. This region has one of the highest demand rates for CE SI TA, and highly structured work to inform communities about the TA possibilities through information sessions with CCMs, strategic discussions with FPMs, and active collaboration with the regional community networks.

### 1.2. Discussion themes

During the discussions throughout Day 1, the participants acknowledged the significant evolution of the CE SI TA Program and its importance: communities and civil society drive TA requests and are this TA's primary beneficiaries. The TA recipients shared that the CE SI TA process is simpler than expected. Groups of people who use drugs benefit well from the CE SI TA. The participants debated how to generate more support for civil society and communities that are currently underrepresented among the TA recipients, particularly those engaged in the TB grants (a similar gap is present in Latin America and the Caribbean region).

- Prioritization of needs: Given high demand coming from the region, it is vital to be strategic in generating TA requests and to prioritize most pressing and catalytic issues (e.g., mitigation of the new draft anti-gay legislation in Russia, opioid agonist maintenance therapy in Kazakhstan, translating community ideas about more integrated packages, innovations of the regional interest in addressing stimulant use).
- The quality of the TA requests continues to require improvements that could speed up the process and better satisfy expectations. Some requests are too vague or too comprehensive for short-term TA. They should be result-oriented, clarifying the use of results.

- Tracking: The CE SI TA Program could improve the disaggregation of the TA data on engagement of TB key populations. TB grants might not be fully represented in the analysis, e.g., support of the communities of ex-prisoners benefits both HIV and TB grants, though currently marked as focused on HIV. The same is relevant to the TA for the community engagement into Funding Requests preparation.
- Role of regional and global networks: The Platform informs of the TA opportunities during regular regional coordination calls with the regional networks. However, this has not generated a significant influx of new requests. Some ideas on how to change this were identified by the regional networks present at the meeting, namely: ECOM, EHRA, TBEC, INPUD, and ENPUD. The Sex Worker's Rights Advocacy Network,(SWAN), was not able to join.
  - The regional networks could benefit from better information about planned TA and their results, encouraging to support follow-up advocacy or other newly identified needs outside the short-term TA provision.
  - INPUD (International Network of People who Use Drugs) supported the development of TA requests in Kyrgyzstan, Tajikistan, and Ukraine using its role as a CE SI implementing partner of the SI's long-term capacity-building component as well as its contacts with ENPUD. This is a successful practice that could be considered and replicated by other CE SI long-term capacity-building partners.
  - The PAS Center, TBpeople, and TBEC could help identify strategic opportunities in the TB field.
  - Despite a strong engagement of ECOM as a TA provider and their work on gay, MSM, and trans community mobilization, few requests have come from the MSM/LGBTIQ communities. The discussion did not resolve how the regional networks and organizations that are the TA providers could generate the demand without a potential and actual conflict of interest.
  - There were different views on whether the national partners should proactively work with the regional networks to identify needs and support or vice versa.

A separate discussion with the networks would help to define a more proactive role for them and ensure coordination of TA with other work funded from other sources.

- Platform's national focal points: In 2021-2022, the Platform engaged so-called national focal points. So far, once per year per country, they support 1) generating TA requests by consulting partners; and 2) writing a TA request. They receive an honorarium based on results. The focal points work with the national consortiums and associations to identify and prioritize the needs for TA requests. Participants suggested the Platform to explore engaging the national focal points in promoting the CE SI TA Program in the country if the Platform's resources permit. One national focal point spoke of his experience, which required much greater efforts than anticipated or compensated financially (and the country has many more stakeholders, no unified platform). Some participants encouraged to identify focal points that work on underrepresented issues and populations.
- FPM, CCM, and the Principal Recipient engagement: The discussion concluded on the importance that CCMs and portfolio managers are engaged to support the TA requests where feasible. CCM endorsement of incoming TA requests is encouraged but is not obligatory and the participants noted the importance of this flexibility in the design of the TA submission process

- Country-specific approach to increasing awareness and engagement of CCM is needed. Some participants urged working closely with civil society and community representatives on the CCM.
- In some countries, the CCM endorsement might be difficult to obtain due to the sensitive nature of the TA requests or where the request relates to the needs of criminalized populations.
- In Azerbaijan and other countries, the local NGOs foresaw steps to get feedback and advice from the FPM, CCM, and the principal recipient before the TA request is submitted and to engage it in finalization and discussion of the next steps.
- The participating Senior FPM saw her role in the TA request review process as an advisory for identifying potential partnerships and had a positive experience in one case to support the TA provider's consultants to navigate the relationships and fully understand the local expectations. She reads TA reports, as they can contribute to improved programmatic responses. She also noted that an early FPM and Global Fund Secretariat engagement could speed up the TA approval process. It was supported by the Senior Program Officer coordinating the program.
- The participants would appreciate if the FPMs continue and systemically apply the practice of sending an introductory email to the national stakeholders to inform them about the TA and ensure smooth implementation of the assignment.
- One TA provider argued that, in their experience, not all FPMs might be fully sensitized to community issues and ready to take up community-informed TA products that analyze and recommend sensitive, out-of-the-box approaches which may be required in certain contexts.
- The Secretariat of the Russian community and civil society CCM proactively engages with in-country community partners to identify diverse needs for TA. As a result, the TA Program is used for multiple purposes: mitigation of the impact of the Foreign Agent legislation on the Global Fund's grant, analytical work to prepare for the C19RM grant, getting support to develop community-led monitoring (CLM), organizing the national dialogue of community and civil society groups, etc.
- Covering local expenses: The logistics costs as well as administrative expenses associated with the TA assignment can be covered, and this needs to be explicitly communicated.
- CRG Team and timelines: The capacity issues within the CE SI team were acknowledged by different participants, some of which called for additional staff to meet the expected increased demand for TA. A partial resolution will come when one colleague returns to the CE SI team from her parental leave. Generally, the CE SI team prioritizes reviewing the most urgent requests and seeks their synchronization with the national processes. The review timelines improve where the TA request has been discussed with the stakeholders and takes into consideration previous or ongoing work on this issue in the country. .
- The CE SI team **works closely** with other technical and bilateral partners **to ensure coordination and alignment on the TA assignments. There is a practice of referring TA requests to these partners, where the request (or parts of the request) falls outside the scope of CE SI TA or where there is limited capacity to deliver timely support. As an example, in 2022, CE SI successfully partnered with GIZ on a TA assignment in Kyrgyzstan, thus ensuring that all parts of a TA request could be accommodated.**



- Platform: The participants shared high praise and appreciation for the Platform's role, particularly in the review of TA requests and informed advice often beyond the official announcements – what could be covered, potential thematic focus, ineligible TA requests, possible budget items, the names and similar previous experiences of TA providers, helping the TA requestors to navigate relationships with various Global Fund related structures.
- Access to products and limiting duplication: Important products are being developed as part of the TA provision (e.g., SWIT training module, training for trans people to engage in the Global Fund, etc.) but are not published and shared. Similar products could already exist or be re-commissioned. Assessing impact on programmatic work in politically challenging operating environments might be necessary for countries other than Russia; the providers and regional networks concerned could agree on a unified methodology for review.
- Community values: The ENPUD representative asked the CE SI TA Program to fully champion the community values: promote monitoring directly implemented by communities and invest in developing national community networks.
- Consultant availability, quality, and prioritization of peer-to-peer work:
  - The CE SI focal point confirmed the TA program's emphasis on peer support. The TA providers in the room shared their perspectives on engaging consultants. For instance, as a peer-led group, Coact always engages an international or regional consultant from the community. However, they rely on local groups to recommend national consultants and therefore might not have first-hand knowledge of the person's past performance or linkages to the community. An example shared by ECOM highlighted that a transition from a community leader to an international expert might take time, depending on the type of expertise required. Participants shared the positive experiences of combined teams of a consultant with technical expertise and an expert who knows the country well: such combinations lead to applying the knowledge to the local context.
  - In other cases, the community is asking for a consultant, not necessarily from the community but for community groups to develop technically sound proposals on new issues or advocacy plans and learn from the consultant. This enables the community groups grow stronger.
  - INPUD and HIV Legal Network highlighted the limited pool of strong regional consultants, for example, on 'niche' topics like drug policy.
  - Three TA providers shared how they gather feedback on their consultants from the recipients. Some providers are highly engaged in the TA assignments, and this ensures more dynamic adaptations of work and tasks based on actual needs and context.
- Highly delicate environments are expanding in the region (e.g., Russia, Belarus). The Global Fund grants and communities require joint efforts and non-standard GF management solutions to preserve the work there. The CE SI TA Program must continue engaging and being available in those sensitive situations and FPMs and principal recipients are encouraged to consider the analysis from those reports.
- Feedback from TA recipients: the CE SI focal point noted that not all recipients fill out the feedback forms; therefore, further adaptation to the feedback collection methods may be needed to ensure higher response rate.



### 1.3. Recommendations for improved processes of the CE TA Program

The following recommendations synthesize the actions suggested by the participants identified during the world-café exercise on Day 1:

#### *Promotion and uptake*

1. Identify strategic opportunities to utilize the CE SI TA Program in the Global Fund Partnership:
  - With the Global Fund EECA team regularly, similar to the LAC region;
  - With the regional networks that work on advocacy and service quality improvement to identify TA assignments needed to support longer-term efforts;
  - With the global networks engaged in long-term capacity building, featuring examples of the INPUD support and examples of local groups using of CE SI TA Program;
  - The Platform should promote opportunities among underrepresented communities and requests that would combine interests from several communities
2. Use more creative visual means and language for the promotion of CE SI TA Program
  - Use infographics, videos, etc.
  - Simplify the language (less technical and formal jargon);
  - Translate the main information into national languages where English and Russian serve as a barrier for communities (Platform's national focal points could support the activity)
  - Involve national focal points of the Platform to present information at relevant national meetings, including at CCM
3. Feature practical experience of TA and share the results widely, including:
  - Share TA updates and deliverables (products) with their CCMs where relevant (TA requesters should plan for it);
  - Engage TA recipients, providers, and CE SI Program's long-term partners in the Platform's webinars on TA;
  - Feature more cases of TA assignments, along with their deliverables on the Platform's website;
  - Consider a standardized approach to measuring and describing TA assignments;
  - Include the thematic focus of TA delivered on CE SI TA Program.

#### *CE SI TA Program processes*

4. Enable more transparency/dialogue around the choice of the TA providers and consultants: publishing more details on areas of expertise for the TA providers<sup>1</sup>, some examples of past TA assignments;

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<sup>1</sup> The public roster of the TA providers includes a table with a list of pre-defined areas of expertise in community engagement and a specific sub-set for each provider.

5. Clarify in the TA request guidance what can and can't be funded;
6. Bring the consultants into the process earlier to clarify the TOR with the requestor before the kick-off call;
7. Have more focused objectives and deliverables in the TORs.
8. Allow for more flexible contracting modalities of the requesting organization that oversees handling the logistics;
9. Include a 3-6 month follow-up with the TA requestor into the TA provider's contract.

#### *Coordination with other work*

10. Background and justification sections of the TA request should mention what other work related to the TA request has already taken place in the country, including from other donors.
11. Systematic cross-checking of TA requests with other technical partners and regional networks working in eligible countries
12. Agree with the CE SI team, the regional networks, and the Platform on how to proactively share TA deliverables, including trainings and modules, in a meaningful and holistic way, reducing re-development of similar training tools

## **2. Global Fund's new funding cycle**

The second day of the meeting was dedicated to understanding opportunities and plans for Grant Cycle 7 (2023-2025), starting from the Global Fund requirements, technical and international partner support, extracting lessons on how to organize TA for the national dialogue effectively, and discussing priorities from the community and civil society side.

Svetlana Dupriez from the Global Fund's Access to Funding team outlined the packages of funding request documents, requirements for the national dialogue, and the new elements in the upcoming cycle of funding ([PPT link](#)). Alexandrina Iovita highlighted vital aspects in the Global Fund's guidance on HIV, TB, human rights, gender, community systems, and others that are highly relevant for the community and civil society groups ([PPT link](#)).

Tatiana Vinichenko encouraged civil society and community groups to concentrate their efforts on one funding request and feed their needs there, particularly now that there is a new mandatory annex that should list civil society and community priorities. The main consensus document remains the funding request. Alexandrina highlighted that indeed while Annexes are important they should not be seen as standing alone, but rather as informing the funding request, and that human rights programs should not be implemented in siloes but seen as part of the approaches to reach the HIV and TB goals.

Ekaterina Zinger highlighted the challenge for communities to follow all the guidance documents that Alexandrina referenced, as they are in English and written in the Global Fund's specific terminology. As a minimum, a Russian translation of key documents is needed. In the previous cycle, Ekaterina had to translate some guidance documents herself. In the autumn of 2022, several national and regional organizations addressed the Global Fund's Secretariat with a similar request for the Russian versions of documents.

Follow-up agreed: The Platform with TBEC and ECOM is planning to translate a subset of documents. It will follow up with the Global Fund's Access to Funding team regarding the translation of additional prioritized documents. Furthermore, once the national dialogues start in 2023, the Platform agreed to organize a more detailed information session for civil society and communities with the CRG and other teams to address emerging practical questions.

### 3. Technical support organizers and providers

Several agencies presented how they plan to support countries with the development of funding requests.

1. Nicole Seguy presented that the WHO/Europe will conduct the national program reviews and support consultants in writing funding requests. The country program reviews in progress or planned are:

- In 2022, Kyrgyzstan, Ukraine, and Uzbekistan (*completed*)
- In 2023 for HIV: Tajikistan (Jan), Moldova (Feb), Azerbaijan (Mar), Belarus (April), focused review of Montenegro (to be confirmed)
- In 2023 for TB: planned but not yet confirmed - Moldova, Tajikistan, and potentially Azerbaijan

WHO is sharing the desk review documents and information from the program reviews with the writers of funding requests. The following funding requests are planned and will be supported by WHO in 2023: joint HIV/TB requests from Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine, and HIV grant requests from Kazakhstan, and Russia. WHO/Europe plans a virtual meeting with the consultants writing proposals in January to present the WHO guideline updates and the Global Fund's new opportunities (e.g., funding for treatment of monoinfected people with hepatitis C, triple elimination of mother-to-child transmission). They expect to start engagement with CCMs in February and in March-April to begin providing a technical review of funding requests.

2. Eleanora Hvazdziova from UNAIDS presented the countries, priorities, and funding for technical assistance and technical support mechanism available through the regional and country team ([PPT link](#)). The Technical Support Mechanism can provide exceptional support, as it did for the regional networks' emergency response to the war in Ukraine. Daria Matyushina encouraged reaching out to her and other UNAIDS colleagues in case of funding problems for national networking and CLM.
3. Bermet Amirova from GIZ BACKUP presented the details on how the support for the Kyrgyzstan funding request is structured, with AFEW Kyrgyzstan completing the community needs assessment and the writing consultant hired to support the country ([PPT link English](#) | [Russian](#)). They received a request for support from Uzbekistan and have the potential to support Tajikistan (although a request has yet to come from this country).

Ukraine is also eligible for the three types of support available (consultants, financial support, and institutional strengthening).

4. STOP TB Partnership, represented by Caoimhe Smyth, offers its support through grants, specific TB-CRG tools, investment cases, and support package for the Global Fund's cycle 2023-2024 and technical assistance ([PPT link](#)). The STP approaches and tools have been developed by communities and link CRG with other initiatives like finding the missing cases, etc. While the CE TA Program receives few requests on TB, the STP receive many more than they can support (around 50% of requests are supported). Requests for support (including in Russian) should be addressed at [ta@stoptb.org](mailto:ta@stoptb.org). The STP hired an EECA focal person Liliana Caraulan highly experienced in writing funding requests.
5. The Regional HIV Project SoS-2, represented by its Director Sergii Filippovych, Alliance for Public Health (APH), highlighted the products that could help justify needs in the national dialogues ([PPT link](#)): ECOM and EVA-led assessments on gender barriers in access to HIV services in 14 countries, cost analysis of HIV testing and possibility to introduce rapid diagnostic testing as a confirmation of HIV status conducted by WHO/Europe and PAS Center, an assessment on decriminalization of people living with HIV and key populations by 100% Life, etc. The studies are to be completed by the end of 2022.

Discussion and comments highlighted the importance of the timeliness of products feeding into the funding requests. For example, the results of the AFEW Kyrgyzstan assessment and the WHO Review are needed in early January as the country's funding request is to be submitted by March 20. The draft reports of the WHO program reviews should be shared with the working groups working on funding requests as soon as possible, even before they go through lengthy internal procedures before publishing. It is vital to coordinate different consultants involved and timelines; potentially, the CCM Secretariat could play that role. WHO/Europe is planning their review of draft funding requests within one month and aligning with the national processes. Bermet from GIZ BACKUP highlighted that they are in touch with WHO and UNAIDS to ensure coordination in Kyrgyzstan.

The CCM funding could offer additional funding for the national dialogue or consultants to help with some analysis (but not writing funding requests).

Kazakhstan asked for more details on how WHO/Europe could work closer with the community and civil society groups on universal health coverage (UHC), as this stream is vital for sustainability. WHO/Europe is open to suggestions and is waiting for a follow-up.

UNAIDS agreed to look for a way to support Georgia, which will develop its new funding request in late 2024 or even 2025 (UNAIDS dedicated support for funding requests is to be spent in 2023).

The SoS-2 Project is ready to provide more targeted support for consultants or meetings based on requests either directly from the Project or through their partners (e.g., they supported translation for the Georgian national dialogue and legal analysis in Kyrgyzstan).

#### 4. Learnings for better national dialogues

To discuss how to plan and support national dialogue, the Forum took the case of the Georgian national dialogue in 2021, which took place recently. The Georgian CCM requested the CE SI TA Program to support civil society and community engagement in the national dialogue with the TB consultant Cristina Celan and HIV consultant Gennady Roshchupkin through ECOM (the EECA Platform's description of the TA case is available at: <https://eecaplatform.org/en/ta-georgia-2021/>). Additionally, the Alliance for Public Health supported a community of people who use drugs to consult and prepare their proposals (Pavlo Smyrnov, APH) as part of the dialogue.

Lessons learned from Georgia, and other experiences shared from C19RM and other funding request development processes:

- Engage national consultants, especially in settings where the in-country capacity is high (e.g., a discussion could take place in a national language, and this builds national capacity);
- Coordinate different TAs for the national dialogue and, if the parallel consultations among various communities are taking place, plan for joint cross-community consultations outside CCM to join, and avoid competition among community groups;
- Prioritize community and civil society jointly, if need be, with the support of a neutral external support;
- Clarify what product is expected by the CCM and the writers of funding request (e.g., costed and prioritized interventions as in Georgia or some priorities while the overall dialogue should involve all national stakeholders as in Kazakhstan);
- Establish early contact with funding request writers to understand and influence the process;
- Cost recommendations where possible;
- Be considerate of the different capacities of various communities and within the communities, as well as high competition and a labyrinth of inter-personal relationships;
- In the initial phase, present the Global Fund framework and what is fundable and what is not to make the discussions realistic;
- Plan for in-person dialogue (online meetings have significant limitations);
- Use international facilitation (international consultants) where communities collaborate among themselves to a less extent and/or more neutral support for 'negotiations' is needed;
- Engage and empower community members to present the results of the community consultations;
- Use the product and follow during the grant negotiation to ensure, after the national dialogue, the recommendations are included in the revisions of the funding request and during the grant implementation;
- Monitor what budgets and interventions make from the national dialogue to the grants [potentially, the Platform could do that in more than one country];
- Use the CCM grants as needed (15% for civil society and community efforts; often not utilized opportunity).

## 5. Community priorities and ways forward

Nataliya Nesvat, Women's Space Charity and Board of TBpeopleUkraine (Ukraine), highlighted how the new context of the war in Ukraine changes the needs. Gender-based violence is increasing. However, progressive legislation does not work on the ground for people who need services. People in the armed forces should be included as a key population for HIV, TB, and hepatitis to ensure timely diagnosis, care, and support. She highlighted the previous engagement experience in the national dialogue, which enabled communities to suggest multiple interventions; however, they did not make it to the subset of the funded and prioritized interventions in the grants, despite the high capacity of communities. The communities must work on prioritization of interventions and engage in the control of decisions made during the national dialogue process.

Nurali Amanzholov from the Central Asian Union of People Living with HIV concluded with, based on Day 1 discussions, the importance of greater uptake of the CE SI TA Program from communities with less capacity, like sex workers. Ensuring access to medicines is a top priority, which has not been an issue for citizens and permanent residents but regained importance in the new economic and migration context. The third area is about the effectiveness of the use of the CE SI TA Program. Suppose the interventions, like the HIV stigma index, are developed with the TA support for funding requests, but the final grant budget is cut to the amount that is insufficient for a meaningful study. In that case, it means that the TA funding was wasted.

Vlada Rabinova from TB Europe Coalition (TBEC) highlighted that awareness of the CE SI TA Program and other TA possibilities are only one area for improvement. More nascent groups require support to understand their own needs, and the existing platforms, like those for TB, could help them. Some groups might be aware of the opportunities but need help navigating through all the donors and programs and how the CE SI TA could be helpful. Webinars in the local languages would be necessary to reach more communities, as the Program and Platform did for C19RM.

Gennady Roshchupkin, an independent consultant, suggested that community groups focus on developing the service stream of self-care (including self-testing, etc.), which can respond to new realities due to higher mobility and the war and has been recommended by WHO for some time. Another area that requires more development in the community groups is economic literacy to influence government policies and thinking. Community-led monitoring (CLM) and data should be better integrated into health systems and measuring work effectiveness. He recommends that the Regional Platform promotes and advances the topic of CLM in the region.

Olha Karpenko from FreeZone (Ukraine) shared their success in adding a significant programming component for the penitentiary systems in the C19RM grant. The community helped prioritize the proposed interventions through an online smartphone application. The Platform and TA providers should use simplified language to explain the communities of the Global Fund processes, interventions, etc. The Platform and others might consider cooperating with the communication experts to see how to implement that practically.



Ala Iatco, Union of Organizations Working in the Field of HIV Prevention and Harm Reduction (Moldova) said that the Global Fund processes ensure a formal involvement of communities even without the CE SI TA Program. However, the TA support makes a difference in the quality and impact of that engagement. It should be strategically used at all the stages of the Global Fund work – during the national dialogue, the budget optimization, grant implementation, evaluation, and other critical processes like WHO mid-term program reviews. The pool of experts engaged in the CE SI TA might need an update, for example, more gender experts since the Global Fund highlights gender equality and introduces the Gender Equality Marker. Supporting community groups to develop TA requests, actively engaging in CCMs, support of FPMs in those process are vital.

Aibar Sultangaziev, Partnership Network (Kyrgyzstan), recommended having a dedicated discussion on how the regional networks will support the national dialogues and community groups, for example, trans and MSM groups in Kyrgyzstan. Based on his experience, developing a funding request could be seen as a process of finding a compromise on how to divide funding in line with the epidemiological situation and needs. In that process, points on rights and gender need to translate into measurable interventions and indicators that could influence the epidemic. Third, two donors operating in Kyrgyzstan – the Global Fund and USAID – have differences in their priorities, approaches and messages to the country, which might be confusing to the national stakeholders. It is crucial that donors increase coordination and such donors like USAID would follow what the country requests.

Gennady added the importance of addressing Russia, which is home to 70% of people from key populations, living with HIV and TB in the region. Accessing statistics is becoming more problematic. Because of the intensified mobility, new epidemiological problems inside the country will appear in other countries. It is essential to monitor the situation outside Russia among Russian migrants and continue exchanging information with Russian community groups willing to work in the current conditions. Katerina Zinger confirmed the challenges with the statistics and authorities' willingness to cooperate with international partners. However, the community groups are ready to work. Support for migrants from Russia is needed. Maka Gogia, GHRN, said there is a major influx of Ukrainian and Russian migrants due to the war, with ten times more Russian migrants than Ukrainians in Georgia. Currently, Ukrainian migrants can access HIV and TB treatments (but not hepatitis C diagnostic and treatment), Ukrainians are equal in the status to Georgians citizens. For citizens of Russia (as well any other nationalities) ARV and PrEP could be provided but they should pay out of pocket for relevant tests. As for prevention - as relevant services are mainly supported by the Global Fund nobody asks passports when providing such services and HIV testing, syringes, condoms etc. Sergii Fillipovich, APH, informed of studies and operations of the Regional Group on migration, which will show some data and studies generated with the support of the SoS-2 project on access to services for Ukrainian refugees and the situation with the Kyrgyzstan migrants returning from Russia. The migration also shows developments needed in online and distant care and support. According to Mikhail Golichenko, HIV Legal Network (Canada), work in Russia can focus on services, not advocacy. He urged to engage Russian experts who had to leave the country. Communities in more countries call for removing criminal sanctions for



drug use/possession, HIV exposure, etc. but to do that sensibly, they need special technical training on how to conduct the dialogue on those aspects.

Ganna Dovbakh, EHRA, concluded that the development and implementation of the Global Fund grants have become complex. They demand equally complex expertise, including but not limited to technical knowledge on rights, gender, community mobilization, CLM, budgeting, the effectiveness of interventions, and integration of those components closer to the health system reforms and developing people-centered approaches. Consultants can bring technical knowledge. But their support is similarly beneficial to build constructive communication and agreements on more complex national responses.

Maria Golovanevskaya from the CRG Department of the Global Fund sees practical outcomes of the Forum. It confirmed the importance of in-person meetings: its side conversations have already generated two TA request ideas. Her takeaways for herself and the Regional Platform of the opportunities for improvements are greater visibility of results and processes, connecting short and long-term support under the Community Engagement Strategic Initiative, and bringing new needs from the national dialogues that will take place in 2023.

Ganna Dovbakh, EHRA, acknowledged that the regional networks have successfully brought innovative ideas and practices but are yet to work on supporting national partners to justify, describe, quantify and cost those practices for the national dialogues. Quality of services and people-centeredness will remain the focus of efforts of the regional networks. Unfortunately, how to support issues and communities that might be less visible still needs to be solved. The Global Fund and USAID focus on certain ideas and sub-sets of countries. As a result, just two countries- in the EECA region are eligible to receive support under the Human Rights Strategic Initiative, one EECA country is eligible under the CLM SI; community is underdeveloped and their systems see little investment in the Balkans and some other countries.

On behalf of the host organization of the EECA Regional Platform, she ended with the call for unity:

*“In a difficult situation, at the moment of radicalization, aggression, and all the horror that we see, when everything is so complicated and difficult, and we wish for all this horror to end, this unity that we have around key values - the value of human life, the right to life, to health, respect - is exactly what keeps us going. We must appreciate each of our activists - when we evacuate them from bombshells in Ukraine or from the state mandate to kill people; these activists carry on life-saving aid under bombs with bulletproof vests. Our debates, emotions, thoughts, and work at this meeting are to ensure that all those activists, even in extraordinary circumstances, have the resources.”*

## 6. Evaluation

All the event participants were sent an online survey to request their feedback. Eighteen participants filled out the form (approximately 2/3 of the participants). The response could be improved in the future by making space for evaluation during an event (instead of after the meeting).

## 6.1. Feedback on the meeting

The achievement of the objectives was rated as the follows in the scale between 1 and 5 (5 being the highest rating):

Learn from the experiences of the CE TA providers & recipients of such TA in EECA in 2021-2022	4,8
Discuss how to reduce challenges for CSOs and communities to access the CE TA mechanism	4,8
Contribute to better coordination among TA donors and technical partners in supporting or providing the Global Fund-related work in the region in line with the community needs	4,3
Reflect on the progress of the implementation of the 2019 1st Regional Forum's recommendations for the Community Engagement TA Program	4,6

Two participants needed more practical discussion on improving coordination and linking short-term TA and long-term capacity-building efforts under the CE SI TA Program. An additional output achieved but not listed among the Forum's objectives was enhanced awareness of the new funding cycle of the Global Fund.

The Forum's different aspects received high ratings, especially the logistics and facilitation. One English-speaking participant greatly appreciated arranging the translation and ensuring its quality. Still, several shortcomings or recommendations were made by the participants:

- insufficient time for discussions and interaction in the session with the technical support providers;
- need to place a video camera closer to speakers for a more in-person feeling for the zoom attendees;
- lack of Turkish food to celebrate the local experience.

Agenda (completeness, length, clarity, etc.)	4,8
Information materials provided before and during the event	4,8
Event facilitation and the combination of methods of work	4,9
Your ability to express opinion and influence discussions	4,7
Logistics of the event (travel, accommodation, the responsiveness of EHRA staff, etc.)	4,9
Facilities, venue, and meals provided	4,7

## 6.2. Follow-up planned and expected

Different participants found different results and ideas important for them, according to the evaluation forms:

- Involving different perspectives in the meeting to hear different sides
- Self-effectiveness of community representatives as a direction of work

- International cooperation of work across difficult countries (including on migration)
- Increased collaboration between short- and long-term capacity components of the CE Strategic Initiative
- Need to find the role of the regional networks in the CE SI TA Program
- Important for the Platform, long-term capacity building partners, and the regional networks to discuss specific support country-by-country
- Global Fund's priorities for 2023-2025
- Technical support opportunities from other sources
- Understood who is ready to continue working with the Russian groups and the need for assessing the new law on LGBTIQ propaganda in the Russian NGO work
- Identified ideas on how to approach analysis for the country dialogue
- The use of the CE SI TA program beyond the funding requests
- Feedback on our work was important (INPUD)
- Understanding the internal technical processes on the side of providers
- Similarities with and differences from Latin America and the Caribbean region
- Discussion on joint work with the Regional Platform, providers, and the national focal points

Some participants already plan a follow-up: on TA support for the national dialogue generally, for addressing issues experienced by women who use drugs in the national dialogue, a workshop at home on community mobilization, sharing results of the Forum in the regional network, following up directly with some participants on the questions that remain, develop a database of consultants and more specifically work on getting feedback on consultants, survey communities on the need for TA.

The following follow-up was recommended by the participants:

- Reinforce CE SI TA capacity (staff and budget) to meet the high TA demand;
- Address the recommendations for improving the CE SI TA processes;
- (for the Platform and CE SI TA) work with partners for the strategic increase in the TA uptake, particularly addressing the gaps for key populations that are less represented in the Program.
- CE SI TA and the Platform work with the long-term support recipients on how to specifically link local groups to the short-term TA and the national dialogue processes;
- updating the Platform's work plan with the recommendations, including feature CLM, prepare webinars featuring TA recipients and providers, simplify the language of information materials, tailoring to Windows 1, 2, and 3 countries;
- Platform to monitor and facilitate the exchange of information on potential upcoming challenges in new funding cycle;
- Extract recommendations from this meeting and prepare a plan for how the suggestions will be implemented.