



THE GLOBAL FUND'S COMMUNITY ENGAGEMENT TECHNICAL ASSISTANCE PROGRAMME

Case Study of the Republic of Moldova:
Engaging TB and HIV communities in
the development of the national funding
request for Global Fund Grant Cycle 7



BACKGROUND

Civil society engagement in the response to tuberculosis (TB) and Human Immunodeficiency Virus (HIV) infection in the Republic of Moldova is guided by national policies and global TB and HIV/AIDS eradication strategies which emphasise, among others, the critical role of civil society organisations (CSOs) and affected communities. Hence, substantial focus is paid by the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria to ensure the engagement of CSOs and people living with HIV, people affected by TB, and groups and communities at higher risk of HIV infection, in the country dialogue and funding request development as well as their engagement in the planning and supervision of Global Fund investments.

The request for technical assistance (TA) drew on the previous positive experience with the Global Fund's Community, Rights and Gender (CRG) Strategic Initiative (SI) (CRG SI) in 2020 which contributed to the meaningful engagement of communities at the national level during the development of the NFM 3 funding request (2020-2022 allocation period)¹. Capitalising on this experience, the CSO, 'Casa Sperantelor', in partnership with the CSO members of the TB Platform and the KAP Committee, submitted a new TA request to ensure a participatory dialogue and inclusion of the CSO and Key Population (KP) priorities into the funding request for Global Fund Grant Cycle 7 (GC7).

Community Engagement (CE) Strategic Initiative (SI) technical assistance (TA) was provided between March and May 2023 by the **Moldovan Institute for Human Rights** (IDOM) as the TA provider. Additionally, two individual consultants were contracted with the support of the **EECA Regional Platform for Coordination and Communication** hosted by the Eurasian Harm Reduction Association (EHRA) – both consultants collaborated previously with IDOM and joined the IDOM team to support the implementation of the activities within the CE TA. The TA was carried out on a tight timeline in parallel with the development of the national funding request.

Table 1. Stages of TA to support engagement of CSOs and KPs in the development of the Global Fund Cycle 7 Funding Request in the Republic of Moldova, 2023

Stages of providing technical assistance			
DECEMBER 2022	JANUARY – MARCH 2023	MARCH – MAY 2023	JUNE 2023
Development and submission of the TA request	Review and approval of the request by CE SI; selection of the TA provider; preparation and approval of the ToR; and selection of the consultants	Provision of TA by the consultants in accordance with the ToR	Submission of a report by the TA provider on the results of the TA provision
Total Budget: US\$36,320.00		TA Provider: IDOM	

¹ Moldovan Institute for Human Rights (2020). Strengthening the engagement of TB and HIV communities in the Republic of Moldova in the context of the country application for the Global Fund support 2021-2023. Chisinau; Moldovan Institute for Human Rights. http://ccm.md/sites/default/files/inline-files/ENG_Report_TB-HIV_IDOM_29_06_2020_Final%5B1%5D.pdf (accessed 15 August 2023).

The TA helped to ensure active and inclusive engagement of communities and civil society representatives during all stages of the funding request development process. The deliverables included a final report that summarised key findings of the consultations and outcomes of the rapid situational analysis. This helped inform the content of the funding request as well as the Annex on Civil Society and Community Funding Priorities which accompanied the final submission to the Global Fund.

WHAT WAS THE RATIONALE FOR THE TECHNICAL ASSISTANCE REQUEST?

In October 2022, the Republic of Moldova was informed that it is eligible to apply for the funding available for the 2023-2025 allocation period. In accordance with the Allocation Letter², Moldova was attributed an envelope of €18,507,625 (HIV component of €10,417,707 and the TB component of €8,089,918) including the strengthening of resilient and sustainable health systems (RSSH) with the implementation period of January 1, 2024 to December 31, 2026. Later in 2022, it was also decided that Moldova would submit an application in the Global Fund's second window (by 29 May 2023).

Recognising the importance of ensuring the meaningful role of civil society and community groups in the country dialogue processes, a TA request on behalf of the TB Platform and the Key Affected Population (KAP) Committee was developed and submitted aimed at strengthening the participation of various KPs affected by diseases in the development of the Global Fund Cycle 7 funding request. Additional TA was requested by the CSO, 'AFI, and provided by EHRA to support timely development of the Annex on TB Civil Society and Communities Funding Priorities.

Therefore, this TA aimed to help key populations and community groups (people who use drugs, sex workers, men who have sex with men (MSM), LGBTQ, people living with HIV (PLHIV), people with TB) to identify key priorities and to work with the writing team to ensure that these priorities were considered in the forthcoming funding request.

² The Global Fund 2023-2025 Allocation Letter for the Republic of Moldova, Geneva, 16 December 2022

HOW WAS TECHNICAL ASSISTANCE ORGANISED AND PROVIDED?

The technical assistance provided through IDOM had the following objectives:

1. Identify key challenges and gaps in the response to HIV and TB within the New Funding Model (NFM) 3 and develop recommendations to address these issues;
2. Define civil society priorities in the fight against HIV and tuberculosis for inclusion in a new application for funding under the GC7; and,
3. Liaise with the Country Coordination Mechanism (CCM) and the proposal development team to ensure that priority interventions are taken into account when developing the GC7 funding request.

Table 2. Key activities and deliverables of the CE SI Technical Assistance

Main Deliverable	Objectives / Results	Stage	Timeframe
Desk review	Review relevant documents to identify challenges and opportunities in the current grant implementation.	Stage I. Document review: At this stage, available documents relevant to the areas were reviewed; challenges were identified; CSO involvement in HIV and TB response activities were assessed; overlap with international recommendations, guidelines and best practices involving CSOs were performed.	MARCH 2023
Methodology	Development of the methodological concept of the consultations.	Stage II. Developing the questionnaires: Two types of questionnaires (for HIV and TB) were developed.	MARCH 2023
Consultation	Facilitate online consultations to collect input from TB and HIV CSO representatives.	Stage III. Conducting interventions: <ul style="list-style-type: none"> — Discussions in TWG-TB, TWG-HIV, TB Platform, KAP Committee; — Data collection was conducted online via the Google Forms application. Ethical issues, such as confidentiality and voluntary participation, were taken into account. 	MARCH 15-30 2023

Main Deliverable	Objectives / Results	Stage	Timeframe
Interim report	Writing the report based on the challenges identified with recommendations for interventions and quantification to address them; report adjustment based on consultations.	Stage IV. Synthesis and interim report: Compilation and synthesis of recommendations with reference to CSO involvement in the implementation of HIV and TB response activities related to national TB and HIV/AIDS programmes for 2022-2025, including for components to be included in the application to GF 2024-2026.	APRIL-MAY 2023
		Stage V. Sharing key findings and recommendations, including through distribution of the report to members of the TB TWG and HIV TWG, the CCM TB/AIDS and stakeholders.	MARCH 31 2023
		Stage VI. Developing the Annex on Civil Society and Communities Funding Priorities – consulted and included in the application set of documents.	APRIL-MAY 2023
Final report	Final report including the draft budget consulted and agreed with KAP for CSOs to be considered for the country application to the GF and the draft M&E module for CSOs.	Stage VII. Presentation and finalisation of the report: Presentation and discussion of the report in meetings with the KAP Committee, the TB Platform and other CSO representatives; agreement on conclusions and recommendations; adjustment of the report following suggestions received; finalisation of the report.	MAY 25 2023

WHAT RESULTS HAVE BEEN ACHIEVED THROUGH TECHNICAL ASSISTANCE?

The online survey was conducted using separately developed questionnaires for TB and HIV affected communities to ensure the voices of those affected are considered with 32 respondents for the TB component (people affected by TB and community-led and based organisations working in the field of TB) and 60 respondents for the HIV component (people living with HIV; people who inject drugs; sex workers; MSM; LGBTQ; people in and those

released from detention; youth; and, community-led and based organisations working in HIV prevention) engaged in the surveys. Additionally, the technical assistance objectives were carried out consistently and with the obligatory engagement of KP representatives through various events, such as workshops and expert country visits (5); technical TB and HIV, including joint TB and HIV working groups (19 meetings) which were documented, and the minutes of such meetings are available for public access³.

Drawing on the consultations, the proposed interventions were consolidated and presented during a technical working group at the national level, as well as through collaboration with experts (national and international) on their respective costing and further advocacy for the inclusion in the funding request. The inclusion of CSO and community priority interventions in the GF application were also ensured, together with the monitoring of costs and budgeting of the TB and HIV priorities and interventions throughout the development process with transparent updates provided on progress to communities and civil society representatives throughout the development process.

Thus, the main results of the provision of Technical Assistance include the following:

1. Moldova submitted the new application to the Global Fund on May 29, 2023, as planned, managing to arrange meaningful consultations among KPs and providing timely community and CSO priority activities for KPs for inclusion in the funding request. This is especially critical within the limited timeframe allocated for each step of the funding request development.
2. Civil society organisations and affected communities were mobilised as part of the TA to participate in the development of the funding request through an active and inclusive participatory dialogue. It allowed the affected communities (TB and HIV) to strengthen their understanding of the processes related to the development of the country funding request as well as to improve practical ways of participating in the related processes. This included people affected by TB (15); people living with HIV (14); people who inject drugs (23); sex workers (5); MSM and LGBTQ (8); people in and released from detention (2); and representatives of TB (17) and HIV CSOs (8). Of note is that some of the community representatives might be attributed to more than one community group.
3. The critical role of communities and CSOs in the national response to HIV/AIDS and TB was documented. TB and HIV communities identified key challenges and gaps related to community mobilisation, lack of attractiveness of TB and HIV services, limited cooperation among service providers at different levels of care, and sustainability of CSOs interventions, including slow uptake to support community engagement from domestic resources.
4. Specific community and CSO interventions were consulted and formulated for the funding request to the Global Fund for 2024-2026 which are in line with the activities of the National HIV/AIDS and TB Programmes for 2022-2025. Recommendations provided by communities, and developed based on the Global Fund's Modular Framework, dealt

³ Consultative processes within the CCM mechanism, <http://ccm.md/procese-consultativ>

with active detection, prevention and treatment, inequalities and barriers related to accessibility, quality and comprehensive services; stigma and discrimination; financial and human rights barriers; as well as strengthening of community systems.

5. The consultants followed an intense exchange of information within the team throughout the entire period of implementation of technical assistance in order to identify synergies between TB and HIV activities as well as collaborative aspects and existing good practices of community engagement. As a result, the interventions have been reframed, some of them have been merged to optimise resources, with all the major proposed priority interventions being included in the funding request.
6. The cost of the activities was determined through a consistent dialogue with CSOs and communities – the interventions being timely, quantified and shared with the writing team.
7. The preliminary findings of the Technical Assistance Report were presented during the development of the funding request (a joint meeting of the technical working group (TWG)-HIV and TB), as well as the Annex containing Funding Priorities of Civil Society and Communities (containing a list of priorities, activities and respective budget) being developed, shared among relevant TB and HIV stakeholders and submitted as part of the country application. The final English version of the report, 'Strengthening the engagement of TB and HIV communities in the Republic of Moldova in the context of the Country Application for the Global Fund Support for 2024-2026', was included in the list of additional relevant documents attached to the funding request to the Global Fund, with the original Romanian version placed on the website of CCM TB/AIDS⁴ for public access.

62% of TB and 66% of HIV proposed CSO and community interventions were included in the main application, the remainder being placed in the Prioritised Above Allocation Request (PAAR). Thus, the proposed budget allocated to TB CSOs and communities comprised up to 30% of the TB component and the HIV CSOs and community budget comprised up to 75% of HIV component in the overall budget of the country application.

⁴ http://www.ccm.md/sites/default/files/2023-05/CRG_Report_TB-HIV_14_05_2023_final_RO%20%28002%29.pdf (accessed 15 August 2023).

Figure 1. Share of funding by module in the Global Fund Country Application 2024-2026⁵

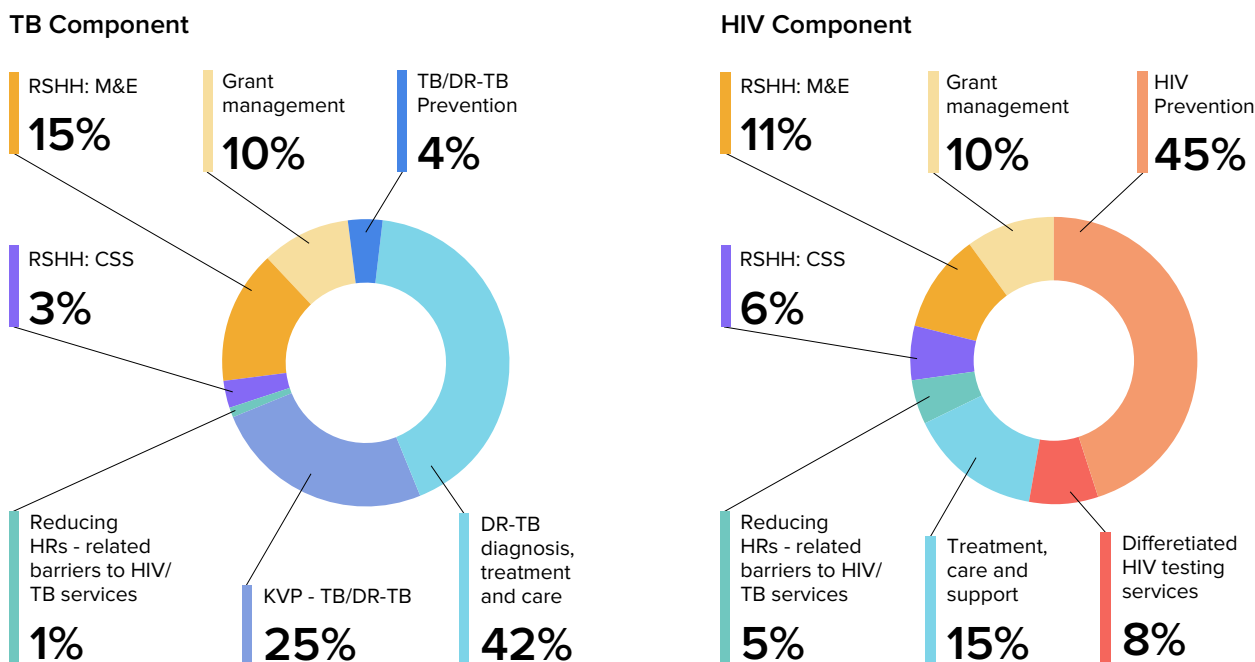
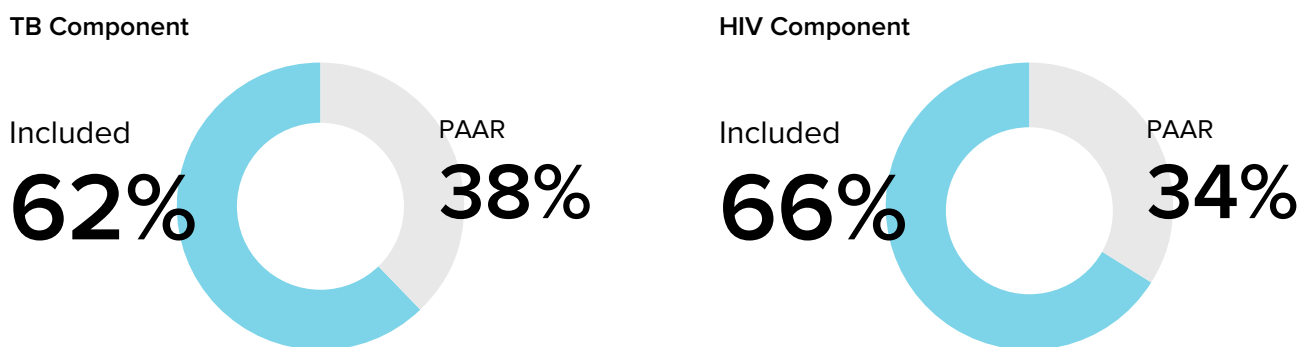


Figure 2. Ratio of CSO activities included in the Global Fund Country Application 2024-2026⁶



WHAT LESSONS HAVE BEEN LEARNED AND WHAT NEEDS ATTENTION IN THE FUTURE?

The implementation of the tasks set out within the framework of the technical assistance led to the following lessons learned:

1. The simplicity of the form to request technical assistance and the openness of the Global Fund CRG Department to assist in adjusting the content of the request to meet the country needs allowed Moldova TB and HIV CSOs and communities to benefit for the second time from such similar assistance and to obtain positive results.

⁵ HRs: human rights; TB: tuberculosis; DR: drug resistant; HIV: Human Immunodeficiency Virus; RSSH: Resilient and Sustainable Systems for Health; M&E: Monitoring and Evaluation; CSS: Community Systems Strengthening; KVP: Key Vulnerable Population; PAAR: Prioritised Above Allocation Request.

⁶ Ibid.

2. Collaboration within the CCM platforms (TWG-TB, TWG-HIV, joint TB/HIV WG) with government, international organisations, and community organisations has simplified and improved the country dialogue and ensured the impartiality of decisions and the openness of the process in general.
3. The experience and composition of the national team of consultants contracted individually by the technical assistance service provider had a background in TB and HIV work, as well as personal lived experience with TB and HIV, and amplified the voice of the communities which contributed to providing evidence-based arguments while communicating with government actors, but also strengthened the position of affected people and the interventions realised by CSOs and contributed to successful negotiation. Additionally, relevant knowledge among consultants as to the national policy and local context has spared precious time in developing CSO priorities.
4. Overall consideration of national community experts as part of any Global Fund technical assistance is key for increasing local community capacity, professional skills, the strengthening of local contacts and gaining mutual benefit from the collaboration with the Global Fund CRG Department in any other forthcoming opportunities. Furthermore, active national experts provide an added value as they indirectly ensure continuity and follow-up of the results of the technical assistance when the ToR is completed but the impact in the long run of the activity is still to be monitored.

On the whole, the country dialogue and the development of the country proposal went well. However, besides the positive lessons learned, several challenges described below need to be considered for further improvement within the provision of the technical assistance.

1. The Global Fund processes have evolved more rapidly than the capacity of local community activists – some of the CSOs and stakeholders remaining in the area of service provision have little knowledge or interest for addressing systemic challenges, including organisational capacity. Participation in the Global Fund Country Dialogue consultations requires that community actors are informed in advance about how the Global Fund works, what are the Global Fund strategies and what changes or updates have been made from the previous funding request development. Therefore, a special introduction to the Global Fund and funding request development process is needed as part of the consultations conducted among KPs and to recognise that this is important to continue for both new and old KP representatives.
2. The funding request development requires transparent and inclusive consultations with populations and respective CSOs in a very short period of time and with some of them being overwhelmed by current implementation activities. Some of the community members preferred not to get involved too much, considering the development of the application of a lesser priority. This indicates that more information regarding the engagement in the development of the funding request and its relation to forthcoming sustainability of CSOs is critical.
3. The representatives of KPs/CSOs with multi-country grant and regional experience (such as SOS, TB-REP, etc.) have a better understanding of support mechanisms and

systems and were in a privileged position in advancing their own priorities in comparison with other small community grassroots CSOs representing KPs. Therefore, given the different level of knowledge and advocacy skills among community representatives, it is important to create conditions so that the most prioritised KPs throughout the country benefit from timely access to information and relevant regular capacity building activities to increase their potential and participation in policy discussion, decision-making and implementation.

4. The representatives of sex workers have remained a hidden group with little direct participation in the Global Fund processes. The consultants suggested additional technical support to raise the voice and participation of this group in related processes at the national level.
5. Consultations require time and discussions and, in some situations, it may not suffice to reconcile different issues, needs and opinions. The diversity of the affected communities, the obvious rivalry for resources among PLHIV and people who use drugs, complex power dynamics, as well as intensive discussions and debates within representatives of the communities with divergent approaches and perceptions towards the highest priorities led to the country application being submitted with one CCM member voting against it. In this regard, continuous capacity building, exchange of experience and information about implemented projects at national and regional levels are highly recommended among communities and CSOs.
6. There is a language barrier in accessing and understanding Global Fund documents as well as the challenges faced by KPs of developing the funding request in three languages simultaneously (Romanian, Russian and English) and in understanding the final documents and decision-making. Due to the shortage of time, the additional new step of consulting with the WHO European regional office on the draft funding request has posed additional challenges in organising proper consultations within the communities and CSOs on the last-minute changes in the application.
7. Although the Annex containing 'Community Priorities' has been submitted as part of the country application, it is critical to strengthen the CCM mechanism to ensure compliance with Global Fund expectations for Cycle 7 that envisions that the Technical Review Panel (TRP) recommendations are shared and discussed among CCM members once they are sent to the country. Additionally, as part of the minimum expectations, CCM members are recommended to call a meeting with the Principal Recipient (PR) to get an update on the grant-making process – this represents an entry point for CSOs and KPs in discussions around budget adjustments, etc.



One of the tasks of the EECA Regional Platform for Communication and Coordination is to raise awareness of civil society and communities about technical assistance opportunities under the Global Fund CRG TA Programme, to create a request for such assistance and, if necessary, to help in preparing a quality application. Therefore, if you have questions about how to fill in the form, or need a consultancy on the possible content and/or quality of a request, please contact the Regional Platform for assistance.

Moreover, from 2021, it will be mandatory to agree the content of a TA request within the Programme with the Regional Platform before submitting it to the Global Fund!

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