

GLOBAL FUND MONITORING AND OVERSIGHT TOOL FOR TRANSGENDER COMMUNITIES

Building the capacity of trans communities
to provide monitoring and oversight of
Global Fund processes at all levels



This Monitoring and Oversight training guide for transgender communities has been developed in partnership with local, regional, global trans organizations and MC Consultancy with the leadership of GATE as part of its CRG Strategic Initiative grant.

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ACKNOWLEDGEMENTS

Through the support of the Global Fund for AIDS, Tuberculosis and Malaria and its Community, Rights and Gender Strategic Initiative, Global Action for Trans Equality (GATE) has successfully produced this Monitoring and Oversight Tool for Transgender people and its accompanying Teaching Guide.

This guide, which is a compilation and adaptation of various resources available to civil society and developed by key agencies providing support to communities and civil society organizations aims to build the monitoring and oversight capacity of the transgender communities engaged in Global Fund processes.

Thus, special mention is made of key entities such as the International Council of AIDS Service Organizations (ICASO), International HIV/AIDS Alliance, Communities Rights and Strategic Initiative (CRG-SI), Asia Pacific Council of AIDS Service Organizations (APCASO), Aidspan and the Global Fund Secretariat for use of their resources that have served to bring together important information to guide transgender communities in providing monitoring and oversight of Global Fund processes that impact their needs and their lives.

The task of adapting and revising this Tool and Teaching Guide was led by Consultant, Martha Carrillo, Lead Consultant of MC Consultancy: Sexual Health and Development in close consultation with GATE, with valuable input received from civil society partner organizations including: Asia-Pacific Transgender Network (APTAN); Confederacion Trans de Latino America y el Caribe (COTRANSLAC); IRGT: A Global Network of Trans Women and HIV; Southern Africa Trans Forum (SATF); Trans* Research, Education, Advocacy & Training (TREAT); Transgender Europe (TGEU); and the United Caribbean Trans Network (UCTRANS).



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ACRONYMS

- CCM - Country Coordinating Mechanism
- CRG SI - Community, Rights, and Gender – Strategic Initiative
- CSO - Civil Society Organization
- EPA - Eligibility and Performance Assessment
- ER - Eligibility Requirement
- FBO - Faith-based Organization
- FPM - Fund Portfolio Manager
- GATE - Global Action for Trans Equality
- GFATM - Global Fund to fight AIDS, Tuberculosis and Malaria
- HSS - Health Systems Strengthening
- ICT - Information and Communication Technology
- KP - Key Populations
- LFA - Local Fund Agent
- LGBTI - Lesbian, Gay, Bisexual, Transgender and Intersex
- M&E - Monitoring and Evaluation
- MSM - Men who have Sex with Men
- NFM - New Funding Model
- NSP - National Strategic Plan
- OIG - The Office of the Inspector General
- PF - Performance Framework
- PLHIV - Persons Living with HIV
- PLWD - People Living with the Diseases
- PR - Principal Recipient
- PWUD - People Who Use Drugs
- SR - Sub Recipient
- TA - Technical assistance
- TRP - Technical Review Panel

GLOBAL FUND DEFINITION OF KEY POPULATIONS

Key populations in the context of HIV, TB and malaria are those that experience a high epidemiological impact from one of the diseases combined with reduced access to services and/or being criminalized or otherwise marginalized. Definitions of key populations for the three diseases are provided in the breakout box.

Key populations in the HIV response: Gay, bisexual and other men who have sex with men; women, men and transgender people who inject drugs, and/or who are sex workers; as well as all transgender people are socially marginalized, often criminalized and face a range of human rights abuses that increase their vulnerability to HIV.

Key Populations in the Tuberculosis Response: Prisoners and incarcerated populations, people living with HIV, migrants, refugees and indigenous populations are all groups that are highly vulnerable to TB, as well as experiencing significant marginalization, decreased access to quality services, and human rights violations.

Key Populations in the Malaria Response: The concept of “key populations” in the context of malaria is relatively new and not yet as well defined as for HIV and TB. However, there are populations that meet the criteria outlined above. Refugees, migrants, internally displaced people and indigenous populations in malaria-endemic areas are often at greater risk of transmission, usually have decreased access to care and services, and are also often marginalized.

People living with the three diseases: All people living with HIV, and who currently have, or have survived, TB, fall within this definition of “key populations”. Given that in some countries, a substantial proportion of the population has malaria, and the impact is not linked to systematic marginalization or criminalization, people who have had malaria are not included in this definition. Stigma and discrimination toward people living with HIV is a major impediment to improving health outcomes. Such stigma particularly affects sex workers, drug users, transgender people and men who have sex with men who are living with HIV and/or TB.

The Global Fund also recognizes vulnerable populations - those who have increased vulnerabilities in a particular context, i.e. adolescent/women and girls, miners and people with disabilities.

INTRODUCTION

Globally, there are major concerns that the response to HIV, TB and Malaria are still not reaching the populations that need it the most. In July 2018 UNAIDS launched its report “Miles to Go – Closing the gaps, Breaking Barriers and Righting Justices.”¹ The report indicates that global new HIV infections have declined by 18% in the past seven years; the decline is not quick enough to reach the target of fewer than 500,000 new infections by 2020. The report warns that the pace of progress is not matching global ambition.² The report also shows that key populations including transgender people and their partners are the most affected by HIV but are still being left out of HIV programmes. Human rights violations, stigma and discrimination and laws that criminalize key populations continue to pose barriers to access to essential services. Thus, there is a call for more investments in reaching these key populations (KP) but there is also call for more efficacy and accountability in the management of grants and programmes to ensure that funds allocated for these populations are having the impact needed. This means more meaningful involvement and engagement of key populations in Global Fund processes throughout the grant cycle. Due in part to the community activism of key affected populations, including transgender women, the Global Fund established processes for engaging local civil society and KP groups under its New Funding Model (NFM). However, the Global Network of Transgender Women also raised numerous concerns about policies that impede consistent, effective engagement across countries and world regions in its “Most Impacted, Least Served – Ensuring meaningful engagement of transgender people in Global Fund Processes” report.

Over the past years, there are also concerns regarding the decrease of Global Fund support for middle-income countries and the sustainability of those programs targeting key populations such as the transgender community. As expectation is placed on countries to sustain gains made over the past years, there is also concern that programs for key populations such as sex workers, transgender people, men who have sex with men among others will not be prioritized if appropriate measures are not put into place during the transition process. For this reason, KPs such as the transgender community should play an integral role in the transition and sustainability planning process.

The development of this tool is based on a compilation and adaptation of important tools and information made available to communities and KPs by entities such as ICASO, International HIV/AIDS Alliance, the CRG Regional Platforms and the Global Fund among other organizations that work closely with the transgender community. This tool was also completed in close consultation with transgender organizations and advocates globally.

¹ www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

² www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/july/miles-to-go

TRANSGENDER PEOPLE AND HIV

Transgender people have low rates of access to health and HIV services due to a range of issues including violence, legal barriers and stigma and discrimination. According to the World Health Organization (WHO) Transgender women are around 49 times more likely to be living with HIV than other adults of reproductive age with an estimated worldwide HIV prevalence of 19%; in some countries the HIV prevalence rate in transgender women is 80 times that of the general adult population.³ Transgender men also have unmet social health care needs. Many transgender men receiving HIV medical care in the United States, for example, face socioeconomic challenges and suboptimal outcomes.⁴ Unfortunately, little data is available for transgender men or other transgender populations.

Transgender people have fewer educational and social opportunities, often resorting to sex work for an income. Data collected between 2011 and 2015 shows high HIV prevalence among transgender women. For example, HIV prevalence among transgender women who participate in sex work is 32% in

Ecuador and Panama and between 20-30% in Argentina, Bolivia and other countries in Latin America.⁵ Violence against transgender people is common (including police abuse, abuse perpetrated by clients of sex workers and intimate partner violence). Many transgender people experience family rejection, violation of their rights to education, employment and social protections and as such experience higher rates of unemployment, poverty, housing insecurity and marginalization, which contributes to their further exclusion. These social and legal barriers contribute to the alienation of these populations, which in turn do not feel safe accessing much needed health services including HIV prevention, care and treatment. For this reason, WHO recommends a comprehensive package of services to address HIV in transgender people health and structural interventions.

Prevention Challenges

I Multiple factors have put transgender people at risk for HIV infection and transmission, including multiple sexual partners, anal or vaginal sex without condoms or medicines to prevent HIV, injecting hormones or drugs with shared syringes and other drug paraphernalia,

³ www.who.int/hiv/topics/transgender/en/

⁴ www.aidsmap.com/HIV-positive-transgender-men-in-US-have-significant-unmet-medical-and-social-needs/page/3196115/

⁵ [UNAIDS GAP Report 2014](#)

commercial sex work, mental health issues, incarceration, homelessness, unemployment, and high levels of substance abuse compared to the general population, as well as violence and lack of family support.

2 HIV interventions developed for other KPs have been adapted for use with transgender people. However, the effectiveness of these interventions is understudied.

3 Many transgender people face stigma, discrimination, social rejection, and exclusion that prevent them from fully participating in society, including accessing health care, education, employment, and housing.

4 Transgender women and men might not be sufficiently reached by current HIV testing measures. Tailoring HIV testing activities to overcome the unique barriers faced by transgender women and men might increase rates of testing among these populations.

5 Transgender men's sexual health has not been well studied. Transgender men, particularly those who have sex with cisgender (persons whose sex assigned at birth is the same as their gender identity or expression) men, are at high risk for infection.

6 Insensitivity to transgender issues by health care providers can be a barrier for transgender people diagnosed with HIV and seeking quality treatment and care services.

7 Transgender-specific data are limited. Many countries do not collect or have incomplete data on transgender individuals. Accurate data on transgender status can lead to more effective public health actions.

Through the application of this tool, transgender communities and organizations can have greater understanding of the processes of the global fund, their roles and responsibilities as per the guidelines of the GF and learn key steps to follow to ensure that they can provide the necessary monitoring and oversight of the processes at country and regional level.

ABOUT GATE

GATE is an international organization working on gender identity, gender expression and bodily diversity issues. It was founded and registered in 2009 in New York, USA. GATE's programmatic work is organized around four areas: Depathologization and legal reforms, transgender issues in the international HIV response, Movement building and Development and United Nations. GATE's mission is to work internationally on gender identity, gender expression, and bodily issues by defending human rights, making available critical knowledge, and supporting political organizing worldwide.

In accordance with its aim of building capacity and supporting regional and country-based constituencies to more effectively engage in and contribute to the development, implementation and oversight of Global Fund grants, GATE has embarked on a project to improve the meaningful involvement of transgender people in Global Fund processes.

ABOUT THIS PROJECT

In the global response to HIV, TB and Malaria, communities must play a pivotal role in the response. Communities have the unique capacity and opportunity to reach those that are most neglected, vulnerable, marginalized and criminalized with essential services. However, for communities to be able to carry out their important role, they must be supported. Support for community systems and responses are a key component of the Global Fund's mission to accelerate the end of HIV, tuberculosis and malaria as epidemics. The Global Fund is investing in efforts to align community systems and responses with formal health systems to maximize impact and to build resilient and sustainable systems for health.

However, too often the populations most vulnerable to disease are the same populations that don't have access to health care. For this reason, it is important to ensure provision of optimum essential services for key populations. The best way to do this is to involve key populations in the design, delivery and monitoring of those health services. For communities to undertake the role of monitoring processes that should be catering to their needs, it is essential that they have the knowledge, the skills and the opportunities to do so. GATE through this project is seeking to equip transgender communities with the knowledge and skills necessary to play a pivotal role in ensuring that communities are benefitting from all HIV, TB and Malaria programs that encompass them. As a part of this project, this tool and accompanying training guide has been developed.

ABOUT THIS TOOL

What is the purpose of this tool?

This Monitoring Tool and accompanying Training Guide has been created to facilitate the process in which transgender communities and organizations play a pivotal role in the monitoring and oversight of Global Fund processes throughout the grant cycle. By equipping the community with the necessary knowledge and skills, transgender people are able to keep national, regional and global mechanisms accountable to ensure that the populations that need most are benefitting from this financial mechanism.

For whom is it intended?

The primary targets for this tool are transgender people including organizations that work with and for transgender communities. Trained facilitators within the transgender community can also use it. This tool and the lessons learnt through this process will serve to inform regional and national coordinating mechanisms, stakeholders and other key decision-makers on how to engage transgender communities and other key populations in all global fund processes throughout the grant cycle to ensure that their unique challenges and needs are being addressed.

How to use this Tool and accompanying Training Guide

The Monitoring and Oversight tool seeks to increase awareness and knowledge on the Global Fund including the important role that communities should play throughout all its processes. The tool comprises of 4 modules: 1.) Global Fund 101; 2.) Meaningful Involvement; 3.) Monitoring and Evaluation and 4.) Global Fund Thematic Guidance. Each module complements the other to ensure that persons learning about the tool and applying it have the knowledge and the skills necessary to carry out the important role.

The objective of the training guide is to prepare participants for the application of the tool. Guided by the activities outlined in the agenda, the facilitator makes presentations, describes the objectives of each small group discussion and guides the participants in the application of the lessons learnt. The methodology will include important information via power point, small and large group discussions based on experiences providing an opportunity for participants to practice through role-play and mock sessions.

MODULE 1

THE GLOBAL FUND 101

1. WHAT IS THE GLOBAL FUND?

The Global Fund to fight AIDS, Tuberculosis and Malaria, often called the Global Fund was created in 2002. It was launched at the United Nations General Assembly Special Session by Secretary General of the UN, Kofi Annan, as an innovative financing mechanism that seeks to rapidly raise and disburse funding for programs that reduce the impact of HIV/AIDS, Tuberculosis and Malaria in low- and middle-income countries.

It is a ‘partnership’ between governments, civil society, the private sector and people affected by the diseases. The Global Fund raises and invests approximately US\$4 billion a year, channeling it to programs run by local experts in countries and implementers via Global Fund grants. Global Fund staff is all based in Geneva in Switzerland. The Global Fund works globally. Currently, the Global Fund channels funding to 129 countries across all continents.

The Global Fund has three core principles:

- ◇ **Partnership**
- ◇ **All stakeholders take part in decision-making**
- ◇ **Country Ownership**

As a financing institution, the Global Fund’s primary purpose is to channel funds to program implementers.

To achieve this, the following steps must be taken by different stakeholders before

countries can receive funding:⁶

1. Decide country fund allocation (decision made at the GF Secretariat level)
2. Country Dialogue
3. Develop/review the National Strategic Plan (if not already in place)
4. Develop the Funding Request
5. Incorporate feedback from the Technical Review Panel
6. Decision from Grant Approval Committee
7. Undertake process of grant-making
8. Gain board approval

Countries take the lead in determining where and how-to best fight AIDS, TB and Malaria and how to respond to diseases and build resilient and sustainable systems for health.

Each of these steps is important. You can and should be directly or indirectly involved in Steps 2 to 7 to ensure that the needs of their constituency are met. Each of these 6 steps is described below.

2. Country Dialogue

This is where countries are expected to put into practice the second core principle of the Global Fund, namely partnership. In the context of the Global Fund, “partnership” has a specific meaning. Everyone involved in the response to the diseases needs to be involved in the decision-making process. While the CCM itself includes representatives of all sectors, the purpose of the country dialogue is to go beyond its membership therefore, the

⁶ www.theglobalfund.org/en/funding-model/funding-process-steps/

CCM should actively reach out to and engage with representatives of all sectors, particularly key populations. The purpose of country dialogue is to identify needs, work on national strategies, build resource mobilization efforts and prioritize intervention areas and actions that will make the most impact. This country dialogue should be an on-going process throughout the grant cycle.

3. National Strategic Planning

The National Strategic Plan (NSP) is a multi-year plan that details principles, priorities, and actions to guide the national response to the epidemic. A National Strategic Plan should be fully costed and developed in consultation with all stakeholders. It should form the basis of the Funding Request to promote better program coordination and reduce the administrative burden on the country. A country should periodically update and review its National Strategic Plan. If a country does not yet have a national strategic plan for a disease, or if the plan is no longer current, countries can base their requests on an established Investment Case. However, requests to the Global Fund should be based on an analysis of the country situation, needs and gaps.

4. Technical Review Panel Evaluation (TRP)

After submission, the Technical Review Panel evaluates the Funding Request. The TRP is designed to work to get to an outcome of “yes”, which is the recommendation that the Funding Request is ready to proceed to grant-making, bearing in mind that their goal is to support programs that will have the highest impact in the context of the country. If they feel that a funding request is not of sufficient quality, they will ask the country to revise and re-submit their funding request. During this step of the

process, the TRP will work with the CCM and the country team of the Global Fund to ensure that the funding request is as robust as possible. Once it is satisfied that the Funding Request is ready for the next step, it passes its recommendation on to the Grant Approvals Committee.

5. Grant Approvals Committee (GAC)

The Grant Approvals Committee is a committee of senior management staff of the Global Fund, and technical and bilateral partners. Their responsibility is to set the upper funding ceiling for the grant(s) based on the TRP’s recommendations, as well as a number of qualitative factors. The budget for grants includes funding available from a country’s allocation amount, and if applicable, any available “incentive funding.” The committee also produces a “Register of Unfunded Quality Demand”, which is a list of unfunded projects made available to donors.

6. Grant-making

At this stage of the process, the CCM and the Global Fund work with the PR. The Global Fund assesses the PR; then the PR and the Global Fund work together to develop the performance framework, detailed budget, work plan, procurement and supply management plan, and implementation map. Once this work is completed, the grant documentation undergoes a final review by the Grant Approvals Committee before being sent to the Board for approval.

7. Board Approval

After the Grant Approvals Committee’s review, grants are considered to be “disbursement-ready.” These are then sent to the Board of the Global Fund for final approval and, once approved, the grant is then signed, and the first disbursement is made to the PR.

2. UNDERSTANDING IMPORTANT ACRONYMS ⁷

PR – Principal Recipient

Country-based agencies or organizations that are financially and legally responsible for program results. They are selected by the CCM to manage the implementation of one or more Global Fund Grant(s). The PR signs the grant contract with the Global Fund. They are usually Government bodies or civil society organizations but are sometimes multi-sectoral agencies such as the UN.

SR – Sub-Recipient

These are agencies that are contracted to implement programs by PRs to deliver services under their leadership.

LFA – Local Fund Agents

These are entities that work closely with the Global Fund country teams at the Secretariat to evaluate and monitor activities before, during and after the implementation of a grant. They are independent organizations that ‘win’ an LFA contract for a 4-year period for a country. They are usually accountancy and management firms often linked to international companies. They check the financial management of grant recipients and also verify what activities have taken place as described in the grant to provide an independent view of how the program is performing. To avoid a conflict of interest, LFAs cannot provide capacity building or technical assistance to PRs or CCMs.

FPM – Fund Portfolio Managers

Global Fund staff assigned for each grant. The FPM leads and manages the grant negotiation processes at various stages of the grant cycle and manages input from

other Global Fund Secretariat staff. FPMs also work with the LFAs, reviews and analyses requests for disbursement, and decide on grant amounts to be disbursed.

CT – Country Teams

Global Fund staff members that include operations-focused staff (fund portfolio managers and program officers) and monitoring and compliance staff (legal, procurement, finance and M&E), who take shared responsibility for grants throughout the entire grant cycle.

OIG – The Office of the Inspector General ⁸

The Office of the Inspector General is an independent yet integral part of the Global Fund that undertakes audits, investigations and oversight to make objective and transparent recommendations to promote good practice, reduce risk and condemn abuse of Global Fund finances. It is accountable to the Board through its Audit and Ethics Committee.

NFM – New Funding Model

The Global Fund Board adopted a new strategy for the period 2012-2016 in November 2011. As part of this strategy, the Global Fund developed a New Funding Model (NFM) to replace the rounds-based funding system. The NFM aims to provide implementers of grants with more flexible timing, better alignment with national strategies and greater predictability. It also promotes more active engagement with implementers and partners throughout the application process and grant implementation.

⁷ A Guide to Building and Running an Effective CCM 3rd Ed. Aidspace / Alliance Regional TS Hub South Asia, 2014.

⁸ www.theglobalfund.org/en/oig/

KP – Key Populations

Key populations experience both increased impact from one of the diseases and decreased access to services. Widespread stigma and discrimination, violence and harassment and restrictive laws and policies put key populations at heightened risks and undermine their access to services.

In the context of HIV, key populations include:

- ◇ Men who have sex with men
- ◇ Transgender people, especially transgender women
- ◇ Sex workers
- ◇ People who inject drugs
- ◇ People living with HIV
- ◇ People in prison and detention

3. WHAT IS A COUNTRY COORDINATING MECHANISM (CCM)?

Global Fund grants are applied for and overseen at the country-level by CCMs, which is a multisectoral committee comprised of members of the private and public sectors, including government, international organizations, NGOs, civil society, academic institutions, private businesses, and people living with the diseases (PLWD).

The Core Functions of the CCM require it to:

- ◇ **Coordinate the development and submission of national request for funding (funding request)**
- ◇ **Nominate the PR**
- ◇ **Oversee the implementation of the approved grant**
- ◇ **Approve any reprogramming requests**
- ◇ **Ensure linkages and consistency between Global Fund grants and other national health and development programs**

In addition to the above core responsibilities, in the New Funding Model (NFM) CCMs play a stronger leadership role allowing CCM members to meaningfully participate in the National Strategic Plan (NSP) discussions at country level.

This additional role precedes the Funding Request development. To ‘Coordinate the development and submission of national request for funding’ requires that the CCM ensure that Funding Requests reflect the HIV, tuberculosis and malaria epidemics, national priorities, and plans of the country. Proposals should build on existing work and highlight gaps where additional resources are needed to strengthen existing program so that they are sustainable.

This requires strong leadership from civil society to ensure that the needs of those most affected and gaps in the response to the epidemics are appropriately identified and articulated with evidence to ensure their inclusion in Funding Requests. It also requires civil society to clearly articulate the role it can and should play within the grant, whether through the direct provision of services, procurement, advocacy, monitoring and watchdog roles, health promotion and change, and community mobilization etc.

Each CCM is supported by a CCM secretariat that is responsible for providing administrative support to the CCM such as organizing meetings and distributing documents.

4. WHAT ARE CCM ELIGIBILITY REQUIREMENTS AND MINIMUM STANDARDS?

Since the beginning of 2015, all CCMs are required to have representatives of key populations in addition to people living with the diseases. The CCM is responsible for the engagement of key populations and people living with the diseases (PLWD) in the funding request development through to the grant implementation process. Despite this requirement, ensuring broad participation and meaningful engagement remains challenging for many CCMs for various reasons, including financial constraints.

The launch of the NFM has provided a critical opportunity to review and revise how the Global Fund works. In the interest of maximizing the impact of grants, and in response to widespread calls for change, the Global Fund has emphasized “the critical importance of ensuring full and meaningful engagement of civil society, especially key populations and people living with the diseases throughout the NFM process at country level.” In practical terms this means greater participation of key populations and PLWD in country dialogue, Funding Request development, CCMs, and grant implementation and monitoring.

CCM Eligibility Requirements are: ⁹

- ◇ **Transparent and inclusive funding request development process**
- ◇ **Open and transparent PR selection**

- ◇ **process**
- ◇ **Oversight planning and implementation**
- ◇ **CCM membership of affected communities, including and representing PLWD and of people from and representing key populations**
- ◇ **Processes for electing non-government CCM member; and**
- ◇ **Management of conflict of interest on CCMs**

The minimum standards follow the eligibility requirements that should be used as minimum criteria during the CCM performance-based assessment. The eligibility requirements and minimum standards are often presented together as a list of requirements and criteria.

In line with eligibility requirement 4 above, the Global Fund requires all CCMs to show evidence of membership of people living with HIV and of people affected by tuberculosis or malaria (where funding is requested or has previously been approved for the respective disease). People affected by tuberculosis or malaria include people who have lived with these diseases in the past or who come from communities where the diseases are endemic. Based on the Global Fund Strategy 2012-2016, the revision of eligibility requirement 4 helps ensure that all Global Fund-related structures (including the CCM) operationalize human rights principles

⁹ [Effective CCMs and the Meaningful Involvement of Civil Society and Key Affected Populations, Lessons Learned in ICASO’s extensive work supporting CCMs, October 2013.](#)

that include non-discrimination, gender equality and participation of key populations.

4.2. The three key components of the revised eligibility requirement 4 are:

- 1. Specifically including key populations as a CCM requirement, considering the socio-epidemiological context;**
- 2. Increasing representation of persons that are both living with and representing people living with HIV on CCMs; and**
- 3. Linking the need for representatives for tuberculosis and malaria in contexts where those diseases are a public health issue, regardless of whether Global Fund funding has been requested or not.**

The revision of Eligibility Requirement 4 seeks to improve and broaden the representation of PLWD and key populations on CCMs, promoting robust Country Dialogues and the development of Funding Requests that are fully aligned with the epidemiological context and focus on high-impact interventions for target populations. The Global Fund requires “all CCMs to show evidence of membership of people that are both living with and representing people living with HIV, and of people affected by and representing people affected by tuberculosis and malaria, as well as people from and representing Key Populations, based on epidemiological as well as human rights and gender considerations. The Secretariat may waive the requirement of representation of Key

Populations as it deems appropriate to protect individuals”.

Eligibility Requirement 5 requires that all CCM members representing non-government constituencies are selected by their own constituencies based on a documented, transparent process, developed within each constituency. This requirement applies to all non-government members including those members under Requirement 4, but not to multilateral and bilateral partners.

4.3. What are the CCM Eligibility and Performance Assessment (EPA)?

The EPA is conducted every year. All CCMs must complete an EPA before submitting a Funding Request. The EPA evaluates the CCM’s compliance with CCM Eligibility Requirements (ERs) 3 to 6 and the Minimum Standards. The objective of the EPA is to determine how well the CCM is functioning and improve its performance. If the CCM is found to not comply with ERs 3 to 6, an improvement plan is put in place. Feedback from key in-country stakeholders is gathered to make the assessment. The Improvement Plan is then submitted to the Global Fund, which determines if the proposed plan is reasonable and acceptable, prior to Funding Request submission. CCMs that pass the assessment by successfully complying with the six CCM ERs and related minimum standards are granted a CCM Eligibility Clearance for one year. The CCM Eligibility Clearance allows the CCM to submit a Funding Request at any point during that year without having to repeat the assessment of Requirements 3 to 6.

5. WHAT IS THE ROLE OF THE CCM REPRESENTATIVES?

The collective role of CCM representatives is to implement CCM functions. A CCM typically includes between 15 and 30 CCM representatives representing all sectors. Each individual CCM member has a constituency that they represent, for example private and public sectors, including government, international organizations, NGOs, civil society, academic institutions, private businesses and people living with the diseases. Each member has the responsibility to represent their constituency as well as their organization. By representing the needs of their constituency, you can ensure that their needs are reflected in the Funding Request, are allocated funding, and addressed as proposed.

5.1. The main roles for CCM representatives are engagement in:

- ◇ Country dialogue
- ◇ National Strategic Plan (NSP) development/review (CCM engagement varies by country)
- ◇ CCM Meetings
- ◇ Global Fund Funding Request development, negotiation and grant-making
- ◇ Global Fund grant oversight

Officially the time commitment for CCM members is attendance at all CCM meetings (often four meetings a year

¹⁰ Adapted from [A Guide to Building and Running an Effective CCM 3rd Ed. Aidspace / Alliance Regional TS Hub South Asia, 2014](#)

¹¹ Theory and practice of involving non-governmental Stakeholders in CCM activities based on practices in selected countries of Eastern Europe and Central Asia, EHRN, 2012

plus any extraordinary meetings that are called), as well as the time required for committee work such as for the Oversight Committee. It is expected that CCM members will have read the CCM meeting agenda, minutes of the last meeting and documents circulated for discussion during meetings.

5.2. What is an alternate and what is their role?¹⁰

The Global Fund recommends that each constituency select an alternate to attend CCM meetings when the regular representative is unable to attend. Alternate members should be specifically named in the CCM membership list (i.e. not selected ad hoc when needed) and should be kept up to date on CCM activities and decisions. The CCM's terms of reference (TOR) should make provisions for this. CCM members should ensure that if they cannot attend a CCM meeting, their alternates should attend in their place.

5.3. What is meant by 'Conflicts of Interest' in terms of the Global Fund?¹¹

A 'conflict of interest' is a situation whereby representatives of the non-governmental sector in a CCM (or the alternate members) are able to use their position to advance personal ambitions or interests, or the interests of their organization; or where they act

in the interests of a family member, partners or significant others, thereby compromising the interests of the project beneficiaries or the general public, thus limiting the capacity of other CCM members.

Types of conflict of interest:

- ◇ **Financial interests:** Monetary benefits that representatives of organizations or communities acting as a CCM Chair, Vice-Chair or member can gain directly or indirectly as a result of a CCM decision.
- ◇ **Program interests:** Direct non-monetary benefits for a program or department of the healthcare sector, civil society or private sector and obtained by lobbying for certain activities, levels of funding or funding distribution.
- ◇ **Administrative interests:** Gaining benefits by being the CCM Chair, Vice-Chair or any other CCM member through advocating for a certain CCM decision or putting pressure on the CCM by using decisions, orders or other by-laws that regulate activities of organizations or communities represented in a CCM but which, are not by-laws regulating CCM activities.
- ◇ **Benefits gained with support of family or colleagues:** Gaining benefits (career advancement or a financial benefit) from a relative or colleague of a CCM member or its alternate, as a result of a certain CCM decision.

All CCM members or alternate members should honestly announce

a conflict of interest if one of the aforementioned situations arises (or if any other situation occurs that may be considered a conflict of interest). As such, any decisions should be deferred until the matter of the conflict of interest is resolved. Failure to do so will result in exclusion from the CCM in accordance with the procedure described below or by a CCM majority vote.

5.4. CCM Members Oversight responsibility:

Global Fund Guidance Paper on CCM Oversight explains: “Providing oversight is a core responsibility of the CCM and each member should be able to commit sufficient time to understand grant performance in order to make responsible recommendations. However, the Global Fund also realizes that CCM members often have busy schedules since they have many other responsibilities. This fact underscores the importance of having well-planned CCM meetings and clear oversight processes that make the best use of time spent on CCM oversight functions. Equally important in the oversight process, the PR has a responsibility to provide timely, updated reports to the CCM; the CCM has a responsibility to review these reports, analyze the information received, and provide guidance to the PR(s) on grant implementation.”

There may be more than one grant to oversee. For example, there may be HIV, tuberculosis, malaria and or Health Systems Strengthening (HSS) grants depending on the country

context. Some may be combined. CCM members on the Oversight Committee will be required to undertake extra oversight tasks such as field visits as part of their responsibilities. Not all members of the CCM sit on the Oversight Committee. If you do not hold a seat or cannot, it is important to make sure that their constituency needs are understood and taken forward by CCM members that do have a seat. Whether you sit on the Oversight Committee or not, oversight of grants can be time consuming, but it is crucial, particularly for civil society CCM members who can bring the experience of service users to the attention of the CCM.

5.5. The CCM's governance function¹²

CCM's governance is summarized into four key practices and communities must know how to employ these areas to allow broader and more effective participation:

- ◇ **Cultivating accountability.** The Codes of Conduct within the CCM must be established, practiced, and enforced. Different reports (finances, activities, plans, and outcomes) must also be made available publicly, and should be shared to wider constituencies.
- ◇ **Engaging stakeholders.** As community representatives to the CCM, there is a need to ensure that key populations are empowered to participate more effectively by providing a space for key populations to consult

with their constituencies and building their capacities to become more effective CCM members.

- ◇ **Setting shared direction.** Being central to the CCM, communities must engage in shaping and implementing action plans with proper consultations from constituencies.
- ◇ **Stewarding resources.** Key populations and communities play a critical role in making sure that the budget allocation and management are aimed to achieve key result areas and realize the outcomes of the grant, to include impacting those most affected by the three diseases and strengthening community systems.

While not required by the GF, a smaller group of CCM members can be formed called the Executive Committee.

The Executive Committee monitors the implementation of and proposes recommendations for improvements on the following documents:

- ◇ CCM By-laws or Constitution, which details the functions of CCM, its composition and structure, and responsibilities;
- ◇ CCM Governance Manual, which includes how decisions will be undertaken and made;
- ◇ Risk Management Guidelines, which includes approaches to manage potential risks during the management of the grant.

¹² [APCASO Country Coordinating Mechanism 101 for Communities and Civil Society](#)

6. WHO ARE CIVIL SOCIETY CCM REPRESENTATIVES?

The CCM minimum standards require that at least 40% of members come from the civil society sector. Although the minimum standards did not become mandatory until January 2015, the 40% target has been part of the Global Fund's guidance on CCMs for some time, and most CCMs have achieved this marker.

Civil society constituencies of the CCM is defined broadly to include: National NGOs, CBOs, people living with the diseases, key affected populations, faith-based organizations (FBOs), private sector, and academic non-governmental institutions, but not multilateral and bilateral organizations.

The CCM must ensure that the CCM membership meets the CCM requirements, which for requirement 4 means the membership should specifically include:

- ◇ Key populations as a CCM requirement, considering the socio-epidemiological context.
- ◇ Increasing representation of persons that are both living with and representing people living with HIV on CCMs.
- ◇ Linking the need for representatives for tuberculosis and malaria in contexts where those diseases are a public health issue, regardless of whether

Global Fund funding has been requested or not

Civil Society Representation at the Global Fund Board Level

In order to bring the voices of civil society organizations to the board of the Global Fund there are three established constituencies that serve as voting members of the board of the GF:

1. **Developing Countries NGO Delegation to the Board of the Global Fund¹³**
2. **Developed Countries NGO Delegation to the Board of the Global Fund¹⁴**
3. **Communities Delegation to the Board of the Global Fund¹⁵**

¹³ www.developingngo.org

¹⁴ www.globalfund-developedngo.org

¹⁵ www.globalfundcommunitiesdelegation.org

MODULE 2

MEANINGFUL INVOLVEMENT THROUGHOUT THE GRANT CYCLE

2.1. MEANINGFUL INVOLVEMENT IN CCM DECISION-MAKING

Meaningful involvement is about much more than community groups being invited to or included in a meeting. It has very specific characteristics. Examples of these for a national forum or process related to HIV, such as a CCM, are outlined in the checklist below.

The CCM process offers assurance for the first and third point, and hopefully the second. What about the others? What good practices are in place for their CCM?

Checklist for Good Practice for Meaningful involvement of the community sector:

1. Can the community sector participate legally in the forum/process?
2. Can the community sector participate safely in the forum/process (for example, without fear of arrest or violence)?
3. Can the community sector select its own representatives for the forum/process?
4. Does the community sector have enough representatives?
5. Is the community sector respected and listened to within the forum/process?
6. Can the community sector influence

decision-making in the forum/process?

7. Can the community sector play a leadership role in the forum/process?
8. Can the community sector access necessary support, such as induction, information, funding and training to participate fully in the forum/process?
9. Can the community sector maintain its independence and perform a watchdog role in the forum/process?
10. Are there structures or mechanisms in place within civil society to coordinate and monitor the forum/process?

Important factors to support meaningful involvement of Civil Society in GF processes:

- ◇ Selecting CCM representatives that have the necessary skills, commitment, time, and backing from an organization to support their active participation
- ◇ Inducting new civil society CCM members and alternates properly so that their learning curve can be shortened, and they can quickly become actively engaged.
- ◇ Accessing help to be able to

understand the decision-making procedures and processes, documentation and information, and ways of how the CCM works. Help can be accessed from a mentor or formal technical assistance or via side-meetings with well-informed CCM members etc.

- ◇ Using existing and innovative consultation processes to make sure constituency needs are identified and communicated.
- ◇ Developing collective priorities and strong messages; building on civil society strengths to bring stories, reports and data illustrating what is happening on the ground.

- ◇ Ensuring that constituency voices are heard and asking for support from other CCM members and stakeholders.

For the purposes of Global Fund decision-making, meaningful involvement is a process of providing valuable and relevant input into processes, being recognized for this contribution, for the input to be judged on its merits, and included in the output as appropriate. The process itself could be the country dialogue, NSP development, Funding Request development, and program oversight processes. If meaningful involvement is seen in this linear way, then it can be measured throughout the grant cycle.

2.2. THE GRANT CYCLE – BE AN IMPORTANT PART OF THE COUNTRY DIALOGUES

Understanding the Funding Process and Steps

The Global Fund funding cycle enables countries to efficiently apply for and effectively use funds to fight HIV, TB and malaria. A series of steps and processes form the cycle and are designed to maximize impact against the three diseases. The current cycle runs from 2017 through 2019 and includes specific steps and processes.

In the past, the Global Fund launched requests for proposals, with submission deadlines a year apart. One of the main shifts in the new funding model introduced in 2012 was to provide several funding application review “windows” each year, so that applicants can submit funding requests at a time that is most convenient to them, and that fits in with their other planning and funding schedules.

As a first step, countries are encouraged to cost the full unmet needs for prevention, treatment, care and support – known as a “full expression of demand”. Each country receives an indication of the amount of funding they are eligible to receive from the Global Fund. This amount is for all three diseases (if applicable) and health systems strengthening.

Countries must then agree on how this funding will be split between each disease and health systems strengthening. Countries are also encouraged to be bold and to apply for additional funding beyond that amount, so countries have an incentive to be ambitious in what they apply for. The Global Fund provides on-going support and feedback to applicants to help them increase the likelihood of programs having high impact.

Another important change, designed to increase the impact of programs, is that the

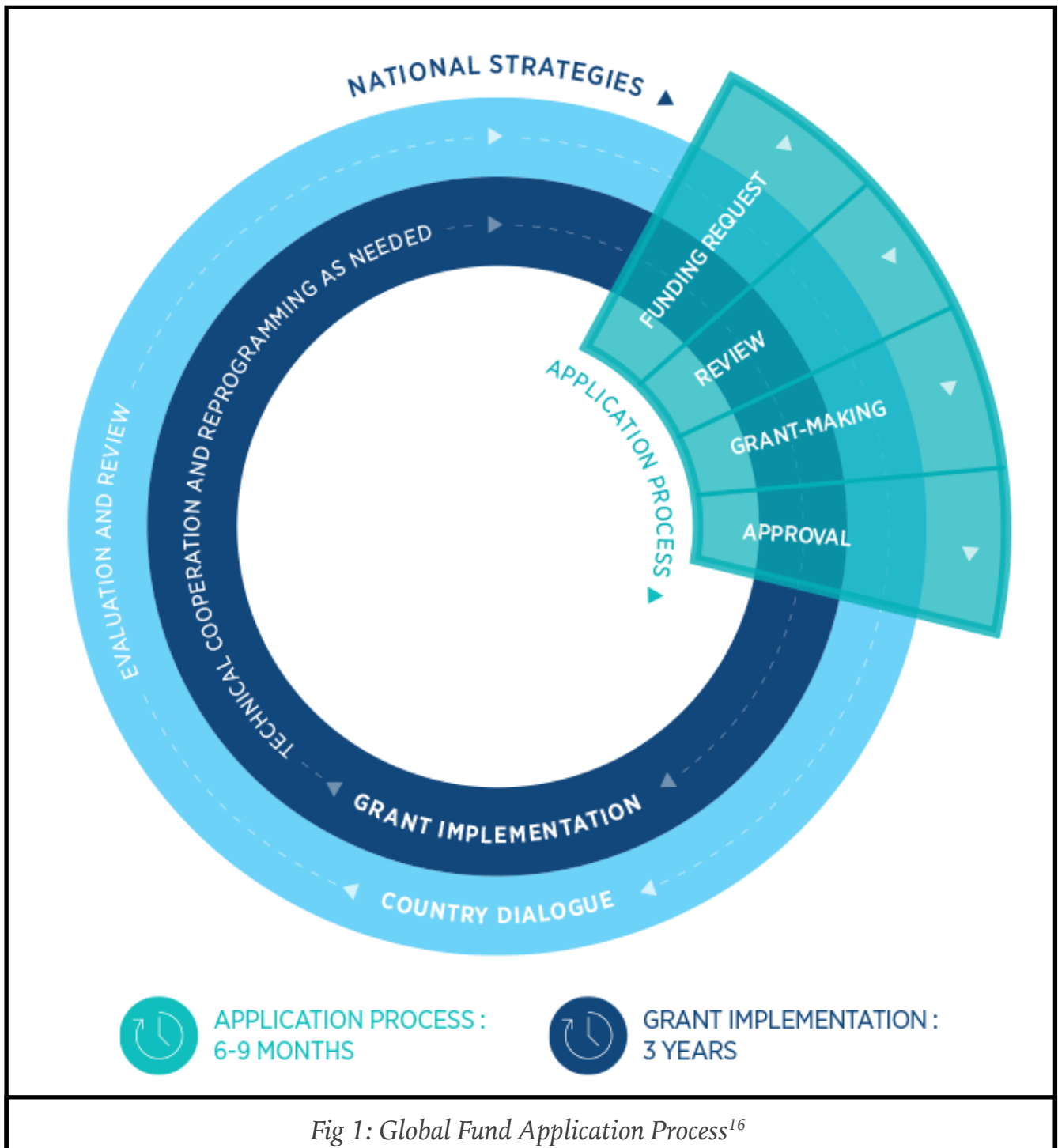


Fig 1: Global Fund Application Process¹⁶

new funding model aims to ensure that all stakeholders – **particularly those from civil society organizations and those representing key populations** – are meaningfully involved throughout the funding application process and through grant implementation. The Country Coordinating Mechanism is still the main body involved in developing proposals and overseeing grants at the

country level, but the GF funding model recognizes that meaningful involvement requires engaging with actors beyond the Country Coordinating Mechanism through an on-going country dialogue.

One of the core principles of the Global Fund’s new funding model (NFM) is that civil society, in particular key populations, need to be meaningfully involved

¹⁶ www.theglobalfund.org/en/funding-model/funding-process-steps/#application-process

throughout the process. This requires that countries ensure that there be consensus on the interventions proposed. For this reason, it is important that civil society continues to play an integral role beyond the submission of the concept to ensure that interventions proposed particularly for their sector make it to programming. It is also important that they provide oversight and monitoring to ensure that the programs are having the impact that was envisioned in the Funding Request.

Being a part of the Grant-making Process

Once the Funding Request has been approved for grant making, the GF secretariat and the CCM may need to provide additional clarifications and set certain conditions before the grant is signed. The usual time for grant making is one and a half to 3 months but can be longer before there is a grant agreement between the Global Fund and the Principal Recipient. During this period civil society and communities can play an important role in monitoring the process and ensuring that the final contract between the PR and the Global Fund reflects the strategies, approaches and priorities specified in the Funding Request submitted.

A good point to start is to review the Funding Request Review and Recommendation form, which summarizes the TRP, and GAC comments that need to be addressed by the CCM before the agreement can be signed. The secretariat sends this document confidentially to the CCM, so civil society members on the CCM will be able to access it. The form asks questions and makes recommendations to improve the grant, often calling for changes in community,

rights, and gender programming. Examples of issues identified could include: increased community participation in TB clinics and case detection; reassess population estimates and refocus programming targets for key populations; or develop a community strengthening component focusing on people who use drugs. These recommendations are a great entry point for community and civil society to push for changes and adjustments to improve programming.

One area that will be discussed during grant making that is extremely relevant to the success of the project is the selection of sub recipients (SRs). It is helpful if community and civil society can monitor the process to ensure that the criteria, timing and selection of SRs are transparent, well publicized, and that self-promotion or lobbying by interested parties is kept in check.

Even though not everyone will be involved in the detailed work in the grant making stage, civil society should come together to decide on an approach and divide the grant making oversight among willing participants. Those closest to the negotiations can reach out to their CSO colleagues to keep them informed and seek their input. CSO that are not part of the CCM can request observer status for these meetings to gain an understanding of the process and provide input as needed as well. In addition to working with the civil society representatives on the CCM, interested organizations can contact the Global Fund secretariat directly to provide input into the grant making process. They may wish to meet Fund Portfolio Managers (FPMs) when they are in country or write them to make them aware of their willingness to be involved.

The key steps in the grant making process include:

<u>Grant making activities</u>	<u>Community and Civil Society Role</u>
Map implementation arrangements wherein all of the participants in the grant are identified (PRs, SRs, and SSRs) and their roles, responsibilities, and funding levels are specified.	It is important that community and civil society review the implementation arrangements in detail to ensure that the programming arrangements match the plans articulated in the Funding Request. Monitor any changes in the choice of PR and the SR selection process.
Carry out capacity assessment to determine if the nominated PR meets the minimum standards to manage the proposed grant including: monitoring and evaluation, procurement and supply chain management, financial management, and program management including SR management.	The results of the capacity assessment tool (CAT) can be reviewed to ensure that the assessment is accurate and reflects the intention of the Funding Request. Note: when a PR is found lacking in a specific area, the Global Fund can request technical support or recommend subcontracting grant implementation such as procurement activities to a third party.
Finalize the detailed budget and work plan and associated list of health products. The work plan containing grants implementation milestones and specific actions to address capacity gaps and to tackle any risks identified. The budget provides a costing for all project inputs and activities.	The most urgent documents to be reviewed are the detailed work plan and budget. The PR develops the work plan, often with input from technical partners. Review the work plan to ensure activities planned in the Funding Request are included and review the budget to confirm whether sufficient money is allocated to these activities.
Agree on a Performance Framework that includes the M&E plan, baseline, performance targets, indicators, and measurement methodologies.	The performance framework will follow the work plan and budget; however, if, on review, the targets specified in the Funding Request are not included in the performance template there will be reason to raise this concern with the CCM.
Finalize the Applicant Response Form, in which the applicant describes how they have addressed any comments or issues raised by the TRP/GAC in the Funding Request Review and Recommendation Form.	The Applicant Response Form reports on how all the comments from the TRP and GAC have been addressed in the grant-making process. The form should be reviewed to make sure all concerns relevant to community; rights and gender have been addressed.

Grant Making: From concept note to implementation

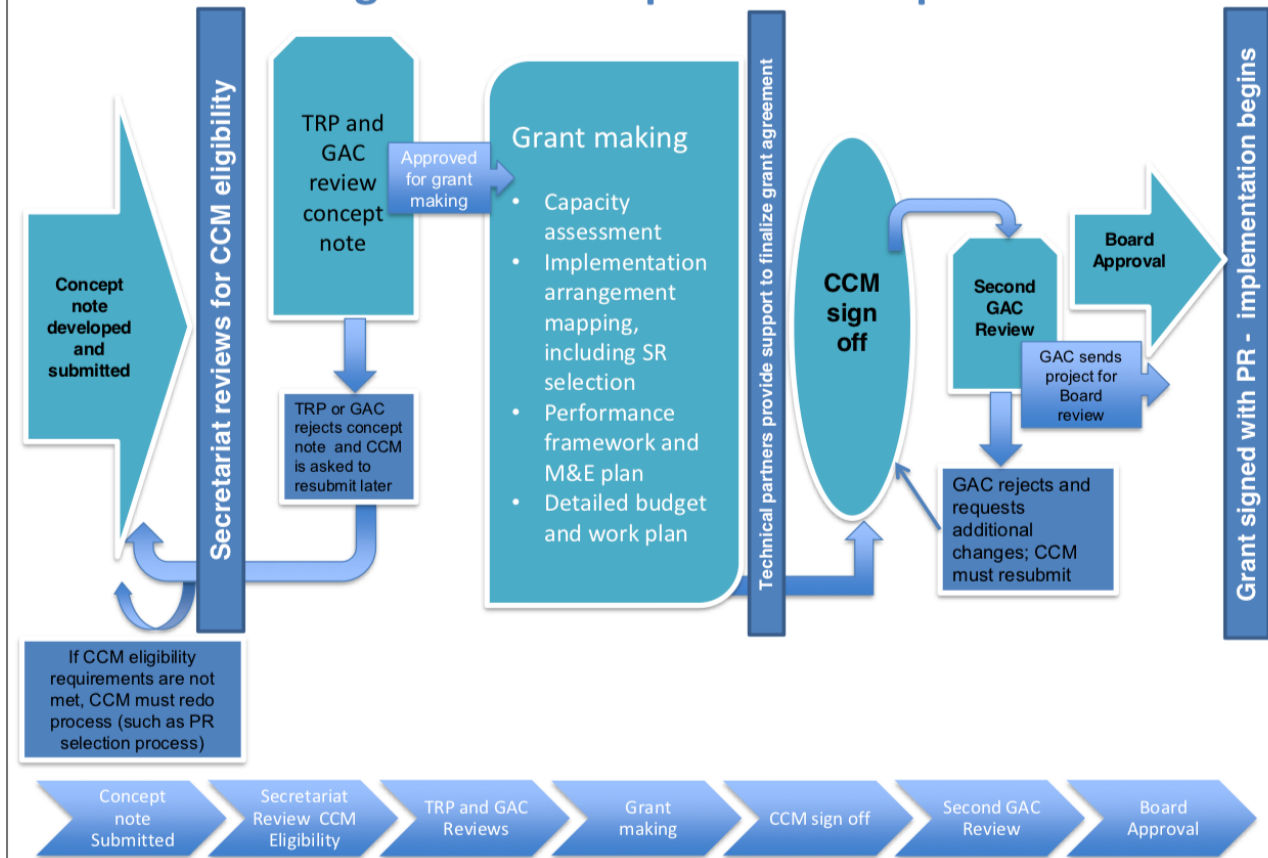


Fig 2: Understanding how the elaborate process of Grant Making works¹⁷

2.3 TRANSPARENCY AND ACCOUNTABILITY – EFFECTIVELY REPRESENTING

As civil society CCM members representing transgender people or key populations the key responsibility is to represent the views and needs of their constituency. This is not always easy. To ensure that they are representing well and effectively, they need to keep their constituency informed, consult with them prior to decision-making processes, and provide feedback.

CCMs have a responsibility to ensure that the CCM members can fulfil their role and there are technical assistance providers that can be engaged to help ensure that CCMs are effective including supporting meaningful involvement of key

populations such as transgender people in general.

What is the role of the constituency?

- ◇ To provide data, evidence and experiences on issues being discussed;
- ◇ To support with the monitoring and “watchdogging” role;
- ◇ To support in consultation and feedback mechanisms by providing input and guidance;
- ◇ To mentor;
- ◇ To implement relevant resolutions from meetings including developing advocacy and lobby action plans.

¹⁷ [CASO, After the Concept Note: Opportunities for Civil Society Communities to Engage in the Global Fund Grant Making Process](#)

The ability to represent a constituency is influenced by how well the constituency is already mobilized, organized and working together. If the constituency is well organized there are likely to be established mechanisms for consultation such as regular meetings, WhatsApp groups, network meeting etc. Although not directly the role of the CCM member, representatives may work to improve the mobilization, organization and communication mechanisms for their specific constituency. This is very helpful for effective representation to take place

CCM civil society representatives often have multiple ‘levels of constituency’ they represent depending on the issue being discussed. For example, a person may be representing the transgender constituency sometimes voicing the needs of transgender people to access tailored health services. Another time, the transgender representative on the CCM may more broadly represent the wider key population community, and yet another time may be even wider as part of the civil society sector! It’s important to remember that the Global Fund and therefore the CCM is a ‘partnership’ of stakeholders; it is there to ensure the best investment of resources, and therefore we need to represent our constituencies and the best approaches to impacting on HIV, tuberculosis and malaria. This means being practical and not being rigid in our alignment with non-state actors. Collaboration and interlinked programming with the state is essential.

Consultation needs to be ongoing and circular. After meetings it is vital that representatives report back to their constituents, explaining what decisions were made and why, and

highlight what the group should think about before the next meeting. Feedback from CCM meetings is an opportunity to explain processes so that it is clear why certain decisions are made. It is also an opportunity to talk about allies, counter arguments made by others, new information and evidence brought to the table. To promote greater accountability, you should develop terms of reference at the beginning of their term and report on the achievements, challenges and lessons learned on an annual basis during constituency meetings.

4.1. How to conduct open and transparent selection processes

The Global Fund requires that CCM members representing non-government constituencies to be selected by their own constituencies based on a process that is transparent and documented and developed within each constituency. Many CCMs have guidelines for CCM selection and among these some have specific guidelines or standardized documents to support civil society CCM selection.

What does an ‘open’ and ‘transparent’ process mean?¹⁸

‘Open’ selection procedures imply that all interested stakeholders representing the relevant constituencies are provided with opportunities to take part in the elections, with respective information being widely distributed in a timely way via accessible lines of communication. ‘Transparent’ involves the clarity and transparency of all processes related to the lead-up to activities, including preparation of documents, making them available to interested stakeholders, inviting independent experts to the various

¹⁸ Theory and practice of involving non-governmental Stakeholders in CCM activities based on practices in selected countries of Eastern Europe and Central Asia. EHRN, 2012

commissions (supervisory committee, mandate commission, counting board, etc.), and publishing the preliminary and final results through open-access sources.

The selection process needs to identify people who have the time, knowledge, experience and commitment to be able to fulfil the role. The actual selection process varies by country, but it must be open and transparent. Elections can be onsite and also online.

4.2. Selecting civil society CCM members¹⁹

Obtaining representation from key populations that are marginalized or criminalized is an on-going challenge for many CCMs. Sometimes these populations have no organized constituency or network. If this is the case, CCMs may be able to find individuals who are leaders or advocates, and who are recognized as “champions” of, and by, the relevant constituency. CCMs should ensure that representation on the CCM is not limited to organizations located in the capital city. CCMs can request financial support (via the CCM Funding Policy) to cover the costs of a limited number of participants that are from outside the capital city. Where epidemics are geographically concentrated, very large countries may consider establishing sub-national CCMs as a way of ensuring good geographic representation.

The selection of CCM members should be based on clear criteria. The criteria could include technical skills; experience in HIV, TB or malaria; number of years of experience; and knowledge of the Global Fund. Other criteria that could be considered

are communications and advocacy skills; specialist expertise in a particular area; and geographical location. Information on the criteria and selection process itself should be communicated in a timely and open manner to ensure that any organizations that wish to participate in the selection process are given an opportunity to do so. It is important to put in place systems and activities that support members to fulfil their roles and duties on the CCM. Orientation at the start of their term is essential so that they are up to date on Global Fund policies and on the status of HIV, tuberculosis and malaria programs in their country. This orientation should be supplemented by periodic training on various topics of relevance to CCM members.

This may include training on:

- ◇ Core CCM functions.
- ◇ Skills building around meeting facilitation and public speaking
- ◇ Specific topics such as human rights and gender

When CCMs appoint members, they should establish a term length (two or three years) as well as limits on the number of terms. There should also be a process in place that allows constituencies to review their representative’s performance to ensure accountability of the CCM member to constituents. CCMs should allow constituencies to replace members whose performance is unsatisfactory – e.g. if members do not attend meetings, do not actively engage in CCM activities, or do not share information with their constituencies or communicate their constituents’ views to the CCM.

¹⁹ A Guide to Building and Running an Effective CCM – 2014, Aidsplan and TSF Southern Africa

2.4. ACTIVE PARTICIPATION – MAKING SURE THAT YOU ARE HEARD!

HOW TO PREPARE FOR A CCM MEETING

Preparing for CCM meetings is all about ensuring that once you are in their seat at the table that you are able to meaningfully engage. Some tasks are specific to each meeting. On-going tasks relate more to understanding Global Fund processes, conducting constituency consultation and relationship building.

Checklist of specific tasks representatives should undertake before each CCM meeting

1. **Review the Agenda.** Ensure that their constituency issues are on the agenda
2. **Read the minutes of the last meeting.** Check that they accurately reflect the issues raised and decisions made in the last meeting.
3. **Read any documentation circulated for discussion during the meeting.**
4. **Get help to understand this documentation if necessary, e.g. dashboards, budgets.**
5. **Circulate the agenda, minutes and documentation to get input from their constituency** including issues and points to raise, and real-life examples to share.

6. **Access any additional information or data that you need to support their arguments.** This may include working with technical partners and regional networks etc.
7. **Write a summary of issues or points to raise both in response to other agenda items, as well as those you plan to raise specifically on behalf of their constituencies.**

Share this with their constituency as a final opportunity for input and to ensure their constituency issues are reflected accurately.

Getting their issue on the CCM agenda

There are several ways to get an issue on the CCM meeting agenda including:

1. **Get the agenda in advance and if their issue is not reflected then send a request to the CCM secretariat for it to be included as an item.**
2. **Write about the issue to CCM members or the chair before the meeting asking them to raise it when appropriate during the meeting.**
3. **Identify an existing agenda item, which is relevant enough to add to; raise the issue by**

putting their hand up during the discussion.

4. **Raise their issue under AOB (Any Other Business) during the meeting.**

Approach 1. is the best, 2. risks the issue not being raised, but if it is raised by the chair rather than you this may be tactical, 3. risks you being told their issue is not relevant for discussion at that point, and 4. risks everyone being very tired and resentful that you have extended the length of the meeting by adding an unexpected agenda item at the end.

How to ensure that input is heard

Representatives should make sure that input is:

1. **Clearly articulated.** Word them with their CCM “audience” in mind. To the best of their ability try to link their points to values and messages that are well received and supported.
2. **Focused on disease impact.** This is the purpose of the Global Fund finances. If their messages are focused on disease impact, including barriers to services and right to access to health for all, you are more likely to be heard than a more emotional plea.
3. **Evidence-based.** Make sure that their points are backed up by data or linked to existing agreed priorities/strategies, or supported with real-life examples to give the issue more weight (See Questions Answered #7).

4. **Realistically aligned for Global Fund financing.** Check with trust allies that what you are asking for is in line with Global Fund financing.

5. **Tested for support.** Ask other CCM members for feedback and get allies and champions on board before the meeting.

6. **Multi-layered.** Anticipate counter-arguments and be ready with further arguments and justifications.

Making the most of the seat on the CCM!

Members should ensure that if they cannot attend a CCM meeting, their alternates would attend in their place. On some CCMs, when neither the member nor the alternate can attend a meeting, some organizations (including some government departments) send other representatives to sit in at the meeting. Often, these people are quite junior and uninformed. They cannot vote and cannot even be counted in the quorum. This practice should be discouraged.

2.5. DEALING WITH DIFFICULT SITUATIONS AND CHALLENGES

The CCM Chair and Secretariat should be their first point of contact if you encounter problems in meaningful involvement in decision-making processes. The problems you could face will vary from context to context; the key is to act and not keep quiet!

Identified problems for civil society CCM members include:

- a. Lack of appropriate civil society CCM representation on CCM committees;
- b. The attitude and behavior of other CCM members;
- c. Omission of relevant civil society CCM issues raised from Funding Request and budgets;
- d. Lack of meeting attendance from key civil society CCM members;
- e. Poor minute taking resulting in a poor record of discussions and decisions;
- f. CCM meetings not being held;
- g. Oversight observations not taken seriously;
- h. CCM by-laws not adhered to;
- i. Lack of funding for civil society CCM consultation and engagement;
- j. Loss of institutional memory and skills with the change of CCM members;
- k. Civil society CCM members not representing the views and needs of all civil society constituencies;
- l. CCM not fulfilling its eligibility requirements.

The role of the Global Fund where there are CCM problems

The CCM is not a Global Fund body. It is a country-owned platform. The relationship between the CCM and the GF is such that the CCM needs to demonstrate good governance practices by meeting the eligibility requirements, and in return, the Global Fund allows the CCM to be the mechanisms that will submit Funding Requests. This is much like a minimum contract, and as long as this contract is honored the Global Fund does not interfere in CCM functioning. Also, none of the Global Fund stakeholders is a member of the CCM. If a CCM member has concerns and wishes to contact the Global Fund, the FPM should be the first point of contact. Potential support is to be decided on a case-by-case basis (different forms of support are potentially possible). When there are CCM issues, the Global Fund evaluates if support can be provided to the CCM in the form of capacity building - either through the bilateral mechanisms or through Global Fund funded technical assistance.

MODULE 3

MONITORING AND OVERSIGHT

3.1. THE GLOBAL FUND'S APPROACH TO MONITORING AND EVALUATION

The Global Fund strategy for 2012-2016 is focused on “investing for impact”, which requires the use of timely and accurate data at both the level of the country and the level of the Global Fund Secretariat to inform strategies, prioritize activities, ensure strategic investments, monitor coverage of high-quality services and measure impact.

The Global Fund's system of performance-based funding relies heavily on in-country monitoring and evaluation systems, by basing funding decisions on a transparent assessment of results against time-bound targets. The emphasis is on a core set of indicators along with greater investment in data systems, and disaggregation and data use to support clear, strategic programming to achieve coverage and impact.

Performance is also a consideration in determining allocation amounts for future funding. To this end, the Global Fund invests in monitoring and evaluation at all stages of the grant cycle and places significant emphasis on data collection, analysis and use in the programs that it supports.

Results from Global Fund-supported programs are also used to evaluate the

performance of the Global Fund and to hold the Global Fund accountable at the global level. Data are shared publicly and with the donors to document progress toward impact and identify areas to improve the Global Fund's investment strategy.

The Global Fund' Monitoring and Evaluation Principles

The Global Fund's approach to monitoring and evaluation is built around three principles:

- ◇ **Simplify reporting**
- ◇ **Support data systems**
- ◇ **Strengthen data use**

Together with partners, the Global Fund has used these principles to guide the updating of its monitoring and evaluation guidance to reflect the shift in its funding model and increase the focus on improving coverage and impact. This has resulted in a shift away from grant-specific or process indicators and toward a consistent set of national indicators used by all partners. The emphasis is on a core set of indicators with greater investment in data systems, disaggregation and data use that supports clear, strategic programming to achieve coverage and impact.

This guidance supports countries by:

- ◇ **Simplifying measurement of progress.**
- ◇ **Reducing the reporting burden through harmonized data collection and reporting.**
- ◇ **Enabling comparability of data over time and across regions/countries.**
- ◇ **Strengthening reporting against global targets, such as the Sustainable Development Goals, Universal Access and Global AIDS Progress Reporting targets, Stop TB strategy targets, Global Malaria Program targets, etc.**
- ◇ **Supporting sustainable in-country data systems through collective and coordinated investments in monitoring and evaluation.**
- ◇ **Signaling the need for course correction during program implementation through regular analysis of available data.**
- ◇ **Reducing donor-specific indicator sets.**
- ◇ **Promoting disaggregated data collection and analysis for improved targeting for impact.**

This data is used specifically to:

- 1. Advocate for more investments:** By demonstrating performance, results and impact, the Global Fund is able to advocate with its donors for continued investments and ensure the scale-up and continuation of lifesaving programs that reduce morbidity and mortality and achieve progress and support

development of sustainable systems. With strong and robust data, the Global Fund is able to demonstrate value for money and secure financial resources required by implementing countries.

2. Guide strategic investments:

The data collected through the Global Fund's core set of indicators guide the Global Fund and countries to invest in interventions where the greatest impact can be achieved. Disaggregated data and sub-national analyses allow countries to focus on populations at greatest risk and the geographic areas most affected and with the highest disease burden. Strong data for action helps remove bottlenecks to providing people-centered services and to reaching the most vulnerable and affected populations. Timely data on intervention coverage are essential for grant management, as this provides information on whether the programs are reaching the highest burden and transmission areas and those at increased risk of morbidity and mortality, to maximize health outcomes and impact. Such data can illustrate how much has been achieved and how to address programmatic and systemic gaps.

- 3. Decide on routine disbursements and allocation of funding:** Progress toward achieving the targets for each indicator is the starting point for decision-making for performance-based funding through regular disbursements as

well as for allocation of funding. Impact, outcome and coverage data are important in making funding decisions that ensure grants are contributing to national program goals and are grounded in evidence-based interventions.

- 4. Support countries to monitor progress and course correction:** The effective use of data helps to identify and focus on areas of strategic investment. Limited or no progress towards impact (as evidenced by insufficient progress toward improved impact indicators) and low coverage of interventions in the high-burden and transmission areas should prompt a review of policies, service delivery mechanisms, gaps in funding and other resources. Revising plans for programs to remove bottlenecks that include clear timelines and deliverables should follow this. Regular assessment of coverage helps to identify issues so that timely action can be taken to achieve the desired impact.

Measuring and Driving Toward Impact

The primary goal of the Global Fund is to achieve impact through improving health outcomes. Impact is defined by the GF as a reduction in morbidity and mortality as a result of access to and coverage of proven interventions. In order to measure progress, the Global Fund uses a set of core indicators that have been agreed and harmonized with the indicators recommended by partners. These are reviewed every

year and at the end of the grant period and are used to inform funding decisions. Countries are encouraged to include activities related to routine reporting/surveillance, population-based surveys, modelling activities, data analysis and triangulation exercises and/or other required impact measurement tools in their requests for funding.

At the country level, the Global Fund also encourages and provides funding for conducting program reviews, analysis of epidemiological trends, assessment of the pathways between investments and impact, and evaluation of what is and is not working in the strategic plan. Such reviews can significantly strengthen a program and inform prioritization, investment, and implementation decisions.

These analyses support the Global Fund's focus on investing for impact by providing incentives to countries that are able to demonstrate impact at the time of funding allocation. In order to identify impact, data should be across geographic locations, populations, and over time to fully explore changes in the epidemiology of the disease. Apart from using data at the time of development of national strategic plans and the Funding Requests to the Global Fund, regular analysis and use of data generated by national programs provide an important management tool to assess program performance and allow for course correction. More and more, investments are being focused to build resilient health systems, in particular to support routine monitoring.

3.2. MONITORING MEANINGFUL INVOLVEMENT

Multiple stakeholders support the meaningful involvement of civil society representatives in Global Fund decision making processes, including the Global Fund, technical partners, Global Fund donors, the wider civil society sector, and their own constituencies. Different stakeholders may try to measure this in their own ways. Civil society can measure their involvement from Funding Request development all the way to impact on prevalence to document the impact.

Communities can monitor their meaningful involvement by recording simple facts. This can be done by recording the issues that they have raised and how these were raised (data, messages, support from other stakeholders etc.) and then note whether the points were accepted and taken forward, for example written into the Funding Request. If they were, they can note whether they were allocated a budget and whether they remain in the budget after grant negotiations. Then they can note whether they were implemented and how effectively by the PR. Documentation is key. It's a simple formula: "Issues raised, issues in Funding Request, issues budgeted for, issues implemented successfully."

Likewise, if issues were not included at any stage, they should be noted down and there would be an explanation as to why. It may be that the issues were not well justified, or not appropriate for Global Fund financing, or it may be that CCM decision-making was at fault. It's important to talk to other

stakeholders (both civil society and non-civil society) to get their perspective on how effective the involvement was, and the findings can then be noted. It's important to document each stage in this way so that there is evidence of involvement. This is the information that communities can present to the CCM chair if they have concerns about whether their involvement has been meaningful. Communities may want to start each funding cycle by making a list of goals/desired deliverables and using this to monitor their engagement and successes.

Why is tracking or measuring our meaningful involvement important?

Representatives may find that documenting linear processes of issues raised, evidence provided, responses and actions is time consuming enough and sufficient to be able to measure their meaningful involvement. However, it is important to also document the small wins along the way, those non-linear gains that support meaningful involvement – the opinions changed, allies made, the amplified voices of the constituents and support from a Government ally!

3.3. KEY STEPS IN MONITORING PROGRAMS FOR TRANSGENDER PEOPLE ²⁰

Overview of 8 Important Steps

1 Know The Epidemic: What is the magnitude and geographic distribution of the HIV epidemic over time among men who have sex with men, sex workers, and transgender people?

Rationale – Why is this step important?

Knowing the HIV epidemic is important so that M&E systems focus on monitoring the adequacy and effectiveness of the prevention program response in the areas where the epidemics among transgender people are

concentrated. Transgender people just like sex workers; men who have sex with men and other key populations are often hidden populations. A common failure of monitoring and evaluation is to limit its scope to areas where programs are in operation rather than where they are most needed. In this step, a national investigation of the size, scope and geographic distribution of the HIV epidemics among transgender people is undertaken as the first step in understanding the scope for monitoring and evaluation.

Key Questions, Methods and Data use: Overview of Step 1

	Key Questions	Methods	Data Use
1.1	How many transgender people are in the country and each subnational area? How is each population distributed across sub-national areas?	1. Mapping 2. Size estimates	Use maps to show where programs should be focused Use size estimates to inform target setting
1.2	What information is available about the extent of HIV infection among transgender people?	1. Synthesis of existing HIV prevalence data 2. Incidence estimation methods	Use synthesis of surveillance data and size estimates from step 1.1 to identify sub-national areas with greatest need for prevention services Use HIV prevalence/incidence data as baseline measures for evaluating the impact of HIV prevention programs

²⁰ Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men who have Sex with Men, and Transgender People, 2013

2 Measure Determinants: What are the baseline estimates of the direct biologic determinants and critical enablers of HIV Transmission?

Rationale – Why is this step important?

Step 2 describes how to monitor the direct biologic determinants and critical enablers of HIV transmission. Direct biologic determinants are the biological factors that directly increase exposure to HIV, infectiousness, or

susceptibility to infection. Direct biologic determinants include the number of sexual partners, co-infection with other STI and lack of condom use. Critical enablers (social enablers and program enablers) are the underlying individual, structural and community factors such as punitive laws, policies and practices, stigma and discrimination, gender inequality, etc. that indirectly cause HIV transmission by affecting direct determinants such as condom use and untreated STIs.

Key Questions, Methods and Data use: Overview of Step 2

	Key Questions	Methods	Data Use
2.1	Direct biologic determinants: What are baseline measures of key indicators of biologic exposure, susceptibility and infectiousness?	<ol style="list-style-type: none"> 1. Selection of measures 2. Repeated bio-behavioral surveys 3. Analysis of service delivery 	Use measures as baselines for setting targets (Step 3) and for monitoring trends in HIV transmission risk
2.2	Critical enablers: What are other individual community and structural factors contributing to the epidemic?	<ol style="list-style-type: none"> 1. Selection of measures of individual, community and structural factors that contribute to the epidemic 2. Qualitative methods, surveys and law & policy reviews 	Use measures of strengths and barriers as a baseline for setting targets (Step 3), prioritizing actions, and monitoring progress in addressing barriers and leveraging strengths

3 Know The Response And Set Targets: How is the combination prevention program defined and what are the targets for outputs, coverage, outcomes and impact?

Rationale – Why is this step important?

In Step 3 targets are set for coverage,

outcome and impact indicators, thus monitoring performance. These targets are based on current response including the availability of services and baseline indicator values. The response should be based on the data from Step 1: Know Your epidemic and Section E: The combination prevention program for key populations.

Key Questions, Methods and Data use: Overview of Step 3

	Key Questions	Methods	Data Use
3.1	Based on the epidemic, what combination prevention program of health services and critical enabler interventions are needed?	<ol style="list-style-type: none"> 1. Review of international guidelines and available information to specify combination prevention program 2. Review of NCPI Checklist for social enablers 	To define the program that will be monitored
3.2	<p>What are the operational definitions of “a person being reached” with each service?</p> <p>What is the operational definition of a critical enabler intervention being implemented?</p>	A meeting to agree on operational definitions	Use measures of strengths and barriers as a baseline for setting targets prioritizing actions, and monitoring progress in addressing barriers and leveraging strengths
3.3	What sub-populations, sub- areas or setting-specific populations should be monitored? What are the operational definitions of each sub-group?	Review of surveillance and assessments from Step 2	To specify sub-groups that will be used by all sub- national areas for monitoring coverage and tracking prevalence
3.4	<p>What services are currently available in each sub-national area?</p> <p>Which critical enabler interventions are being implemented?</p>	Mapping	<p>Use service availability maps and assessments to identify gaps</p> <p>Sub-national and national aggregations</p>
3.5	What are the 2-year targets for impact, outcome and coverage indicators in each sub-national area?	Target-setting methods	Use targets to assess program performance
3.6	Based on the 3.5, what is the national Program Impact Pathway?	Meeting to specify Program Impact Pathway	To describe the logic of the program and identify indicators to monitor

Steps 4-6: Overview of input, quality and output monitoring and process evaluation

By the end of Step 3, targets have been set to monitor the national and sub-national response and results. In Steps 4-6, monitoring determines whether the services and interventions developed as part of the planned project are being implemented on time, with sufficient quality and at the scale required to achieve the set targets. Steps 4-6 collect data to answer the questions: What programming/interventions/services are we implementing? Are we doing it right?

Input, quality and output monitoring are closely linked to process evaluation. Typically, process evaluation collects more detailed information about the way the program is implemented and received by the target population than can be collected through routine monitoring. Process evaluation can build upon the monitoring data and collect additional information on: access to services, whether the services reach the intended population, how the services are delivered, user satisfaction and perceptions about their needs, and management practices. This detailed information is collected at the service delivery sites for making timely corrections in service provision. Hence, sub-national and national levels of service provision will focus on the routine monitoring data to assess implementation progress. Often, the sub-national and national levels will conduct spot-checks and supportive supervision visits to a sample of the service delivery sites. Given this division of labor, Steps 4-6 focus on routine monitoring data relevant to national and sub-national levels.

4 Input Monitoring: What resources are needed to reach the sub-national and national targets?

Rationale – Why is this step important?

Step 4 identifies whether there are sufficient funds and other resources available to implement the national/sub-national response to the epidemic. Programs for transgender people are among the most

cost-effective interventions that have been identified. In this step, the approach is to determine “what is appropriate programmatic response?” before assessing whether the resources are adequate. Information from this step can be used to apply for additional funding and other resources. If additional resources are not provided, information collected in this step can be used to decide how to scale-back program implementation and re-adjust targets.

Key Questions, Methods and Data use: Overview of Step 4

	Key Questions	Methods	Data Use
4.1	<p>What resources are needed to meet targets?</p> <p>What resources are available?</p> <p>What is the gap in resources?</p>	<p>1. Spread sheet program to monitor targets, inputs and gaps</p> <p>2. Other resource needs analysis</p>	<p>Use identified resource gaps to justify additional resources</p>

5 Quality Monitoring: What services and critical enabler interventions are currently implemented?

With what quality?

Rationale – Why is this step important?

Quality has different meanings for different stakeholders. Some are more concerned about the performance of the system, some about the quality of the care delivered and some about the quality of care received. In reality, all three perspectives are for ensuring quality:

- ◇ Performance of the system
- ◇ Professional standards
- ◇ User satisfaction

The concepts of quality improvement (QI) apply equally to all levels of the health system. At the national level, the vision for improving quality starts

with planning and defining national standards. The sub-national level takes on the national vision, using routine monitoring data to support facility efforts in monitoring, improving and evaluating quality (WHO, 2011).

It is a challenge to implement high quality services according to plan. Stigma among providers has a marked effect on the quality of services and should be monitored and addressed periodically. Program effectiveness suffers if people do not feel welcome in the service, if the service is not provided in an accessible setting or at a convenient time, if supplies run out or if providers are not well trained. There may be high staff turnover among service delivery providers, requiring frequent training and re-training. This step provides methods for quality improvement.

Key Questions, Methods and Data use: Overview of Step 5

	Key Questions	Methods	Data Use
5.1	Are national quality standards available? Are they regularly updated?	Review standards and if necessary hold a consensus meeting to establish quality standards	Use measures as baselines for setting targets (Step 3) and for monitoring trends in HIV transmission risk
5.2	What is the quality of each service being provided? Are critical program enablers addressed?	1. Quality assessments including community consultations 2. Assessment of critical enabler interventions 3. Plan-do-check-act problem solving	Use quality indicators to identify where programs need to be improved

6 Monitoring Outputs and Program Coverage: Are output targets achieved? What proportion of men who have sex with men, sex workers and transgender people receive services?

Rationale – Why is this step important?

High quality services that only reach a few

people in the target population cannot be expected to change the direction of the HIV epidemic in that population. High coverage of the population (i.e., a high proportion of the population has been reached with high quality services) is needed. Monitoring coverage is one of the most important components of monitoring performance.

Key Questions, Methods and Data use: Overview of Step 6

	Key Questions	Methods	Data Use
6.1	What outputs will be monitored and aggregated? How will double-counting of users be avoided?	Consultation meetings to: 1. Define output indicators using requirements for specifying indicators 2. Use unique identifier or other method to avoid double-counting 3. Develop system for data collection and aggregation 4. HIV Testing and treatment cascade	Use data to assess whether output targets were met Provide feedback to improve programs
6.2	How is service coverage (geographic, population) calculated and interpreted? What is the coverage for critical enabler interventions?	1. Analysis of service delivery data and results of quality assessments to map geographic coverage 2. Population coverage calculation using service delivery data or/and surveys	Use coverage indicators to identify gaps in coverage that need to be addressed to ensure targets are achieved and needs are met
6.3	What are the trends over time for outputs, service availability, the enabling environment, coverage and the testing and treatment cascade?	Tabulate and graph indicators from Steps 6.1 and 6.2 for each period collected.	Output and coverage indicator data from surveys and service delivery data as collected over time.

3.4. HOW TO USE M&E RESULTS FOR ADVOCACY AND CHANGE

Why use and disseminate M&E results?

There are several reasons to use and disseminate M&E results: to improve GF program interventions addressing the needs to key populations and communities, to strengthen programs institutionally, to advocate for additional resources and “civil-society friendly” policies and to contribute to the greater understanding of what works for civil society within the Global Fund processes.

M&E results help improve program interventions. Using M&E results keeps you and the constituency you represent in a “learning mode” as you gain understanding about how and why the planned interventions are being implemented. M&E results also help in making decisions about the best use of resources. For example, outcome and impact evaluations may provide further insight on certain risk and protective factors, thus shaping decision regarding changes to be made in the future activities. As stakeholders (their constituency) and key decision-makers such as the CCM use results to reflect on the program’s implementation and make necessary improvements, the M&E process will provide the results necessary to make assessments and adjustments.

M&E results strengthen their program institutionally. M&E results can help stakeholders and the community understand what the GF program is doing especially for key populations and communities. It can show how well it is meeting its objectives and whether there are ways that progress can be improved. Sharing results can

help ensure social, financial and political support. By publicizing positive results, you give public recognition to stakeholders and key players who have worked to make the program a success and this promotes accountability.

M&E results can be used to advocate for additional resources and “civil society-friendly” policies. Disseminating M&E results can raise awareness of the involvement of civil society in the Global Fund processes especially regarding its important monitoring and oversight responsibility. This can serve to attract additional resources to strengthen the capacity of CSOs to carry out their duties and meaningfully continued to be involved in the Global Fund processes at their CCM levels.

Monitoring advocacy efforts

Meaningful engagement in the Global Fund processes at the CCM level involves carefully planned and executed advocacy actions. These advocacy efforts must be evaluated in the same way as any other communication campaign. Since advocacy often only provides partial results, it is important the civil society constituencies engage an advocacy team to monitor and measure regularly and objectively what has been accomplished and what more remains to be done.

Monitoring is the measurement of progress towards the achievement of set objectives, noting which activities are going well and which are not. Evaluation is about judging the quality and impact of activities. Evaluation asks why some actions went

well and others did not, and why some activities had the desired impact while others did not. Both process evaluation (how you worked) and impact evaluation (what changed) need to be considered.

There are numerous methods for monitoring and evaluating advocacy work:

- ◇ Qualitative (e.g. case studies, stories, opinions, survey questionnaires)
- ◇ Quantitative (e.g. statistics, surveys etc.)

Monitoring methods for advocacy efforts should be chosen according to the indicators that you have pre-selected to evaluate the impact of their work.

Monitoring methods may include:

- ◇ Keeping records of meetings, correspondence or conversations with target audiences and the responses elicited;
- ◇ Tracking when their key messages or briefing notes are used by elected officials, other key influencers or the media;
- ◇ Carrying out surveys and interviews to determine the impact their actions have had and the recognition their have received;
- ◇ Monitoring the media and keeping track of coverage of their topic in the media.

Evaluation should be based on the goals and objectives that were set at the outset of the advocacy planning process.

Questions that can be asked in order to evaluate the impact of their work are as follows:

- ◇ Have they achieved their objectives?
- ◇ How many meetings have they had

with key target decision-makers and what were the outcomes of those meetings?

- ◇ What actions were taken by these target decision-makers?
- ◇ Is the situation better than before? By how much?
- ◇ If there is no change, how might they change their advocacy methods?
- ◇ What can they do differently next time?
- ◇ Are the people involved with the advocacy effort happy with the results and the way the work was implemented? Are they still involved?

Advocacy is often an on-going process. Thus, rather than simply aiming for a single policy or piece of legislation, advocacy plans may have multiple or even changing goals and objectives. Ideally then, advocacy plans should be designed to be sustainable over time. Planning for continuity means articulating long-term goals, keeping functional coalitions together and adjusting advocacy methods as situations change.

Over the long term, you will need to evaluate the situations that result from advocacy activities.

Scenarios, and recommended courses of action, are:

- ◇ If desired policy changes occur, monitor their implementation.
- ◇ Also, develop plans to sustain or reinforce the desired change.
- ◇ If desired policy changes do not occur, review previous advocacy strategy and action, revise the strategy, enact a new advocacy process or identify other actions to be taken.

3.5 THE OFFICE OF THE INSPECTOR GENERAL – YOU CAN SPEAK OUT!

If there is evidence of any wrongdoing or abuse in regard to the use of funds and conflicts of interest that are being condoned at national level, civil society may contact the Office of the Inspector General directly.

The Office of the Inspector General safeguards the assets, investments, reputation and sustainability of the Global Fund by ensuring that it takes the right action to accelerate the end of AIDS, tuberculosis and malaria as epidemics. The Office of the Inspector General reports on all its activities in the interests of transparency and accountability. All the results of its work are published on the Global Fund website in line with the disclosure policy outlined by the Board.

Through audits, investigations and consultancy work, the Office of the Inspector General promotes good practice, reduces risk and reports on abuse. The scope of work for the Office of the Inspector General includes all systems, processes, operations, functions and activities of the Global Fund and of the programs it supports.

The Inspector General has the authority to:

- ◇ Access all books and records maintained by the Global Fund
- ◇ Access all books and records relating to grants funded by the Global Fund, whether maintained by grant recipients or Local Fund Agents
- ◇ Access the sites where these

records are kept and where the programs are implemented, as permitted under applicable arrangements

- ◇ Seek any information required from any personnel involved in the Global Fund's projects and require such personnel to cooperate with any reasonable request made by the Office of the Inspector General
- ◇ Obtain independent professional advice and secure the involvement in its activities of outside persons with relevant experience and expertise, if and when determined necessary

The Office of the Inspector General is independent of the Global Fund Secretariat and reports directly to the Board through its Audit and Finance Committee.

MODULE 4

GLOBAL FUND THEMATIC GUIDANCE

The following information is sourced from different Global Fund documents and they seek to provide the Trans community with additional information, guidance and references as they carry out their role of monitoring and oversight of Global Fund processes to ensure meaningful engagement of their community and its needs. It is divided in 4 sections: 1. Support for Community, Rights and Gender-related Inequalities; 2. Addressing Gender Inequalities and Strengthening Responses for Women and Girls including Transgender women and girls; 3. How to Access Technical Assistance; and 4. The Community, Rights and Gender Technical Assistance Program.

Support for Community, Rights and Gender-related programming in the NFM

Under its funding model, the Global Fund pays close attention to ensuring all people have access to quality health services that are free from discrimination. That includes support for:

Strengthening community systems in order to monitor programs, mobilize the community sector, and advocate for change:

- ◇ **Supporting the response to the three diseases by delivering health services outside of the formal health sector, and providing the necessary institutional capacity building to community sector organizations to enable them to fulfil this role;**
- ◇ **Legal environment assessment, law reform, legal aid services and human rights training for communities, officials, police and health workers;**
- ◇ **Human rights monitoring and advocacy; and**
- ◇ **Efforts to address barriers that increase the vulnerability of women in all their diversity – especially young women and girls – and/or that limit their access to health and related services.**

These programming components were designed to ensure the particular concerns of civil society organizations and key populations are considered in funding requests. The following thematic guidelines provide information that key population representatives on the CCM must be aware of as they carry out their responsibilities of monitoring and oversight.

4.1 ADDRESSING TRANSGENDER PEOPLE, SEX WORKERS, AND MSM WITHIN THE CONTEXT OF THE HIV EPIDEMIC ²¹

The Global Fund recognizes that the burden of HIV does not fall equally across all populations and that in all countries HIV disproportionately affects certain key populations, including:

- ◇ **Transgender people (especially transgender women)**
- ◇ **Sex workers**
- ◇ **Men who have sex with men**
- ◇ **People who inject drugs**
- ◇ **People in prison and other close settings**

In spite of this, many national HIV strategies and programs overlook some or all of these key populations or fail to provide effective services to them with designated funds. This results in lower rates of diagnosis and

treatment of HIV and prevents countries from reaching prevention, diagnosis and treatment targets including the UNAIDS 90-90-90 goals.

Thus, this information to help countries prepare funding requests for comprehensive programs that address the continuum of HIV prevention, diagnosis, treatment and care for key populations. There are 3 key sections to consider:

- 1. Rationale for key population programming**
- 2. Key Components of comprehensive programming that should be included in funding requests**
- 3. Considerations around the use of data for programming**

1. Rationale: Why a key populations focus is needed

In every country where data are reliably collected and reported, sex workers, men who have sex with men, transgender people, people who inject drugs and people in prison and other closed settings are shown to be at higher risk of contracting HIV than the general population. They also have higher morbidity and mortality rates, and lower access to HIV-related services. Governments have historically allocated inadequate resources to HIV programming for key populations, and despite high prevalence and incidence of HIV among them, they suffer from low coverage with HIV prevention interventions, including information, support and commodities for risk reduction, and other health and social

services. The vulnerability of key populations to HIV is made worse by structural barriers, which may violate their right to the highest standards of physical and mental health. Within the healthcare arena these barriers include not only gender inequalities in the availability of and access to services, but also insensitivity, lack of awareness or rejection from service providers. Such behaviors may be motivated by homophobia, transphobia, or other prejudice towards key populations. In addition, many health-care providers lack knowledge and training about the specific sexual health needs of key populations, especially men who have sex with men and transgender people. Key population members

²¹ www.theglobalfund.org/media/4794/core_keypopulations_technicalbrief_en.pdf

may suffer verbal abuse or physical violence from health-care providers. Past experiences of stigma, discrimination or violence can prevent members of key populations from attempting to access the services their need.

In addition to these barriers, key populations face more general social marginalization and economic disenfranchisement, which can increase their vulnerability to HIV and decrease access to needed services. These factors are often still more extreme for key population members living with HIV.

Overlapping vulnerabilities

Many key population members experience overlapping vulnerabilities to HIV, and

programs for key populations must be attentive to these, so that all their needs can be addressed. Thus, a person may sell sex in order to procure drugs, or a person suffering stigma or violence because of their sexual orientation or gender identity may use alcohol or drugs as a coping mechanism. Key population members who are excluded from employment opportunities because of their sexual or gender identity, or their use of drugs, may face poverty and homelessness, making health services harder to access. In many contexts' women have less access to health and social services than men, are more economically marginalized, and are more vulnerable to violence.

2. How to include key populations in funding requests

The Global Fund expects countries applying for funding to develop a comprehensive program for key populations based on the recommendations in the 2016 WHO Key Populations Consolidated Guidelines and the principles and approaches highlighted in the SWIT, the MSMIT, the TRANSIT and the IDUIT. This section summarizes the interventions and approaches described in the implementation tools to show how countries should address key populations programming in their funding requests.

Guiding principles for a human rights-based approach

The protection of human rights for all members of each key population must be fundamental to programming and human rights norms and principles should be integrated into programs. Community participation and leadership are essential. This applies throughout the process of country dialogues and country coordinating mechanisms (CCMs), developing funding

requests and making grants, and in the design, implementation, monitoring and evaluation of programs. Participation and leadership help to build trust with those whom programs are intended to serve, create ownerships of the process by key populations, make programs more comprehensive and more responsive to their needs, and create more enabling environments for HIV prevention. Communities can seek support from the Global Fund Secretariat through the CRG Strategic Initiative or through technical partners to strengthen participation and outreach. Key populations members should choose how they are represented, and by whom. Service providers must respect the rights of the individual. Global Fund supported programs must ensure non-discrimination, respect for the autonomy of the individual and informed consent in medical services and respect for medical confidentiality. These practices are core parts of the ethical obligations

to beneficence (doing good or providing benefit), non-maleficence (avoiding the infliction of harm) and justice.

Programming should address gender equality. Within key populations, as within the population at large women are often at greater risk of HIV than men because of unequal and discriminatory gender norms, high levels of gender-based violence, greater economic marginalization, and poorer access to risk reduction services and health care. Services should be designed and delivered in ways that address the circumstances and needs of women. The same is true of transgender people: transgender women, in particular, should not be grouped with men who have sex with men for the purposes of outreach or service delivery.

Acceptability of services is a key aspect of effectiveness. To enlist the participation of key population members and ensure their retention in care, HIV interventions must be of high quality, respectful, appropriate and affordable. Ensuring service acceptability requires consulting with organizations or networks of key populations, employing key population members as staff, including – but not limited to – community outreach workers (peer educators), gathering regular feedback from service beneficiaries, and implementing effective accountability mechanisms such as community-led oversight committees.

Do no harm: The participation of key population members in country dialogues and CCMs should always be designed to ensure they are not exposed to danger of harassment, abuse or violence. Similarly, their participation in services – whether planning, delivering, monitoring or receiving them – should not expose them to harm.

Flexibility and capacity for rapid adaptation are required, since unforeseen events can lead to major changes in the environment for service delivery to key populations.

Community empowerment

Community empowerment is the process whereby key population members are empowered and supported to address for themselves the structural constraints to health, human rights and well-being that they face, and to improve their access to services to reduce the risk of acquiring HIV. It is foundational to human rights-based programming and should underlie all the approaches and interventions presented in funding requests. In practical terms, this means:

- ◇ **Meaningful participation of key population representatives:** Programs should also pay attention to the inclusion of young key population members, and key population members living with HIV.
- ◇ **Fostering formation of key population groups or networks, or strengthening existing ones, by providing infrastructure, technical assistance, and funding.** This includes supporting the formation of registered organizations, where the group or network wishes, and local circumstances allow.
- ◇ **Fostering outreach by key population members**
- ◇ **Promoting a human-rights approach to HIV interventions**
- ◇ **Community systems strengthening:** Key populations often depend more upon community systems than do members of the general population. Applicants should budget and plan for interventions that engage

systematically in community mobilization, community-led service delivery, monitoring and advocacy, and institutional capacity building.

- ◇ **Advocating for policy change and enabling environments** (see the following section)
- ◇ **Sustainability:** The past experience of countries that have transitioned from Global Fund support indicates that when resources are limited it is often HIV prevention activities that are cut, especially those targeted at key populations or implemented by civil-society or community-based groups. In order to safeguard against this, key populations must be central not only as planners and recipients of programming, but as advocates for well-planned, data-driven transitions that maintain and expand strategic programming, including harm reduction.

Addressing stigma, discrimination and violence

The 2016 WHO Key Populations Consolidated Guidelines identify four critical enablers to address barriers to uptake of HIV services: 1) supportive legislation, policy and financial commitment, including decriminalization of behaviors of key populations; 2) addressing stigma and discrimination; 3) community empowerment; and 4) addressing violence against key population members. All four are addressed by interventions described in this section.

Applicant countries should demonstrate an approach that addresses stigma, discrimination and violence as a public health and human rights issue and removes

barriers to services. This should include support for interventions that:

- ◇ **Build the capacity and self-efficacy of key population members:** This includes raising the awareness of key population members of their human rights and their rights as citizens under national constitutions and laws. Approaches include legal literacy and “know-their-rights” workshops and integrating community paralegals or other legal aid services into outreach programs.
- ◇ **Gather data on violence faced by key population members:** this is important both for legal redress in individual cases, and for building an evidence base that can be used in advocacy for legal and policy reform.
- ◇ **Work for legal and policy reforms:** Address laws that criminalize the identity or behaviors of key populations, or that restrict access to services, e.g. by prohibiting or limiting access to harm reduction services such as NSPs or OST for people who inject drugs or requiring parental consent for testing or treatment of those aged under 18.
- ◇ **Address law-enforcement practices that violate the rights of key population members or increase their HIV risk,** such as confiscating condoms or sterile needles.
- ◇ **Build institutional accountability for existing laws and practices that uphold the rights of key populations.**
- ◇ **Advocacy** can include public campaigns, sensitization workshops, working with media to improve coverage of key populations and HIV issues, or partnering with organizations that have similar civil rights objectives.

- ◇ **Foster police accountability:** This can include regular sensitization workshops for police on human rights and the laws relevant to key populations and HIV; the inclusion of such topics in training at police academies; and engaging police officials at the local level to support program implementation, for example by not harassing outreach workers and program clients, or designating liaison officers for key populations. Integrating community representatives in workshops also helps create channels of communication between key populations, officials and police.
- ◇ **Sensitize health-care workers and other staff of clinical facilities** through training on the legal rights, HIV risk, and clinical and psychosocial needs of key populations, and on respectful service delivery, especially respecting client confidentiality and voluntary informed consent for treatment. This should take place in the context of suitable investments in human resources for health
- ◇ **Promote the safety and security of key population members** by establishing safe spaces/drop-in centers, fostering sharing of practical safety tips, working with brothel owners, and integrating inquiring about violence into HIV prevention counselling and clinical services.
- ◇ **Provide an effective, immediate response for victims of violence:** this includes community-led crisis response systems; and providing health services, psychosocial care and legal support to those who experience violence.

Health services for key populations

The 2016 WHO Key Populations Consolidated Guidelines list a comprehensive package of interventions for key populations:

- ◇ **Prevention:** Comprehensive condom and lubricant programming that ensures that condoms and condom-compatible lubricant acceptable to key populations are widely and freely available, and that key population members have the knowledge, skills and empowerment to use them correctly and consistently. In addition, pre-exposure prophylaxis (PrEP) is recommended as an option for people at substantial risk of HIV infection, and post-exposure prophylaxis (PEP) for those who have possibly been exposed to HIV.
- ◇ **Harm reduction interventions for people who use drugs, in particular NSPs for those who inject drugs, and OST for people dependent on opioids.** The provision of naloxone has recently been added to the list of key interventions.
- ◇ **Behavioral interventions providing evidence-based information and skills to support risk reduction, prevent HIV transmission and increase uptake of services.** These include targeted information, education and communication, both for individuals and groups, delivered in health-care facilities or community settings (including mobile outreach), and adapted to the local context.
- ◇ **HIV testing services in community, clinical and closed settings.** These may include testing by training lay providers and self-testing

- ◇ **HIV treatment and care**, including immediate access to antiretroviral therapy for persons testing positive for HIV and retention across the continuum of care.
- ◇ **Prevention and management of co-infections and other morbidities**, including viral hepatitis, tuberculosis, HPV and mental health conditions
- ◇ **Sexual and reproductive health interventions** including (but not limited to) screening and treatment of asymptomatic STIs and syndromic case management of symptomatic STIs in the absence of laboratory tests.

These interventions are relevant to all key populations (although NSPs and OST) are specific only to people who inject drugs or are dependent on opioids), and WHO stresses that they must be viewed as interdependent, i.e. it is insufficient to choose to implement only some of them. While individual key populations members may not require all these services at all times, funding requests should demonstrate plans to ensure these services are available, accessible and acceptable when needed, and develop appropriate methods to measure service coverage. Within each category of the comprehensive package, services – and the way they are delivered – should be tailored to the needs of specific key populations, also considering age and gender-specific considerations.

Considerations for service delivery

The Global Fund emphasizes differentiated models of care and service delivery that reflect the needs, preferences and expectations of key populations. Making facility-based services acceptable, accessible, affordable and equitable; Whether clinics are government-

rung, private or operated by an NGO or community organization, they must do more than train staff to treat key populations members respectfully, skillfully and with confidentiality.

For example:

- ◇ **Services available to the general population may need to be adapted for key populations** e.g. dedicated service times within the week or extended opening hours, and take-home doses of OST for people who inject drugs.
- ◇ **In environments hostile to certain key populations, attention must be given to how services are promoted and labelled, outside and within the facility**
- ◇ **Services should be tailored to the needs of specific key populations.** For example, transgender people may feel that they have nothing in common with men who have sex with men, despite frequently being grouped with them in service planning.
- ◇ **The content of behavioral interventions, and of material published in print or online, should be adapted to consider the needs, culture and language of the key population in question.**
- ◇ **Considerations should be given to flexibility in service provision to accommodate the needs of non-citizens or internal migrants who may not have the document that is normally required.**
- ◇ **Services should be free of charge or affordable.** Countries should ensure that out-of-pocket expenses do not present barriers for key population members to access services
- ◇ **Community-based prevention and**

testing services: Decentralized services delivered close to where key population members live increase their accessibility and acceptability and facilitate linkages to referral services. In all HIV epidemic settings, WHO recommends community-based HIV testing and counselling with linkage to prevention, care and treatment services for key populations, in addition to provider-initiated testing and counselling. Drop-in centers provide an accessible and welcoming venue for the delivery of many services in addition to HIV testing and are an important means of fostering community empowerment and cohesion. Programs should support their creation where needed. Services may also be provided at regular or occasional “pop centers” or via mobile outreach (by van, bicycle or on foot) This enables them to adapt to changing circumstances on the ground, e.g. changing location of hotspot or seasonal fluctuation in the number of key population members. Programs should ensure the safety and security of those providing services in the community.

- ◇ **Differentiated ART delivery:** In order to address low rates of access to and retention in HIV treatment programs by key population members, different ways of delivering ART should be considered. Decentralizing HIV treatment and care – i.e. provide ART initiation and/or maintenance at peripheral health facilities and supporting adherence at community sites (including through outreach) between regular clinic visits – can strengthen community engagement and may improve access to services, care-seeking behavior and retention in care. Task-shifting and service integration are

further approaches to differentiated ART delivery

- ◇ **Community-led (peer-led) services:** Outreach to key population members is often most effective when done by trained key population members themselves, who have the knowledge, skills and life experience to build rapport and trust with their peers and provide behavioral interventions, risk-reduction and harm-reduction commodities, referrals to services and supportive response to violence. This is also true of people in prisons and other closed settings.
- ◇ **Service integration (one-stop-shops):** Co-locating services (and cross-training providers, where necessary) makes them more accessible and reduces loss to follow up. These services can include HIV testing services, ART, treatment of HIV-related infections, opioid substitution therapy and other drug dependence treatment, distribution of condoms and lubricant and of needles and syringes, sexual and reproductive health, TB and viral hepatitis.
- ◇ **Using key-population specific services as a point of entry for HIV care:** Where social or health services designed for key population already exist, adding services from the comprehensive package may be considered either by training exist staff, or by supplying staff who can work at the location.
- ◇ **Services in prisons and closed settings:** Services available for HIV prevention and treatment in the general community should also be available in prisons and other closed settings.
- ◇ **Linkages:** Where services are not integrated, it is essential to have a robust referral system that makes it as simple as possible for a client to access

the services their need, including non-program run services. Interagency cross-training, seconding staff and quality improvement initiatives can facilitate this.

- ◇ **Use of information and communications technology (ICT):** Programs should consider carefully how ICT increasingly affects the way key population members interact – e.g. how sex workers contact clients, or men who have sex with men contact sexual partners – and the challenges

and opportunities this poses to effective outreach.

- ◇ **Community-led monitoring of services:** Programs should have mechanism for key population members to provide oversight and give feedback on their experience as service recipients.

The Global Fund’s tools and information materials are aligned with the WHO HIV Key Populations Implementation Tools including the Transgender Implementation Tool (SWIT).²²

3. Using data

1. Using data for strategic investment planning and program design

2. Data for program monitoring:

Countries should plan coordinated reporting systems with agreed-upon indicators, with the necessary infrastructure, budget, training, supervision and monitoring to ensure that grant recipients are reporting in the same way. Monitoring includes not only programmatic or administrative data, but also data from behavioral and sero-surveillance surveys of key populations. These can be used to monitor important indicators on program reach and coverage, as well as risk behaviors and experiences of stigma and discrimination.

The Global Fund encourages countries to strengthen data systems to ensure they are able to report data on coverage of key populations with comprehensive HIV services. Programs may prioritize establishing systems to track individuals across the continuum of HIV testing, prevention, diagnosis, treatment and care services.

3. Improving the evidence base

Global Fund grants can be used to help strengthen the evidence base around key populations and interventions that serve them successfully. Operational research should be built into the implementation process, and data shared and used rapidly to improve programming.

4. Data security

Funding requests must consider the need for strict security procedures to ensure the safety of program clients and the integrity of data.

Considerations for this include:

- ◇ **Ethics codes for data use**
- ◇ **Clearances for those with the authority to use and share data**
- ◇ **Controls on data flows**
- ◇ **Secure databases and other systems for recording, reporting and storing data.**
- ◇ **An emergency response plan in case of data leaks.**

²² www.who.int/hiv/pub/toolkits/msm-implementation-tool/en/

4.2. ADDRESSING GENDER INEQUALITIES AND STRENGTHENING RESPONSES FOR WOMEN AND GIRLS

The Global Fund recognizes that gender inequalities are a major driver of the HIV and Tuberculosis epidemics, and that they hinder effective responses to malaria. Programs must pay close attention to how these inequalities impact human rights, health and well-being. The Global Fund's 2017-2022 Strategy includes 4 key Strategic Objectives. Under Strategic Objective 3 it seeks to “*Promote and Protect Human Rights and Gender Equality*” through five operational objectives:

- 1. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights.**
- 2. Invest to reduce health inequities including gender- and age-related disparities.**
- 3. Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services.**
- 4. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes.**
- 5. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes.**

The GF 2017-2022 Strategy highlights the fact that stigma and discrimination undermine an effective response to the three diseases. Promoting and protecting human rights is essential to ensure that countries can control their epidemics, scale up where

needed, and sustain their gains. Addressing gender inequality is essential as it drives increases in infection rates and contributes to differential access to health services for men, women and transgender people. Gender inequality reduces the ability of women and girls to protect and keep themselves healthy, and access social services like education.

While the Gender Equality Strategy focuses on addressing specific needs and rights of women and girls, the Global Fund's Sexual Orientation and Gender Identities (SOGI).

The GF has transformed the process for countries to access funding and strengthened its commitment to ensure that the GF funding model requirements include a strong focus on gender, community responses and human rights. The Global Fund's strategy is to invest for impact by focusing on high-impact countries, interventions and populations, while recognizing that strategic, high-impact, gender responsive investments will prevent new cases of HIV, TB and malaria and save lives. Numerous opportunities exist to ensure that all grants address the need of women and girls in their diversity, as well as promoting gender equality. Countries requesting funding must examine the gender dynamics within the epidemic and identify any existing gaps in the response. They are strongly encouraged to use their Global Fund grants to fill those gaps and can access financial and technical support to build capacity design and implement gender-responsive programming.

The purpose of this information note is to provide guidance for applicants to ensure

gender equality and the particular issues faced by women and girls in all their diversity including trans women are addressed in the development and implementation of Global Fund supported grants. Key affected women include transgender women, and women and girls who work as sex workers or inject drugs, and women living with HIV or tuberculosis.

How do gender inequality and gender norms impact HIV, TB and Malaria?

Societal expectations of what is appropriate behavior for men and women affect health outcomes. Gender norms reflect a society's expectations of appropriate roles and behavior for women and men, girls and boys. These norms can change over time and they vary across cultures, but they very often create health vulnerabilities for both women and men. On the one hand, women do not enjoy the same rights, opportunities, and access to services as men, placing them at a greater risk and at a disadvantage with respect to treatment and care. Their access in many contexts is determined or controlled by men as heads of households with greater cultural and economic power. On the other hand, male gender norms in many contexts mean that men are often under pressure to avoid behaviors that are considered "unmanly," which encourages risk-taking behavior and discourages health-seeking or other positive health behaviors that may be perceived as weak or "feminine". Gender norms are particularly harmful to people who are not perceived to be adhering too traditional gender identities or roles, including transgender people; they often experience additional types of stigma and exclusion. Gender inequalities, which are often enforced through legal and

policy frameworks that are discriminatory against women and girls, cut across all three diseases and can impact health risks, health-seeking behavior and responses from health systems, leading to poorer health outcomes for everyone. Countries seeking Global Fund funding are required address the different needs of women and men in all their diversity in their applications.

What is the Global Fund doing to address gender inequality and strengthen responses for women and girls?

The GF promotes equitable and rights-based approaches to health as core principles and therefore recognizes that some population groups – such as women and girls, and in particular key affected women such as transgender women – require explicit attention. The GF supports multiple approaches to achieve equality including: targeted services addressing rights and health needs of women and girls; community systems strengthening to support and mobilize community demand; and interventions to address socio-cultural and behavioral risk factors including harmful gender norms. Based on the Global Fund's Gender Equality Strategy 2017-2022, the GF promotes programs and seeks funding requests that scale up services and interventions that reduce gender-related risks and vulnerabilities to the three diseases and address structural inequalities and discrimination to improve the health and lives of all women and men in particular key populations.

Key Steps to successfully integrating interventions addressing gender inequality and enabling a stronger response for women in all their diversity in the GF programs.

Country Dialogue and the role of CCMs:

Ensuring that Global Fund programs are addressing gender inequality begins with the country dialogue. The country dialogue is the term used to refer to ongoing process that occurs at country level to develop health strategies to fight AIDS, Tuberculosis and Malaria and to strengthen health and community systems. Meaningful engagement of women and girls in all their diversity is vitally important to ensure that all voices are heard and that proposed interventions meet the needs of those most affected by the three diseases. Networks and organizations advocating for rights of women and girls in all their diversity, including women directly affected by the diseases and other key affected women, should be encouraged to proactively meet to identify unmet needs in their communities, priorities and principles for the country application, and then present the recommendations formally to the CCM and other stakeholders involved in the Country Dialogue

Country Coordinating Mechanisms

To ensure meaningful involvement it is necessary to make sure that key affected women can participate safely, without fear of abuse, stigma or arrest, particularly if they come from criminalized or marginalized groups. CCM should have balanced representation, just as key populations, of men and women.

CCMs have to have at least 30% female membership in order to be in full compliance of the Global Fund eligibility requirements, or at least 15% membership with at least one designated female representative with expertise in gender issues who represents

women's organizations in order to be eligible for funding.

CCMs should also possess strong expertise on gender and integrate this knowledge to create an effective response to the 3 diseases. The Global Fund considers all members of CCMs equal partners and strongly supports the inclusion of organizations with specific gender expertise, including women's organizations and groups of women living with HIV, TB and those affected by Malaria, Ministry of Women/Gender, as well as representatives of organizations working on women's rights. The CCM requirements for key populations representation also extend to the representation of key affected women in all their diversity including transgender women. CCMs may request funds for technical assistance for capacity development and training to ensure that applications effectively address gender. CCMs can also benefit from other international training and capacities provided by a number of technical partners available at country level.

Gender Assessment Process

A robust analysis of the constraints imposed by prevailing gender norms is an essential first step in devising gender-responsive interventions for inclusion in Funding Request to be submitted for review. In doing so it is important to consider the specific needs of women and girls and the effects of the social and structural environment with respect to violence, legal and policy frameworks, education, employment, income and livelihood opportunities, and stigma and discrimination that affect women's access to services.

4.3. HOW TO ACCESS TECHNICAL ASSISTANCE TO STRENGTHEN CAPACITY IN MONITORING AND OVERSIGHT OF GF PROCESSES

TECHNICAL ASSISTANCE (TA) is the process of providing targeted support to an organization or individual for a specific need. It may be provided in many different ways, such as one-on-one support or mentoring, small group facilitation, or on-line using the Internet.

There are a number of opportunities for technical assistance, which, you may be able to access to support their role as a CCM member.

However, the types of activities for which you may be able to access technical assistance are very broad. Civil society CCM members have highlighted the following as assistance, which there were available and particularly important to support the meaningful involvement of CCM members:

- ◇ **Funding to support Funding Request development including situational analysis and needs assessments, engagement in the country dialogues, and support to communities, organizations and networks to design, plan, and budget for programs or interventions for inclusion in Funding Request.**
- ◇ **Funding for pre-CCM meetings and/or facilitation support to develop priorities and messages. Access to data or information to support messages/arguments prior to CCM/ Working Group/Sub-Committee meetings.**
- ◇ **Participation in meetings and events outside of CCM where you can access information, engage in discussion, test their messages, engage allies for support etc.**
- ◇ **Help setting up a Listservs or some other way of communicating electronically with their constituency.**

MENTOR is a senior or more experienced individual who acts as an advisor or guide to a junior or new member of a group.

Mentoring provided by an individual or organization that can support you or a group of CCM representatives to understand the CCM procedures, digest technical information, support decision-making and reflect on how to contribute their experience and knowledge effectively within CCM processes. They help build key population sensitivity among other CCM members.

Some organizations that would typically provide their organization with costs or technical input may be restricted from doing so because of a 'conflict of interest'. For example, an organization may not be able to pay for their travel to attend an extraordinary CCM meeting if it is a Global Fund grant recipient, as this may be considered payment to 'corrupt their motivation' or 'influence their decision-making'.

Ask, Ask, Ask!

The CCM chair and alternate; the Global Fund FPM; international and regional key population networks:

- ◇ **Staff from stakeholder organizations such as USAID/PEPFAR and other donors, UN, foundations, private sector, NGOs etc.; and**
- ◇ **Other CCM members or well-connected civil society partners from neighboring countries. Search online and keep checking relevant websites for updated information.**
- ◇ **The CRG regional platforms are also available to provide support to CSOs in the development of technical assistance requests to the CRG.**

4.4 COMMUNITY, RIGHTS AND GENDER **TECHNICAL ASSISTANCE PROGRAM** ²³

The CRG Technical Assistance Program is one part of a US\$15 million Global Fund Board-approved strategic initiative that runs through December 2019. The strategic initiative aims to ensure that all people who are affected by the three diseases can play a meaningful role in Global Fund processes and ensure that grants reflect their needs.

The Community, Rights and Gender (CRG) Technical Assistance Program provides support to civil society and community organizations to meaningfully engage in the Global Fund model, including during:

1. **Country dialogue**
2. **Funding request development**
3. **Grant-making**
4. **Grant implementation**

Under this program, national civil society and community organizations can apply for technical assistance in a range of areas, such as:

- ◇ **Situational analysis and planning**
- ◇ **Participation in country dialogue**
- ◇ **Program design**
- ◇ **Oversight and monitoring of grant implementation**
- ◇ **Engagement in sustainability and transition strategy development**

Some examples of technical assistance requests include:

- ◇ **Support to design, plan and implement a consultation process to identify key population priorities for HIV funding request development**
- ◇ **Designing and budgeting for community systems strengthening programs as part of the grant-making process**
- ◇ **Facilitating a funding request review**

among youth organizations to identify gaps and propose appropriate interventions for inclusion

- ◇ **Proactive, peer-led community engagement support to civil society and community in sustainability and transition planning**

Technical assistance is provided by nongovernmental organizations – including key population networks, universities and civil society organizations – that were selected through an open tender process for their demonstrated skills and capacities on community, rights and gender competencies ([CRG Technical Assistance Program Providers List in English](#)).

The program currently does not support:

- ◇ **Strengthening Country Coordinating Mechanisms**
- ◇ **Long-term capacity building of civil society organizations**
- ◇ **Funding request writing**

Organizations can request CRG technical assistance at any time throughout the funding cycle.

To learn more about CRG technical assistance download resources at:

- ◇ **CRG Technical Assistance Program Frequently Asked Questions**
[عبر](#) | [English](#) | [Español](#) | [Français](#) | [Português](#) | [Русский](#)
- ◇ **CRG Technical Assistance Program Request Form**
[عبر](#) | [English](#) | [Español](#) | [Français](#) | [Português](#) | [Русский](#)

Requests should be submitted using the form and should be sent via email to crcta@theglobalfund.org.

²³ www.theglobalfund.org/en/technical-cooperation/community-rights-gender-technical-assistance-program/

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A Beginner's Guide to the Global Fund, Aidspace, 2013, www.aidspace.org

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Civil Society Participation in Global Fund Country Coordinating Mechanisms, 2010, www.icaso.org

Community, Rights and Gender Technical Assistance Program – Global Fund webpage

Effective CCMs and the Meaningful Involvement of Civil Society and Key Affected Populations, Lessons Learned in ICASO's extensive work supporting CCMs October 2013

How we engage – Stories of effective community engagement on AIDS, tuberculosis and malaria, the Global Fund, 2016

Monitoring Process for Grant Implementation at the Global Fund, Office of the Inspector General 2017

Monitoring and Evaluation Toolkit – HIV, TB, Malaria and Health and Community Systems Strengthening, Global Fund 2011

Operational Guidelines for Monitoring and Evaluating programs for sex workers, men who have sex with men and transgender people Vol.1, UNDP, UNFPA, PEPFAR, UNAIDS, Global Fund, 2013

Technical assistance program on Community, Rights and Gender: An Overview

The Global Fund's approach to Monitoring and Evaluation, 2017

The Global Fund Grant Lifecycle, PowerPoint presentation

The Global Fund Strategy for Sexual Orientation and Gender Identity, 2013

Online resources

www.aidsalliance.org

www.aidspace.org

www.icaso.org

www.theglobalfund.org

ANNEX 1

ADDITIONAL TOOLKITS AND RESOURCES ONLINE

1.) ICASO Until We End AIDS – More than a seat at the table: A toolkit on how to meaningfully engage as HIV Civil Society CCM Representatives, May 2016

icaso.org/wp-content/uploads/2016/09/Toolkit-_English.pdf

2.) APCASO Strengthening Community Systems and Advancing Human Rights and Gender Concepts for Communities and Civil Society on Country Coordinating Mechanism, Guidance Tool, 2017

www.globalfundadvocatesnetwork.org/wp-content/uploads/2017/12/CRG-Guidance-Tool-layout-FINAL.pdf

3.) LAC Regional Platform: Tool for Social Dialogues/Sustainable Civil Society

plataformalac.org/en/2017/04/social-dialogues-sustainable-civil-society-2

4.) Key Populations Engagement tool, GNP+, 2015

www.gnpplus.net/assets/wbb_file_updown/5684/web_GNP+_KP%20engagement%20tool.pdf

5.) HIV/AIDS Alliance and ICASO Advocacy in Action: A toolkit to support NGOs and CBOs responding to HIV/AIDS, 2001

www.aidsalliance.org/assets/000/000/790/adv0602_Advocacy_toolkit_eng_original.pdf?1407150117

6.) The 519 Space For Change: Creating Authentic Spaces: A Gender Identity and Gender Expression Toolkit to support the implementation of Institutional and Social Change

www.the519.org/media/download/2392

ANNEX 2

CRG REGIONAL PLATFORMS

The Global Fund first established six Regional Platforms for Communication and Coordination under the Community, Rights and Gender (CRG) Special Initiative, which ran from 2014 to 2016. In November 2016 the Board approved \$15 million in continued investments for the initiative, renaming it the Community, Rights and Gender Strategic Initiative (CRG-SI) for the period 2017-2019. This next phase of the CRG-SI will continue to be implemented through three components: the Short-Term Technical

Assistance Program; the Regional Platforms for Communication and Coordination; and the Long-Term Capacity Development and Meaningful Engagement of Key and Vulnerable Populations.

The platforms are hosted by civil society organizations (CSOs) in six geo-lingual regions (see table). All six platforms will contract with the Fund and begin implementing their work before the end of 2017, with their contracts running for 2.5 years.

Region	Platform Host
Anglophone Africa	Eastern Africa National Networks of AIDS Service Organizations (EANNASO) <i>Arusha, Tanzania</i>
Asia-Pacific	APCASO <i>Bangkok, Thailand</i>
Francophone Africa	Réseasu Acces aux Médicaments Essentiels (RAME) <i>Ouagadougou, Burkina Faso</i>
Eastern Europe & Central Asia	Eurasian Harm Reduction Association (EHRA) <i>Vilnius, Lithuania</i>
Latin America & the Caribbean	Vía Libre <i>Lima, Peru</i>
Middle East & North Africa	International Treatment Preparedness Coalition-MENA <i>Marrakech, Morocco</i>

ANNEX 3

CRG TA PROGRAM - THE PROCESS

CRG-SI Technical Assistance Program

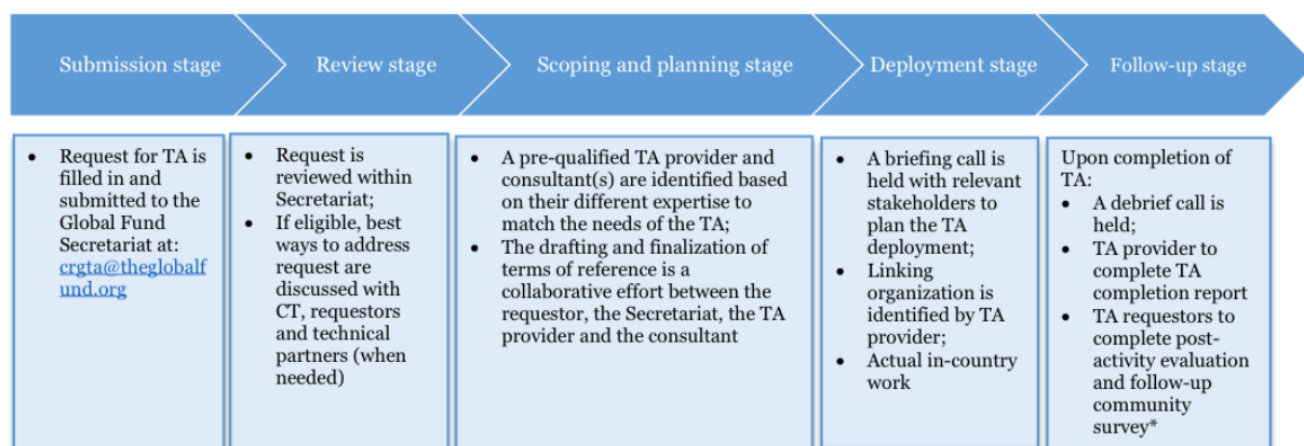
The process

March 2018

The CRG Technical Assistance Program is one part of a US\$15 million Global Fund Board-approved strategic initiative that runs through December 2019. The strategic initiative aims to ensure that all people who are affected by the three diseases can play a meaningful role in Global Fund processes and ensure that grants reflect their needs.

Under the CRG Technical Assistance Program, community-based organizations can apply for support to meaningfully engage in the Global Fund model.

Applications received under the program go through the following process:



*The follow-up community survey is to be completed by TA requestors at least 3 months and not more than 9 months after the conclusion of the TA activity.