

# The success and challenges of GF - C19RM in meeting the needs of Key Populations

A community-led report by **MPact**  
In partnership with **NSWP/INPUD/GATE**  
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## 1.0 INTRODUCTION

Effective, meaningful engagement of key populations and inclusion of community priorities and efforts within a country's Global Fund COVID-19 Response Mechanism (C19RM) is critical to mitigating the impact of COVID-19 on HIV and TB responses.

This Brief aims to illustrate the extent to which key populations were supported to participate in and influence Global Fund (GF) C19RMs within their countries, and lessons learned during the process. In particular, the Brief considers the technical assistance (TA) provided to key populations in 2021, highlighting strategic learnings about what worked, what didn't work and what could be done better in future to improve key key populations' voices, priorities and engagement in GF C19RM funding proposals, and their strengthened engagement in subsequent implementation at country level.

It shows how key population inclusion, and related TA, works well in supportive contexts with engaged Country Coordinating Mechanisms (CCMs), capacitated country-level partners, existing strong relationships, lines of communication and partnerships between country, regional and global partners. Conversely, in challenging operating environments, it shows the many barriers to inclusion. However, there are positive examples of key population networks overcoming these challenges, with the support of global key population networks, partners and the GF, highlighting the value of continued, ongoing technical support.

## 2.0 BACKGROUND

In April 2020, the Global Fund (GF) first established the C19RM, offering funding opportunities to countries to strengthen their health and community systems to mitigate the impact of COVID-19 on HIV, TB and malaria programs. A year later, GF launched the second phase of the C19RM.

The [GF COVID-19 Response Mechanism Guidelines](#) recognize the importance of community engagement in the design, development and implementation, monitoring and evaluation of the C19RM, and specifically call for consultations with “civil society, key and vulnerable populations as well as communities, including those most severely affected by COVID-19” during the process.<sup>1</sup> Key populations are well placed to provide data and evidence on the impact of COVID-19 on access to HIV and TB services, engage in processes to identify funding priorities, and develop appropriate and effective response that include efforts to strengthen and engage community systems.

However, discussions with global key population networks revealed that in 2020, there was less clarity on possible community interventions to be funded; networks were unable to provide extensive TA; and key populations in a number of partner countries reported inadequate inclusion, if at all, in the process. Less than 1% of C19RM funding reportedly went directly to community interventions in that year. In response to these challenges, in 2021 the GF Community, Rights and Gender Strategic Initiative (CRG-SI) provided funding to 4 global key population networks – GATE (working on trans, gender diverse and intersex equality rights), MPact (working on sexual health and human rights of gay, bisexual and other men who have sex with men), the Global Network of Sex Work Projects (NSWP) advocating for sex worker rights and the International Network of People who use Drugs (INPUD) working to promote the health and rights of people who use drugs.

The four global key population networks were able to channel the funding to provide various forms of TA to 27 countries across the globe, including support for grant applications, sharing information and guidance, support for consultations (logistical, facilitating surveys, virtual and physical consultations), and facilitating networking and communication between country stakeholders, regional and global partners.

Each global network developed TA reports highlighting what they did, what worked and what didn't - showcasing country case studies of key population engagement

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1. However, the [LAC Platform's situational analysis](#) of the 2020 C19RM process noted the participation of some key populations – specifically, gay, bisexual and other men who have sex with men and trans women - in a number of countries in the region.

in C19RM processes and outcomes – and making recommendations for the future. Although challenges remain, the TA was reported to have resulted in stronger inclusion of key populations in the process, and in most cases, increased reflection of key population priorities in the final funding requests.

Countries	TA from Global Key Population Network(s)
Belarus	INPUD
Benin	MPact
Botswana	MPact
Cameroon	MPact
Cote d'Ivoire	INPUD; MPact; NSWP
Ecuador	NSWP
Ghana	NSWP
Guinea	MPact
Indonesia	GATE; INPUD
Kazakhstan	INPUD
Kenya	GATE; INPUD
Kyrgyzstan	NSWP
Moldova	INPUD
Nepal	INPUD; MPact
Nigeria	INPUD
Paraguay	MPact
Senegal	NSWP
South Africa	INPUD
South Sudan	NSWP
Sudan	MPact
Suriname	NSWP
Tanzania	GATE; INPUD; NSWP
Tunisia	MPact
Uganda	GATE; MPact
Ukraine	INPUD; NSWP
Vietnam	MPact
Zambia	GATE

### 3.0 PURPOSE

This Brief hopes to serve as strategic learning for global key population networks and the Global Fund – and other donors – for strengthened efforts to support the meaningful engagement of key populations in C19RM and other funding processes, by scaling up ‘what worked’ – e.g. creating strong, capacitated networks and partnerships, maintaining lines of communication, developing accessible and practical guidance in multiple languages and providing ongoing capacity strengthening - as well as finding ways to overcome ongoing challenges. The lessons learned may also be important for regional and in-country key population networks, to support informed advocacy for TA, ongoing engagement and inclusive implementation of C19RM funds, and strengthened future processes.

The findings and recommendations draw from MPact, INPUD, GATE and NWSP’s reports, complemented by follow-up with key informants and additional desk research. The Brief draws out key factors contributing to successes and tackles the various challenges encountered during the process, illustrating these in examples and case studies, and suggests ways in which these challenges can be managed to inform and improve future TA and key population engagement more broadly.

*Right: C19RM community reports from the networks in Nepal (left) and Nigeria (right).*



## 4.0 WHAT WORKED?

Global key population networks reported a huge demand for TA to support country-level engagement with C19RM processes. Although challenges remain, networks of key populations generally reported strengthened inclusion and engagement in C19RM processes since 2020 as a result of the TA. A review of select funding requests evidenced improved inclusion of key population priorities and community systems strengthening interventions to mitigate the impact of COVID-19. Factors contributing to meaningful engagement and successful TA are considered below.

*Right: Community consultations in Guinea (left) and Cameroon (right).*



### Existing networks, partnerships and collaborations

The existing working partnerships between global, regional and country-level key population networks, organisations and platforms supported the TA to country-level key populations, building on existing understanding, capacity building and trust.

At global level, existing relationships with other key population networks and CRG-SI partners allowed for collaboration (e.g. through webinars and developing guidance, technical support documents and information notes; sharing experiences across regions and countries and promoting South-South learning), and supported the effective participation and identification of country-level priorities. Regional level partnerships provided a further layer of support, facilitating connections between global key population networks and country-level partners, even in countries with limited previous engagement, and supporting learning and sharing between countries. For instance, MPact's existing relationship with AGCS Plus and Coalition Plus facilitated timely mobilisation and joint engagements with country-level key population organisations and networks in Cameroon, Côte d'Ivoire, Guinea and Benin. In Belarus, Your Chance worked closely with the Eurasian Network of People who use Drugs (ENPUD) in prioritizing interventions for inclusion in the C19RM and communicating with the GF Country Team.

At country-level, collaborations across networks and organisations of key populations, while difficult in some contexts, helped to facilitate agreements on combined, key population priorities. In Benin, for example, joint consultations and collaboration worked well between key population networks and organisations.

**EXAMPLE****Key populations in Tanzania join forces in C19RM submission**

In Tanzania, where key population communities have established working relationships, NSWP, INPUD and GATE supported country partners, in liaison with the Key Populations' Consortium, to develop a consolidated key populations' submission of priorities for sex workers, gay, bisexual and other men who have sex with men, people who use drugs and transgender persons. Data was collected from over 60 key population organizations to understand the impact of COVID-19 on key populations in the country and propose priority interventions, through:

- A desk review of civil society organization (CSO) and community assessments, reports current grants and other documentation
- In-person consultations, focus group discussions and key informant interviews
- A questionnaire distributed online and by CSOs at sub-national level, and
- Brainstorming sessions between key stakeholders.

The review, findings and consultations were used to develop combined, prioritized interventions which were submitted to the CCM for inclusion in the C19RM.

In addition, informants noted that the existing linkages as well as partnerships fostered and strengthened by the process, from country to regional to global level, will continue to support and strengthen implementation, moving forward.

**Capacitated, engaged and mobilised country-level partners**

Where country partners are already capacitated, engaged and mobilized, this facilitated strengthened involvement in the processes. Strong, country-level communication channels, previous involvement with similar (including GF) processes, and years of previous engagement, capacity strengthening and mutual learning with regional and global partners, contributed towards strengthened organisations who were able to respond quickly and effectively. E.g. a number of countries supported by INPUD reported on the benefits of the global network's support and contribution towards their visibility and influence over the years. This highlighted the value of previous capacity strengthening efforts and the importance of on-going, rather than one-off, further capacity strengthening and TA.

**EXAMPLE****Colectivo For de Azalea in Ecuador**

NSWP provided support to Colectivo For de Azalea (CFA), a sex worker organisation in Ecuador, to advocate for the inclusion of sex worker priorities in the C19RM request. NSWP noted the contribution of their previous capacity strengthening work with CFA since 2015 to the success of the TA, supporting CFA to work with the Regional Platform and successfully intervene in the C19RM process. CFA was able to build on this and other existing strengths – such as existing ties to community members, allies, current grant implementers and key national stakeholders; representation on key national structures (e.g. the CCM, and its Commission coordinating the country dialogue process) and accountability to national partners; and an understanding of and familiarity with GF consultations and processes – to quickly absorb the GF, NSWP and Latin America and the Caribbean (LAC) Platform information and guidance; reach out and work effectively with the LAC Platform – Via Libre - and country-level partners; organise consultations; participate in key meetings and mobilise an effective response.

CFA used an online chat (WhatsApp) and social media channels to mobilise sex workers and, with the support of the LAC Platform, undertook various activities including obtaining prior CCM endorsement for sex worker submissions, undertaking a survey that reached 177 sex workers pre-dialogue and holding an online consultation with 25 sex worker leaders from 11 provinces and 15 cities. Based on feedback, a document outlining sex worker priorities was delivered to the CCM before the country dialogue was included in prioritization discussions.

**Communication: Information, Guidance and Technical Documents**

Information and communication was viewed as one of the important factors contributing towards successful interventions, as well as a key challenge at times. Global networks appreciated receiving clear information on the process, technical guidance and, most importantly, concrete and actionable recommendations for key populations' engagement with C19RM processes and recommended interventions (e.g. via the C19RM Guidance Note on Community, Rights and Gender and through the TA). They also benefitted from collaborating to share information, resources and examples and learnings from other countries. Country-level partners also found the adapted, simplified guidance developed by Regional Platforms and global key population networks useful for context-specific needs. In Cameroon, communities reported that MPact's TA supported them to understand, consolidate and prioritize appropriate interventions which were integrated into the final roadmap.



**EXAMPLE****Community Consultation Guides and other Resources**

GATE, INPUD, NSWP and MPact developed a C19RM information note 'Key Populations Engagement in the COVID-19 Response Mechanism (C19RM)' in English, French, Russian and Spanish, providing practical information on why and how key populations should engage in C19RM, as well as who to contact and how to get support for doing so. The information note was published on GATE's website in April 2021, and shared on INPUD's social media channels, receiving 4.7K Twitter impressions and 18 engagements and reaching 387 on Facebook, 12 post engagements and 28 reactions/likes.

In Ecuador, country partners used the [LAC Platform's Toolkit for C19RM Social Dialogues](#) to develop surveys, hold consultations and prioritize interventions and NSWP's resource - which including detailed information about the funding, submission windows, engagement and eligible interventions – to better engage.

**Global Fund support at global, regional and in-country level**

Global Fund communication, information and support, from the CRG-SI team at global level, the Regional Platforms, as well as from Country Teams (CTs) and Fund Portfolio Managers (FPMs) at country level, was critical to supporting community engagement. These channels of communication, however, do vary in regions and countries, and in some places required more intervention by global networks.

Examples of useful CRG-SI support included concrete information and guidance; regular and ongoing communication and 'check-ins'; responses to queries and feedback; sharing and facilitating learning between networks; support for collaborations and accompaniment; attendance at (virtual) consultations as well as advocacy interventions to follow-up on the inclusion of key populations priorities and/or to resolve conflicts. The CRG-SI's flexibility towards the TA funding also allowed for adapting the TA to specific country and regional contexts.

Similarly, at country level, where GF support from CTs and FPMs was strong, it provided an important source of information, support and advocacy for key populations. In Belarus, for example, the Global Fund FPM and CT provided advice, support and advocacy in navigating in-country political sensitivities, ensuring safety and security issues and pushing for the inclusion of community priorities within the final C19RM proposal. In Nigeria, key populations noted that engagement with the Country Team was effective to their participation in the C19RM process.

### Engagement with responsive CCMs

Country-level relationships with CCMS, current Principal Recipients (PRs) and Sub-Recipients (SRs) contributed to successful key population inclusion, where CCMs were reported to be receptive - endorsing and even attending community consultations, facilitating communication between PRs and communities and ensuring the meaningful participation and inclusion of community priorities. E.g. in Ukraine, Kenya and Uganda, a CCM representative attended the trans constituency consultations. In Uganda, a CCM representative provided guidance on expectations and updates on the previous C19RM grant, at the Fem Alliance consultation.

Although not all key populations are equally represented on CCMs in different countries, where there was a strong civil society and/or key population representative on a country's CCM, this facilitated communication, feedback and accountability. E.g. in Tanzania, TACEF and TANPUD had direct communication with the key populations representative on the CCM, which supported the inclusion of key population priorities in the funding request. In Belarus, the CCM and key population representative was reported to have served as a critical linkage between the current PR and Your Chance Belarus, guiding the organization through the process.

Notably, as with inclusion on the CCM, the inclusion of key population representatives on the C19RM proposal writing team, or as members of a technical working group, was also useful in supporting inclusion of key population priorities in the proposals. In Benin, where MPact partnered with AGCS+ to support community engagement in C19RM, working with CSO leaders on the writing committee helped to ensure the inclusion of community priorities.



*Right: Community consultations in Ukraine.*

**CASE STUDY****MPact and GATE's support for community engagement under time constraints and COVID-19 restrictions in Uganda**

In Uganda, both Mpact and GATE provided TA to engage key populations in the C19RM funding requests, although time constraints and COVID-19 restrictions on public gatherings limited the nature and extent of consultations. In partnership with ARASA, MPact provided TA to strengthened inclusion of key population priorities, including those for gay, bisexual and other men who have sex with men. GATE supported Fem Alliance Uganda to consult with and develop community priorities with the trans constituency. The consultation included community leaders, a representative from the CCM and others and was able to reach out to those in outlying areas. The Uganda Harm Reduction Network also participated in community consultations. Community priorities arising from consultations were able to be presented to the CCM in time, and accepted by the Board.

In follow up with MPact's country partners, key populations noted various successes, reporting that the TA had been helpful, the CCM had provided support and that efforts were made to engage with communities within the funding request development process and that the CCM supported. Key population priorities were consolidated by the CCM, and although concerns were raised over the prioritization of public health-led medical services over community-led services, a number of the requested interventions were included, resulting in funding for community-based institutional capacity building (\$88 500), community-led advocacy and research (\$1.1 million), community-led monitoring (\$750 000), social mobilization (\$600 000), gender-based violence (GBV) (\$850 000) and addressing human rights- and gender-related barriers (\$2 million), including funding for:

- Community-led research and community-led monitoring on the impact of COVID-19, stigma, discrimination, GBV and criminalization on access to health care and access to justice for key populations
- Strengthened community platforms (e.g. drop-in centers, safe spaces, community-based clinics) and networks to deliver HIV, TB, malaria and COVID-19 services to reach key populations
- Community mobilization through peers and community sensitization dialogues to create awareness on HIV, TB and Malaria and COVID-19
- The inclusion of key populations in GBV responses
- An update to the existing equity plan to include efforts to address all COVID-19-related human rights and gender-related barriers and to provide necessary training and socio-economic support to key populations.

Of the final \$127 million grant, \$23 million was for improving health and community systems, of which \$5 million was for community, rights and gender.

## 5.0 WHAT DIDN'T WORK?

Unsurprisingly, some of the same factors that contributed to successful engagement, were also cited as major challenges. Providing TA in contexts where key populations face overwhelming barriers to participation is challenging. However, global networks and key populations were able to circumvent challenges too, with varying degrees of success. Some of the key factors blocking meaningful engagement and the ability of global networks to provide technical support are considered below.

### Overwhelming demand

The funding available within the time frame, while useful, reportedly could not meet the overwhelming demand for the TA and limit to country-level capacity. E.g. funding for community-level consultations was insufficient where country-level partners are overstretched, with limited staff to undertake activities. These difficulties were exacerbated by COVID-19 travel restrictions and connectivity issues. Additionally, consultants were often overcommitted, unavailable or the funding was insufficient for additional tasks (e.g. specialised costing consultants). Having a dedicated focal point person to provide the tA and to undertake the activities at global and country level was critical.

*“At the national level, it was impossible to find consultants who expressed willingness to provide advice on writing up community priorities, since almost all the consultants with relevant experience were involved in the preparation of the country grant application and declared a conflict of interest.” INPUD in Belarus*

Given the clear indications of demand, it is concerning that country-level partners were not able to access the additional TA available directly from the GF – often due to late information, time constraints and limited experience with accessing TA. The importance of and need for flexible, accessible and ongoing TA was widely acknowledged. Country-level partners also requested future capacity building for further skills e.g GF proposal writing and strengthened skills in identifying and advocating for priority interventions within the process.

### Time constraints

All global networks reported insufficient time to provide in-depth, participatory consultation, prioritization, formulation of community proposals and overall engagement, within the submission windows. The TA required partners to undertake various critical activities including (i) developing media and providing information and about the process and how to engage, in a clear and accessible format in multiple languages, (ii) supporting communities to mobilise, engage and consult with country-level stakeholders, including those in hard-to-reach areas and with COVID-19 related travel constraints;

(iii) providing materials and facilitation for consultations; (iv) analysing documentation and finalizing community priorities; (v) in some cases, costing / budgeting priorities; (vi) conducting follow-up advocacy, where priorities were ignored; and (vii) simultaneously collaborating and co-ordinating activities with a wide range of partners at global, regional and country-level. For instance, in Botswana where MPact partnered with the AIDS & Rights Alliance for Southern Africa (ARASA) to provide support to gay, bisexual and other men who have sex with men, stakeholders reported that tight time schedules impacted on the quality of consultations.

### **Communication**

Communication was also identified as a key challenge, particularly at country level (e.g. from CCMs and PRs, and in some cases also from Global Fund Country Teams). E.g. MPact's support to Botswana identified disproportionate access to information amongst different key populations, impacting on equal levels of engagement.

Initially, some global networks reported a lack of clear communication and distinction on the communication roles and responsibilities of the various stakeholders at global, regional and country level, including the Global Fund CRG-SI, Regional Platforms, CT, the global key population networks and various country-level partners, in supporting key population inclusion in the C19RM process; this contributed to delays in the dissemination of information to country partners. Global networks also reported that country-level partners required them to bridge communication between communities and the GF, at times.

The sheer volume of information, available tools, guidance documents and technical notes was, although immensely helpful, also very overwhelming, lengthy and technical particularly for country-level partners new to GF processes. This required global networks to 'repackage' and simplify information and guidance, relaying only the most practical, concrete and useful information applicable at country level, within each context (e.g. how best to hold consultations in the specific country, within the available time frame) as well as translating into multiple languages, where required.

### **Competing priorities and conflicts of interest between CSOs, key population networks**

While global, regional and country-level partners all recognised and endorsed the inherent value of collaborating and co-ordinating their submissions and efforts, this was a challenge in various contexts, given the differing needs and priorities between key populations. Joint prioritizing sometimes resulted in stronger key population networks prevailing. At other times, competing priorities between key population networks and broader civil society organisations, made joint submissions difficult. E.g. in the Ivory Coast conflicts of interest between different groups of people who use drugs, led

to the withholding of important information. In Ecuador, the proposed budget allocations in C19RM funding proposal caused challenges between the men who have sex with men, transgender and sex workers' representatives on the CCM.

#### **Limited cooperation from CCMs and PRs**

As outlined previously, the working relationship between key population networks and their CCMs and PRs significantly impacted on communities' ability to participate in the C19RM processes, and similarly on the ability of global networks to provide effective and impactful TA. This was particularly difficult where key populations did not feel they had effective representation on the CCM. In many countries – e.g. Uganda - one key population representative serves all key populations.

In a number of countries, partners reported that CCMs (and PRs) did not provide timely or any information about the C19RM engagement process, were unresponsive to correspondence, mistrustful of community capacity and unsupportive of community consultations. E.g. in South Africa, the GF and PRs did not communicate information about the C19RM processes to the network of people who use drugs. There were also reports of key population priorities being ignored, or barriers being created to their inclusion (e.g. costing / budgeting requirements). In Kenya, Tanzania, Moldova and some other countries, communities were asked to cost priorities after they had been submitted, resulting in additional pressure and costs to identify and contract costing consultants at short notice.



*Right: Community consultations in Moldova.*

**EXAMPLE****Limited inclusion in South Sudan**

In South Sudan, key populations operate in an increasingly hostile environment, with e.g. current crackdowns against sex workers and limited visibility of the trans community. They are also not well represented on the CCM and have not had success in being appointed to the CCM. The current grant SR implementers are United Nations agencies, rather than key population organizations. During the C19RM process, the sex worker organisation FEMISS reported that they struggled to get information from the CCM about the proposal development process, timeline and country dialogues. With NSW's support, they consulted with networks of gay, bisexual and men who have sex with men, and submitted a consolidated list of priorities to the CCM. However, the final funding request did not include submissions from sex workers and men who have sex with men.

In some countries, as illustrated by South Sudan, poor relationships with CCMs are linked to broader issues of shrinking civic space in general, as a result of political oppression and restrictive legal environments that criminalize key populations and limit the operation of organizations. Threats and violence against human rights defenders; funding cuts and closure, censorship and surveillance of key populations organizations severely limit their ability to meaningfully advocate and participate in decision-making processes.

**CASE STUDY****Successful country, regional and global level support to overcome a challenging environment in Belarus**

In Belarus, the conflict between government, human rights activists and the independent media has escalated throughout the year, resulting in government closure of at least 15 non-governmental organisations in late July 2021. BelSetAntiAIDS, a GF recipient, was shut down and forced to return its funding. In this challenging political environment, INPUD provided support to members of Your Chance for advocacy for the inclusion of community priorities within the funding request, development of priorities for discussion at a joint key population consultation, communication and technical support for focus group discussions.

While the collaboration with INPUD worked well, country-level challenges impacted on the ability of Your Chance to intervene, from the outset. The PR and CCM were slow to provide information and respond to queries, leaving Your Chance with only three days to consult, prioritize and collate community priorities and prepare their submission. The tight time frame, combined with

the politically repressive environment and societal impact of COVID-19, also impacted on the ability to mobilize and consult communities and further lends itself to rivalries, rather than supporting collaboration, between CSOs and key population networks.

Your Chance pushed for an extension and was provided with some additional time. They also worked in close collaboration with the regional network, ENPUD, who supported the prioritization of activities and communication with the FPM on the technical support, given the volatile political situation in the country.

Despite their efforts, “the first draft of C19RM Funding Request was developed without the participation of peers, demonstrating that the ‘experts’ did not value the perspective from the community. This was in spite of community priority interventions being made available to the PR in advance.” In addition, budget allocations had been made to activities not included in the main funding request, without the knowledge of the community. After various advocacy efforts, including in-country consultations, dialogues with the FPM and CT who provided recommendations on defending community interests within the political environment, and further consultations with international and regional experts, Your Chances proposals were finalized and submitted to the CCM with a request for inclusion.

Finally, almost all of the proposals from Your Chance were approved by the CCM for inclusion. The \$8.5 million final grant included funding for social support for those on opioid substitution therapy (OST) affected by COVID-19; around \$80,000 went to strengthening health and community systems and of this \$35,000 was granted to community, rights and gender interventions to provide support for women key populations and legal support to OST clients. However, the process illustrates the need for ongoing support to Your Chance and similar organizations, to support their ability to scale up harm reduction efforts, without jeopardizing the safety and security of their staff and communities.



## 6.0 PURPOSE

1. **Strengthen ongoing working relationships:** Develop and/or strengthen protocols / standard operating procedures (SOPs) delineating roles and responsibilities, focal point persons, regular channels of communication and accountability, to improve ongoing working relationships and resolve challenges arising, including by means of regular joint meetings, dedicated feedback channels, convenings of key stakeholders, opportunities for peer-to-peer learning and sharing at various levels, reporting, as well as support for country-level interactions etc., including between:
  - Global Fund (CRG-SI, CCM Hub, Country Teams) and CRG-SI partners, key population networks at global, regional and country level
  - Global, regional and country-level key population networks, Regional Platforms and other civil society partners
  - Key population networks, CCMs, PRs and SRs at country level.
  
2. **Allow time for adequate, consultative community engagement:** Provide more time for community engagement in C19RM funding processes, including through:
  - Support for ongoing, rather than once-off, community mobilisation and education
  - Support for mapping of key stakeholders at all levels, to ensure quick dissemination of information
  - Ensuring early dissemination of information from all levels
  - Ensuring early dissemination of resources / TA
  - Providing for adequate time between call and submission windows
  - Requiring country roadmaps to accommodate time for community mobilisation and meaningful consultations
  
3. **Strengthen information, education and communication before, during and after the process:**
  - Develop focal points and structured channels of communication for timely information dissemination between all stakeholders; monitor and hold stakeholders accountable for disseminating information (see Recommendation 1)
  - Review, streamline and simplify plain-language process information, practical guidance and other information notes, including support for global / regional partners to develop context-specific guidance
  - Provide further guidance, information and learning opportunities for identified gaps / challenges and sharing of good practices e.g. (i) how to get direct access to GF TA; (ii) how to better engage in GF funding request processes, more broadly; (iii) how to better engage in prioritization exercises; (iv) how to participate in technical expert groups (TEGs) and writing teams for GF

funding request; (v) good practices for conducting community engagement in politically constrained / criminalized contexts; (vi) good practices in global / regional level TA to country partners

- Support global key population networks to conduct joint mapping exercise for dissemination of information and guidance

**4. Increase resources available for ongoing, flexible TA** for community mobilisation, empowerment and meaningful engagement, recognising that TA should not be a ‘one-off’ process. Recommendations include:

- Ensure timely provision of TA funding during proposal writing process
- Maintain flexibility of TA funding, to allow for context-specific adaptations and to recognise different ways of working
- Develop pool of key population TA providers with C19RM writing expertise
- Fund direct peer-to-peer technical support and learning platforms
- Provide resources for dedicated staff time (at global and country-level) to lead community engagement in C19RM process
- Provide resources for IT support to facilitate virtual consultations and/or additional resources for in-person, subnational consultations
- Reduce duplication and encouraging joint collaboration, where appropriate<sup>2</sup>
- Ensure availability of dedicated, long-term funding for ongoing TA to strengthen understanding of the process, opportunities and skills for community engagement in GF and other processes, including for research, consultation, sensitisation, prioritization, advocacy, writing, human rights and gender-related programming etc

**5. Continue to strengthen CCMs and country-level partnerships, to promote meaningful engagement with key populations, through various means:**

- Continue to promote independent and more broadly representative CCMs
- Increase key population representation and voting rights on CCMs
- Develop clear Global Fund CCM guidance and minimum standards for meaningful engagement, communication and community consultation
- Support CCM key population representatives to provide feedback to communities
- Encourage Global Fund Country Teams and FPMs to strengthen oversight, provide information and support to key populations in challenging environments.

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2. Note that this is context-specific. In some contexts, conflicts of interest necessitate separate processes.

**6. Commit to ongoing strategic consultations with key population networks to resolve key challenges, including the need to:**

- Recognise challenges, alternatives and identify solutions, including roles and responsibilities of all stakeholders, for supporting meaningful engagement of key populations in challenging operating environments, including political constraints and criminalized contexts
- Support direct funding to key populations through global, regional and national sources
- Fund and strengthen capacity of key populations for pandemic preparedness response (PPR) more broadly
- Acknowledge and take steps to mitigate conflicts of interest between key population networks
- Prescribe minimum standards to countries, e.g. relating to information, consultation and 30% investments for community interventions

**7. Provide ongoing support after C19RM approval to ensure that key populations remain actively involved in grant making and subsequent implementation:**

- Ensure oversight of funding disbursements to key populations through e.g. CCM Oversight Committee and Local Fund Agent
- Support Global Fund Country Team and FPM to monitor and address issues arising.

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