



Independent observer
of the Global Fund

“YOU JUST FIND THINGS HAPPENING IN A CLOUD OVER YOUR HEAD”

When it comes to The Global Fund's regional grants in Africa, Botswana is a pretty popular country. Currently, there are five regional programs which include Botswana – two HIV, two TB and one malaria – all from the first wave of regional concept notes (see table).

Table: Regional grants that include Botswana

| Name | Disease Focus | Amount (\$ million) | Date of Grant Approval | Principal recipient | Countries Covered |
|-------------------------|---------------|---------------------|------------------------|---|--|
| KP REACH | HIV | 11.5 m | 11 Oct 2015 | Hivos Regional Office for Southern Africa (ROSAF) | Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia, Zimbabwe. |
| Removing Legal Barriers | HIV | 10.5 m | 11 Oct 2015 | UNDP | Botswana, Côte d'Ivoire, Kenya, Malawi, Nigeria, Senegal, Seychelles, Tanzania, Uganda, Zambia |
| TB in Mines | TB | 30.0 m | 23 Dec 2015 | Wits Health Consortium | Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe. |

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|-------------------------|---------|--------|-------------|--|---|
| Regional TB Lab Project | TB | 6.1 m | 11 Oct2015 | East, Central & Southern Africa Health Community (ECSA HC) | Botswana, Burundi, Eritrea, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe |
| Elimination 8 | Malaria | 17.8 m | 10 Sep 2015 | E8 Secretariat | Angola, Botswana, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe. |

With so many regional grants involving one country, there are bound to be challenges. This article provides an overview of the perspectives held by national Global Fund stakeholders in Botswana towards the regional grants in their country.

Although all five grants include Botswana, none of the principal recipients are located there. ROSAF is in Zimbabwe; UNDP is in Ethiopia; Wits is in South Africa; ECSA HC is in Tanzania; and the E8 Secretariat is in Namibia.

Knowledge

In a [recent survey](#) conducted by the Eastern Africa National Network of AIDS Service Organizations (EANNASO), civil society and community groups cited regional grants as their biggest Global Fund knowledge gap. They added that civil society and community groups are less likely to participate in consultations for the development of regional concept notes as compared to consultations for country concept notes.

Following the survey, key informant interviews with stakeholders in Botswana confirm that there is limited knowledge of regional grants at country level, despite the fact that Botswana is included in so many regional concept notes.

CCM endorsement

Before a regional concept note is submitted to The Global Fund, each country included in the proposed program is required to endorse it through a vote at the CCM. The process is supposed to involve explaining to CCM members what the purpose of the program is, how the country will be involved and how the country will benefit (including how data on results will be shared). However, some stakeholders question the quality of the engagement.

“The regional grants are just dropped on us with no notice, basically, and we are meant to approve them,” says Harriet Pedersen with the European Commission, a CCM member representing multi- and bi-lateral partners.

Jerome Mafeni, the CEO of the national civil society PR, African Comprehensive HIV/AIDS Partnerships, and a CCM member representing civil society constituencies, agrees. “All regional grants are developed without our input, and when they are dumped on CCM, we are told, ‘Please, won’t you endorse?’” he says. “The initial thinking and dialogue that should happen across all countries before the proposal development itself commences, does not take place.”

Communication

Once a regional grant is approved, there are challenges in maintaining clear and regular communication

channels between the regional PR and the participating countries. Communication is important to keep countries informed about progress in implementation. “We don’t know what is happening. We don’t know when to expect information,” says Junior Molefe, with Men for Health and Gender Justice. “Even ourselves, as partners of these regional organizations, we still sit there and wait to hear.”

Nana Gleeson, from the Botswana Network on Ethics, Law and HIV and AIDS (BONELA), says that “if the Global Fund is really serious about community level monitoring, people need to know what’s going on, and they need to be having the necessary information to analyse and give feedback on. And where does that happen? You just find things happening in a cloud over your head.”

Some stakeholders pointed out that what needs to be communicated will vary depending on the program and on the extent of the country’s involvement. For example, CCM member Harriet Pedersen suggests communication about regional grants needs to be tempered against the realistic opportunities for country-level stakeholders to meaningfully engage. “It’s probably important to analyze who needs to know,” says Pederson. “If there are no opportunities for community-based organizations to access funding, or to influence the design of the program or how it’s rolled out in their community, why do they need to know?” she questions.

According to Botshelo Kgwaadira, Manager of the National TB Program in Botswana and member of the Regional Coordinating Mechanism (RCM) for the TB in Mines grant, community-based organizations often do not have opportunities to get involved. “In regional grants, if you look at the modules that are there, there is not really much for community organizations,” says Kgwaadira.

Maatla Otsogile, from the Botswana CCM Secretariat, says that there are sometimes opportunities for national level stakeholders, including civil society organizations, to access sub-grants through The Global Fund’s regional programs. For example, Otsogile said, the CCM distributed calls for proposals for sub-recipients for both the Elimination 8 and the TB in Mines programs to all CCM members, but those members do not necessarily share that information with their constituency. “The problem is that our representatives are not giving feedback,” said Otsogile. If information is blocked at the CCM, this could limit broader country engagement with regional grants.

Coordination

Stakeholders in Botswana also suggest there is a need to improve coordination, both among various regional grants as well as between national- and regional-level implementation. “Sometimes there is duplication” says TB in Mines regional coordinating mechanism member Botshelo Kgwaadira. “When we were writing the TB in the Mines [concept note], there was never ever a reference to the ECSA [Regional TB Lab Project] one.”

Cindy Kelemi, Executive Director of BONELA, notes that “it is vital for there to be a well-coordinated approach when similar programs are being implemented at national and regional level.” Referring to the need for improved coordination between national and regional grants, Oscar Motsumi, executive director of the Botswana Network of AIDS Service Organizations and a CCM member representing civil society, said, “It also speaks to data integrity, because where there’s no coordination, there’s double counting, triple counting, and duplication.”

Conclusion

If the Global Fund’s regional grants are going to achieve meaningful results, engagement with national stakeholders will need to be improved. “Obviously at a regional level the grant is different, but you will need in-country partners to assist,” said Nana Gleeson from BONELA. Since many of the regional grants described in this article are just getting off the ground, stakeholders in Botswana are optimistic the

situation will improve once these programs get going. However, it will be vital to monitor how regional programs engage national actors to ensure that regional investments achieve their bottom line – healthier people on the ground.

The author, Gemma Oberth, is the Technical Support Consultant to the Regional Platform for Communication and Coordination for Anglophone Africa (hosted by [EANNASO](#)). The interview data in this article was collected by EANNASO in April 2016 in Gaborone, Botswana. Additional interviews are ongoing in Mozambique, Nigeria, and Uganda. The research is funded by The Global Fund as part of the CRG Special Initiative. EANNASO has shared these preliminary findings with Aidspace and granted GFO permission to publish some results ahead of the full report.

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