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A GIZ BACKUP HEALTH-SUPPORTED PROJECT BOOSTED THE INVOLVEMENT OF CIVIL SOCIETY AND KEY POPULATIONS IN IN-COUNTRY DIALOGUE

The Global Fund to fight AIDS, Tuberculosis (TB), and Malaria requires meaningful involvement of key populations and affected communities in all processes and decisions. This involvement includes giving key populations and affected communities a voice and accounting for their needs in the preparation of funding requests and subsequent grant implementation and oversight. However, these groups and their representatives need to be empowered to engage in Global Fund grant processes. The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ) BACKUP Health supported the Asia Pacific Council of AIDS Service Organizations (APCASO) in implementing a project aimed at enhancing the engagement and contribution of civil society and key populations in Global Fund processes in four countries. The project focused on key populations' and communities' engagement with Country Coordinating Mechanisms (CCMs). The countries were Nepal, Pakistan, Papua New Guinea, and Sri Lanka.

There were many successes and lessons taken from the project activities that focused on planning and implementing a community capacity development initiative.

The community capacity development initiative focused on four areas:

- Assessing the needs of key populations and civil society, and identifying those areas requiring technical assistance
- Conducting capacity development workshops
- Facilitating peer learning visits

- Enabling substantive dialogue among key populations, CCM Secretariats, CCM evolution hubs, the Global Fund's country teams, and other partners.

APCASO collaborated with the CCMs of the four countries and the Association of People Living with HIV (APLHIV) in Pakistan to implement the project.

The project enhanced civil society and key populations' involvement during in-country dialogue

The project was implemented at a time when these countries were preparing funding requests for the 2020–2022 funding cycle. The project ran from January 2019 to March 2020 and built the capacity of civil society and key populations at a time when they were participating in in-country dialogues. It was an appropriate time for community capacity development initiatives.

Since health is decentralized at provincial level in Nepal, the project facilitated community consultations at provincial level. These consultative meetings were held at the beginning of 2020 in five provinces which are Gandaki, Lumbini Province (previously named Province No. 5), Karnali, Sudurpaschim, and Bagmati. In addition to providing an update on Global Fund mechanisms and the CCMs, these consultative meetings provided a platform for civil society and key populations to discuss how they could effectively engage at provincial level. From these discussions, the Nepal CCM recorded insights and recommendations that could be factored into proposals to the Global Fund for the 2020–2022 funding cycle.

In Pakistan, in March 2020, the project established a national consultative forum to revise the national and provincial strategies to fight AIDS. The forum enabled civil society and key populations to air their concerns about continuity of services, their meaningful engagement in the HIV response, and the continuity of the community-led HIV response during the shift to provincial grants in the new funding cycle. APCASO also facilitated in-country dialogue on the development of a new funding request to the Global Fund. Several other stakeholders in the fight against HIV attended the forum. Among them were provincial managers of health, representatives of the Ministry of National Health Services, and multilateral organizations.

In Papua New Guinea, the project facilitated a consultative forum held at Lae in Morobe Province. Key stakeholders, including CCM members representing the TB communities, and key populations attended the forum. The forum provided a platform for program implementers to explain the processes they are required to follow and the challenges that they face, particularly the TB program implementers. The forum discussions were documented to provide a reference for the development of the next funding request to the Global Fund. As Papua New Guinea is part of an archipelago, organizing local community engagements can be expensive because most provinces are extremely remote. Additionally, poor internet connectivity in the country makes it difficult to arrange virtual forums. Thus, the project provided a platform for local communities, who would otherwise not be consulted due to these challenges, to share their views and participate in a country dialogue.

The need to understand country needs before implementing a project

The first activity of the project was to assess the needs of civil society and key populations from the four countries to inform the development of targeted approaches. Thus, the project addressed the identified gaps which later contributed to its success.

In all four countries, key populations and affected communities highlighted various capacity building needs of CCM members. There was the need to build capacity to implement CCM community engagement plans in Nepal. In Pakistan, key populations and affected communities highlighted the need to build the capacity of CCM members and key populations to mobilize resources and develop greater knowledge of the Global

Fund processes at global and national levels. They also expressed the need to advocate for greater representation of key populations and young people living with HIV in the CCM, and urged decision makers to have broader consultations that take their views into account.

In Papua New Guinea, community and civil society partners expressed the need for capacity building with regard to the election of CCM representatives, their knowledge of roles and responsibilities of CCM members and Global Fund processes, and their ability to mobilize resources to broaden their work and engagement. Participants of a consultative meeting held in Sri Lanka expressed the need for increased understanding of the roles and responsibilities of the CCM among key populations and civil society; the development of an accountability mechanism between the key populations and their representatives in the CCM; as well as an advocacy strategy to support the work of their representatives in the CCM.

Country partner selection critical for successful project implementation

The project leveraged the capacity of in-country partners. The collaboration with the CCMs of Nepal and Papua New Guinea made it possible to align project activities with the CCM workplan and CCM evolution activities (that aims to strengthen CCM performance in four areas: overseeing grants, ensuring linkages with national structures, engaging key stakeholders and strengthening the functions of CCMs). The project benefited from the partnership with APLHIV in Pakistan as more stakeholders from different sectors, including civil society, government, and technical partners, were brought on board.

Further reading

- The final report of APCASO-GIZ BACKUP Health project, "[CCM \(R\)EVOLUTIONS: Lessons and aspirations from four countries](#)", 2020

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