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GLOBAL FUND RELEASES CASE STUDIES ON COMMUNITY ENGAGEMENT

A report released by the Global Fund last November provides stories of effective community engagement on HIV, TB and malaria. [How We Engage](#) contains eight case studies, of which five are country-specific: Cambodia, El Salvador, Kyrgyzstan, Benin and Sierra Leone.

The report also contains case studies on engaging communities in the governance of a malaria grant for the Greater Mekong region; on supporting community engagement through the regional communication and coordination platforms; and on raising the voices of women living with HIV through the Global Fund's partnership with the Robert Carr Civil Society Network Fund.

In the balance of this article, we provide information on the five country case studies.

Cambodia

The Cambodia case study describes an innovative and inclusive process of community engagement in the country dialogue and the concept note development for a stand-alone TB grant.

National consultations to prepare the TB concept note consisted of two streams conducted in parallel – the first providing technical inputs into the concept note, and the second involving consultations with communities. The consultations adopted a range of approaches, including surveys and interviews, but placed strong emphasis on focus group discussions that were held in four provincial locations and the capital, Phnom Penh, in April and May 2014, engaging more than 100 people.

The case study concluded that the successful engagement of communities was made possible by strong

and effective leadership by the CCM; the government's commitment to inclusivity and transparency; advance planning; effective support from partners; and "an open, innovative, well-facilitated, well-designed and well-documented consultation process that was aligned with the process of national strategic planning."

The Cambodia experience has been adopted as a model in other countries.

El Salvador

In El Salvador, transgender organizations played an important role in the country dialogue; it is this role that is described in the case study.

"To help them prepare," the report said, "trans groups held their own 'mini-dialogue' that provided them with an initial, separate space to develop their ideas and inputs before participating in the larger inter-sectoral dialogue meetings."

As a result of the participation of trans groups, country dialogue participants agreed that the concept note should include specific programming for trans people, including strengthening the capacity of transgender groups; advocacy for a gender identity law; and a tailored package of services to be provided at "comprehensive prevention community centers."

Kyrgyzstan

The Kyrgyzstan case study documented the approaches used to strengthen community involvement in the preparation of a TB/HIV concept note in 2014-2015. A 2014 consultation had identified a number of gaps and challenges in programming for key populations, as well as barriers to effective community engagement.

With financial support provided by the Global Fund's Community, Rights and Gender Special Initiative, the Eastern Europe and Central Asia Technical Support Hub (EECA Hub) of the International HIV/AIDS Alliance facilitated "pre-dialogue" and country dialogue meetings with key populations and other civil society organizations and held numerous focus groups and individual meetings with service providers and government officials. This process closely engaged TB communities in the national dialogue around a Global Fund proposal for the first time.

An interesting aspect of the process in Kyrgyzstan was a "retroactive" drafting of the concept note. What happened was that in December 2014 and January 2015, additional technical assistance was provided by the Canadian HIV/AIDS Legal Network to develop recommendations for the content of the "community systems strengthening" and "removing legal barriers" modules of the new concept note.

The community systems strengthening component focused on capacity building for key populations and other community organizations, particularly with regard to engaging in dialogue with the government through national networks. It was designed to complement requirements for inclusion of civil society in the design, delivery and evaluation of services in the service components of the proposal. The removing legal barriers component focused on increasing legal literacy among key populations and establishing a network of "street lawyers" to provide legal assistance.

These recommendations were largely included in the concept note by the committee tasked by the CCM with writing the proposal. However, some civil society organizations were concerned that the writing process had lacked transparency, particularly with regard to how the activities and approaches proposed by civil society had been reflected and prioritized and who was responsible for finalizing the concept note. Also, access to the final form of the full concept note was limited and the document was prepared in English, which many civil society members did not speak or read.

As a result, at a workshop in April 2015, 30 civil society participants drafted their own “concept note” for the two modules. The programs proposed by the group bore a close resemblance to what had been submitted in the actual concept note. This retroactive process helped to build understanding about Global Fund processes in an environment where civil society engagement on these issues had previously been suboptimal.

Benin

The Benin case study illustrates how targeted TA and support for civil society can impact programming at the grant-making stage, well after submission of the original concept note. Although civil society had participated in country dialogues for HIV, TB and malaria, knowledge about the Global Fund was limited. Several organizations expressed the need for targeted support to enable them to constructively influence the grant-making process and play a more effective role in grant monitoring and implementation.

Five NGOs submitted a joint request to the Global Fund Community, Rights and Gender Special Initiative seeking TA in two key areas. First, they requested support for strengthening attention to key populations, gender and human rights in the implementation of new grants. Second, they requested support for further development of an alliance of stakeholders involved in the fight against the three diseases in Benin – the National Health Alliance – that had been established in May 2015. The aim of the alliance was to improve the visibility and participation of civil society in the country's HIV, TB and malaria programs generally, and particularly to advocate for the needs of key populations.

The technical assistance was provided by the Canadian HIV/AIDS Legal Network and an independent consultant knowledgeable about Benin who had expertise in community strengthening and organizing.

As a result, an entirely new module was developed during grant-making, focusing on removing legal barriers. The module includes activities such as legal assessments, trainings, dialogue and support services benefiting people living with HIV, people who inject drugs and people at risk of sexual and gender-based violence. The module is being implemented through two national NGOs with prior experience in gender and human rights programming.

Regarding the National Health Alliance, the TA providers identified opportunities to expand the alliance's membership and expertise by including key population groups, human rights organizations, prison groups, health service user groups and social science and health research organizations that monitor access to prevention, treatment and care in the country. They also worked with alliance members to identify priority activities, including acting as a watchdog to monitor implementation of Global Fund-supported programs and undertaking advocacy to improve the quality of care and patient monitoring, address discrimination, promote law reform, increase TB case detection and net use among vulnerable and key population groups, and tackle gender-based violence.

Sierra Leone

The focus on the Sierra Leone case study was on strengthening civil society. The Ebola outbreak, which hit Sierra Leone hard, revealed the importance of being able to draw on the capacity of community organizations to support the frail health sector response to the disease. This experience helped to create

a wider appreciation among stakeholders in Sierra Leone of the need to build community capacity and increase community engagement in other areas of health, especially HIV, TB and malaria programming, and to increase the focus of these programs on key populations.

With this in mind, civil society organizations in the country formed the Consortium for the Advancement of the Rights of Key Affected Populations (CARKAP) as a platform to advocate for and deliver community-based health services and to promote gender-based and human rights-based approaches, particularly for TB and HIV.

CARKAP participated as the leading civil society voice in the early phase of the country dialogue for the development of three proposals for HIV/TB, malaria, and health and community systems strengthening.

Because CARKAP was a relatively new entity that lacked a formal governance structure or significant resources, it was agreed that CARKAP should receive TA through the Community, Rights and Gender Special Initiative.

The TA was provided in three phases by EANNASO, the Eastern Africa National Networks of AIDS Service Organizations. In the first and most important phase, in August 2015, a consultant supported CARKAP's participation in the ongoing national dialogue process, coordinated CARKAP member inputs into the TB/HIV proposal, and worked with CARKAP members to draft the community systems strengthening module. The module consisted of four major activities:

1. community-based monitoring of HIV, TB and malaria programs to ensure accountability;
2. support for civil society groups to convene twice-yearly meetings with parliamentarians and other policy-level stakeholders, with a focus on advocating for increased government allocation of funds to the health sector, particularly for HIV, TB, and malaria;
3. improving civil society participation in policy and strategic decision-making by initiating a transparent and representative selection process for the civil society seat on Sierra Leone's Health Sector Coordinating Committee; and
4. institutional capacity building, planning, and leadership development for CARKAP and its member organizations.

A second phase of TA supported CARKAP and its members as the country responded to comments from the Technical Review Panel on its proposals. This work included ensuring that the community systems strengthening component was fully maintained and that CARKAP's priorities for key populations were reflected in programming and budgets.

These efforts paid off when \$1 million was approved for the community systems strengthening component.

The third phase of TA included support for institutional capacity building, formal registration of CARKAP, and further refining its structure; and for developing a modality for the consortium to implement community-based monitoring as a Global Fund sub-recipient.

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