

# Communities at the Centre

A report back on the experiences of key populations in the Global Fund Grant Cycle 7 (Windows 1 and 2)

A community-led report by INPUD in partnership with:





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## Glossary of key terms, acronyms and abbreviations

<b>CCM</b>	Country Coordination Mechanism
<b>CE-SI</b>	Community Engagement Strategic Initiative
<b>CRG-SI</b>	Community, Rights, and Gender Strategic Initiative
<b>CSS</b>	Community systems strengthening
<b>CT</b>	Country teams
<b>FR</b>	Funding request
<b>GATE</b>	Global Action for TRANS Equality
<b>GC7</b>	Grant Cycle 7
<b>GF</b>	The Global Fund to Fight AIDS, TB, and Malaria
<b>HIV</b>	Human immunodeficiency virus
<b>HTM</b>	HIV, TB, and Malaria
<b>INPUD</b>	International Network of People who Use Drugs
<b>KPs</b>	Key populations
<b>MPACT</b>	Global Action for Gay Men's Health and Rights
<b>MSM</b>	Gay, bisexual, and other men who have sex with men
<b>NSP</b>	Needle and syringe programme
<b>NSWP</b>	Global Network of Sex Work Projects
<b>PAAR</b>	Prioritised above allocation request
<b>PEPFAR COP</b>	U.S. President's Emergency Plan for AIDS Relief, Country/Regional Operational Plan
<b>PR</b>	Principal recipient
<b>PWUID</b>	People who use and inject drugs
<b>SR</b>	Sub-recipient
<b>SSR</b>	Sub-sub-recipient
<b>SWs</b>	Sex workers
<b>TA</b>	Technical assistance
<b>TB</b>	Tuberculosis
<b>TRP</b>	Technical Review Panel

## 1.0 Introduction

*“As epidemics become increasingly concentrated among key and vulnerable populations and those frequently not well served by the formal health sector, fortifying the leadership, engagement and capacity of these communities to inform, design and deliver interventions is critical to maximise impact and strengthen local accountability.”*

**2023-2028 Global Fund Strategy**

Articulated in the recently launched [UNAIDS 2023 Global AIDS Update](#), we are seeing around the world a stalling, and in many places the backsliding of HIV responses among key populations, including sex workers, gay men and other men who have sex with men, people who use or inject drugs, and transgender and gender diverse communities. Increasing support for community-led and structural interventions has long been evidenced as a powerful force that has the ability to shift the HIV trajectory and help protect the health, dignity and human rights of people of key populations, their loved ones, and their service providers. Community-led services can make an even bigger difference and are most effective when they link with traditional public health systems.<sup>1</sup> The missing puzzle pieces are often a lack of political will, harsh legal climates, and an absence of sustainable funding and technical assistance that would otherwise enable community-led organisations and networks to fully realise their unique potential.<sup>2</sup>

On January 1, 2023, the Global Fund to Fight AIDS, TB and Malaria (the Global Fund) launched its funding cycle for the 2023-2025 period. This marks the first roll-out of its new 2023-2028 strategy with an explicit emphasis on ensuring that communities are at the centre of the global HIV, TB and malaria responses. Country allocation letters were released by the Global Fund and shared with partners in eligible countries at the end of December 2022 providing information on available funding amounts together with top-line guidance on key elements to be reflected in each country's funding request.

With the goal to support ambitious, inclusive and impactful country-owned programmes, the Global Fund has published a comprehensive series of [new and updated resources](#) that provide guidance on programme requirements and new expectations that will increase the transparency, accountability and opportunities for community engagement and community-led responses.

Window 1 and 2<sup>3</sup> submission dates have now closed; lending opportunity to critically reflect, assess and learn from the experiences of key population communities about what has worked well and identify areas for continued improvement under the Global Fund's Grant Cycle 7 (GC7) and beyond.

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<sup>1</sup> UNAIDS - Global Report 2023. (2023). *2023 Report - UNAIDS - Global Report 2023*. <https://thepath.unaids.org>

<sup>2</sup> Ibid.

<sup>3</sup> The term "Window" refers to the timing of submission deadlines for country funding requests.

This report aims to do just that. In the pages that follow, this report is structured according to the specific components that are intrinsic to the inclusive development of costed country funding requests (FR). Community engagement in the funding request development process is the first of three markers for the new community engagement (CE) minimum expectations. Based on early analysis, this report aims to identify early wins as well as persistent challenges and lessons learned from the first two Windows of GC7. **However, due to the mounting safety and security concerns of our communities and the organisations that serve them, the case studies portion of this report will be published at a later date.** For similar reasons, no countries have been named in order to protect the anonymity of in-country partners while still being able to distil important learnings and recommendations from ongoing GC7 processes. A series of strategic recommendations that are directed towards the Global Fund and UN Technical Partners are peppered throughout the sections of this report and are summarised in the conclusion. These recommendations are derived from community members with the intention to inform future GC7 FR processes and to ensure that the voices and priorities of key populations result in increased funding for critical key population-led responses.

A mixed methods approach was used in preparing this report consisting of desk research, key informant interviews, and the collection of case studies. Importantly, the report's principal focus is on the funding request development process for HIV country components, including TB-HIV. Malaria country grants were developed and submitted separately and have not been included as part of this report back.

## 2.0 Context Setting: Community Engagement and the Roll-Out of the Global Fund 2023-2028 Strategy

The [Global Fund Strategy \(2023-2028\)](#) places communities most affected by HIV, TB and malaria at the centre of their programming. One of the four strategic objectives outlined in the strategy aims to maximise the engagement and leadership of communities most affected in order to leave no one behind. The operationalisation of the new strategy elevates the importance of community engagement in Global Fund processes at country level across the grant lifecycle, including during the design, implementation, monitoring and evaluation of Global Fund funded programmes.

Notable shifts in the Global Fund's new strategy are reflected in the call for country funding applications and include but are not limited to:

- An intensified focus on prevention across HIV, TB and malaria;
- A greater focus on programme interventions to address health inequity, human rights and gender-related barriers;
- New [minimum expectations for community engagement](#) and adapted business processes;
- New and a comprehensive set of “[programme essentials](#)”;
- New Annex outlining [funding priorities of Civil Society and Communities](#) most affected by HTM (more commonly known as the Community Annex);
- Critical funding for and recognition of community-based and community-led systems and responses as central to [resilient and sustainable systems for health](#).

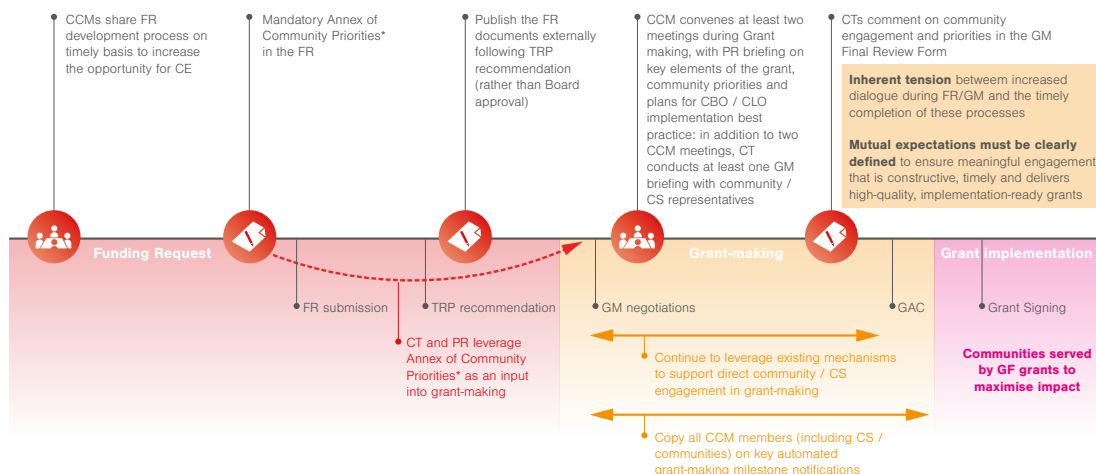
The new minimum expectations for community engagement extend across the three phases of the grant lifecycle and have been developed in direct response to different Global Fund assessments that point to variable levels of meaningful community engagement, particularly during grant negotiation and grant re-programming. As described in Figure 1, the new minimum expectations for community engagement target:

**STAGE 1: Funding request and allocation letter:** A transparent and inclusive consultation process with populations most impacted by HTM (across gender and age) during the Funding Request development resulting in an Annex of Funding Priorities of Civil Society and Communities most affected by the three diseases as an output.

**STAGE 2: Grant Making:** Community and civil society representatives on the CCM have timely access to information on the status of grant negotiations and changes to the grant to support their involvement in oversight.

**STAGE 3: Grant implementation:** Community and civil society representatives on the CCM have timely access to information on programme implementation.<sup>4</sup>

**Figure 1. Roadmap to Greater Community Engagement Across GC7 Processes**



\*Funding priorities of civil society and communities most affected by HTM helps to assess the effectiveness of country dialogue and gives a fuller picture of community needs.

Figure 1 is an important advocacy and engagement tool because it provides a visual roadmap showing key entry points for community engagement and expected outputs, as well as transparency and accountability check-points across the GC7 lifecycle.

In 2022-23, the Global Fund's Community Engagement Strategic Initiative (CE-SI)<sup>5</sup> funded four Global Key Population-Led Networks to provide technical assistance (TA) to in-country partners in support of community mobilisation, meaningful engagement and effective community advocacy during the GC7 funding request development process. The four Global Key Population-Led Networks include: GATE, MPact, NSWP and INPUD.

**GATE** is a global organisation working on trans, gender diverse and intersex equality rights. **MPact** works on the sexual health and human rights of gay, bisexual and other men who have sex with men. The **Global Network of Sex Work Projects (NSWP)** advocates for sex worker health and rights, and the **International Network of People who Use Drugs (INPUD)** promotes and advances the health and rights of people who use drugs. Types of technical assistance (TA) provided across the four global networks include:

- Capacity building trainings and in-person regional workshops on Global Fund processes;
- Engagement and advocacy planning with local partners;

4. Aidspan (Feb 2023). Board Thematic Discussion on Communities at the Centre. Global Fund Observer. Issue 425. Accessed at: [https://aidspan.org/?action=catelog\\_singlepost&id=20904](https://aidspan.org/?action=catelog_singlepost&id=20904)

5. The objective of the CE-SI is to strengthen the engagement of civil society and communities most affected by HIV, TB and malaria in Global Fund and related processes. See here for more details: <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-engagement/>



- Small sub-grants to support in-country community consultations to identify community priorities and the hiring of local consultants to support costing exercises;
- Targeted technical support and review during the writing and costing of country funding requests;
- Information sharing and guidance
- Facilitation of conversations between partners at country, regional and global levels;
- Development and publication of GC7-specific resources such as webinars, regional workshops, community GC7 guides and advocacy workbooks.

Looking specifically at Windows 1 and 2, as well as early preparations for window 3, key population communities across approximately 27 countries received technical assistance through Global Key Population-Led Network partners.

**Table 1: Countries receiving TA from Global KP-Led Networks in W1 – 3**

Country	TA from Global Key Population-Led Networks	GC7 Windows
Burundi	MPact (through AGCS+)	W2
Burkina Faso	MPact (through AGCS+)	W1
Cambodia	GATE	W2
Cameroon	MPact	W2
Cote d'Ivoire	NSWP	W1
Ghana	NSWP	W2
Guinea	MPact (Through AGCS+)	W2
Indonesia	INPUD, GATE	W1
Kazakhstan	MPact (through ECOM)	W2
Kenya	INPUD, NSWP, MPACT, GATE	W3
Kyrgyzstan*	NSWP, MPact (through ECOM)	W1
Mali	MPact (through AGCS+)	W2
Moldova	MPact (through ECOM)	W2
Myanmar*	NSWP,	W1
Morocco	MPact (through ITPC)	W2
Nepal	GATE	W3
Nigeria	INPUD	W1
Pakistan	INPUD	W1
South Sudan*	NSWP	W1
Tajikistan	MPact (through ECOM)	W1
Tanzania	GATE	W2
Thailand	GATE	W2
Uganda	GATE	W1
Ukraine	INPUD, MPact (through ECOM), GATE	W2
Viet Nam	MPact, GATE	W2
Zambia	GATE - MPact	W2
Zimbabwe	INPUD, GATE, MPact	W2

\* Denotes countries that received TA support as a result of reprogrammed funding within the CRG-SI



## 3.0 Findings

The following section offers early analysis of community engagement in Window 1 and 2 processes that have led to the submission of country funding requests. Specific areas of focus include: i) the delivery of technical assistance; ii) CCM engagement and country dialogues; iii) the writing and approval of country funding requests; and, iv) the Community Annex.

During past funding cycles, the majority of key population-led programming has often been relegated to the prioritised above allocation request (PAAR) and subsequently, never funded.<sup>6</sup> In the first six months of the Global Fund's Grant Cycle 7 (GC7), key population communities share encouraging reports of seeing many of their priorities included in the core budgets and body of country funding requests. For many in-country key population partners, this was the first time that their community was included in Global Fund application processes. Early analysis of Window 1 and 2 community experiences show that the combined provision of technical assistance (TA) and the breadth of new resources, toolkits, trainings and guidance notes developed by Global Key Population-led Networks have ensured that communities are well-informed about the funding request development process. The provision of TA has crucially empowered communities to put this information into action: to mobilise, plan, prioritise, advocate, engage and contribute.

Yet, despite a marked increase in the costed inclusion of key population programming in country funding applications, in some cases, key elements that are fundamental to the delivery of evidence-based key population programming and services have been put to the PAAR, such as the procurement of naloxone for life-saving overdose prevention, and needles and syringes for harm reduction services.

### Recommendation:

In previous grant cycles, the role of communities has often diminished during the grant-making stage and community engagement has not always occurred.<sup>7</sup> It is during this stage that communities have the most to lose as core budgets are adjusted and refined, sub-recipients are selected, and grants are finalised and made implementation-ready.

- Ensure that inclusive and transparent community engagement is well resourced across the grant lifecycle and is equally prioritised to that in the development of country funding requests.

6. 2020-2022 Technical Review Panel Observations Report (July 2022). The Global Fund to Fight AIDS, TB and Malaria. Accessed at: <https://www.theglobalfund.org/en/updates/2022/2022-07-20-technical-review-panel-observations-report/>

7. Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle. (December 2022). The Global Fund. Accessed at: [https://www.theglobalfund.org/media/12649/core\\_community-engagement\\_guide\\_en.pdf](https://www.theglobalfund.org/media/12649/core_community-engagement_guide_en.pdf)

## Technical Assistance (TA)

*“Continuing to ensure targeted and specialist support for the community of people who use drugs through the CRG-SI is a key ingredient of success to ensure meaningful engagement and leave no-one behind. ...The provision of technical support by a fellow peer-led drug user-led network is particularly effective as trust and respect is quickly built, and real understanding of the challenges, as well as the opportunities, facilitates empowerment. There is no doubt that drug user-led organisations, as the experts they are, are best able to identify the needs and to propose appropriate solutions to address the challenges faced by the community of people who use drugs.”*

**Community member, West and Central Africa**

Global Fund processes are intricate, complicated and often very technical posing a serious barrier to the full and meaningful engagement of communities most impacted by HTM. Trainings, webinars, information sharing, and user-friendly GC7 guides produced by Global Key Population-Led Networks have been fundamental in making Global Fund processes clearer and less daunting, GC7 documents more accessible, and the Global Fund’s architecture less confusing for communities to engage.

**One of the building blocks of strong, meaningful community engagement is having the right information at the right time.** Equal access to information addresses power dynamics from the onset by ensuring that communities are well prepared with a much broader understanding and awareness about Global Fund processes and the opportunities at hand for communities and community-led key population programming. This includes how to distil key information from the country allocation letter, how to break down the Global Fund’s modular framework, what is the role of a Country Coordinating Mechanism (CCM), and what type of activities are eligible/ineligible for Global Fund funding. This has been extremely valuable for all communities, and particularly for those who have been engaging in country dialogues and the grant writing process for the first time. As an example, part of GATE’s technical assistance has been the publishing of smart user-friendly guides on the different GC7 processes and creating online training courses to help increase the capacity of trans community-led organisations across all Global Fund eligible countries.

*“The challenge is also due to the complexity of the Global Fund’s technical documents. It takes time to understand some documents that must be learned.”*

**Community member, South East Asia**

*“You know, demystifying these critical documents is also another success. [Communities are now] aware; they know they can demand those allocation letters. Because if you don’t know how much has been allocated to your country, [or about] the additional resources, like the Matching Funds, if you don’t understand that most Matching Funds [should] go to the communities, it becomes very difficult for you*

*to even engage and plan how you ask for increased investments. So that was also another very big success. I think it was very critical.”*

#### **Global Key Population-Led Network**

Small sub-grants and support with work planning, advocacy and engagement strategies, as well as regular online meetings to share updates and navigate challenges has proven vital for community partners to self-organise, articulate their priorities, actively engage and take their seat at the table. For instance, in Country X, where harm reduction programming is being introduced, the sub-grant offered through INPUD, has been critical to supporting community consultations and priority-setting with people who use and inject drugs (PWUID) across the country. These small funds also covered travel costs for community members living outside of the capital city to be able to join country dialogues and participate in the writing team retreat, which otherwise were not paid for by the CCM Secretariat or the government.

Similarly, technical assistance provided by MPact enabled them to work step by step with their in-country partners to build and deliver on community engagement plans and complete the documents necessary to have their community priorities included in the funding request. Such experiences contribute to building valuable skills in the community that can be used when preparing other funding applications, or building engagement and advocacy plans for other initiatives.

The funding request development process is incredibly intensive – especially when it coincides with other large international funding processes (such as the PEPFAR COP/ROP), as it did for Windows 1 and 2. Many small/medium size community-led organisations struggle with capacity bandwidth, a lack of core funding, and very stretched human resources. More often than not, it is the same community members who engage in all international funding processes. Global Key Population-Led Networks, through their TA provision, have sought to help offset these challenges. They have helped to do so by providing time-sensitive review of draft funding requests and supporting community partners to prepare critical feedback to Country Writing Teams and push for the proper costing of community priorities and their inclusion in the body and budget of the funding request.

*“Having dedicated human and financial resources available for [peer-to-peer] capacity building for drug user-led networks makes the difference between aspirations of reaching those hardest to reach and [truly] reaching those hardest to reach.”*

**Community member, South East Asia**

In terms of **gaps in technical assistance**, interview respondents and project reports equally speak to the two largest community concerns: i) the need for community engagement TA to be scaled-up and include more countries so as to have widespread impact, and; ii) to ensure that this technical assistance continues beyond the funding request development process to include also the grant-making stage, and extend across the full life course of the grant.



**Recommendation:**

- The Global Fund and Technical Partners must **ensure adequate funding is available** to support the active participation of KP representatives in all stages of the funding request development process, particularly for people living outside of capital cities where the majority of meetings take place.
- **The Global Fund and Technical Partners must prioritise the scale-up and expansion of on-going peer-to-peer TA provision and peer-to-peer capacity building** so that KP communities in all Global Fund funded countries benefit and are able to meaningfully and fully convene, engage and contribute in fundamental decision-making processes such as, grant negotiation processes, CCM proceedings, and re-programming efforts across the grant lifecycle. ***Having in-country community partners define their need for technical assistance is a model that works.***

*“It’s about understanding what the whole process is and getting sex workers, for example, to a country dialogue... that’s just one part of it. There [are]so many other parts that can’t be supported and need to be supported, if they’re [the Global Fund] committed to the Strategy, and to having communities at the centre.”*

**Global Key Population-Led Network**

*“What more can be done apart from more resources so that we can cover more [countries]? You know what I cover? I think it’s eight countries. That’s it. Yes, that’s a drop in the ocean.”*

**Global Key Population-Led Network**

*“We need to have consistency in community engagement. This heavy talk about community engagement during the funding request development [process] is important, but it ends when the funding request has been submitted. It doesn’t continue beyond that. So that’s for me, another area of concern – how do we ensure continuous engagement in the grant making and finalisation of the grant, and even [throughout its] implementation?”*

**Community member, West and Central Africa**

## **CCM Engagement and Country Dialogues**

The sharing of country allocation letters with in-country partners has proven extremely helpful both as an accountability tool and guaranteeing communities equal and transparent access to information about the country allocation, the proposed programme split, co-financing requirements, and the substantive areas of focus outlined by the Global Fund, including the emphasis on key population-led programming, community systems strengthening and the focus on human rights and gender transformative interventions. Equal access to timely information and key documents, such as the country Allocation Letter and CCM Road Maps, are the first step in addressing stigma,

discrimination and entrenched power imbalances that key populations face on a daily basis. Power imbalances and restricted access to information are underlying barriers to meaningful community engagement that would otherwise ensure that the voices of key populations are upheld as technical experts, as community leaders, and as programme innovators. Unfortunately, access to these key documents was not equal or equitable for key population communities across all countries under W1 and W2. Many key populations (in particular, sex work-led organisations and LGBTQI led organisations) were left out, and on the margins.

Community engagement with CCMs has varied across countries and communities in Windows 1 and 2. In some countries, communities report good engagement with their CCM, clear and well-structured processes, and the openness of CCM members to attend community consultations. In other countries, key population communities have reported facing stigma, a lack of trust and acceptance, and feeling that there remains **“a long way to go for sex workers and PWUID to be fully valued as experts in Global Fund country processes”** (Community member, Southeast Asia).

#### Recommendation:

- The Global Fund can address power imbalances and equal access to information head-on by immediately publishing country Allocation Letters and country CCM roadmaps on the Global Fund website.
- Technical Partners should offer financial support for community-led monitoring (CLM) of community engagement in the Global Fund funding request development, grant-making, and grant re-programming processes.

*The work that is happening in preparation is very promising. So, that gives us a lot of hope in how the relationship is with CCM. It is very promising; the fact that the CCMs are open to receive the input is already a good thing. Remember a couple of years ago when we did our first consultation of this kind? The CCM was saying, ‘Oh, but did you have somebody to do a budgeting exercise, we cannot accept suggestions if there’s no budgeting exercise.’ And you know, it had to be particular people with certain credentials that were able to do it. We could never afford it. So, I think this is changing; the willingness to accept is changing. And I think that was a direct impact of the guidance note, for example, but also a direct impact of the allocation letters.*

#### Global Key Population-Led Network

*The other area of success is the raised profile of the need for communities to effectively engage in the process. For development partners in the public sector to understand this has been a success, I think. And this was really appreciated by the public sector as well because communities managed to contribute a lot and share lived experiences. The best strategies came from communities. We managed to link that bridge, that bridge between the public sector and our communities being able to work together.*

#### Community member, West and Central Africa

The accelerated timeline for Window 1 and 2 submissions has been a clear challenge for all partners. However, in addition to the stress and time pressures, community partners report that a key barrier to meaningful engagement has been the last-minute sharing of information from the CCM. In many cases, CCM roadmaps, which are intended to outline process milestones, deadlines, key meeting dates and locations were difficult to access and often not kept up-to-date leaving communities in the dark and on the backfoot, left to last minute travel and planning.

*“So when I had the meeting with [in-country] partners recently, the one obvious barrier was the last minute timing, from the government side, where information was communicated to civil society organisations much later. This makes it a lot more difficult for them to participate. That was the one barrier that they encountered.”*

**Global Key Population-Led Network**

Community partners consistently report opaque processes for accessing funding support from the CCM despite the [annual 15% budget line for meaningful civil society constituency engagement found in Global Fund policies for CCMs](#). Reports across key population communities point importantly to the lack of financial support from the CCM for community representatives to participate in technical working groups, country dialogues, and/or the writing process. This has made the availability of technical assistance evermore important as it has served as the central funding stream to enable key population communities to convene, consult and fully participate in Global Fund country processes.

*“In none of the countries that we have supported [was] CCM funding made available [to our communities].”*

**Global Key Population-Led Network**

*“Financial support was often not available from [the] CCM to support communities to engage in the Technical Working Groups, Country Dialogues, or the writing process.”*

**Community member, South East Asia**

In many countries, communities were required to pay their own way in order to participate and/or have the internet data plans to support long online meetings. Similarly, while community consultations were conducted for each key population through sub-grants provided by Global Key Population-Led Networks, there has often been a missed opportunity to bring all communities together for joint priority setting, consensus building and coordination. **A monitoring framework to transparently account for how the annual 15% budget line is spent and under what terms, is urgently required.** As one respondent notes, “perhaps it is how CCMs define community and civil society that is at the root of this disparity.” Despite clear definitions and guidance in Global Fund related policies, the term ‘civil society’ is often interpreted as ‘non-state actors’ thus covering a vast span of organisation typologies and areas of focus. The term ‘community’ is often understood as community health workers, and not necessarily the communities who are most impacted by the



three diseases. Ring-fenced funding within this CCM budget line should be dedicated to ensure key population participation as a first step to reducing access barriers to community engagement.

*“The problem is how the CCM and how the Global Fund define civil society. Even the definition and interpretation of ‘communities’ by CCMs and the Ministry, when they see funding for community it is taken for community health workers. Other times, CCM funding is given to what is categorised as civil society, but not key population-led networks, not community-led networks. So it will go to a family planning NGO, or to a faith based organisation because they’re considered part of civil society. So they get funding but key populations don’t and I think that is something that needs to be addressed.”*

### Global Key Population-Led Network

#### Recommendation:

- The Global Fund should develop a transparent online monitoring tool to account for the use of the annual 15% of CCM budgets for civil society and community engagement.
- Funding should be ringfenced within the CCM’s 15% budget line to ensure increased key population engagement.
- The Global Fund should establish measurable expectations for the greater involvement and oversight of country teams, fund portfolio managers, and members of the CCM Hub during the funding request development process.
- In partnership with key population communities, the Global Fund should develop an accountability mechanism to measure and identify best practices in meeting the minimum expectations for community engagement.
- Additional measures are needed from Technical Partners to politically support and advocate for the needs, priority interventions and recommendations identified by key populations at country-level during the review of country funding requests and throughout all stages of the grant lifecycle.

### Writing and Approval of Country Funding Requests

Generally speaking, **the notable increase in community engagement during this first phase of the GC7 allocation cycle has been a direct result of the technical and financial assistance provided by Global KP-led Networks under the Community Engagement Strategic Initiative.** However, many in-country communities report mixed experiences with gaining access to the writing and final approval of the funding request prior to submission. **Few communities have reported having access to the full final funding request or final budget prior to submission.** For some, it has been a challenge to obtain a final copy even following the submission. Time pressures and financial constraints certainly play a role in the meaningful participation of key population community partners during these critical stages. Yet, there are clear opportunities and process points that call for stronger coordination and communication across the writing process.

*“Despite being on the writing team, and even after numerous requests for the final version of the funding request from the proxy KP representative, we have not received or seen the submitted funding request, including the budget, the Community Annex or what activities went to the PAAR.”*

**Community member, West and Central Africa**

*“Again, it’s a mixed process. In [Country X], for example, the community was not able to review the final application. CCM members were [able to review it] and there’s a KP consortium person that sits there [on the CCM]. And so the community has to communicate with them, which makes it really difficult. But for example, in the situation of [Country Y], they were so involved in the writing process and everything. They had 100% involvement. So, again, it should be the case, but it doesn’t happen everywhere, every time.”*

**Global Key Population-Led Network**

The vast majority of feedback received from communities speaks to a very fragmented writing process where Technical Working Groups were organised by module and disease programme with little to no opportunity for interaction with one another. This crack in coordination puts at risk opportunities to maximise alignment, integration and the cross-pollination of programme innovations. **It also increases the potential for duplication, and/or inefficiencies during the budget preparation. In some instances, communities submitted their costed interventions, as requested by the CCM or hired consultant, and never heard back on whether they were included in the final submission, either in whole or partially.**

*“I mean, you know, I think there is some responsibility that lies with the FPM and Country Team to follow and make sure things are being done properly. I think that they must take some responsibility, not all, but some. I think, they can [coordinate] with the CCM Hub and the [Global Fund] disease advisor. I think if they go back to the three minimum expectations, the six eligibility requirements of the CCM and the Global Fund Strategy, as well as the other Global Fund policies, the Global Fund has the material and the structures in place, but they’re just not implemented or followed-up sufficiently. Maybe that’s a staffing issue.”*

**Global Key Population-Led Network**

Unequal and inconsistent access to timely information is also illustrated in how communities were notified about upcoming meetings, multisectoral writing retreats and requests for information. In the majority of instances, communities received last minute requests for more data, more evidence and more detailed costing. Needless to say, this placed increased pressure and strain particularly on smaller, less experienced community-led organisations. As TRP comments are shared with countries, it will be interesting to see how key population-led organisations gain access to the TRP feedback and participate in the preparation of formal responses and included in grant-making processes.

**Population size estimates are important for programme planning and target setting, however a lack of data is not a reason to delay programming.** In a world where key populations are increasingly criminalised and societal discrimination is ever more deeply entrenched, the emphasis on data must be balanced with the safety and security concerns of key population communities. **In such contexts, possession of health-related data often poses a direct risk for the service user and for the service provider.** This is a source of escalating concern for community-led and community-based organisations in many countries that are long-time recipients of Global Fund funding for HTM.

*“The other issue of concern which our community has raised, is that there’s a lot of emphasis on having evidence and data to back up your requests. So they’re collecting a lot more information. But particularly in contexts where there’s a lot of stigma and discrimination, and then also criminalisation; having data is a risk. And it’s something that community-led organisations don’t have a lot of experience in dealing with. So, they were flagging data safety and security as a major issue that they want to focus on because they’ve realised as an organisation, the more they’re collecting data, the more risk there is of a breach and our data ending up in the wrong hands, particularly in the context of criminalisation and societal discrimination. This is an emerging issue for a lot of community led organisations.”*

#### **Global Key Population-Led Network**

The updated Global Fund and WHO guidance and information notes are widely reported as hugely valuable for community advocacy and the inclusion of key community priorities, such as gender-affirming care for trans- and gender diverse people. With that said, other key population programme areas, such as harm reduction continue to experience substantial resistance even with WHO recommendations for evidence-based harm reduction programming such as needle and syringe procurement and provision, overdose prevention, and opioid agonist therapy. For instance, in some W1 and W2 funding requests, harm reduction activities have been ‘watered-down’ and integrated into more mainstream HIV prevention activities that target a more general public, rather than respond to the specific and tailored needs of the PWUID community.

In some instances, the identification of sub-recipients (SRs) has occurred alongside the funding request development process; in other cases, the selection process is revving up for the grant-making phase. The selection process for SRs is clearly an issue of concern for communities. **It will be important that CTs and PRs review and seek community input on the eligibility criteria set for SRs so as to ensure inclusive, equal, equitable and transparent opportunities for all stakeholders to become sub-recipients – and not just the status quo.** Space must be made for small and middle-sized community-led organisations and in-country key population networks to become SRs. Doing so will ensure that programmes are implemented effectively with more funds reaching key population communities, community-led networks and that community-led organisations are encouraged to grow, thrive and lead from the centre of the HTM response.



*“I think the important thing is actually monitoring what the eventual outcome is [in terms of actual funding for KP-led programming]. And especially in countries where KP communities are criminalised. We don’t know what this is going to mean for organisations that are no longer able to operate, or for activists who are afraid of participating in processes going forward because it means identifying themselves and putting themselves at risk of security and safety. So it’s really important to see what the outcome is from the grant-making process.”*

#### Global Key Population-Led Network

##### Recommendation:

- Technical Partners need to provide technical and financial support to key population communities to develop population size estimates and/or proxy rapid assessments while helping to ensure the security and safety of community data.
- The Global Fund must create a separate funding stream within country allocations for key population-led responses. Dedicated financing for key-population-led programmes is critical to impactful programming while also building civic space, community leadership and catalysing front-line programme innovations based on community needs, concerns and priorities.
- Should the country grant experience absorption challenges, the Global Fund should prioritise reprogrammed funding to go to key population-led programming.
- Global Fund Country Teams and Technical Partners should ensure PR and SR selection processes are inclusive, transparent and equitably accessible to in-country key population-led networks and community-led organisations so as to get more funds reaching key population communities and that their KP-led organisations grow, thrive and lead from the centre of the HTM response.

### The Civil Society and Community Annex

Similar to other components of the funding request development process, experiences with the Community Annex were mixed. At one end of the spectrum some communities report the use of robust and inclusive processes. At the other end, key population representatives report that it was developed by a consultant based on the interventions included in the funding request and was subsequently submitted to the Global Fund without prior review by those involved. Some communities expressed that the Community Annex was helpful in managing expectations about what interventions were likely to be included in the body and budget of the funding request. Others believe that it created expectations about what *should* be included, but wasn’t. For the most part, it appears that the consultants responsible for the writing of the funding request were also responsible for compiling the Community Annex.

*“Because they went through community consultations, they joined and spoke with other key population groups and worked out their priorities and submitted them to the writing team. Some said their priorities were included in the Annex. So that’s quite a positive thing. But their question obviously is: will they be allocated a budget within the funding request, and will money filter down to support their key population-led services?”*

#### **Global Key Population-Led Network**

In some situations, the Community Annex was fractious, inciting fierce competition for strategic positioning and funding. In other contexts, the Community Annex was more harmonious. Some found the exercise helpful in clarifying their own community’s priorities, others indicated that the Community Annex provides but a skewed view of community involvement. A community shadow report prepared by key populations and submitted to the Global Fund independently was suggested as a veritable means to provide more valuable nuance and insight as to levels of community engagement and why certain interventions were prioritised by communities over others.

*“I think if the TRP relies on the Community Annex as a sign of increased involvement, it’s going to give them a skewed view. It’s just a list.”*

#### **Global Key Population-Led Network**

Regardless, what is clear from respondents is that the principle behind the Community Annex is a critical component of the funding request and must be included in full, as part of the TRP review process.

#### **Recommendation:**

- The Global Fund and Technical Partners should hire consultants from the community to facilitate and consolidate in-country community priority-setting processes as well as the writing of the Community Annex so as to ensure strong linkages and communications between the community consultant and community-led networks and organisations.
- The Global Fund should allow for community shadow reports to be submitted to the Global Fund Secretariat independently from the official funding request in order that communities are able to provide greater context, nuance and insight on the prioritisation of community interventions than what is allotted in the current Community Annex.

## 4.0 Lessons Learned and Recommendations Forward

*“Look at the difference it makes having small grants. The grants that we gave to [Country Y as part of our technical assistance] weren’t a lot of money, but it has made a huge impact.”*

### Global Key Population-Led Network

The final section in this report shares lessons learned that have been collected from global and in-country community leaders, as well as recommendations to inform modifications for upcoming GC7 Windows and future funding cycles.

- 1. Get access to the CCM Roadmap**, which provides a blueprint for the country’s funding request development process and will help to inform community planning and preparation. Each CCM is responsible for developing and sharing a roadmap that outlines key dates, meetings, locations, and timelines. These roadmaps are subject to change so it is important to keep in close contact with your CCM rep and CCM chair to receive updates as they happen and make modifications to community engagement plans accordingly.
- 2. Start your community consultations and priority setting exercises as soon as possible** (ideally, 3-6 months prior to the funding request submission date) to ensure that you are as prepared as possible. Some communities started the consultation process in advance of the country allocation letters having been released. This allowed for more lead time to plan, strategise and mobilise.
- 3. Be prepared.** Know the Global Fund’s priority interventions and key application documents, guidance and information notes. All key documents and Global Fund resources are found [HERE](#).
- 4. Engage early with other key population leaders and build a united front.** We are stronger together. Where key population-led networks come together, education and awareness within key population-led networks increases, as does legitimacy.
- 5. Build relationships with at least one person in the CCM leadership** of your country as well as with the Ministry of Health and country representatives of technical partners like UNAIDS, WHO, UNODC and the Stop TB Partnership.
- 6. Build relationships with communities in other disease specific** groups to identify opportunities for closer integration of community programming across diseases and to emphasise points of intersectionality and their appropriate responses (e.g., TB-HIV).



- 7. Maintain close communications with current PR and SR partners** who may have earlier access to relevant information as well as clear timelines for PR, SR and SSR selection processes.
- 8. Always follow-up agreed actions with an email**, including when submitting written priorities and programme related information. Always ask for a confirmation of receipt so that it's clear that your contributions have been received.
- 9. Engage with the Global Fund writing consultants and as many people as possible who are involved in the grant writing** as well as individuals in the various Technical Working Groups, especially on RSSH/CSS, Human Rights, Tuberculosis, Prevention, Treatment and Care. Try to ensure that there are members of your community part of each Technical Working Group and part of the grant writing team.
- 10. Try to obtain each draft of the different modules as they are developed.** This will help to serve as valuable reference points to track changes made as the funding request (and budget) evolves and is finalised.

## Recommendations for the Global Fund Secretariat and UN Technical Partners

### To the Global Fund Secretariat:

- Based on the results of the Community Engagement Strategic Initiative, prioritise the scale-up and provision of on-going peer-to-peer technical assistance to enable strong community engagement and convening during fundamental decision-making processes such as, grant negotiation processes, CCM proceedings, and re-programming efforts across the grant lifecycle.
- Ensure adequate funding is available to support the active participation of KP representatives in all stages of the funding request development process, particularly for people living outside of capital cities where the majority of meetings take place.
- Address power imbalances and issues of equitable access to information head-on by immediately publishing country Allocation Letters and country CCM roadmaps on the Global Fund website.
- Continuous peer-to-peer capacity building for communities must be a priority across the GC7 lifecycle to catalyse strong community mobilisation, leadership and engagement as well as early preparation for GC8. Having in-country community partners define their need for technical assistance is a model that works.
- Develop a transparent online monitoring tool to account for the use of the annual 15% of CCM budgets for civil society and community engagement.
- Establish measurable expectations for the greater involvement and oversight of country teams, fund portfolio managers, and members of the CCM Hub during the funding request development process.

- Hire consultants from the community to facilitate and consolidate in-country community priority-setting processes as well as the writing of the Community Annex so to ensure strong linkages and communications between the community consultant and community-led networks.
- Allow for community shadow reports to be submitted to the Global Fund Secretariat independently from the official funding request in order that communities are able to provide greater context, nuance and insight on the prioritisation of community interventions than what is allotted in the current Community Annex.
- Should the country grant experience absorption challenges, reprogrammed funding should be prioritised for key population-led programming.
- Create a separate funding stream within country allocations for key population-led HTM responses. Dedicated financing for key-population-led programs is critical to impactful programming while also building civic space, community leadership, and catalysing front-line programme innovations based on community needs, concerns and priorities.
- Ensure PR and SR selection processes are inclusive, transparent and equitably accessible to in-country key population-led networks and community-led organisations so as to enable more funds reaching key population communities and that their KP-led organisations grow, thrive and lead from the centre of the HTM response.
- Develop an accountability mechanism, in partnership with key population communities, to measure and identify best practices in meeting the minimum expectations for community engagement.

### **To UN Technical Partners**

- Provide a stream of financial support for community-led monitoring of the Global Fund funding request development, grant-making, and grant re-programming processes.
- Provide financial support to ensure continuous country capacity building through the delivery of technical assistance with in-country communities to catalyse strong community mobilisation, engagement, advocacy across the GC7 lifecycle, and early preparation for GC8.
- Provide technical and financial support to key population communities in the development of population size estimates and/or proxy rapid assessments to support community priorities while helping to ensure the safety and security of community data.
- Identify and put into action additional measures to politically support and advocate for the needs, priority interventions and recommendations identified by key populations at country-level during the review of country funding request and throughout all stages of the grant lifecycle.

## Annex 1 Resources

### **List of Resource Materials Developed by Global Key Population-Led Networks for the Global Fund's Launch of Grant Cycle 7**

INPUD (2023) *The Global Fund Grant Cycle 7: How people who use drugs can influence funding requests* (available in English, Spanish, French, and Russian)

<https://inpud.net/global-fund-grant-cycle-7-technical-guide/>

INPUD (2023) *Webinar on Grant Cycle 7: Lessons learnt from Windows 1 and 2*

<https://inpud.net/content-from-webinar-on-grant-cycle-7-lessons-learnt/>

GATE and LAC Platform (2023) *Guide to Influencing the Global Fund's Grant Cycle 7 for Transgender People* <https://gate.ngo/gc7-guide/>

ARASA, GATE and MPACT (2022) *Strengthening Community Engagement in Global Fund Grant Cycle 7 workshop*

<https://gate.ngo/strengthening-community-engagement-in-global-fund-grant-cycle-7/>

GATE, CS4ME, the LAC Platform, and TB Women (2022) *Global Fund Grant Cycle 7: Insights and Opportunities webinar* <https://gate.ngo/global-fund-nfm4/>

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. As an organisation, INPUD is focused on exposing and challenging stigma, discrimination, and the criminalisation of people who use drugs, and their impact on the drug-using community's health and rights. INPUD works to achieve its key aims and objectives through processes of empowerment and advocacy at the international level; and by supporting empowerment and advocacy at community, national, and regional levels.

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