ANGLOPHONE AFRICAN CIVIL SOCIETY AND COMMUNITY ORGANIZATIONS EFFORTS TO INFLUENCE 2017 FUNDING REQUESTS

A Review of Lessons Learned
Technical assistance programme was made possible. EANNASO would like to thank ICASO and the Community, Rights and Gender Department of the Global Fund for funding the Technical Assistance Program.

Appreciation goes to Dr Cheikh Traoré (Independent Consultant), Olive Mumba (Executive Director/ EANNASO) and Yvonne Kahimbura (Program Officer Anglophone Africa/ EANNASO) who through a process of 3 webinars and analysing lessons learnt from civil society and community groups compiled this report.
The Eastern Africa National Networks of AIDS Service Organization (EANNASO) is a nongovernmental regional network made up of seven national networks of AIDS Service organizations in seven countries: Burundi, Ethiopia, Kenya, Rwanda, Sudan, Tanzania (mainland and Zanzibar) and Uganda. EANNASO facilitates coordination, effective joint advocacy, networking and information sharing among its member networks in Eastern Africa, with a vision of an empowered civil society which can effectively contribute to promoting a life free from the HIV epidemic and its associated impacts in the East African region. Through driving a regional HIV prevention agenda that empowers national networks, we can effectively contribute to reducing new HIV infections by enhancing the voice of CSOs and strengthening both institutional and programmatic capacities.
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Between May and September 2017, EANNASO delivered a technical assistance programme for Anglophone African civil society and networks engaging in Global Fund processes. The focus of the assistance was on enhancing voices of CSOs involved in funding request development processes under the three-submission windows (March, May and August of 2017). This also included receiving the technical assistance package where actors from countries receiving matching funds on AGYW, Key Population and Human Rights.

This technical assistance programme was possible thanks to ICASO, the CRG department of the Global Fund and EANNASO. The support analysed TA requests that was required to inform the early 2017 funding request deadlines.

EANNASO’s experience shows that in the previous cycle of the NFM, there were wide variations in CSOs ability to influence funding processes. For the last few years, across Anglophone Africa, civil society and community groups have continued to request support. The premise of this TA programme was in line with Global Fund strategy to support civil society to kick-start caucusing and provide input into the funding process and this time round including the grant making process.

INTRODUCTION

1.0 OBJECTIVES OF DOCUMENTING LESSONS LEARNT AND RECOMMENDATIONS FROM TECHNICAL ASSISTANCE PROVIDED TO CIVIL SOCIETY AND COMMUNITY GROUPS IN GF FUND REQUEST DEVELOPMENT AND GRANT MAKING PROCESS

The exercise had three main objectives. First, the TA sought to document lessons from civil society leaders involved in Global Fund funding requests submitted by thirteen African countries – Ethiopia, Ghana, Kenya, Malawi, Nigeria, South Sudan, Swaziland, Rwanda, Tanzania, Uganda, Zambia, Zanzibar and Zimbabwe. The documentation provided EANNASO with opportunities for continuous technical support throughout the processes of funding request design and grant making as part of the 2017 cycle of the NFM.

Second, this TA was also designed to provide dialogue spaces to understand factors, which enable or hinder the ability of civil society to influence funding requests. A series of webinars were held to share CSO leaders’ experiences and tactics to overcome barriers and provide tailored support. The webinars were an opportunity to assess the openness of spaces, the relative strength of civil society and levels of accountability from CCMs, public bodies, implementers and CSO caucuses.

Third, the TA was an opportunity to examine the impact of the inclusion/exclusion civil society priorities throughout the various stages of funding requests. The concluding report provides an overview (issues, gap and recommendations) of country dialogues and advocacy successes. The Compilation of lessons learned and recommendations are designed to support future engagement of EANNASO and other partners supporting CRG agendas in Anglophone African countries.
3.0 METHODOLOGY AND ACTIVITIES

The bulk of technical assistance was provided by two staff from EANNASO’s Technical Support Centre, assisted by various consultants tasked with gathering information and moderating webinars in partnership with the GF-CRG.

Four webinars were held:

- The first webinar was held to support CSO leaders involved in Window 2 (review of the Mock TRP Comments). Annex II
- The Second Webinar was held for Window 1 (to discuss comments post TRP and way forward) Annex III
- The third webinar was held with Women 4 the Global Fund to support CSOs lobbying for Adolescent Girls Young Women (AGYW) agenda and related catalytic funds.
- The last Webinar was held to focus on applicants for Window 3 applicants and those involved in grant-making following successful submissions. Annex IV

Reports were written after each webinar and included immediate advocacy points for in-country consultants and the EANNASO central team.

Other activities were conducted including:

- Dissemination of proceedings from a Mock TRP workshop held in Nairobi on 02-04 May 2017
- Online survey to capture the experiences of CSO leaders Annex v
- Compilation of country reports documenting civil society priorities and caucusing efforts around funding requests or national policy formulation
- The completion and dissemination of this report on lessons learned forms an integral part of the TA process.

4.0 LESSONS LEARNED FROM THE TECHNICAL ASSISTANCE EXERCISE

EANNASO was able to collect process reports from the following countries: Nigeria, Ghana, Zambia, South Sudan, Tanzania (mainland), Ethiopia, Zanzibar and Zimbabwe. An online survey conducted in June 2017, revealed that:

- Most CSOs seeking technical support came from countries that were applying in window 1 (March 2017). This may have been influenced by the Anglophone Africa Platform meeting that took place in February 2017 where technical support was one of the topics discussed.
- Most countries applied for catalytic funding
- CSOs were generally involved in all funding requests (HIV, RSSH, TB and malaria)

Generally, all CSOs had written up priorities submitted to the CCM, however in three countries CSOs did not have written up priorities (or did not know of such effort). In some cases (like Ethiopia), CS priorities focused on the AGYW agenda for HIV and TB.
Prior to funding request submission, did you formally present a report with priority recommendations to the country coordinating mechanism (CCM)? If such a report was prepared, can you share a copy with us?

Are you satisfied in the way, CS priorities were taken on board in the submitted funding request?
In all Anglophone countries, civil society organisations and communities mobilised members and resources to consolidate their priorities and influence writing processes. Different patterns of organising were used across the various countries covered by the TA.

**Nigeria:**
Two Community Review Panels called by CISHAN an ICARH three weeks before the submission date to review the funding request document. A second panel of ten CSO leaders was called in October 2017 to review TRP comments and strategize following the unsuccessful FR. Panels were facilitated by Dr Cheikh Traoré, with funding from EANNASO and ICASO. Activities at the first panel focused on using the May mock TRP recommendations to consolidate CSO priorities. The second community panel was dedicated to strategizing for improved programming for the newly approved costed extension, reviewing TRP comments, building solidarity and action planning for future CSO caucusing. The Nigeria fund request was rejected by the TRP. However the CS and Communities in Nigeria conducted a second phase meeting for CRP where they developed a community road map for CSO’s leaders for immediate next steps for three months October to December 2017, long term steps for January 2018 to discuss interventions in the forthcoming negotiations.

**Tanzania Mainland:**
A Non-state actors Constituency consultation meeting was convened. Benjamin Mkapa Foundation (BMF) coordinated a dialogue series with funding support from Bill and Melinda Gates (with support from ICASO and EANNASO) and GIZ. The NSA dialogues started with multiple meetings in March 2017 followed by an online forum with task based clusters in support of selected NSA representatives. Activities involved over 11 constituencies and focused on orientation, strategizing and consensus building for a wide variety of programmatic goals.

**Zanzibar:**
Through ICASO and EANNASO, support was provided to Civil society and communities through the Zanzibar Global Fund CCM (ZGFCCM) to ensure civil society priorities, human rights and gender equality issues are addressed through all stages of the Zanzibar Funding Request process, a technical consultant was recruited to work with CSO and KP community throughout the process to strengthen meaningful engagement and input into writing Funding Requests to responding to the Technical Review Panel (TRP) and Grant Approval Committee (GAC) comments.

**Kenya:**
With Funding from ICASO through the leadership of NEPHAK and other partners facilitated meaningful engagement and inclusion of affected communities including key affected populations and People living with HIV in Funding Request to the Global Fund. This led to establishment of the platform for meaningful engagement of key and affected populations on GFATM processes strengthened, coordination and communication of the representatives of affected communities was strengthened, position paper and checklist to track the process of GFATM Funding Request was developed and shared.

The Kenyan grants from the GFATM have historically been commodity heavy. This has meant that quite a big chunk of the grant is utilized for the procurement of biomedical commodities and health equipment’s, including diagnostics leaving paltry percentages for the implementation of structural and behavioral interventions. During the Funding Request writing, an appeal by communities for an increased resource split to CSOs and communities was not taken well by the Government partners.
» ETHIOPIA:
The National Network of Positive Women Ethiopians (NNPWE) spearheaded CSO and communities’ engagement for women and youth. Activities focused on a series of consultation events open to CSOs, PLWHIV and women living with HIV including adolescent girls and young women (AGYW), UN agencies, government and GF representatives. These included orientations on GF process, the new HIV strategic plan 2017-2022, and determination of priorities for inclusion of women living with HIV and youth in the funding request to the Global Fund.

» ZAMBIA:
With funding from CRG TA, ICASO through EANNASO, caucusing included government representatives, civil society and PRs. The process involved a series of consultations/meetings at district and provincial levels and writing retreats. CSOs were also supported to sit in strategic paces on decisions for grant making including the Geneva grant-signing meeting. Many CSO leaders also sat on budget review meetings and design of the implementation architecture. A key advocacy tool for CSOs were the TRP comments, as they contained strong arguments in favour of a strengthened community system. Funding from ICASO through EANNASO made it possible for CS and CG under the leadership and coordination role by CITAM PLUS to participate in the Grant making processes in Zambia.

» ZIMBABWE:
Through Zimbabwe AIDS Network, CS were able to have Provincial consultations which led a national consultation. Through support from EANNASO and IAVI, civil society and community groups were able to develop their priorities and develop a shadow Fund request which was utilised during the fund request process. The grant making process was done in a rush as such Communities were left out in most of these discussions. Zimbabwe civil society were able to caucus and agree on a roadmap on how they will monitor the grant.

» GHANA:
EANNASO funded Hope for Future Generations (HFFG), SWAA, WAAF & CLIKGOLD to support national consultation meetings to develop CS priorities and ensure NSA participate in country consultative meetings for the funding request. HFFG subsequently contracted a consultant to provide technical support. The NSAs are made up of members from stakeholders in non-government sector: PLHIV, People affected by Malaria, People affected by TB, Key Populations, NGOs, Academia, Faith Based Organizations, Private sector (formal /informal). This NSA platform was designed and formally launched to serve as a strong coordinating platform for advocacy to ensure that the desired change that society expects from the health sector is achieved.
A consultant was mobilised and received support from UNAIDS whilst EANNASO supported the caucusing meeting of women, youth and PLWHIV. CSO leaders were able to influence the development of a new National Strategic Framework. Attempts to influence the funding request were less successful due to limited openness of the process and concurrent timing of the two processes.

(02-04 May 2017. Nairobi. Kenya) - The mock TRP workshop brought together 18 countries submitting in window 2, of which 9 countries were from Anglophone Africa namely Kenya, Tanzania, Ethiopia, Zambia, South Sudan, Ghana, Nigeria and Liberia. Technical experts from WHO, UNAIDS and Representatives from Civil society and international NGOS provided concrete comments and feedback to improve country proposals and also identify countries needing Further technical assistance. CSO reps who attended the workshop decided to focus on CSS and community engagement and came up with comments for all the countries. The “mock TRP” exercise enabled EANNASO to disseminate results and organise a rapid response strategy for some countries prior to proposal submission. This was also done by disseminating the useful technical tools were made at the event, notably:

- Presentations on SHRH/TB/Women & girls
- Results from country-to-country peer review
- Results of the side meeting held with CSOs

These tools were of much relevance to EANNASO’s observations on strengthening Community Systems. The June 2nd webinar was the main opportunity to disseminate “mock TRP” feedback and make it available to in-country consultants and CSOs. The event was also an opportunity for EANNASO, to collect early feedback on some funding requests. A few highlights on funding request drafts from Anglophone countries included:

- Nigeria: Community involvement and engagement (not discussed in the proposal background). Overall community strengthening mentioned but no depth on how it will be operational. Value of communities recognized but no clear plan of how they will be engaged. No clear intervention on linkage to services and how community will be instrumental to this effort. The Nigeria Fund Request was rejected by TRP

- Ghana:
  Probably the most ambitious in involving community health workers and task shifting for the lower health cadres initiating ART. “Decentralisation of services including PMTCT services and task shifting”… “This could be enhanced with inclusion of community groups such as Mother 2 Mother for demand generation and support in PMTCT programmes”.

- Liberia:
  No PreP mentioned in prevention for FSW; No condoms distribution included in Youth prevention programme and implementation solely attributed to 2 ministries, with no evidence of community implication; KP human rights programme approach focused on external audience but no component for KP too, for their involvement.

- South Sudan:
  Almost all services and interventions are based in public health structures; not obvious the level of community involvement as actors, not only as beneficiaries, especially in prevention services. Ad Hoc NGO support in communities. Approach is “population going to health services but not the other way round”, that's where community involvement is highly required

- Zambia:
  It is very vague on what will be done or how. It has VERY little on Key Populations only sex workers- strange for a country that has one of the oldest transgender organisation in Africa and a thriving MSM/LGBTI organisation. It notes the value of community interventions but has little in it to bring in the community.

- Tanzania Mainland:
  CSS mentioned but weak, regarding MSM and FSW no commitment in the doc, fails to articulate how they will involve communities around linkage to care.
The success of engagement efforts were assessed through four essential criteria, most notably the ability of CSOs to:

- define collective priorities and submit them to authorities/CCM
- mobilise diverse constituents and key population groups to be represented in satisfactory numbers
- mobilise funds and technical support for caucusing efforts
- enshrine agreed CSO priorities in funding requests

Conditions that facilitated successful engagement

In Zimbabwe, CSOs valued the fact that they were well represented in large numbers and constituencies, inclusivity and diverse constituent representation was therefore seen as a factor for success. Zimbabwean CS and community groups also valued the level of engagement in various processes.

Tanzania has seen the participation of a record number of CSOs in the design of a funding request (this include KP representatives). Similarly, for South Sudan, this new funding cycle was the first opportunity for significant numbers of South Sudanese civil society leaders to engage in a Global Fund proposal. Quality engagement and participating in grant writing resulted in enhanced capacity for negotiation and advocacy. CSOs noted greater openness in the new cycle. They also noted that compared to previous cycle, NSA constituencies were better able to engage with GF process from planning to funding request writing, and draft review before final submission. Good representation of a broad range of CSOs was also experienced (except for key and vulnerable populations). However, through the CRG TA key and vulnerable populations were provided an opportunity to caucus and discuss priorities during the grant making. The PR was open to suggestions from the community and we saw some key areas being included at the last minute.

In Ghana and Zimbabwe caucusing efforts involved government, multilateral partners and private sector representatives. They feel that “Strategic partnerships among CS members and with other stakeholders eg government and private sector has its benefits”. NSA platform members in Ghana viewed “Speaking with one voice” as a factor of success. The use of information technology – such as whatsapp in Ghana or the online forum in Zimbabwe - was seen as an added bonus to ensure consensus between CSO leaders on various themes.

All recipients of the EANNASO support agreed that external financial support has been crucial in ensuring enhanced and more effective and informed CSO participation. Aside from EANNASO, CSOs were able to seek support from various sources, including the CRG Special Initiative TA, Bill & Melinda Gates Foundation, IAVI and the GIZ Backup.

In all the countries, CSOs identified obstacles and bottlenecks, which impeded their effective participation in the FR writing process. These bottlenecks were identified through the survey and webinars, and EANNASO provided on-going mechanisms to address them whenever possible. EANASO was able to utilise the mentorship methodology to ensure that all avenues for community engagement were exhausted as much as possible.
In Nigeria, Zimbabwe and South Sudan, Ministry of health – National AIDS Commission (instead of CS and community groups) took some CSS activities and other activities were not considered like capacity building.

Quote from a CSO leader in South Sudan: “The Program people at Ministry of health, Social Welfare and Elder and Gender were dictating what to be included and what to be left. Community based activities most were integrated to Ministry activities”.

In Zanzibar, CCM accountability after submission was a major setback (2 months after FR submission): “Up to now we have not received feedback on what we submitted in the concept note development interventions tailored for people who use drugs were not given priority attention e.g needle and exchange program and opioid substitution therapy (OST) “

Survey responses from some of the CS and community leaders who were “somewhat satisfied” are as follow:

- “The writing teams dropped some of our priorities out”.
- “The focus became too much on the medical response and did not give much consideration for the social, economic and psychological issues”.
- “More than 75% of CRG activities were put on the Priority Above Allocation Funding Request”
- “The grant is largely accommodated- Strengthening of Community Systems for health not prioritized”
- “There was involvement of CS and community during the writing process however we are not sure if the consultation yielded in increased CS priority inclusion is question able. “

Bottlenecks that impeded effective CSO participation before FR submission;
1. Timing and lack of funding to organise wider participation. TA requires to be planned in advance.
2. In practice, CS and community groups were involved but when there has been a gap in tracking of works of the Communities especially key populations, which posed a challenge in justifying some of the interventions, suggested.
3. Feedback lacking from the writing team, CS, community groups and key population representatives.
4. No support for PLHIV networks’ participation. The team also focused more attention on only one network. The network that had the heaviest focus has been “professionalized” to such an extent that responses to PLHIV needs are no longer according to what PLHIV say they need, but what professionals think PLHIV need.
5. The costing exercise seemed restricted for CS and community groups. There is need to ensure that CS and CG technical support provided is able to guide during the grant making process. TA should not be restricted to only caucusing but should be a process with mentorship and continuous engagement of partners.
6. Harmonization of diverse of CS interests within the time. It is key that CS and community groups have their constituency consultations but these require to be consolidated. An example is Zambia and Zimbabwe were civil society and community groups were able to present a consolidated front. Unfortunately, community sections were cut out during the grant making process.
7. In some cases there was limited space for representation of CS and community groups during the writing process. As communities didn’t have a separate budget, it was hard to influence participation. Tanzania was supported to participate in the writing team but the challenge was negotiation skills that ensured CS and community priorities were maintained in the fund request.
8. CSO participation was limited because many of them could not travel from the grassroots. They couldn’t afford transport and accommodation. This remain a fact and a great hindrance for participation of communities’ especially young people, AGYW and key and vulnerable populations.
9. The absence of reliable data for key populations still hampers advocacy and programming. This issue was raised by CS and community groups in Nigeria and South Sudan

Bottlenecks during grant-making stage:

1. Out of all the countries supported with TA from EANNA-SO, all were invited to proceed to grant-making except Nigeria.
2. In the case Nigeria, the TRP was not satisfied with many elements in the funding request and the country was invited to resubmit at a later date. During community review panel held on October 06th, Nigerian CS and CG noted that the majority of TRP comments related to insufficient considerations regarding community engagement, human rights and evidence-based programming with key populations. Surprisingly, the TRP had agreed with all Nigerian CS and community group priorities.
3. Quality accountability tends to drop with time: In Zimbabwe: “Although we do not have any significant objection
to the process, the final proposal was NOT tabled for separate approval; even by email”.  
4. In many countries “Challenges noted included lack of trust between government and Civil Society” this was the case in Zambia and Zanzibar, especially in discussions around human rights and key populations. In countries where governments express open hostility towards key population issues – there was poor or no visibility of the needs of MSM or transgender groups in CSO priority lists. In South Sudan, the government’s planned health units at district level (BOMA initiative) were seen as the sole vehicle to strengthen community systems. In this case, CSOs advocated with one voice to ensure that their roles were taken on board in the implementation architecture.  

5. The grant making period generally saw a significant drop in the level of CSO participation, as expressed by CSOs. In Zanzibar and Zambia, key populations and PLWHIV was high during the drafting process, and then significantly dropped at grant making stage.  

Engagement with matched funding/catalytic funds:  
Most CSOs knew the interest of their countries to apply, but – except for Zimbabwe and Zambia - few were able to influence the process. In the Zambian experience, some lessons were captured. Key populations defined their own matching funds application and the comparative results were stronger. For adolescent girls and young women, the team was comprised of three men. This negatively impacted the quality of the submission. Fortunately, the women’s sector on the CCM and the gender consultant pushed to ensure the interventions were gender-responsive in the final submission.  

5.0 RECOMMENDATIONS  
1. CSO Participation is crucial beyond submission dates:  
Accountability of authorities tend to decrease sharply as soon as proposals are submitted. In the case of Zambia, EANNASO’s support demonstrated that grant making is a crucial opportunity for CSOs to influence implementation architecture, funding split and the choice of PRs who are more sympathetic to community and KP concerns.  

2. Cross regional exchanges and learning between CSOs should be encouraged: Webinars and CSO interactions provided by the mock TRP enabled CSOs from Anglophone Africa to share experiences, tactics and solutions on a range of issues. These interactions enabled information sharing on access to funding, technical tools and methods for greater community mobilisation.  
3. Assumptions that community systems strengthening should be based on the state apparatus should be challenged.  
It was apparent from the country representation at the mock TRP that government representatives had little knowledge in community-based interventions outside the state apparatus. The feeling of exclusion of CSOs in key spaces, can explain the strong emphasis in state structures to deliver community-based interventions. In some cases - like Tanzania – segments of civil society were seen with suspicion.  

4. Matching funds are important for the CRG agendas: countries applied for matching funds on AGYW, Key populations, and human rights. EANNASO Consultants noted that there is generally less scrutiny on catalytic funds, CS and CG leaders need to be more proactive and ask their CCMs about the process for the use to allocated catalytic funding.  

6.0 CONCLUSION  
The technical assistance package to Anglophone CSOs was targeted at key stages of funding requests, from writing to grant making. Despite limited human resources available to EANNASO, CSOs from eleven countries have benefitted from the assistance.  

The benefits of the TA exercise were fourfold:  
1. It allowed some countries to access alternative funding support for caucusing and access to technical expertise. This was especially the case, in countries were CCMs did not provide such support.  
2. The use of information technology (teleconferences and online surveys) at key calendar intervals was crucial to identify bottlenecks that required urgent attention.  
3. Sharing of community mobilisation tips, and fostering a sense of solidarity among activists from various countries provided moral support to activists and consultants who often operated in environments, which were hostile towards civil society.  
4. Continuous mentorship from EANNASO/Anglophone Platform during the TA process such that when communities faced a challenge, this was discussed as a team and a solution reached. EANNASO was also able to provide guidance to the technical support provider (consultant) in all the countries it supported.
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4. It allowed some countries to access alternative funding

3. Assumptions that community systems strengthening

2. The benefits of the TA exercise were fourfold:

1. CSO Participation is crucial beyond submission dates:

- W4GF (2017) Advocates Share Key Lessons and Reflections from Windows 1 and 2; Briefing paper
- Final TA reports from Zambia, Zimbabwe, Kenya, Ethiopia, Ghana, Nigeria, and Zanzibar, Tanzania
- EANNASO TA Survey monkey report
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