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EANNASO REGIONAL WORKSHOP ON GLOBAL FUND AND THE NEW FUNDING MODEL

April 1-2, 2014

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Olive Garden Hotel

NAIROBI, KENYA



## ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CCM	Country Coordinating Mechanisms
CS	Civil Society
CSS	Civil Society Systems Strengthening
EANNASO	EA Network of National AIDS Serving Organizations
GES	Gender Equality Strategy
GF	Global Fund
HIV	Human Immune-deficiency Virus
M&E	Monitoring and Evaluation
MNCH	Maternal and Newborn Health Care
NFM	New Funding Model
PMTCT	Prevention of Mother to Child Transmission of HIV
PPT	PowerPoint
QA	Quality Assurance
Q&A	Question and Answer
SRH	Sexual Reproductive Health
TA	Technical Assistance
TSF SEA	Technical Support Facility – South and Eastern Africa
TSU	Technical Support Unit
UNAIDS	Joint UN Programme on AIDS

## TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS .....	2
TABLE OF CONTENTS .....	3
1.0 BACKGROUND AND CONTEXT.....	4
2.0 PURPOSE AND OBJECTIVES OF THE WORKSHOP .....	5
3.0 THE WORKSHOP AGENDA AND METHODOLOGICAL PROCESS.....	6
4.0 SESSION HIGHLIGHTS.....	7
5.0 THE EVALUATION.....	26
6.0 ISSUES FOR FOLLOW UP .....	26
ANNEX 1: WORKSHOP PARTICIPANTS.....	28
ANNEX 2: WORKSHOP AGENDA .....	31
ANNEX 3: SUMMARY FEEDBACK .....	35

## 1.0 BACKGROUND AND CONTEXT

### 1.1 INTRODUCTION

In spite of recent advances in treatment and care available in most developed countries, the three diseases namely HIV and AIDS, malaria and TB have continued to spread, undermining poverty alleviation and development efforts including the realization of the Millennium Development Goals (MDGs).

Since its creation in 2002, the Global Fund has become the main financier of programs to fight AIDS, TB and malaria, with approved funding of US\$ 29 billion for more than 1000 programs in 140 countries (as of Jan 2014). Sub-Saharan Africa being the epicenter of the epidemic, has received about 60% of the total grants. In addition, the Global Fund has contributed greatly towards realizing progress towards Millennium Development Goals (MDGs 4, 5& 6), by supporting initiatives that treat HIV-positive women; prevent mother-to-child transmission of HIV; strengthening national TB interventions and reduce malaria-related deaths in children under 5 years of age.

The Global Fund's new funding model (NFM) aims to simplify the grant making process, make funding more flexible and predictable for implementing countries, and ensure that the bulk of funding goes to where the needs are greatest (especially countries with high disease burden and low per capita incomes). The new funding model insists on the need for country dialogue (consultation) and involvement of communities and key populations from planning to implementation. Most countries in the region are still not familiar with the requirements and processes for the NFM just yet.

### 1.2 THE BACKGROUND AND CONTEXT

The Eastern Africa National Networks of AIDS Service Organizations' (EANNASO) has engaged in GF processes since 2003 in order to amplify the voice of the East African communities by building the capacity of organizations within the Civil Society space, and within the Country Coordination Mechanisms (CCMs). In addition, EANNASO has taken an interest in GF-focused advocacy at national, regional and global level for the purpose of positive policy influence and later supporting implementers in form of principle recipients and sub recipients. The 2007 official engagement to be part of the Civil Society Action Team (CSAT project) framed and strengthened EANNASO's GF work in the region.

EANNASO coordinates, brokers and advocates for technical support to civil society organizations implementing or seeking grants from the Global Fund to Fight AIDS, TB and Malaria. This has facilitated increased CSO participation and engagement in GF processes. However, with the rapidly evolving GF programmes in particular and the dynamics in AIDS financing in general, the challenge to continue improving CSO engagement in the Global Fund processes remains evident.

## 2.0 PURPOSE AND OBJECTIVES OF THE WORKSHOP

The main goal for the regional workshop is to enhance CSOs understanding of the NFM and build their capacity to effectively engage in the GF country processes

The Conference Theme

“Civil Society within the Global Fund - Action for Impact”

Objectives

- To take stock of the current experiences and the progress made in CSO engagement in existing GF processes in East Africa;
- Review and analyze the changes relevant to CS in the new funding model and changes to CSS, integration of HIV and TB, GF and engagement with minority groups, and clarify roles of civil society in the NFM;
- To build the skills of CSOs in successful Advocacy, lobbying, human rights, gender and negotiation and communication skills in order to influence the New Funding Model; and
- To share experiences and lessons, identify gaps, and develop actions towards improving CSO representation, participation, and contribution within the respective national CCMs.

Outcomes

- Improved understanding/knowledge on the NFM
- Improved understanding and ability to integrate Community Systems Strengthening, Gender, and human rights based programming and involvement of Key Populations in all Gf related processes.
- Understanding and development of better strategies for enhancing country dialogue processes
- Gaps identified and preliminary strategies developed towards more effective Technical Support for CSOs specifically during the NFM concept development
- Gaps identified and preliminary strategies developed towards better CSO representation in CCMs

## 3.0 THE WORKSHOP AGENDA AND METHODOLOGICAL PROCESS

### 3.1 The Agenda

A detailed agenda is attached to this report.

### 3.2 The Methodological Approach

The intention of the workshop was to allow as much interaction as possible so as to ensure that participant objectives and expectations were met. Three types of delivery were used: learning sessions involved short presentations followed by a Q&A session, skills building sessions focused on practical engagement and skills transfer, and group work based on country teams allowed for exploration of country-specific concerns. In addition, an information session was slotted to allow partners to explain the nature and access to the technical assistance they provide.

### 3.3 Quality Assurance of the Delivery Process

As part of Quality assurance, evaluation forms were developed and shared with participants for completion at the end of each day. The steering committee met in person the day before the commencement of the workshop to finalize on the workshop arrangements and had daily debrief and planning sessions at the end of each workshop day.

## 4.0 SESSION HIGHLIGHTS

The following section highlights the content of the presentations as well as the issues that came up for Q&A. The slide decks relevant to the presentations are included in the attendant folder.

### 4.1 DAY ONE - 1<sup>st</sup> April, 2014

#### 4.1.1 Introductory session

Presenter: Dr Ben Ngoye

Moderator: N/A

The participants were given the workshop objectives and asked to hold EANNASO accountable for meeting them. The objectives of the workshop were given as: to enhance CSOs understanding of the NFM and build their capacity to effectively engage in global fund country processes and ensure global fund grants include priorities identified by CSOs and communities living with the three diseases.

#### 4.1.2 Keynote speeches

Moderator: Dr Ben Ngoye

The Acting Executive Director - EANNASO, Mr. Julius Sabuni in his address, welcomed all the participants and gave EANNASO's view of the workshop as being timely). The workshop was positioned as a way of strengthening CSOs input in the country dialogue as it provided a rare opportunity for cross learning and understanding the New Funding Model (NFM) of the Global Fund. He gave EANNASO's mission up to 2015 as to drive a regional HIV prevention agenda that empowers national networks of CSOs, and enhances the voice and support of the CSOs so that they can work more towards the reduction of HIV infection. Mr. Sabuni intimated that in the next one year, EANNASO will pursue the enhancement of CSO engagement both at country level and at regional level, especially in the context of the Global Fund.

Ms Jacqueline Makokha (UNAIDS) was glad to be attending the first Eastern Africa meeting with regard to the NFM of the Global Fund. She noted that with the old model, countries had to submit proposals without guided ceilings and ended up with either overambitious or under ambitious proposals which led them to losing out on the funds. However, with the new funding model, there is flexibility, predictability and encourages innovativeness and thus should thus be utilized fully. She pointed out that EANNASO and its members should be able to engage in the Global Fund processes and make sure CSOs or groups of CSOs have the requisite skills and/or access to technical support and this should include groups of Key Populations. Ms Makokha gave pointers on how to improving the CSO engagement such as: changing their approach to engaging with the

CCMs and other stakeholders, providing data and evidence, understanding the public health approach or services being provided where, when and how they are needed as well as raising red flags where there are issues.

She gave the following list to the participants to keep in mind:

- a. In-country UNAIDS Country Coordinators and Community Mobilization Advisors should touch base, share issues with them including technical support to make country dialogues more inclusive;
- b. In Eastern and Southern Africa, whereas prevalence is decreasing, incidence is increasing, therefore the HIV epidemic should be addressed with this in mind;
- c. Mortality due to TB and HIV is decreasing and most government resources are being channeled towards TB&HIV treatment, however, new infections still need to be addressed. CSO work is most important at the grass root level, so that demand for treatment increases;
- d. Although PMTCT has been rolled out, only 40% of children are on treatment in some countries and 15% in some. CSOs should find out what barriers are present and bring such social intelligence to the table.
- e. Statistics show that about 10% of new infections are being seen in the older people (>50 years). However routine data is not collected among this group. Thus Behavior Change Communication strategies need to be applied for this group too, as a vulnerable population.
- f. Due to the economic paradigm shift being experienced, CSOs need to give good information and data so that governments can increase their funding and by extension, global fund too.
- g. TB and HIV integration is an opportunity to re-engage and CSO could increase their mandate so as to get more arguments into the concept note during development.

Finally, the participants were challenged to ensure that their impact is felt at meetings around the concept note and ensure that processes are able to support HIV and TB integration.

Mr. Mayowa Joel, from the Stop TB Partnership made participants aware of the great opportunity for the formation of a unique collaboration between TB and HIV in the NFM which would make stakeholders work together. This was with regard to the challenge that has been TB/HIV integration.

After the speeches, the participants were given an opportunity to introduce themselves by name, company and country representation. The first learning session began thereafter.

#### 4.1.3 Learning Session 1 Part A

Moderator: Dr Ben Ngoye



#### 4.1.3.1 Topic 1: Global fund strategy and global fund structure overview

Presenter: Lucy Chesire

The Global Fund has undergone some restructuring and now has 5 basic arms:

- The Board
- Secretariat
- Technical Review Panel (TRP)
- Local Fund Agencies (LFA)
- Country Coordinating mechanisms (CCMs)

There is a partnership forum that is held every 2-3 years but that could not be held this year due to the restructuring. The forum is being discussed for 2015.

The board has 3 committees which coordinate group meetings. The committees work to invest more strategically, evolve the funding model, actively support grant implementation, promote and protect human rights and sustain the gains and mobilize resources.

In the new global fund structure, 75% of the staff are now within the grant management department. The Fund Portfolio Managers (FPMs) are now required to spend 50% of their time in-country as well as make more decisions, whilst the TRP will be more involved than in the past.

Participants were encouraged to enhance partnerships to deliver results.

#### 4.1.3.2 Topic 2: an overview of the NFM

Presenter: Dr Ben Ngoye

The NFM focuses on additional funding and providing support to programs that derive from national plans and not just stand alone projects anymore. The NFM also provides for a much more robust engagement.

Key stages of the NFM:

- The ongoing country dialogue is expected to span from ideation all the way to implementation unlike before.
- The Concept note will be checked for technical soundness, feasibility and how much it is aligned to the national strategic plan.
- The Technical Review Panel (TRP) will review concept notes, give comments and/or forward it to the Grants Approval Committee (GAC)

- GAC will then discuss budget ceilings, performance networks and conduct quick Principle Recipient (PR) assessment. Their second review will be to check if their recommendations have been harmonized or forward to the board for signature

#### 4.1.3.3 Topic 3: NATIONAL STRATEGIC PLANS AND THE NFM

Presenter: Mr. Russell Armstrong

The NFM now focuses on countries' disease burden and income level. It now provides predictable funding. The funding released in the first year may give an indication of the next 2 years. It now encourages ambitious vision. Whereas before funding used to be cycle based, the NFM provides flexible timings. The process is now streamlined and much clearer.

Distinguishing factors:

- Data used for disease burden is obtained from WHO and World bank not the country's DHHS
- Money set aside for a designated country is set once every 3 years and the current allocations have been set for 2014 - 2016.
- Allocation is based on qualitative factors too
- Final engagement factors include; how well you have been performing in the past, risk management, infection rates, forecast in terms of disease burden among other factors.

Other best practice guidance provided included how the third generation NATIONAL STRATEGIC PLAN concepts should be based around the following key points:-

- a. What can our external and internal partners expect and how can it be obtained?
- b. Strategic plans must be revisited regularly e.g. at midterm reviews
- c. Development of concept notes and global fund proposals should have greater emphasis on epidemiological evidence and the geo-spatial distribution of the disease burden, and response adjusted. For example, targeting hotspots.
- d. Cost effectiveness and efficiency are key
- e. Inclusive dialogue and determination of priorities is important if countries are to end up with robust NATIONAL STRATEGIC PLANS. A strong NATIONAL STRATEGIC PLAN or investment case allows a greater possibility of incentive funding. This is because a robust plan will lead to development of a concept note that can get allocated funding as well as incentive funding.

Session 1 Q&A

Key questions revolved around:

1. Since countries have different levels of disease burden, will smaller countries have the same allocation as bigger countries with the same level of disease burden?
2. Where does the Rolling Continuation Channel (RCC) fall within the NFM?
3. In the subjective analysis done, what are the factors in the criteria for decision making?
4. Regional proposals – are they still encouraged? How are they to be developed?

#### Summary Discussion Notes and Reactions to the Questions

1. Allocation of the wallet is guided by the GF country bands that are based on income level and disease burden. Different countries fall in different bands. CSOs are advised to engage with the FPM for them to get into a conversation on how to get more resources as well as give feedback on the new processes. Funds are given based on availability so challenges are always present.
2. The RCC and other rounds are to continue being consolidated such that in the ideal end state all funds will be channeled through national strategies/the NFM.
3. National strategic plans need to be well articulated. This is an entry point for CSOs - they need to be proactive and take advantage of the country level dialogue.
4. There is a regional application window set to come out soon. Countries with similar needs could come up with a concept note and submit it. The regional concept note should be adding value to the countries' needs. If the countries fall in the different bands, the technical quality should have substantial evidence of what that REC is doing. An example is the western corridor countries that have a very strong regional proposal.

#### Learning Session 1 part B

Moderator: Dr Ben Ngoye

#### 4.1.3.4 Topic 1: Resource mobilization and financing under the NFM

Presenter: Ms Rosemary Mburu

The role of CS in advocacy and resource mobilization includes supporting global fund to secure more funds globally, and resource mobilization in country; monitoring whether the countries are performing to expectations and what needs to be replenished; having to negotiate increase of allocations from domestic resources.

Civil Society has a big role to play in resource mobilization. Challenges to be addressed include resources being spread thinly across many parallel interventions. Participants were advised to focus on discrete interventions rather than overall results leading to a fragmented

response/unsystematic prioritization. Ms Mburu mentioned that CS especially from Africa have played a significant role in the 4<sup>th</sup> Replenishment which had a target of US\$15B. Currently the total amount mobilized is US\$12B with a balance of US\$3. In her presentation she stressed the need to have CS involved in advocating for increased domestic resources to ensure that in the long run there will be adequate funding to sustain the country response but to also ensure that the programs being developed during the concept development are cost efficient, illustrate value for money and are innovative.

#### Session 1 part B Q&A

Questions included:

1. With regard to incentive funding, how do we know if our concept note is overambitious?
2. How do we manage the process of NATIONAL STRATEGIC PLANS as an entry point for CSOs?
3. How do we judge if our Strategic plan is robust and how can CSO engage in this? What is their allocation in the budget or where do they appear?
4. Contribution to global fund - does it have to be in cash?

#### Summary Discussion Notes and Reactions to the Questions

- a. To get into the policy debates and strategic plan discussions, it is important to penetrate the wielder of power in the country. This has worked for Zimbabwe where political influence is the ultimate power.
- b. Prioritization of the values to protect such as equity, access to services among others.
- c. CSOs can build a case on cost of community based outreach being smaller than that of people not staying on treatment to push their agenda to the government.
- d. The word robust in the term 'Robust Strategic Plans' covers Breadth- inclusion of issues, populations and appropriate linkages; and Depth- the quality of the plan, how unique, different and efficient it is.
- e. Counterpart financing does not necessarily have to be in cash as it depends on how nations can better articulate their health accounts such as showing that their doctors and nurses are being paid in the NATIONAL STRATEGIC PLANS

#### 4.1.4 Learning Session 2

Moderator: Dr Ben Ngoye

##### 4.1.4.1 Topic 1: Unpacking the CCM guidelines

Presenter: Angela Kageni

The presenter discussed the following CCM guidelines:

- I. Core CCM functions- include Coordinating the development and submission of national applications for funding, nomination of the Principal Recipient(s), Oversee implementation of the approved grant and submit requests for continued funding, approve any reprogramming and submit requests for continued funding as well as ensuring linkages and consistency between Global Fund grants and other national health and development programs the process is open for engaging all stakeholders, nomination of Principal recipients, reprogramming the area of meaningful global fund participation.
- II. New aspects of CCMs in NFM- ensuring global fund participation in the National Strategic Plan (NSP) discussions at country level, convening stakeholders to engage in inclusive country dialogue and to agree on / discuss the funding allocations, championing for enhanced CSO engagement and CCM eligibility and performance assessment.
- III. New CCM roles under NFM- include enhancement of CSO engagement
- IV. CCM guidelines are focused on knowing what CCMs are doing and what is their level of performance
- V. CCM standards
- VI. Examples of performance indicators are the 6 minimum requirements. These requirements are split into two. The last 4 are assessed each time annual assessment is done while the first two are assessed every time a new submission is put up. The 6 requirements are :
  - a) Transparent National strategic plans and inclusive concept note development process.
  - b) Open and transparent NSP and PR nomination process.
  - c) Oversight planning and implementation.
  - d) CCM membership of affected communities, including and representing people living with diseases and of people from and representing Key Affected Populations.
  - e) Transparent and documented processes for electing non-government CCM members.
  - f) Management of conflict of interest on CCMs.

#### 4.1.4.2 Topic 2: Understanding country dialogue mechanisms and identifying opportunities for CSO engagement

Presenter: Olive Mumba

Different entry points for civil society to engage in the new funding model were shown to be at the country dialogue stage, the national strategic plan stage, the concept note stage, after the TRP and GAC stage and at the grant-making stage. However opportunities tend to diminish as you near the grant implementation stage.

At the country dialogue stage, CSOs need to be more proactive, be well coordinated and meet with the wider civil society community. Networks are needed in order to come up with champions and thus CSOs should organize their first consultation meeting and plan a series of other such meetings. Participants were advised to document all proceeding and this information would be used as evidence. They were also encouraged to approach the global fund secretariat and FPM in their countries on all issues. It was pointed out that global fund has allowed use of some money for consultation between CSOs.

At the concept note stage, civil society could advocate for representation in the writing group, participate in the review the concept note, and identify implementers most appropriate to deliver the activities and ensure impact. An example fronted was the GIZ-TZ experience whereby after discovering that their CSO engagement was poor, they formed committees for each disease, developed work plans for committee consultations, reviewed the country NSPs and identified gaps and addressed them.

Another opportunity for civil society would be to review guidance given by the TRP on impact, targets and indicators that the grant should focus on, if the technical review panel and the grant approvals committee have comments on the concept note.

Civil society could also make sure that all activities approved by the Technical Review Panel and Grant Approvals Committee are implemented.

## Session 2 Q&A

Questions included:

1. What is the linkage from the result of this meeting to the government and global fund?
2. Can CSOs at country level get the incentive financing?
3. How sustainable and reliable is the Global Fund as a funding mechanism?
4. Taking the Uganda context, data on MARPS and LGBTI populations is lacking as a result of the attendant criminalization...what is the response of global fund to the criminalization of these key populations?
5. Who submits the concept note to the global fund?
6. Some issues are shared among countries such the key population that is drug users. Is there any way this can be addressed regionally through a harm reduction proposal?

7. Since we are moving past the millennium development goals by 2015, would there be a conflict of interest in the concept notes after 2015?
8. Global fund allocation to CCM is 30%, is that true?

#### Summary Discussion Notes and Reactions to the Questions

1. More effort is needed in further engagements and EANNASO will make follow up with the EAC.
2. The CCM decides where the incentive funding goes and thus CSOs need to have meaningful representation and stronger coordination for them to get it. There is need for support from the grass root level CSOs and those not engaged in the CCM
3. In the NFM, there is an opportunity for identifying CSOs as PRs and SRs as long as there is evidence of meetings and CSOs can write official letters
4. AIDSPAN has been closely following global fund since 2002, and can state to the best of its knowledge that the Global Fund is a sustainable funding mechanism. It is however important for countries to realize that the health of their people is their own responsibility and as such should work harder to take on this burden.
5. Global fund requirements state that there should be participation of key populations. It would be better if the CSOs working with such populations would represent them better instead of fronting them or get the work done through public health people.
6. It is the CCMs who should submit as no concept note goes without the CCMs approval.
7. If EAC wants to take leadership a regional proposal could be developed.
8. Concept notes need to be reviewed before submission. It is important to share information especially during the midterm review and track implementations so as to build a stronger concept note. Consolidate data and address gaps as well as map out alternative funding sources. CSOs need to join up in order to get this going.
9. The share for the CSOs is guided by the country strategy and the decision is made by the CCM.

#### 4.1.5 Skills Building Sessions

Moderator: Olive Mumba

Participants were grouped by countries and given questions to discuss and report back.

- a. Group work 1: taking stock of CSO Participation of civil society in the NFM processes in-country
  - i. Mention the activities of CSO in your country with regards to NFM. How effective has this been?
  - ii. What lessons have you learnt?
  - iii. What is the CSO expectation with regards to CSS, PRs?
  - iv. With reference to earlier presentations, what opportunities have you identified?
- b. Group work 2:Refining Country CSO Plans
  - i. Distill the opportunities, challenges and lessons learnt from the previous group work into activities.
  - ii. Find a way of integrating these activities into the country plans



## 4.2 DAY TWO - April 2<sup>nd</sup>, 2014

### 4.2.1 Introductory Session/Recap

Moderator: Joel Mayowa

The participants were taken through a brief recap session where they shared the discussions that interested them the most. These were Resource mobilization especially the investment for results, knowing that fund portfolio managers would spend more time in-country thus being in touch with the goings-on of the particular country, thinking beyond 2015 in terms of funding away from the millennium development goals, as well as the increased opportunity for CSO engagement under the new funding model and technical support available at country level.

### 4.2.2 Feedback Session: Taking Stock, meaningful participation of civil society in the NFM processes in-country

Moderator: Olive Mumba

The country presentations were given in response to the questions provided:

Rwanda and Burundi: Both countries are still in the planning process. In *Rwanda's* budget HIV was allocated 294.6 million US\$, TB-36.5 million and Malaria 64.8 million. A new HIV- NSP 2013-2018 in response to the needs of KP and other vulnerable groups was developed after a review organized at the end of the NSP 2008-2012. Its CSOs participated actively in this NSP development. Evidence based advocacy initiated by the CSOs to the Rwandese Government are taken into consideration especially for KP and other vulnerable groups. A Bridge Funding helped them to go from Single Stream Funding to enter NFM and the CSOs are in process to position themselves to be engaged in the NFM. CSOs participation in other diseases specifically malaria and TB was determined as weak. They plan to submit the Concept note by August 2014.

In *Burundi's* budget, HIV was allocated 82.3 million US\$, TB-9.5 million and Malaria 36.3 million. Their NSP mid-term Review was done in December 2013 and the National Dialogue was still ongoing. The National Dialogue allowed the CSOs to identify the key actors, activities and target populations and facilitated advocacy targeting public and private stakeholders. Burundi was in the process of recruitment of a Consultant to develop the Concept Note which is to be handed in June 2014 and Target populations were already identified.

Both countries agreed that the National Dialogue required CSO engagement in country process (CSO as potential PR aligned to NFM); joint programming in addressing key population needs; being aware of CSO's readiness to play the PR role, to enrich Concept Notes and the National Dialogue, and to ensure their continuity were clear opportunities for them.

Uganda and Zanzibar: CSO activities with regard to the NFM included engagement in capacity building during the National CCM consultation processes, and at awareness workshops at regional level such as the one conducted by EANNASO. Uganda was in the process of revising the National Strategic plan to integrate TB following the recommendations of the Global Fund. Lessons learnt were the need to finance the coordination of CCM (CSO representatives) as a constituency and have TB champions represented on the CCM so that TB issues are well addressed. The opportunity of 150,000 dollars to be used in the national consultations to support CSOs to come up with clear plans to coordinate NFM was identified. They also pointed out that the NFM provides CSOs an opportunity to reassess their needs and re-engage more proactively.

Ethiopia and Tanzania: The CSOs activities in the NFM included getting information about NFM, defining areas of engagement in every step, preparation of roadmap & work plan and collaboration with other stakeholders to Review the National HIV Strategic Plan (2010-14) and develop Draft Investment Case (2015-2020) in *Ethiopia*. In *Tanzania*, the CSOs participated in the development of Draft TB Strategic Plan (2015-18) and the restructuring the TNCM (CCM) according to the NFM requirements. The lessons learnt were that National Strategic Plans were not comprehensive enough to cover long term goals/high impact interventions. There was a need for data to justify and build the investment case, and a need for efficiency and increasing domestic resources. Other opportunities identified for CSO engagement beyond participation in the review of strategic plans included: setting priorities in the national strategic plan which are then included in the concept note; coming together within regional networks to access funds for cross-border interventions; and opportunities for CSOs to influence CCM final decision and negotiate with GF portfolio staff.

Kenya and Sudan: Participation in GF NFM country process, engaging in country dialogue and consultative forums, participation in Regional Dialogue, participation in CCM for NFM for HIV/TB/Malaria and Review of HIV-NSP are some of the activities CSOs had undertaken though effectiveness was hindered by to lack resources to enable wider coverage and effective feedback. Both countries learned that funding, partnership and active CSO engagement are critical for success. Opportunities for regional proposals and accessing technical assistance from EANNASO, UNAIDS and partners were identified.

#### 4.2.3 Tanzania National Coordinating Mechanism (TNCM) Non State Actors (including CSO) plan on engaging in the NFM process

Presenter: John Kalaghe, TNCM vice Chair and CSO representative on the TNCM - Save The Children-Tanzania

In Tanzania, a meeting held in Nov 2013 TACAIDS with Support from GiZ shared an analysis of functionality of National Steering Committee of the country coordinating mechanism. The

challenges identified included ownership, trust, resources, commitment, accountability and capacity issues and the way forward was identified as follows:

- Strengthening the CSOs coordination mechanism
- Identification of champions to lead activities on NSC to make it fully active and functional.
- CSOs to demonstrate their commitment to the NSC by making financial contributions, committed efforts and other actions to re-activate the NSC.
- Once the NSC is reactivated; then the CSOs could now consider approaching TACAIDS and other partners to support
- Non state actors participate in the concept note development team, for example, non-state TNCM members review and endorse the Concept note and share feedback from GF Secretariat with their constituencies as part of the iterative process.
- Umbrella organizations used to meet before (and after) TNCM meeting for regular exchange, for communication and coordination with constituencies. This use of umbrella bodies caused more problems in Sudan but has worked for Tanzania.

#### 4.2.4 Learning Session 1

Moderator: Dr Ben Ngoye

##### 4.2.4.1 Joint TB and HIV programming under the NFM- Mayowa Joel

Mr. Mayowa highlighted the following:

There is need to have collaboration between TB and HIV intervention activities. The NFM makes TB and HIV to work together. Integration is based on 4 principles - (a) Decision of scope based on country context, (b) Country-led dialogue in decision making with Involvement of all TB and HIV stakeholders including CS, (c) Phased approach in implementation, and (d) flexibility for TB and/or HIV specific areas. Effective program management relies on harmonisation of policy and programs, no disruption of programs and establishing appropriate mechanisms for implementation. Adequate and equitable availability of financial resources, effective dialogue and allocation flexibility to address priority and specific areas are also important for joint programming objectives to be achieved.

Integrated service delivery is also important, as one of the minimum requirements for joint programming. It would be best if TB and HIV prevention, diagnosis and care were obtained at the same place and time. MNCH services are important as well as use of decentralised services and integrated community based activities. The best way to approach this would be by having a one-stop clinic where HIV and TB Services provided together i.e. ART, TB diagnosis and treatment. Other critical areas for joint programming are Community Systems Strengthening, and human rights, gender equity and key populations' engagement.

## Session 1 Q&A

- How much will single concept note on TB support MDRTB in high burden areas?
- Who will be the PR for this joint grant, is it the ministry of health?
- At what extent are we really integrating, will TB and HIV have separate PRs?
- What does integration mean for us in civil society? How is it changing our advocacy, practically because clinically it is possible?
- Healthcare in low level systems is already integrated, what is the WHO recommendation, a one stop centre or partial integration?

### Summary Discussion Notes and Reactions to the Questions

1. The challenge has been that TB has been integrated with leprosy in Kenya and where to place leprosy in the GF proposal is unclear. Integration was not done at policy level so integration at concept note development is tricky. There is a need to provide a roadmap and plan for engagement for HIV/AIDS, TB and Malaria to participate in the concept note development process.
2. Countries will choose what is more important to them.
3. There will soon be joint PR as a matter of principle not choice. Civil society needs to sort out its own politics in order to achieve this.
4. For us to be very effective we need a joint TB/HIV plan. South Africa has shown it is possible. Integration at country level for us means that we have to jointly advocate for health, not just HIV/AIDS. CSOs need to strengthen community systems, support adherence and treatment support.
5. Recommendation would be based on different country structural level as each country needs to do its own assessment.

## 4.2.5 Session 2

Moderator: Angela Kageni

### 4.2.5.1 Topic 1: Human Rights Approach and Programming for Key Populations

Presenter: Ruth Masha

Human rights are universal and no one can give up his rights for another. Right holders need to be able to demand their rights. The Human rights based approach is based on assessment and analysis to identify underlying issues, capacity of rights-holders to claim their rights, and of duty-

bearers to fulfil their obligations and is informed by the recommendations of international human rights bodies and mechanisms.

Human rights approaches and the global fund take on the following aspects:

- Programmes aim to reduce disparity.
- Top-down and bottom-up approaches are used in synergy.
- Situation analysis is used to identify immediate, underlying, and basic causes of development problems.
- Measurable goals and targets are important in programming.
- Strategic partnerships are developed and sustained.
- Programmes support accountability to all stakeholders

Gaps in programming for key populations include:

- Sustainability plans of donor supported projects
- Availability and reliability of strategic information on key populations
- Policy frameworks
- Hostile, legal, social and Cultural environment limits scale up in some regions
- Limited resources to scale up from pilot sites to large scale and equitable resources
- Integration of services targeting key Population within GOK facilities

Although in Kenya the penal code criminalises living on the earnings of prostitution, and sex between men and injecting drug use is criminalized, there are some opportunities in the law viz:

- Sufficient provisions that address discriminatory acts legislated in the HIV and AIDS Prevention Control Act 2006
- The Bill of Rights and the Right to Health safeguarded in the current constitution
- HIV Equity Tribunal in place

Program funding can be sought from UN Joint team on AIDS for Guidelines, programmes and Political advocacy, PEPFAR for service delivery, WB International Development Assistance for condom procurement and Gates Foundation.

In conclusion, partners can use global fund to set the scene for programming for key populations. We must prioritize programs based on the epidemic.

Topic 1 Q&A

1. How do we respond to our challenges especially now that lifestyles are being criminalized?
2. Modes of Transmission Studies (MOTs) and size estimates lack in some countries. How then do such countries use this approach?
3. How do Key populations participate in this process?

## Summary Discussion Notes and Reactions to the Questions

1. We need to strategize as civil society, sit and talk together and have a combined effort approach. Advocacy should be enhanced to the government and other stakeholders.
2. The data will be provided at the end of this month for Ethiopia, and civil society should document in order to have data and share information.
3. Key Populations should be put in the civil society meetings. E.g. UNGAS got Key Populations to join in the government delegation. The Kenya Ethical and Legal Network have assisted in the past
4. Use the divide and rule approach whereby you separate religious leaders or politicians and advocate to them individually not as a group
5. Civil society needs to have more data, be committed in their country approaches and use of size estimates as data to have more gains.
6. Engage all stakeholders
7. Focus more on human rights rather than sexual desires especially the right to health when advocating for MSM, MARPS and other marginalized key populations.
8. KYE- Know your epidemic.

### 4.2.5.2 Topic 2: Critical Enablers in the investment approach

Presenter: Jackie Makokha

If governments have better resource utilization, it would bring better impact, especially if investments are better targeted and focused. For this to be achieved, synergies with development sectors need to be in place. Countries can apply the investment approach which answers 8 critical questions. (See slides)The 4 components of the investment approach are listed below with examples of analysis questions for each:

- a. Understand - Where are we focusing our efforts and resources today? What is the current impact? And where does the money come from? What is the social context of the epidemic
- b. Design- Identify how areas of your HIV programming are categorized under basic programme activities, critical enablers and synergies. Are resources currently allocated to interventions, populations and geographic areas with the biggest potential for impact on incidence and mortality?
- c. Deliver- What are major demand-side constraints and opportunities to scaling up basic programme activities? What are ways to increase efficiency within basic programme, critical enablers and synergies interventions? What are the ranges of

unit costs (per person, per year) for each of the basic programmes, critical enablers and synergies?

d. Sustain- How do you drive for stakeholder buy-in?

Answers to the questions raised above provide entry points for CSOs. Thus CSOs need to participate in the investment thinking.

#### 4.2.5.3 Topic 3: Gender Responsive Programming

Presenter: Claris Ojwang

Women for the Global Fund (WGF) was established because study findings showed that the gender equality strategy was not being utilized. WGF was started in 2012 and it is uniting women's rights advocates in all their diversity to advance gender equality through the Global Fund.

The GES Action Plan 2014-2016 has four objectives which are:

- to ensure that the Global Fund's policies, procedures and structures effectively support programs that address gender inequalities; and
- to establish and strengthen partnerships that effectively support the development and implementation of programs that address gender inequalities and reduce women's and girls' vulnerabilities, provide quality technical assistance, and build the capacity of groups who are not currently participating in Global Fund processes but should be.
- Provide leadership, internally and externally, by supporting, advancing and giving voice to the GES and
- Develop a robust communications and advocacy strategy that promotes the GES and encourages programming for women and girls and men and boys

#### Session 1 Q&A

- What are the plans to roll out IC approval at CSO level?
- Where is the man in Women for Global Fund?
- What are the main indicators to look at the gender impact?

#### Summary Discussion Notes and Reactions to the Questions

1. Much work on critical enablers is needed
2. Gender responsive programs also involve sensitization of other decision makers, lobbying and stakeholders support where men are also involved.
3. W4GF need to develop tools specific to our intercontinental issues and systematically assess the civil society.

#### 4.2.6 Skills Building Sessions

Moderator: Olive Mumba

##### 4.2.6.1 Skills building for effective Negotiation, Lobbying and Advocacy

Facilitators: Lucy Chesire, Joel Mayowa and Angela Kageni

The sessions focused on defining the key terms, identifying pre-requisites for effectiveness and then a moderated discussion complete with vivid examples.

##### 4.2.6.2 Skills building in developing Concept Notes

The session focused on what was required for drafting a concept note, the different types and their key components, the processes for concept note development, and the resources needed. Ample time was given for participant engagement and Q&A.

#### Summary Discussion Notes and Reactions to the Questions

1. You need to have desktop reviews and have empirical data presented. Media should be our friend in advocacy and lobbying.
2. The minimum standards which take effect from January 2015 require a TB representative in part of their criteria. If you have none you cannot submit your concept note so this is an opportunity for you.
3. Involvement of KP in NSP enables easier concept note development.
4. It is the CCMs obligation to engage all parties. Options are there like use of partners. CSO should learn to view their views without manipulation.

#### 4.2.7 Information Session - Regional Partnerships and support

In this session the panel sought to answer the question: What do you do and what support is available for Civil Society?

##### 1. TSFESA

TSF ESA's mandate is strengthening HIV/AIDS response. It provides support to governments and stakeholders at national level mainly via short term consulting. TSF ESA assists in midterm reviews, mobilization of resources, and short term technical assistance with a regional team so as to ensure that resources get utilized for the highest impact. Its core areas are : provision of a lead consultant for costing, budgeting and efficiency, EPI analysis, M&E. CSO were encouraged to take the lead and contact the TSF who will then work with them to address their needs.



## 2. STOP TB Partnership:

Potential technical assistance includes support for engagement of global fund processes at country level by collaborating with countries and WHO TB. Collaborations with the WHO, UNAIDs for reporting of TB in LGBTI groups and other marginalized groups is another option. Stop TB Partnership supports civil society structures at country level. The global coalition on TB partnership which assists with advocacy support to improve coordination and capacity of TB can be of assistance too.

## 3. AIDS Accountability International

The Institution has a civil society charter for TB proposals. It has worked with Zambia, Zimbabwe and Malawi and these charters are being given out as best practices. In these charters, civil society comes up with 12 priorities and then AAI helps the CSO to develop a convincing argument for funding.

## 4. HIV/AIDS Alliance - Eastern And Southern Africa Region

The Alliance' secretariat is in Britain and the institution is spread out in the continents in technical support hubs. The Alliance tries to connect support to impact. It is GiZ's implementing partner in this region. It provides capacity building support to CCMs to access grants in the new funding model. It also provides a direct linkage to the Global Fund and assists countries in online submissions. Its link can be found on the Global Fund website. CSOs can contact the hub manger on [j.beku@alliancehubesa.org](mailto:j.beku@alliancehubesa.org) for assistance.

## 5. AIDSPAN

AIDSPAN can assist with effective engagement with civil society at country level. Participants were given an elevator speech with detailed information on what the organization does and how best they can be assisted.

## 6. ICW-EA

ICW is a network of women living with HIV. Its thematic areas are: meaningful involvement in policy making, and protection of sexual and reproductive health rights. ICW trains on advocacy in Africa and it has additional expertise on HIV-TB integration. It has a core group of advocates and can empower civil society with skills for engagement in the new funding model

## 7. W4GF/ PPWC

W4GF is still young but its advocacy is focused on the following key areas: Treatment, women empowerment, PMTCT, gender violence with a keener look on intimate partner violence and formation of support groups in certain countries where they are need e.g. Somalia.

## 8. EANNASO

EANNASO's mandate is Advocacy, Information sharing, Coordination, Civil society constituency coordination, and access to technical support. Part of EANNASO's information sharing mandate is this meeting for concept development in the NFM. It supports CS in country dialogue with CS specific plans development. In terms of advocacy EANNASO has a desk open and CSO's are free to contact the institution at any time for advice. The institution also has a technical support centre which CSO's can access by sending emails to [eannaso@eannaso.org](mailto:eannaso@eannaso.org), [mumba@eannaso.org](mailto:mumba@eannaso.org).

### Session recommendations

- a) EANNASO to develop a database of technical support providers in the region and share with CSOs so that they are able to tap in.
- b) EANNASO to support the development of country CSO plans for country dialogue and provide back up support in the 7 countries.
- c) EANNASO, members and CSOs to continue sharing key information relating to NFM.
- d) EANNASO, members and CSOs to support engagement of Key Population in the GF country processes so that they are at the same level with other Civil society at country level.

### Meeting Closure

Meeting ended at 5.20 after a closing address by the EANNASO Executive Director.

The parting shot was: "What are you going to do as part of your impact for action in your country?"

## 5.0 THE EVALUATION

The workshop received generally good ratings with more than 80% across all indices indicating high levels of satisfaction.

A detailed evaluation report is included in the folder accompanying this report.

## 6.0 ISSUES FOR FOLLOW UP

The participants were asked about the one thing that they would do following the workshop, and their responses included the following:

1. Share the entire proceedings of this workshop with African region representatives- PAPWC
2. Participation in ongoing dialogue as a CCM member. Communicate this information and knowledge to my colleagues at country level

3. Key action: Effective engagement and meaningful participation in CCMs
4. Will see the possibility of improving CSOs coordination in my country
5. Sharing with the CSO on the opportunity working with CCM.
6. I will be able to present my constituency in my country CCM effectively.
7. Ensure meaningful participation in my country's concept note writing process.
8. I have learnt how to further engage and bring together CSOs in the GF country level processes
9. Engage more with TA providers
10. Start advocacy/ lobbying with key stakeholders looking at :
  - a. The disease spilt
  - b. Resource allocation
  - c. CCM representation
  - d. NSP development process

Recommendations to EANNASO for follow up include:

- e) Sharing the conference materials
- f) Following up with individual countries for their CSO engagement plans

ANNEX 1:  
**EANNASO WORKSHOP; “Civil Society within the Global Fund: Action for  
 impact”**

Olive Gardens Hotel, Nairobi, Kenya

April 1-2, 2014

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ANNEX 2: WORKSHOP AGENDA

SESSION AGENDA: DAY 1 Tuesday 01/04/2014					
TIME	SESSION TYPE	SESSION	SESSION OBJECTIVES	PRESENTERS AND PANELLISTS	MODERATORS
Preliminaries 0830-0900	Introductory Session	WORKSHOP OPENING	Welcome & Introductions  Objectives and Expectations  Keynote Speakers	EANNASO  EANNASO  EANNASO, UNAIDS, STOP TB Partnership	Dr Ben Ngoye
Morning 1 0900-1030	Learning Session	GF Strategy and GF Structure Overview  Understanding the NFM  NSPs and the NFM	to understand the restructuring of the GF and its new strategy	Ms Lucy Chesire  Dr Ben Ngoye  Mr. Russell Armstrong, TSF ESA	Dr Ben Ngoye
TEA/COFFEE BREAK					

Morning 2 1100-1230	Learning Session	Resource Mobilization and Financing Under the NFM  Unpacking the CCM Guidelines  Understanding Country Dialogue mechanisms and Identifying Opportunities for CSO engagement	session will include info on CSO involvement under the GFAN, and highlight innovative domestic financing  To understand the new CCM guidelines  to identify opportunities for CS engagement under the NFM	Ms Rosemary Mburu  Ms Angela Kageni, AIDSpan  Ms Olive Mumba	Dr Ben Ngoye
LUNCH BREAK					
Afternoon 1 1400-1530	Learning Session (D1) and Skills Building (D2)	Taking Stock – Meaningful Participation of civil society in country dialogue	Experience sharing	All Countries	Ms Olive Mumba
RECAP & CLOSE				Mr. Mayowa Joel	



SESSION AGENDA: DAY 2 Wednesday 02/04/2014					
TIME	SESSION TYPE	SESSION	SESSION OBJECTIVES	PRESENTERS AND PANELLISTS	MODERATORS
0830-0845	Introductory Session	RECAP	Recap	ALL	Dr Ben Ngoye
0845-0930	Learning Session (D1) and Skills Building (D2)	Taking Stock – Meaningful Participation of civil society in country dialogue  Tanzanian country Dialogue plan	Experience sharing  Effective constituency coordination	All Countries  John Kalage, Tanzania CCM, Save the Children	Ms Olive Mumba
Morning 1  0900-1030	Learning Session	Joint TB and TB/HIV programming under the NFM	Enhance understanding of the role of civil society in TB and HIV programming	Ms Lucy Chesire & Mr. Joel Mayowa	Dr Ben Ngoye
TEA/COFFEE BREAK					
Morning 2  1100-1230	Learning Session	Critical Enablers: The introduction  Gender Responsive Programming  Rights Based Programming (including programming for and engaging Key Populations)	Strengthen understanding of what the critical enablers are and how they impact on the HIV AIDS response  Discuss key approaches to programming –	Ms Jacky Makokha, UNAIDS  Ms Claris Ojwang'  Ms Ruth Masha, UNAIDS	Ms Angela Kageni

			Gender and Rights		
Morning 3 1230-1315	Learning Session (D1) and Skills Building (D2)	Skills for effective Negotiation, Lobbying and Advocacy  Developing Concept Notes  *2 sessions in parallel, participants change over		Ms Lucy Chesire & Ms Angela Kageni  Mr. Russell Armstrong, TSF ESA	Ms Olive Mumba
LUNCH BREAK					
Afternoon 1 1415-1500	Learning Session (D1) and Skills Building (D2)	Skills for effective Negotiation, Lobbying and Advocacy  Developing Concept Notes	Skills Development	Ms Lucy Chesire & Ms Angela Kageni  Mr. Russell Armstrong, TSF ESA	Ms Olive Mumba
TEA/COFFEE BREAK					
Afternoon 2 1500-1545	Information Session	Regional Partnerships and Support	Exposure to support – EANNASO, TSF ESA, UNAIDS, STOP TB Partnership, IAA, Aidspan, ICW, W4GF	Panel Moderated by UNAIDS	Dr Ben Ngoye
Afternoon 3	Workshop Evaluations & Vote of Thanks				Dr Ben Ngoye
WORKSHOP CLOSE					

ANNEX 3: SUMMARY FEEDBACK

DAY 1 - EVALUATION QUESTIONNAIRE PERCENTAGES

SESSIONS

DAY 1	Totally Agree	Mostly agree	Agree	Disagree	Totally Disagree	N/A
SESSION 1: GF STRATEGY AND GF STRUCTURE OVERVIEW	%	%	%	%	%	%
Session was relevant to me and my work	76	10	7	7		
The contents were well presented	73	17	3	7		
SESSION 2: UNDERSTANDING NFM						
Session was relevant to me and my work	76	14	0	10		
The contents were well presented	72	14	0	14		
SESSION 3: NSP AND THE NFM						
Session was relevant to me and my work	69	24	3	4		
The contents were well presented	59	24	14	3		
SESSION 4: RESOURCE MOBILIZATION AND FINANCING UNDER THE NFM						
Session was relevant to me and my work	59	28	3	7	3	
The contents were well presented	56	31	3	10		
SESSION 5: UNPACKING THE CCM GUIDELINES						
Session was relevant to me and my work	76	7	10	3		4
The contents were well presented	76	7	7	7	3	
SESSION 6: UNDERSTANDING COUNTRY DIALOGUE MECHANISM A						

Session was relevant to me and my work	75	10	4	11		
The contents were well presented	72	10	4	11		

Total respondents= 29

#### ORGANIZATIONAL ASPECTS

Are you Happy with...?	Very Pleased				Very unhappy	N/A
	%	%	%	%	%	%
The origination of the workshop	67	14	19			
The structure and flow of the sessions	70	24	5	10		
The choice of presenters and panelists	64	23	4	9		
The catering during the workshop	48	19	9			
The accommodation	39	22	22	6	6	6

## DAY 2 EVALUATION QUESTIONNAIRE

### GENERAL CONTENT

	Totally Agree	Mostly agree	Agree	Disagree	Totally Disagree	N/A	Did not answer
The Workshop, Session Topics and Content was important to me/my institution and my work	50%	4%	11%	0	0	0	35%

### SESSIONS

DAY 2	Totally Agree	Mostly agree	Agree	Disagree	Totally Disagree	N/A	No answer
SESSION 1: TAKING STOCK- MEANINGFUL PARTICIPATION OF CS IN THE NFM PROCESSES IN COUNTRY	%	%	%	%	%	%	%
Session was relevant to me and my work	54	27	8	0	0	0	11
The contents were well presented	42	35	8	0	0	0	15
SESSION 2: JOINT TB & HIV PROGRAMMING UNDER THE NFM							
Session was relevant to me and my work	54	27.5	8	0	0	4	8
The contents were well presented	54	30	8	0	0	4	4
SESSION 3: CRITICAL ENABLERS; THE INTRODUCTION							
Session was relevant to me and my work	46	43	4	0	0	0	7
The contents were well presented	46	27	15	0	0	0	12
SESSION 4: RIGHTS-BASED							

PROGRAMMING ENGAGING KP								
Session was relevant to me and my work	54	31	8	0	0	0	7	
The contents were well presented	42	39	4	0	0	0	15	
SESSION 5: GENDER RESPONSIVE PROGRAMMING								
Session was relevant to me and my work	38	38	8	0	0	4	12	
The contents were well presented	35	50	4	4	0	0	7	
SESSION 6: SKILLS FOR EFFECTIVE NEGOTIATIONS, LOBBYING AND ADVOCACY								
Session was relevant to me and my work	61	23	8	0	0	0	8	
The contents were well presented	54	28	14	0	0	0	4	
SESSION 7: DEVELOPING CONCEPT NOTES								
Session was relevant to me and my work	62	15	15	0	0	0	8	
The contents were well presented	65	12	15	0	0	0	8	
SESSION 8: REGIONAL PARTNERSHIP AND SUPPORT								
Session was relevant to me and my work	69	19	8	0	0	0	4	
The contents were well presented	69	23	4	0	0	0	4	

#### ORGANIZATIONAL ASPECTS

Are you Happy with...?	Very Pleased				Very unhappy	N/A	No answer
The origination of the workshop	65	27	0	4	0	0	4
The structure and flow of the sessions	50	38	4	4	0	0	4
The choice of presenters and panelists	61	31	0	4	0	0	4
The catering during the workshop	34	46	4	8	4	0	4
The accommodation	42	30	4	8	4	8	4

Total number of respondents= 26