



Civil Society and Community Groups' Engagement  
during COVID-19 Response Mechanism (C19RM)  
Fund Request Development Process in  
Anglophone Africa

March 2022



**Regional Platform**  
for Communication and Coordination  
on HIV/AIDS, Tuberculosis and Malaria  
For Anglophone Africa

# ACKNOWLEDGMENTS

EANNASO through the Anglophone Africa Platform takes this opportunity to thank civil society and communities that dedicated their time to respond to this survey. Their experience in the C19RM Fund Request processes are valued learning that will strengthen how civil society and communities need to get prepared to not only engage during emergency funding request situations but even during the upcoming new funding model four (NFM4) grant funding processes. It was such an exciting experience to learn how communities could organize themselves and respond and meaningfully engage in the C19RM fund request processes within such short timelines. EANNASO greatly acknowledges the swift responses by civil society and communities during this exercise.

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Acknowledgements by:

Onesmus Mlewa Kalama, Interim Executive Director

EANNASO



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## LIST OF ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CS</b>	Civil Society
<b>CBO</b>	Community Based Organisation
<b>CG'S</b>	Community Groups
<b>CRG SI</b>	Community Rights and Gender Strategic Initiative
<b>CCM</b>	Country coordinating Mechanism
<b>C19RM</b>	COVID 19 Response Mechanism
<b>EANNASO</b>	Eastern Africa National Networks of AIDS and Health Service Organizations
<b>FGDS</b>	Focus Group Discussions
<b>FR</b>	Funding Request
<b>GF</b>	Global Fund
<b>HIV</b>	Human Immunodeficiency Virus
<b>KII</b>	Key Informant Interview
<b>KVP</b>	Key Vulnerable Populations
<b>LGBTQI</b>	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
<b>NGO</b>	Non-Governmental organization
<b>PLHIV</b>	People Living with HIV
<b>PWID</b>	People who Inject Drugs
<b>PR</b>	Principle Recipient
<b>TA</b>	Technical Assistance
<b>TB</b>	Tuberculosis
<b>OIG</b>	Office of the Inspector General

## 1.0: EXECUTIVE SUMMARY

In 2020, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) announced and established a COVID-19 Response Mechanism (C19RM) to support countries to mitigate the impact of COVID-19 on programmes to fight Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and Malaria and initiate urgent improvements in health and community systems. The C19RM leveraged on the principle of country ownership and allowed countries that are currently receiving funding from the Global Fund to apply for this new funding stream. The Global Fund response to the COVID-19 pandemic made funding available primarily through two approaches: 1) the COVID-19 response mechanism and 2) grant flexibilities (where countries could reprogramme up to 5% of their current HIV, TB and/or malaria grants to respond to COVID-19). By December 2021 the Global Fund had disbursed a total of 4,182,796,248 billion US Dollars to 129 countries across the world.

At the announcement of the COVID-19 response mechanism, the Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO), as the host of the Anglophone Africa communication and coordination platform, set up mechanisms to communicate relevant information to civil society and community groups regarding the new funding opportunity through targeted webinars, social media posts, and email newsletters. The key objective of this engagement was to ensure that civil society and community groups including key vulnerable populations understood the process of engaging in C19RM funding request development, including country dialogue processes to set community priorities for inclusion and ensure community priorities are adequately budgeted for. Besides sharing of relevant information, EANNASO created demand for short term Technical Assistance (TA) to enable civil society and community groups effectively and meaningfully engage in the funding request development processes. EANNASO further complemented the short-term TAs with direct small grants to civil society to meaningfully engage in C19RM processes.

A 2021 audit commissioned by the Global Fund to review Key Populations (KPs) participation in the Fund's processes, found that 81% of civil society organisations and key and vulnerable population (KVP) groups were sufficiently consulted in 2021, compared to just 56% in 2020. Showing a massive improvement in participation of KPs and KVPs across countries. The audit of the C19RM process in 2021 by the Global Fund's Office of the Inspector General (OIG) found that "community and civil society partners were strongly engaged in the process."<sup>1</sup> Yet, despite massive efforts to disseminate strategic information on the C19RM funding opportunity, and support civil society and community groups to effectively engage in the funding request processes either through short-term TA or small grants, many of the community rights and gender priorities were still not reflected in the C19RM grants that were approved by the Global Fund, according to EANNASO.

This study, therefore, aims to understand why community, human rights and gender interventions do not strongly featured in the C19RM funding requests. In total, these interventions comprised just 3.8% of all C19RM funding in 2021.<sup>2</sup>

A cross-sectional survey complemented by key informant interviews was conducted among purposefully selected Anglophone Africa civil society and community organisations. Seventy-seven (77) respondents from 10 countries<sup>3</sup> participated in the study.

From the participants, 61% classified themselves as local Non-Governmental Organisations (NGOs), networks of People Living with HIV (PLHIV) formed 14% of respondents, and Community-Based Organisations (CBOs) made up 12%.

Nearly three quarters (74%) of the respondents had not received government support during the COVID-19 crisis while 26% responded affirmed that they had.

1 Global Fund (2022) Audit of the COVID-19 Response Mechanism 2021. Online at [https://www.theglobalfund.org/media/11878/oig\\_gf-oig-22-007\\_report\\_en.pdf](https://www.theglobalfund.org/media/11878/oig_gf-oig-22-007_report_en.pdf)

2 Funding Approved for COVID-19 Response. Online at [https://data-service.theglobalfund.org/viewer/covid\\_approved\\_funding\\_report](https://data-service.theglobalfund.org/viewer/covid_approved_funding_report)

3 Botswana, Ghana, Rwanda, Sierra Leone, Tanzania, Nigeria, Uganda, Liberia, Zambia, and Zimbabwe

A significant proportion (47%) felt that they were mostly able to understand the C19RM process, but there could still be improvements in the information shared and the formats used. One third (33%) felt that the information was sufficient, while 4% did not. The remaining had mixed responses.

More than half (61%) of participants, classified themselves as local NGOs, networks PLHIVs formed 14% of respondents and CBOs made up 12%.

Sixty-seven percent (67%) of respondents said they were able to participate in the C19RM funding request development process while 33% said they were not able to participate. Respondents requested early and more engagement, and to expand the scope of communities that EANNASO supports and works with.

While most communities (61%) said they felt the C19RM funding request development process took their inputs seriously, 49% said their inputs were not reflected in the final application. Thirty percent (9/30) of respondents said the 'CCM's bureaucracies and low engagement' were the issue, while 33% (10/30) blamed 'lack of awareness and or low information'. The short duration of the TA assignments was also a limiting factor, according to key informants.

The exclusion of Community-Led Monitoring (CLM) and community indicators in the final funding requests was attributed to several key factors, including 'lack of value to key population's opinions', 'low knowledge on importance of CLM to both the CCM and the key stakeholders', among others.

It was also clear that the COVID-19 restrictions and protocols impacted negatively in the efficient and effective mobilisation of key actors and stakeholders.

## 1.1: GENERAL CHALLENGES ASSOCIATED WITH THE STUDY

The following challenges impeded the effective carrying out of the exercise. These include,

1. A very poor response rate among respondents contacted for the Key Informant Interviews (KIIs). Less than half (9) responded out of the 27 selected organisations took part in the interviews.
2. Respondents who agreed to participate could not adhere to agreed times, requiring several recalls, setting up of new times and eventual dropping of the interviews in some cases.
3. The truncation of the FGD has left very critical questions (some arising from the KIIs) to be fully interrogated to provide complete answers to the task assigned.
4. It took nearly 3 weeks to garner 78 respondents from the nearly 300-member active WhatsApp groups of EANNASO's Anglophone network of organisations and communities. Something that unnecessarily delayed the duration of the study.
5. We did not have contact information to reach some of the key interviewees i.e., mobile phone or office contacts for specific people representing organisations.
6. We found little coordination from the CCMs and EANNASO to rally all Global Fund/ EANNASO beneficiaries to contribute to the studies.

## 2.0: INTRODUCTION

With the announcement of the Global Fund COVID-19 Response Mechanism (C19RM) Grant to address COVID-19, civil society and community groups were eager to contribute and participate in the process. This was evidenced by the way governments, Principal Recipients (PRs), civil society and communities welcomed the news that countries could apply for additional funding – equivalent to 15% of their current Global Fund allocation – in an opportunity to ensure the development of tailored and targeted interventions which would prevent severe disruption of HIV, TB and Malaria programmes and other related challenges, resulting from the global COVID-19 pandemic.

To ensure that the C19RM grants addresses the needs of the civil society and community groups including key vulnerable populations (KVPs), the Anglophone Africa platform engaged communities to ensure that they understood the process of engaging in country dialogues, starting from the funding request stage, to submission, and through the grant-making stages to ensure that civil society priorities were adequately considered in the C19RM grants.

To support meaningful engagement of civil society and communities, EANNASO as host of the Community, Rights and Gender Regional Platform for Anglophone Africa, created demand for CRG Technical Assistance for communities to engage in the funding request development processes and complemented the CRG TA with small grants to civil society and community groups to support further engagements in C19RM processes. In addition to brokering and linking communities to access CRG TA, EANNASO also linked them to support from other partners, as well as supporting them in setting priorities for C19RM at the country level.

## 2.1: PROBLEM STATEMENT

The participation and involvement of civil societies and key and vulnerable groups in the Global Fund's processes has improved in the last few years (2020-2021) beyond tokenism, to real, active engagements.

An audit of the C19RM process in 2021 by the Global Fund's Office of the Inspector General (OIG) found that "community and civil society partners were strongly engaged in the process."<sup>4</sup> The audit also notes the results of Global Fund surveys, which found that 81% of civil society organisations and key and vulnerable population groups were sufficiently consulted in 2021, compared to just 56% in 2020.

According to EANNASO, despite massive efforts to disseminate strategic information on the C19RM funding opportunity and supporting civil society and community groups to effectively engage in the funding request processes either through short-term TA or small grants, many of the community rights and gender priorities were still not reflected in the C19RM grants that were approved by the Global Fund.

This study aims to understand why community, human rights and gender interventions did not strongly featured in the C19RM funding requests. In total, these interventions comprised marginal 3.8% of all C19RM funding in 2021.<sup>5</sup>

An August 2021 article published by AIDSPAN, in the Global Fund Observer, noted lack of clarity on engagement as a possible reason for why community, rights and gender interventions did not strongly feature community-based, rights and gender interventions in the Global Fund C19RM COVID -19 mitigation proposals submitted. "No proposal [from applying countries]<sup>6</sup> noted if the constituencies' costs were covered where appropriate (e.g., transport, etc.) or if consultations were held virtually and how this worked in communities without access to e-based platforms."<sup>7</sup>

It is against this background that EANNASO as the host to the Anglophone Africa CRG platform decided to document a case study that will highlight experiences from community engagement and analyse lessons learned in C19RM fund request development in the Anglophone Africa region. This case study will provide useful

4 Global Fund (2022) Audit of the COVID-19 Response Mechanism 2021. Online at [https://www.theglobalfund.org/media/11878/oig\\_gf-oig-22-007\\_report\\_en.pdf](https://www.theglobalfund.org/media/11878/oig_gf-oig-22-007_report_en.pdf)

5 Funding Approved for COVID-19 Response. Online at [https://data-service.theglobalfund.org/viewer/covid\\_approved\\_funding\\_report](https://data-service.theglobalfund.org/viewer/covid_approved_funding_report)

6 Emphasis from Researcher

7 See the full report here: <https://bit.ly/CRG-Interventions>

lessons that will be able to inform future community engagement practices during similar processes.

## 2.2: OBJECTIVES OF THE STUDY

EANNASO seeks to understand the extent to which C19RM Fund Requests included and adequately budgeted for interventions and activities that are aligned with CRG components and provide potential reasons why CRG interventions were less prioritized and or featured in the country C19RM fund requests.

Specifically, the survey objectives were:

1. To understand and document the processes in which CS and communities were engaged with a view to understanding the enabling factors as well as challenges that may have limited their engagement.
2. To analyse the extent to which the final C19RM Funding requests reflected or included the CS and CG priorities including the budget amount for countries.
3. To document 3 case studies on each of the identified process above from countries that successfully incorporated CRG components in the C19RM FR.
4. To identify and categorize the specific communities and stakeholders that were involved in the C19RM 2021 process for further engagements in pandemic preparedness and regarding HIV, TB, and Malaria response and to understand how community priorities supported the inclusion of human rights and gender in the C19RM FR.
5. To understand how the CRG SI technical support provided to CS and CGs was delivered and supported the effective engagement in C19RM processes.

## 2.3: SCOPE OF THE STUDY

The study, carried out in Anglophone region of Africa, targeted the organisations, CSOs and CBOs working with key and vulnerable populations for the three diseases. These include people living with HIV, TB survivors, sex workers, men who have sex with men, transgender people, people who use drugs, prisoners, migrants and refugees, healthcare workers, children, pregnant women, among others Key Populations in their countries.

## 2.4: ORGANIZATION OF THE REPORT

The report has been organised in four (4) major sections. The preliminary sections – the executive summary and the key findings summarise the purpose of the report and the key information gathered during the analysis.

The introduction section outlines the problem statement, the objectives as well as the scope of the study.

The second section elaborates on the research design, the survey design and justifies the sampling design and technique used in the analysis. It also explains the data collection methods and procedures as well as the operational definition of variables.

Data analysis, interpretation and presentation are in the third section of the report, while the fourth section covers a summary of the outcomes, conclusions, and recommendations.

Rwanda and Botswana are profiled in this report to share their experiences of the TA-ship. A third country, Sierra Leone did not submit their profile and therefore was not included.

## 3.0: RESEARCH METHODOLOGY

### 3.1: RESEARCH DESIGN

The research, being qualitative focused on sentiment analysis. This was done through surveys and Key Informant Interviews. The essence of the analysis was to determine the effectiveness of the engagements created by EANNASO to:

1. Support further engagements in C19RM funding request development processes.
2. Broker and link communities to access CRG TA
3. Connect communities to component 2 of the CRG SI to effectively deliberate on the C19RM grants priority framework,
4. Support communities in setting priorities for C19RM at the country level.

### 3.2: SURVEY DESIGN AND RATIONALE

The survey design was based on the need to understand why Human Rights and Gender interventions and priorities were not strongly featured in the C19RM request applications from many countries that requested for C19RM funding from the Global Fund.

The survey sought to engage communities in sharing their thoughts, opinions, and ideas on the process of engagement, the resources shared, the timelines as well as solicit suggestions on what could be improved upon.

### 3.3: SAMPLING DESIGN AND TECHNIQUE

Ten countries were included in the study, based on the intensive efforts to engage communities in those locations. These are: Botswana, Ghana, Rwanda, Sierra Leone, Tanzania, Nigeria, Uganda, Liberia, Zambia, and Zimbabwe.

Survey respondents were recruited from 244 members of the EANNASO Anglophone Communication Platform. Seventy-seven (77) respondents from the 10 countries participated, against an initial target of 100.

For the profiling/case study of network members' experience of the TA process, 3 countries were purposively selected – Rwanda, Botswana and Sierra Leone as suggested by the terms and objectives of the study. Sierra Leone failed to submit their case and thus were not included in the final report.

### 3.4: DATA COLLECTION METHODS AND PROCEDURES

Data was collected in two formats. One, a survey was sent out to the participants using a google forms link.<sup>8</sup> This survey was open for three weeks to allow for participation. Numerous reminder emails and alerts were shared via mail chimp, email, and the WhatsApp group.

Second, the Key Informant Interviews (KIIs) were initiated from a purposive sample of EANNASO partners who were engaged in the C19RM process. Key informant interviews were conducted among nine of the survey participants, including Botswana (n=1), Ghana (n=1), Malawi (n=1), Nigeria (n=1), Rwanda (n=1), Sierra Leone (n=2), Tanzania (n=1), Zambia (n=1) and Zimbabwe (n=1). All interviews were conducted virtually. Interviews were recorded where necessary for transcription to ensure clarity. Due to the sensitivity of the questions and expected responses, we offered anonymity to all respondents.

### 3.5: OPERATIONAL DEFINITION OF VARIABLES

In understanding why Human Rights and Gender interventions/ priorities were not strongly featured in the C19RM fund requests from many countries in the Anglophone Africa region, a number of core areas of focus were examined. These included the following;

1. The information sessions and webinars, provided by EANNASO for the C19RM funding request development processes.
2. The reflection of the organisation's challenges and priorities in the C19RM funding request development processes.
3. The impressions of the attentions given to the smaller communities in comparison the larger ones.
4. The TA effectiveness in helping the communities engage during the grant request process

## 4.0: DATA ANALYSIS, INTERPRETATION AND PRESENTATION

### 4.1: DETAILS OF THE RESPONDENTS

Seventy-seven (77) respondents<sup>9</sup> from 10 countries responded to the questionnaire. Figure 1 below shows the countries and proportion of respondents. All regions across anglophone Africa were represented with majority (>60%) representing West Africa, (30%) and the remaining (16%) from East Africa.

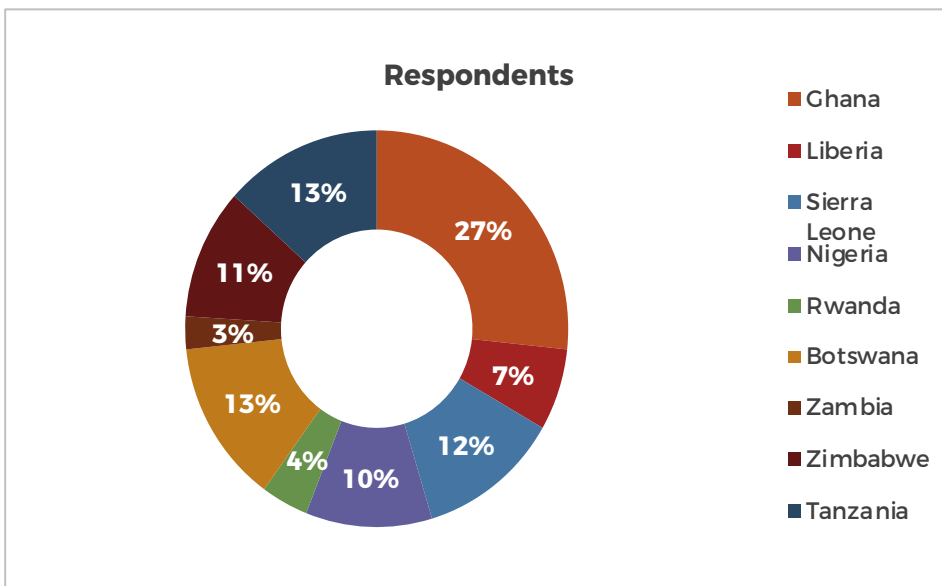


Figure 1: Country distribution of Respondents n=77

Twenty (20), representing (26%) of the respondents were from Ghana, 16% (12 respondents) from Tanzania, Botswana had 10 (13%), followed by Sierra Leone with 9 (12%) respondents. Nigeria and Zimbabwe both reporting 10% (8 each) of the respondents. Liberia had 5 (6%), Rwanda 3 (4%) while Zambia had 2 (3%) respondents.

Figure 2 shows the type and distribution of organisations that responded to the questionnaires from the 9 responding study countries. This question was responded by the seventy-six (76) of the seventy-seven (77) respondents. Forty-six (46), representing 61% classified themselves as local NGO, PLHIV Groups form 14% (11) of respondents, while Community Based Organisations make up 12% (9) of the respondents. International Non-Governmental Organisations (INGOs) and Faith Based Organisations formed 3% of responding organisations. One health facility and 1 Youth Regional Network each participated while 5 others responded as "Other".

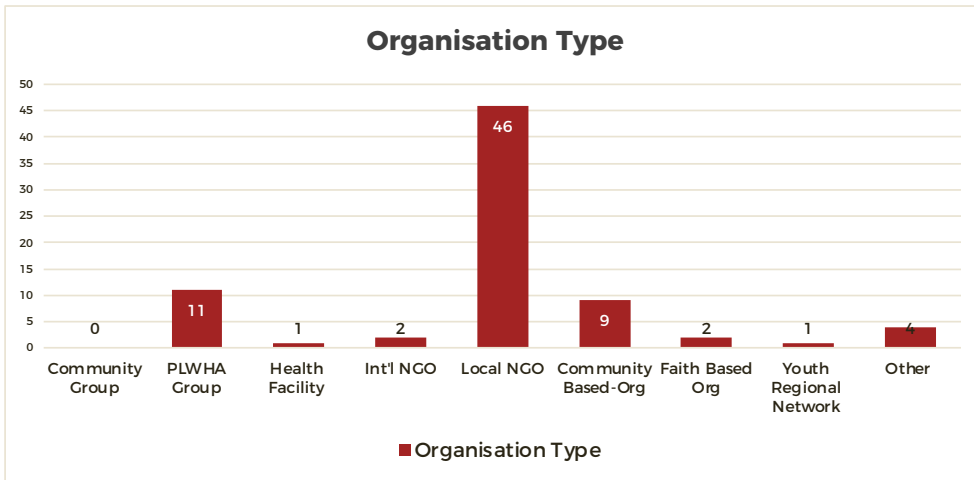


Figure 2: Organisational Type n=76

Figure 3 shows a distribution of organisations interviewed and the key populations and the communities they serve. Though 78 organisations responded, they serve a mix of different communities.

Organisations that serve sex workers comprised 32 (18%), Men who have sex with Men 24 (14%), Children and Youth 52 (30%), TB 32 (18%), PLHIV and General Population shared 1% (2) each. “Others” made up of form 18% (32).

### KPS and Communities by Organisation

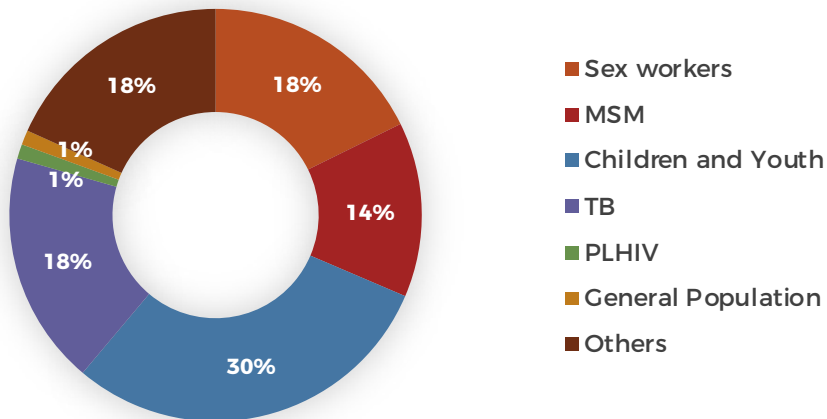


Figure 3: Key Populations and Communities Addressed by Organisations n=32

## Respondent organisation's key priorities considering the impact of Covid 19

Seventy-seven (77) of 78 responded to this question with 5% (4) saying there was no change in their priorities while 3 (4%) said their priorities were providing socio-economic support, 1 (1%) focused on CLM and 5 (6%) were on TB and Malaria Services. 22% (17) focused on COVID Prevention activities, 12% (9) did COVID vaccination demand creation with 15 (19%) prioritising Continued Services for Prevention and Treatment of HIV. Human Rights programming formed 12% (9) with Access to health services prioritised by 6 (8%).

PRIORITIES DURING COVID	NUMBER	PERCENT
Not applicable/no change	4	5
Prevention and treatment (HIV) – continued services	15	19
COVID-19 prevention	17	22
COVID-19 vaccination demand creation	9	12
Providing Socio-economic support	3	4
Access to health Services	6	8
Human rights programming	9	12
Retention of care	8	10
TB and malaria services	5	6
Community-led monitoring	1	1
Total	77	100

Table 4: Organisations' Key Priorities in the light of COVID-19 n=77

## 4.2: ASSESSMENT OF CRG INTERVENTIONS

This part of the report assesses CRG and other partners, including government interventions.

When asked if respondents received any assistance from the government? Of the 77 respondents, 74% (57) responded 'No' while 26% (20) responded in the affirmative that they received government support during the COVID-19 crisis such as materials for advocacy and education materials and or food items for distribution.

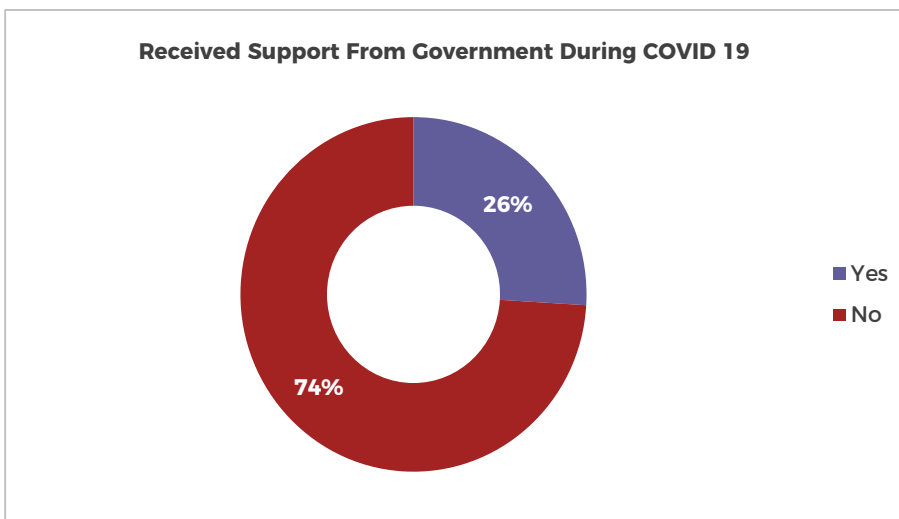


Figure 5: Organisations that received support from Government during COVID19 n=77

### What kind of assistance did you receive?

Twenty-two (22), representing (28%) of respondents said they received technical assistance support from other agencies and partners other than EANNASO while 55 (72%) said they received no such support. Figure 6 shows the distribution of the data. These are support received from governments and other HIV/AIDs/TB and Malaria partners.

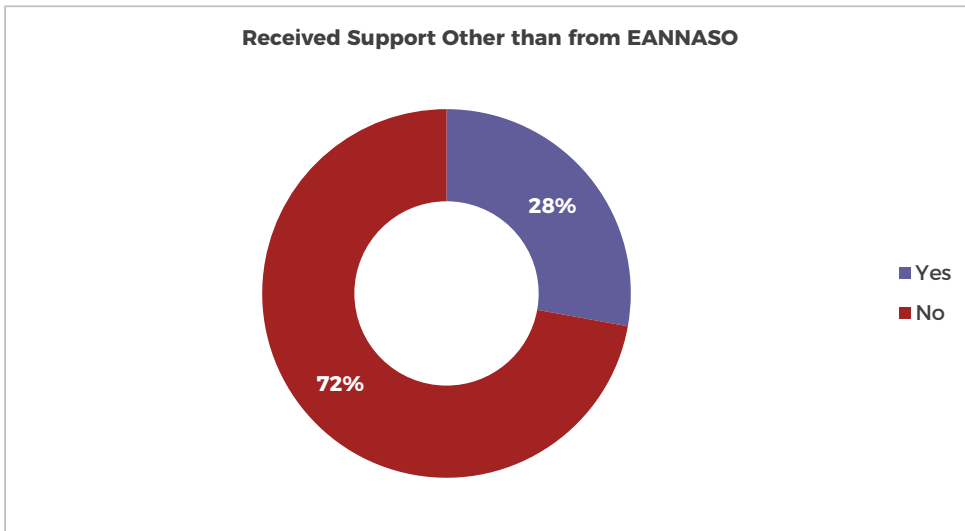


Figure 6: Organisations that received support from other organisations other than EANNASO n=77

### Value of Information Sessions and Webinars

When asked if the information sessions and webinars, provided by EANNASO for the C19RM Processes positioned them (or organisations) to engage in the grant process, 76 respondents reacted as shown in the figure 7.

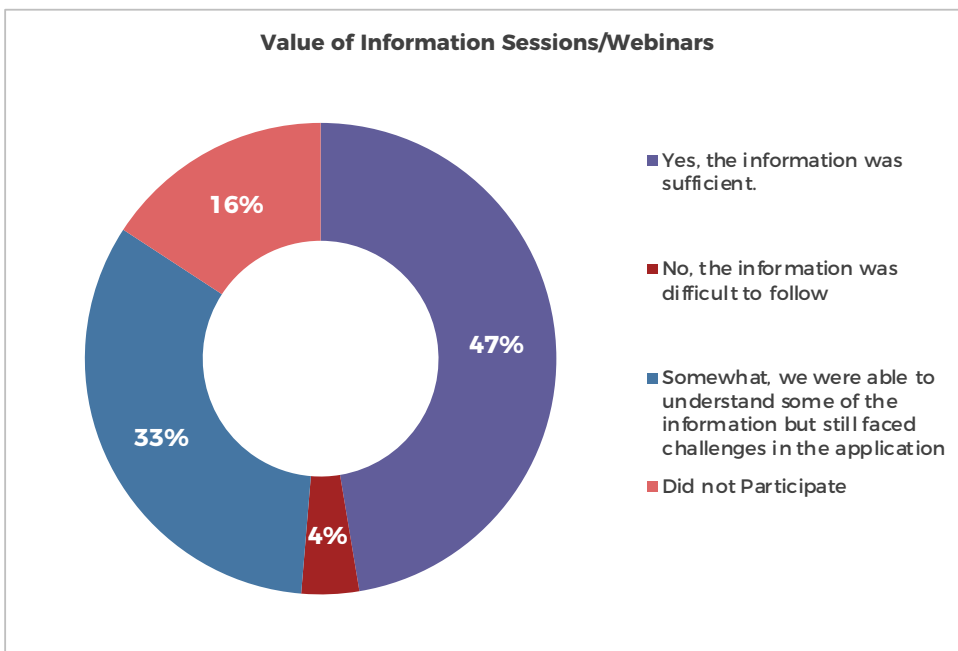


Figure 7: Value of Information Sessions and Webinars

47% (36/76) of the respondents said the value of information sessions and webinars were sufficient while 33% (25/76) said the value of the information sessions and webinars were somewhat useful but they still faced difficulties in the application process. 4% (3) said the information sessions and webinars were not valuable while 16% (12) said they were not able to participate in those sessions, never heard of it, were not then members of EANNASO and therefore could not have been part of the webinars, etc.

Respondents suggested that to improve information sharing and make engagement better, respondents suggested the following top 5 responses:

1. Continuous and sustained engagements from EANNASO – this is subscribed by 56 of 77 respondents (72%).
2. 40% (31) respondents said presentations from information sessions and webinars were easy to understand (40%)
3. More one-on-one interactions – including direct technical assistance (36%)
4. Increased dialogue within and across the network (33%)
5. More webinars (24%)

### Sufficiency of EANNASO TA support

Of the sixty-eight (68) respondents who reacted to the question about the efficiency of the TA support they received from EANNASO, the majority 44% (30) said the TA Support was efficient. 34% (23) said it was not efficient. 4% (3) said it was somewhat efficient. 18% (12) were categorised as “other”. These responses were from participants that were promised TA support that did not get the support and those who did not have resources – internet access, access to meetings to benefit from the support provided. See figure 8 below:

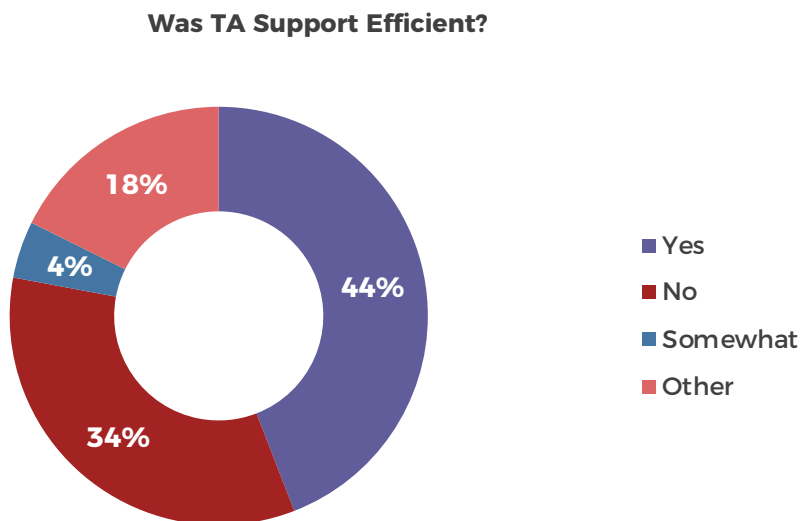


Figure 8: Efficiency of TA Support

**“Information flow during the process (TA-ship) was one-way as opposed to 2-way. We didn’t feel like we owned the process, more like recipients of instructions. Even as we do assessments, we have no control. We must constantly refer upwards (host TA) for clarification.” – Botswana.**

In figure 9 below, asked if the Technical Assistance (TA) they received from EANNASO was sufficient to enable respondents (CSOs/CGs) participate in C19 Country FR, 67% (36/54) said the TA support was sufficient to allow them to participate in the C19 Country FR; however, another 33% (18/54) said they were not able to fully participate in the country FR.

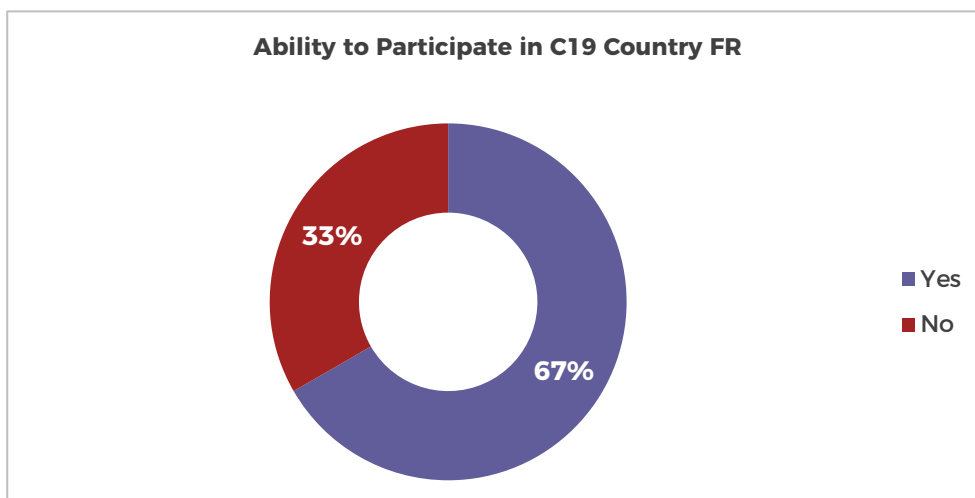


Figure 9: Ability to participate in C19 Country FR n=54

To be active and feel supported during the country C19RM FR process, CSOs and CGs that felt they did not fully participate said early and more engagement, expand the scope of CS and CGs EANNASO supports and work with. They also suggested resources to engage key populations; release grants on time to allow for hiring consultants, increase outreach to beneficiary stakeholders among others. Also, respondents suggested for TAs to be assigned longer – from the start of the FR process until the approval is complete. Finally, the time for the writing was short and for organisations and networks with complex and diverse groups this was problematic for them to effectively engage.

**“There was no budget for CSO consultation, including government support for internal CSO consultation and that process very unsatisfactory as consultations were held only in the capital. CCM was able to do something but CSOs do not feel that it was satisfactory. For instance, fifty thousand dollars (\$50,000) was made available for consultation but there was no reporting and where any reporting was done, it was not useful to the C19 RM process. Neither CCM nor CSOs in the capital should be driving the process. CSOs should be allowed to self-manage itself and CCM must stick to coordination. This is a big flaw/dysfunction for our country programme.” – Zambia.**

## Do you feel the C19 FR seriously considered input from CS and CGs?

When asked if Civil Society (CS) and Community Groups (CGs) felt if their input were seriously considered in the C19RM FR. The majority 61% (43/70) said “Yes” while 39% (27/70) said “No”

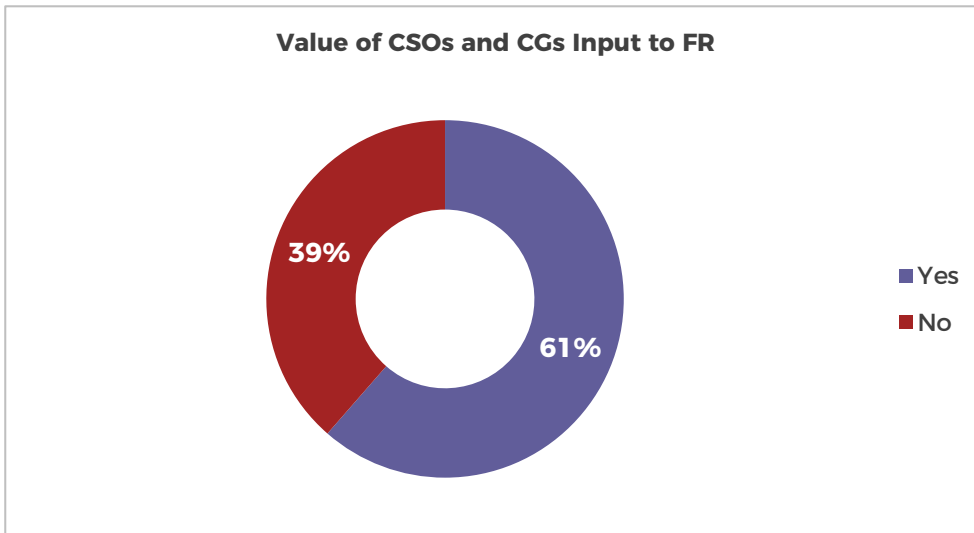


Figure 10: Value of CSO and CGs Input to the Country FR n=70

## Do you feel CS and CGs inputs reflected in the C19RM FR the final country applications?

While respondents said their (CSOs/CGs) input into the C19RM FR were seriously considered, in figure 11 below, the indication is that nearly half (49%) said their inputs as CSOs and CGs were not reflected in the final country application. 51% (35/69) said their inputs reflected in the final country application.

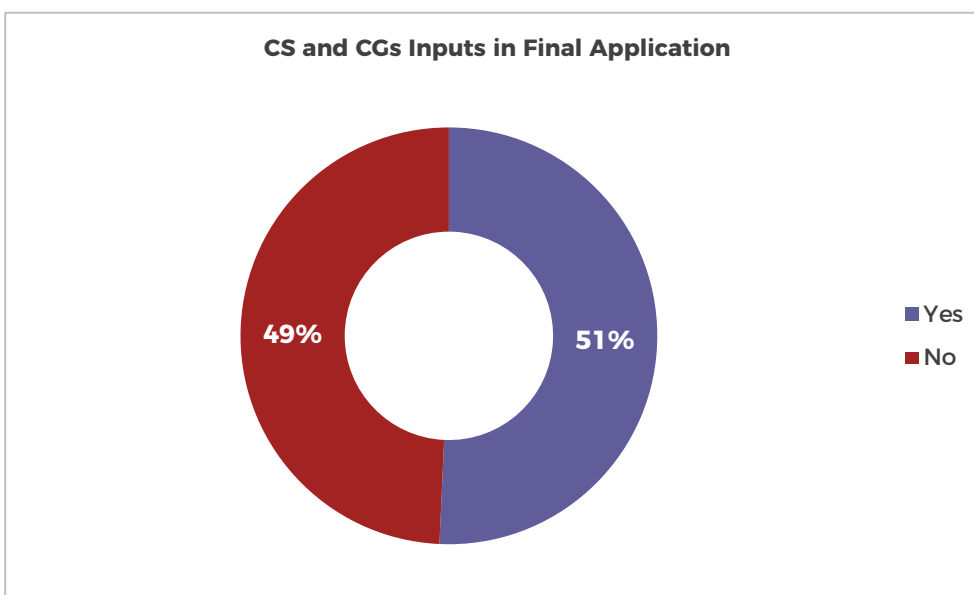


Figure 11: CSO/CGs Input making it into Final FR Application

We asked respondents, what were the significant issues that made it into the final application. According to Table 4 below, 7 key categories of issues were highlighted by CS/CGs that made into the final application, these are Community Led Monitoring (CLM) 9 and Key and Vulnerable Population (KVP) issues were the lead issues, followed by Community support (4), Gender and Human Rights (4) and COVID19 (3).

S/N	SIGNIFICANT "YES" REASONS	FREQUENCY	PER CENTAGE (%)
	CLM	9	28
	CSO/CG prominence as SRs	2	6
	KVP Issues	8	25
	Access to Technical Assistance (TA)	2	6
	Gender and Human Rights	4	13
	COVID 19	3	9
	Community Support	4	13
	Total	32	100

Table 5: Significant CSO/CGs inputs that made the final Country FR application n=32

For respondents who said "No" (n=30) – they reasoned that their inputs did not get into the final C19RM FR application due to "lack of awareness and or low information" – 33% (10); that they were not aware of the process or were given little information in other to participate in the application process. Thirty percent (30%), representing nine (9) respondents said "Country Coordination Mechanism (CCM) bureaucracies and low engagement" informed their decision. "Access to decision making table" for 20% (6) – this is the group that felt left out in the decision-making process and felt they could not be part of the application process; 7% (2) felt CS were neglected at the implementation level in the application. 10% (3) felt timing and length of the TA were short.

For example, for people in Botswana felt disempowered by how the C19RM was organised. They did not feel engaged as the process was rushed. As one respondent said,

**“Engagement means people being owners of the process. A shorter time means that this is not possible. It should also consider the different levels of the people in the room. Rushing the process hampers the honest expression of their challenges”.**

S/N	REASONS	FREQUENCY	PER CENTAGE (%)
	Lack of Awareness/Low Information	10	33
	Access to decision making table	6	20
	Timing/Length of TA-ship	3	10
	CCM Protocol/Low Engagement	9	30
	CSO neglect in implementation	2	7
	Total	30	100

Table 6: Reasons given for why CSO/CGs issues did not make the final Country FR Application n=30

## Did the CCM grant equal attention to smaller against larger CS/CGs in the application process?

As part of understanding the general grant making process and the equal participation of all partners, participants were asked if the CCM was fair in facilitating the process and if stakeholders took active part in the process. In response, 51% (36/70) said there was equity in how the CCM facilitated the process. 40% (28/70) said “Priority was given to larger CS/CG views and opinions. 9% (6/70) said the CCM did everything themselves. Figure 12 explains the data.

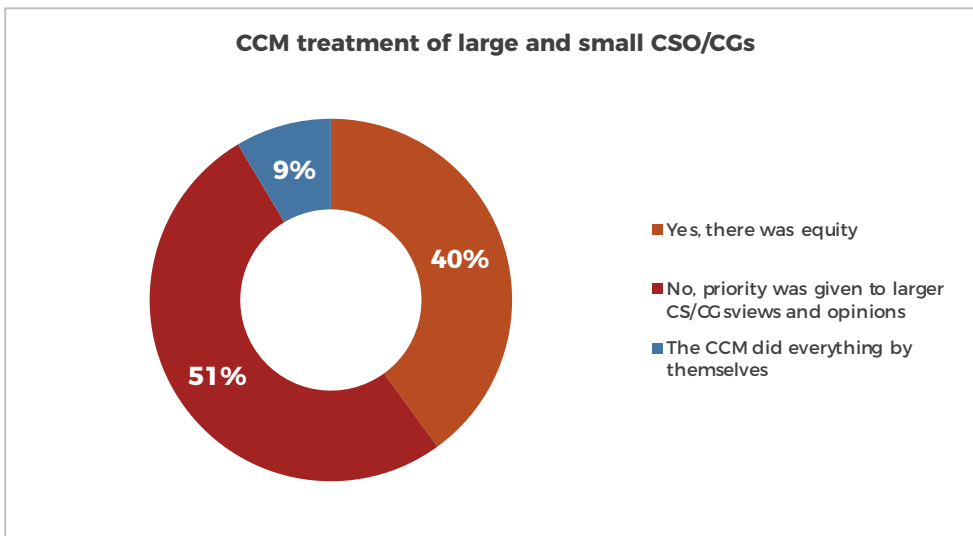


Figure 12: How CCM is viewed by CS/CG in treating its stakeholders n=70

### 4.2.1: Community Led Monitoring (CLM) and Community Indicators

#### Did the final grant application have CLM indicators?

In Sierra Leone, respondents in the KII said “People in palliative care are not covered even though we advocate the test and treat policy to be in place, people still revert to traditional medication before coming to Health facility when stage grow to stage 4 of HIV.”

When asked if the final grant application have community led monitoring (CLM) indicators, 65% (45/70) said the final application did contain the CLM and the community-led monitoring indicators. 12 out of 70 respondents representing 17% said CLM and community indicators were not presents in the final application. While 13 respondents of the 70 representing 18%, designated as “Other” said among others they could not confirm because they did not have access to the final application, the CCM did not share the final application or that they were not part of the application development process.

In Botswana, Rwanda and Ghana, respondents listed the absence of human rights and gender issues, COVID19 impact on Key populations, Community-based interventions, Peer support groups, Support for job search and/or placement, community-led monitoring as some of the issues that were missing in the final application. This can be attributed directly to the lack of the right groups active and full participation in the fund request process.

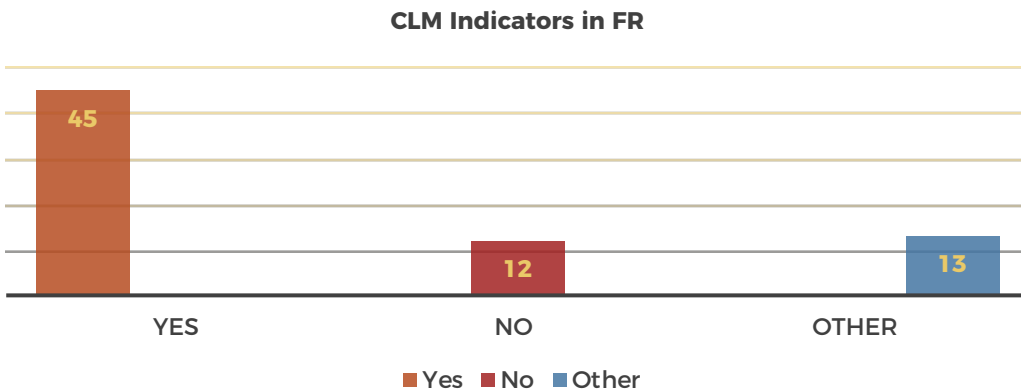


Figure 13: CLM and Community Indicators in final FR Application n=70

### Reasons why CS/CGs felt CLM, and Community indicators were excluded in the final FR

We asked respondents who said CLM, and community indicators were excluded in the final FR application to tell the study team why they thought that was the case.

There were 23 respondents, and five (5) reasons were adduced: the majority- 44% (10) said KP opinions were cut out, the second category “other” 35% (8), were a mix of reasons, some being “engagements were with few networks and CSOs, not much information was provided, low knowledge on importance of CLM to both the CCM and the key stakeholders.” 17% (4) thought their inputs on CLM and community indicators were not found to be useful by both the consultant and the CCM. One respondent representing 4% said the CCM did not find the CLM and community indicators useful.

This is key because across the KIIs and individual questionnaires, while there is no one overwhelming response from the respondents to indicate that the CCM and other actors did not value CS/GCs inputs, there were indications that the CS and CGs felt that. The lead researcher for this survey was also a consultant during the C19 FR in Sierra Leone and experienced the phenomena of a driving force that guided to process and took power from small to big organisations – the atmosphere where more powerful CS and CGs took over the process. Figure 14 below gives the graphical presentation of how respondents reacted.

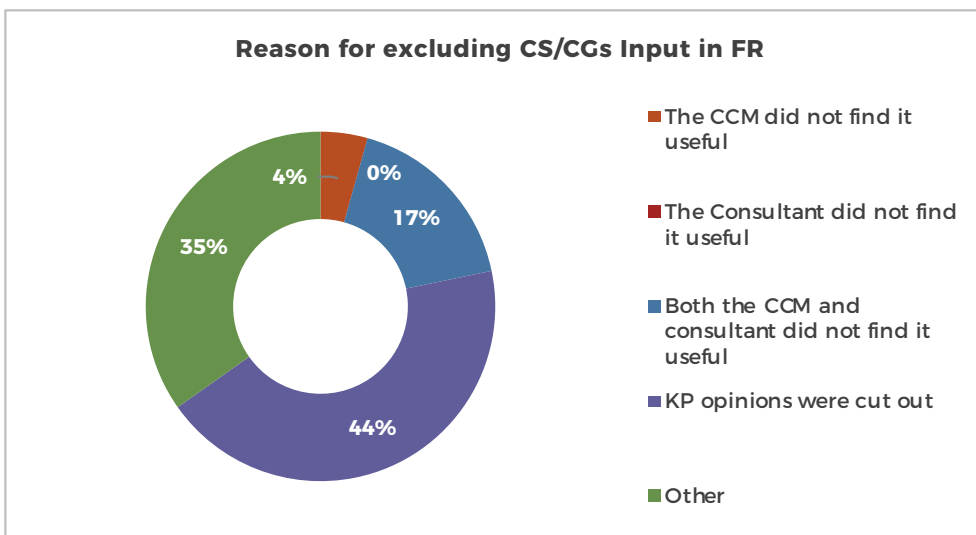


Figure 14: Reasons why CLM and Community Indicators may not have been in the FR Application n=23

## Effectiveness of Technical Assistance From EANNASO

As showed in figure 15 below, majority (60%,) of respondents said the Technical Assistance (TA) Support were effective, with 22% (15) said the TA support was not effective while 18% (12) categorised as “Other” and gave reasons for their response such as the poor timing of the TA, shortness of the TA (some have indicated CS/CGs TA support last through the start of the grant process after signing of the grant), and finally that the TA support was not fully engaging.

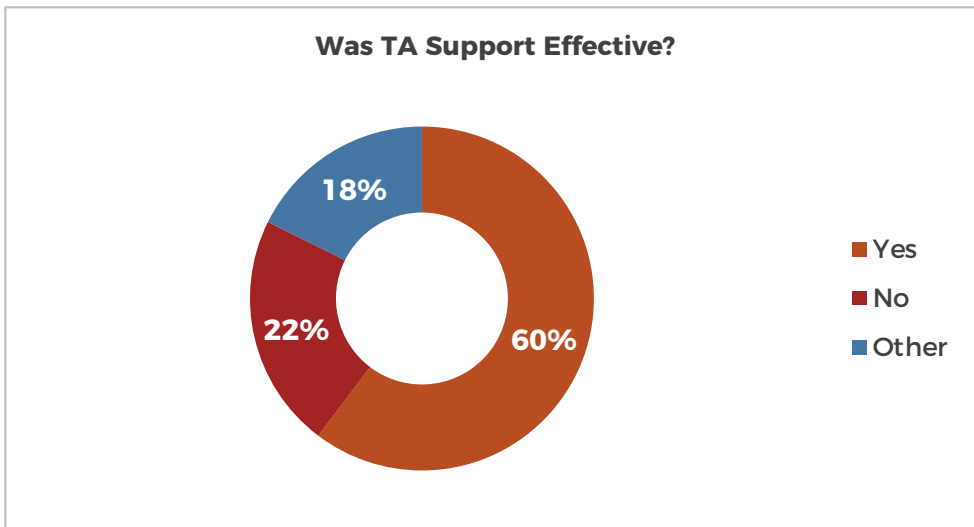


Figure 15: Effectiveness of TA Support n=68

Zambia in the KII sessions reported they had no paid or recruited technical support for the C19 RF and application process by EANNASO or the Global Fund. The TA that helped the application process was a local consultant who volunteered to support the process. Other countries however had support from either the Global fund through the CRG or the EANNASO Anglophone platform. These countries reported that on average, the quality of TA/consultant, their ability to engage with the stakeholders and their knowledge of the issues with “Just Good”.

### 4.3: RESPONSES FROM THE KIIS

Consolidated summary of the interviews from the KIIs is presented in tables 7-7b in appendix 1. The summary is a synthesis of the KIIs from 7 countries:

Majority of interviewees reported time for the application process was short and limited for the FR. They also hinted preparations towards the mobilisation of stakeholders for the C19RM were inadequate and not appropriate as it left out many key stakeholders (a factor of time) and the complexities of COVID19 rules and regulations. A lot of the problem was however, blamed on the CCM’s organising capacity and capabilities.

Unavailability of resources to purchase internet for trainings, consultations, and meetings and where these were available, it was either inadequate or the connection was bad it was not able to support the activity or both.

Interviewees also mentioned the exclusion of children, young women, adolescents and sex

workers in the grant writing consultation and writing. This was sometimes due to country priorities or attempts to not legitimise practices that are deemed illegal such as the LGBTQ, Persons Who Inject Drugs (PWIDs) and sex workers.

The general social, political, and public health and safety concerns over COVID19 also meant few people were selected to develop the FR and thus leaving out other key stakeholders. Because of the COVID19 restrictions, it also gave opportunity for groups that were not represented to have their priorities removed and replaced by those present.

COVID-19 made it difficult for Sex workers and PLWH to travel and be part of these meetings due to either lack of resources or their susceptibility to catching COVID due to their underlying health challenges.

With regards to information flow on the process, the CCM channels were the most rated lowest in their ability to disseminate information effectively and efficiently among their country platforms.

TA support appears to the Anglophone platform members of EANNASO is regarded the most important help in the build-up. Some countries like Malawi did not receive an official support. A private non-paid individual volunteered to provide that service. This, while commendable, was unsustainable. It also meant other TA opportunities were not filled for Malawi. Some countries also complained that some TA providers were not knowledgeable.

A wide range of stakeholders were identified – across the 7 countries, it is tempting to think everyone was on board but listening to the interviews saw the limited consultations that took place, especially given individual country restrictions and protocols.

#### 4.4: SUGGESTION FOR FURTHER STUDY

There are a few of unanswered questions that will require further investigation, to provide greater understanding to EANNASO on how to engage CS/CGs in future engagements. These include,

1. Overall capacity of CCMs to fully engage all stakeholders across the three diseases to document their perspectives on all issues. We notice for example that the focus of conversations during the KIIs were on HIV/AIDs with Malaria and TB very much missing in the discussions.
2. Why are smaller CS/CGs overlooked, and their views and programmes undersubscribed in relation to the larger and mostly international CSOs. We can extrapolate that the bigger CS/CGs were more resourced (more educated and experienced staff), work to have the FRs to fit into their organisation's mandates, visions, and goals. Also, the smaller organisations have low capacity in lobbying and getting across their objectives, visions, and goals into the FR's.
3. How is programme and activity prioritisation done before and after submitting applications and why does small CSO/CGs feel their programmes and activities are the ones that get cut. What fuels this perception?

There must be more coordination from the CCMs and EANNASO to rally all the Global Fund

## 5.0: SUMMARY OF FINDINGS, CONCLUSIONS, DISCUSSIONS AND RECOMMENDATIONS

This section provides an analysis and interpretation of the responses received in the survey and the Key Informant Interviews (KIIs). It is important to note that the interpretations of sentiment, while sufficient in answering the key objectives of this research, do not fully answer the ‘where’ factor in as much as in country responses are concerned due to the anonymisation of the data.

### 5.1: KEY SUMMARIES OF OUTCOMES

1. West Africa came out as more engaged than the other regions in how they participated in the survey and made time for the KIIs, with central Africa seeming as the least engaged. This assessment is limited only to the survey and not the general outlook of the Anglophone community of EANNASO.
2. The average length of engagement with EANNASO was 7 years suggesting that many of CG/ CS have a comfortable knowledge of EANNASO working processes and procedures.
3. Many of the respondents were relatively satisfied with the information sessions and webinars, provided by EANNASO for the C19RM funding request development process.
4. Many respondents felt the deliberations by EANNASO were adequate to enable them to participate in the C19RM Country FR.
5. However, it bears further analysis why a large number, while satisfied with the information shared, felt that there could have been more done to make the process clearer and more efficient; also answers to why this study was commissioned.
6. A large percentage of organisations felt the C19RM FR from their respective countries seriously considered input from CS and Community Groups which were then sufficiently reflected in the C19 FR the final country applications.
7. A large number cited “Lack of Awareness/Low Information and CCM Protocol/Low Engagement and Access to decision making table” as major issues affecting the process
8. Greater attention and space were seemingly given to larger CS/CGs in comparison to the smaller ones. This impacts future engagement as organisations become indifferent to future programmes.
7. The truncation of the FGD, which has left very critical questions (some arising from the KIIs) to be fully interrogated to provide total answers to the task assigned.



## 5.2: RECOMMENDATIONS

In line with the task assigned and the outcomes of the exercise the following recommendation are presented for consideration.

1. EANNASO set up procedures to work more effectively (and efficiently) with the CCMs and CCM Civil Society (CS) representatives of respective countries for their effective engagement of stakeholders for the next round of HIV/TB and Malaria starting in 2023
2. EANNASO, must work with CCMs within an appropriate and adequate timeline to accommodate for all aspects of in-country engagements and consultations for future FRs
3. EANNASO, must set up efficient feedback gathering mechanism to ensure it has “evidence-based” information from country level up the Global Fund ecosystem. By this we mean necessary activities such as studies at country/regional level on how reprioritisation is done, CS/Community Groups (CGs) involvement in that process and how they (CS/CGs) use information provided by EANNASO to advocate during critical moments of the grant development process and during implementation
4. It is recommended that EANNASO and the CRG SI consider providing more sustained TA (not only short-term) that covers funding request development, negotiations, through to signing of the grant. This could have to potential to reduce instances where the CCM and other big partners remove the interests of the smaller CS/CGs after the country dialogue.
5. CS/CGs must continually make effort to build capacity in negotiation, advocacy, and other skills in other to be able to lookout and speak for themselves and the interest of their communities.
6. To improve participation and vibrancy among, especially small CS/CGs, we recommend for EANNASO and the CRG SI/the Global Fund to consider non-vote, peer-based recognition awards with the Anglophone and similar platforms in other to broaden and deepen CS/CGs participation and active engagement. This could be an annual event and announced on all important channels used by EANNASO and the CRG SI
7. Finally, EANNASO and the Global Fund could in the 2023 grant process provide clear guidance for which activities can be put in the “above base” or “above allocation” part of the funding request, and which must be part of the “base” or “allocation” request, particularly ensuring that community, rights or programmes are budgeted in favour of smaller CS and gender priorities that are central to disease impact are not de-prioritized by countries.

## 6.0: CONCLUSION

In general, the engagements were seemingly successful, CS/CGs had their voices elevated and included in the country FR applications. While not all CS/CGs priorities made it to the final application and or to the grant signing, we see willingness for improvement within and among the CS/CGs.

Perhaps the greatest lesson learnt for us as researchers is the lack of time management and or use of appropriate tools to manage time within the communities. This is a factor of organisational schedule and external responsibilities which impacted the data collection, and we assume it impacts how implementation of the programme is done in general.

We emphasis EANNASO finding ways to improve engaging its communities across the region and for them to take advantage of the massive resources available to them through the platform.

## 7.0: APPENDICES

### 7.1: APPENDIX 1- SYNTHESIS OF KIIS

Key Highlights of Key Informant Interviews (KIIs):

INTRODUCTION	C19RM FUNDING REQUEST	CHALLENGES RELATED TO ORGANIZING THE VARIOUS STAKEHOLDERS
<ul style="list-style-type: none"> <li>All respondents were CEOs/Executive Directors and very senior management personnel of CSOs/Community Groups (CGs).</li> <li>These CSOs/CGs are engaged in HIV and AIDS, PLHIVs Support Groups and TB related services</li> <li>All the respondents are recipients as well as implementers of Global Fund grants</li> </ul>	<ul style="list-style-type: none"> <li>Majority of respondents indicated there were some variations in their issues that were presented in the FR, but largely the key elements were represented.</li> <li>Which affects the CG involvement in implementation and leads to ineffectiveness of the national plan</li> <li>Key groups are left out of the grant end up suffering and their clients too.</li> <li>The list of major elements excluded as listed by the respondents include the following:             <ul style="list-style-type: none"> <li>Community led monitoring</li> <li>Gender and Human Rights</li> <li>Key intervention for young people living with HIV</li> <li>Women living with HIV</li> <li>Priorities of the Young Key Population</li> <li>Needs of persons with extreme vulnerabilities</li> <li>Persons in incarnation/Closed settings</li> <li>Impact of COVID19 on KPs, community-based interventions and pharmaco-vigilance</li> <li>Community-based Psychosocial support systems</li> </ul> </li> <li>All respondents indicated these elements left out will affect the CR19 impact.</li> <li>The specific areas of impact listed included,             <ul style="list-style-type: none"> <li>Inability of the programmes to reach out to those excluded (defeating the Global Fund goal “Leave No One Behind)</li> <li>No opportunity being given to address the COVID issues affecting specific groups (Young people, marginalised population and other vulnerable people) are left behind</li> </ul> </li> <li>The top three listed elements as not fully reflected in the CR19 final submission were;             <ul style="list-style-type: none"> <li>Community led monitoring</li> <li>COVID19 impact on Key populations (People in prison, Disability)</li> <li>Community based interventions</li> </ul> </li> <li>In response to the impact of excluding CSO priorities especially on Community based intervention, human rights and gender intervention in the Global Fund C19RM Funding request, the responses were;             <ul style="list-style-type: none"> <li>The fear of the neglected targeted groups spreading the infection into the generable populations</li> <li>The cross cutting CSOs priorities are good enablers for other activities captured in the NFM3 which complements other activities so when left out it affects the targets set for within such intervention</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Overall majority believed the steps taken to ensure all stakeholders’ ability to engage in the C19RM Funding request process were both in-adequate and not appropriate.</li> <li>The key reason given for the above was laid at the doorsteps of the CCMs:             <ul style="list-style-type: none"> <li>for not making resources available both timely and adequately to making it difficult to plan or engage meaningfully in all the C19RM processes.</li> </ul> </li> <li>All respondents indicated there were available resources and opportunities in country to make the process efficient, however these were not harnessed to the maximum use.</li> <li>Unavailability of internet bundles for consultations, training, and workshops</li> <li>The challenges highlighted were             <ul style="list-style-type: none"> <li>Time</li> <li>Financial resources</li> <li>Inclusion of children from FSW to break the cycle of Sex Work did not make the final document mainly due to country priority and budget. (Rwanda)</li> <li>very few people were contacted due to covid restrictions and led to questions about legitimacy of the consultations (Rwanda)</li> <li>no budget for CSO consultation, including govt support for internal CSO consultation</li> <li>consultations were held only in the capital.</li> <li>there was no reporting or reporting was not useful to the C19 RM process.</li> <li>First sessions were too short and could have been inadequate for engagement. to internalize and understand the processes.</li> </ul> </li> </ul>

Table 7: A synthesis of Key Informant Interviews (KIIs) from 9 countries

TIME ALLOCATED TO THE PROCESS	INFORMATION FLOW ON THE PROCESS	TA PROVIDERS	LIST OF STAKEHOLDERS
<ul style="list-style-type: none"> <li>Across board all the respondents indicated the time allocated to the C19RM process was inadequate</li> <li>The respondents noted the competing time for most stakeholders were using the same time to under their project implementation</li> </ul>	<ul style="list-style-type: none"> <li>Respondents were united on the view, that the various communication channels were not harnessed for the process</li> <li>The CCM channels were the most rated lowest</li> <li>The CCM needed to be proactive in their work and engagement of the country team</li> <li>CCM is the frontline agency identified to be proactive in their work and engagement of the country teams</li> <li>Information Dissemination via SMS platform could be a good addition to the tools that CCM and EANNASO uses.</li> <li>Include virtual Q&amp;A sessions around the application process. and info sessions</li> <li>CCM needs a push approach to information dissemination rather than a pull</li> </ul>	<ul style="list-style-type: none"> <li>Majority of the respondents were appreciative of the TA Providers engaged to support the process.</li> <li>It appears these TA Providers were the greatest help the CS/CGs received</li> <li>Other countries were not happy with the TA provided, not knowledgeable and not engaged with stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Majority of respondents were of the view the process did not engage all likely stakeholders in the countries</li> <li>The identified groups of stakeholders identified to be involved in the C19RM process included. <ul style="list-style-type: none"> <li>All beneficiary community members (HIV, PLHIV, TB, Malaria); Persons Living Disabilities,</li> <li>FBOs</li> <li>Community Structures (Traditional and Social Leaders)</li> <li>CSOs Structures</li> </ul> </li> <li>The following summed up the entire C19RM process. <ul style="list-style-type: none"> <li>The process was mainly exclusive within the CCM &amp; PRs</li> <li>CGs were engaged limitedly</li> <li>Beneficiaries were not extensively engaged at all</li> <li>Hard to reach places were not reached</li> <li>KPs were engaged, but PLHIVs and Young People living HIV as well as Hard to reach places were not engaged</li> <li>LGBTQ+ networks,</li> <li>Sex Workers</li> <li>Teenagers and</li> <li>PLWHIV</li> </ul> </li> </ul>

Table 7.b: A synthesis of Key Informant Interviews (KIIs) from 9 countries

## 7.2: APPENDIX 2 – CASE STUDY: ZIMBABWE AND RWANDA

### 7.2.1: Zimbabwe

The Pan African Positive Women’s Coalition-Zimbabwe is a Zimbabwean local organisation working with women living HIV was supported with a Technical Assistance by EANNASO.

Our TA proposal was informed by evidence, and with the guidance from EANNASO, The CRG Team for Southern Africa and further support from the CRG Team in Geneva. Together, we produced a request proposal that helped us prepare for the C19RM.

EANNASO continued to also support us during the whole C19RM Fund Request process with Webinars and fact-to-face interactions and meetings (where possible, given the COVID 19 protocols), emails, and other electronic tools such as WhatsApp were used to provide updates on meetings and guiding us to other capacity building opportunities.

Because of the support provided by EANNASO, we were able to work with many different partners and stakeholders. In total, about 80% of national networks of civil society and their sub-populations were engaged in the C19RM process. Allowing for a comprehensive application that included the voices of all the key networks.

That said, we had a few challenges that we hope will be corrected to improve the whole process experience for the future. One of such challenge was accessibility of training and other capacity building opportunities that were delivered through webinars. Some of our stakeholders did not have enablers such as compatible gadgets and or data bundles to fully participate in sessions.

PAPWC-ZIM very grateful to CRG that because of their support through EANNASO, we were able to participate fully and actively in the C19RM FR and.

For future engagements, we recommend for EANNASO and the CRG to continue to focus on key populations and community-based organisation. We must not also forget to also support requests for emerging issues such as HIV and aging.

## 7.2.2: Rwanda

The Rwandan NGO Forum (RNGOF) is made up of over 30 NGOs working with KPs across Rwanda. RNGOF received Technical Assistance (TA) from EANNASO to prepare stakeholders for the C19RM FR process.

Generally, our priorities as representation of Rwandan NGOs were partially met during the FR process.

For one, there was limited time within which to work during the development of the C19RM Funding Request process and we felt there was little consideration for CSOs and Communities intervention and yet the project was coming to mitigate the impact of COVID-19 and HIV, TB Malaria. However, we were able to make some good progress as we made strong follow-ups at all levels of the C19RM funding request. We worked passionately with the CCM on behalf of the CSOs and communities by following up on their issues.

Even then, most of the CSO and CG priorities were rejected in the FR.

As RNGOF our role during the C19RM FR process requested us to:

- Share to CSOs the Global Fund guidelines that were shared in relation to C19RM funding request development
- Requesting for an urgent TA to have a consultant to quickly support CSOs to define and cost CSOs

and CG priorities to be advocated for during the development of C19RM Funding Request at Country Level

- Lobby and working closely with the writing team
- Official submission of CSOs and CG defined and costed key priority interventions
- Follow up of all CCM Meetings in relation with approving the draft and final document for C19RM Funding request as it's a critical space to engage while tracking the CSOs and CG interventions

The TA-ship was very important in helping us prioritise and cost our programmes but unfortunately, most of the activities and budget lines were removed in the final submission.

As already mentioned, time was a challenge so was the period that the consultant was engaged for – to only support CS and CGs meetings to define costs and their key priorities. We would have liked for the consultant to have travelled the whole process, until signing with us, in order to enjoy the technical expertise during the other stages of the grant process.

Even though there was a high participation – about 60% from CS and CGs, it did not prevent the writing team to cut out our interventions and or priorities as most times, they did not understand them.

For example, only \$18,000 was allocated to the human rights and gender activities to be implemented in one term. This was highly inadequate – given that this area is very critical to be considered when it comes to protection of Key and Vulnerable population (FSWs, MSM, and AGYW) but it remains very difficult for the leading team in charge of grant writing at the National level to consider interventions under this area because they lack knowledge around Human Rights and Gender.

It was not all gloom, we did have some positive moments and I will highlight some here:

- When Rwanda NGOs Forum on HIV/AIDS and Health Promotion approached and requested EANNASO for a Financial and Technical support to engage CSOs in developing and costing CSOs, Key and Vulnerable Populations key priorities, the request was immediately responded to and positively
- All guidance notes related to C19RM Fund Request processes were easily accessible and easily

understood. No information was complicated to the extent of not being easily understood and whenever clarity was needed RINGOF would immediately approach UNAIDS Country Office Team for clarification.

- There was high level coordination and mobilization of Civil Society members and non-members working with Key and Vulnerable Populations to define and cost key priorities to be advocated in C19RM Funding Request. This was done under the leadership of Rwanda NGOs forum on HIV/AIDS and Health Promotion and the support of UNAIDS and the technical consultant.

On the not-so-good side, we have the following to share:

- People from the government who were part of the writing team seem not to understand well the Human rights and gender barriers area; and Community Led Monitoring. This is still a huge gap that need to be tackled so that interventions under those areas can be considered in the future
- The lack of a Civil Society consultant and CSOs in the writing team was a challenge as the writing team gave priority to priorities fronted by the same team from the government.
- Lack of technical expertise among CSOs to define and cost CSOs, Key and Vulnerable Populations priorities and engaging in Global Fund processes
- Interventions under Community Led Monitoring area do not match with the CLM Component and are not aligned to Global Fund issued guidelines under CLM. (Activities under this area were defined as routine monitoring). This is due to lack of knowledge on CLM agenda.

In future we suggest the following for consideration for a successful fund request process:

- There is need to support some further capacitation on Community Led Monitoring, Human Rights and Gender across all levels including (Public Institutions, CSOs, and Development Partners) and specifically on articulating interventions/ activities and costing them appropriately for impact
- This is need for CRG to support through TA and hold Country dialogues or discussions on Human

rights and gender barriers area; and Community Led Monitoring so that all stakeholders (Govt, CSOs, and Development Partners) can more understand and increase their knowledge on issues around Community Led Monitoring and human rights and gender barriers towards access to quality Healthcare services

- There is need for CRG to support Civil Society consultant and CSOs participating in the writing team to advocate and push for CSOs and CG Interventions
- CRG to support and Provide TA to build Capacities for CSOs in Global Fund Processes; Country Planning (NSPs development). This will help them increase their capacity and then be able to meaningful engage in the next planning processes of Global Fund Opportunities
- There is need for CCM Secretariat to always analyse deeply if the highlighted gaps, needs, and challenges are aligned to key priority interventions provided by all stakeholders including CSOs and Communities. (Advocacy on CSOs and Communities engagement and consideration of the submitted key priorities is highly recommended)
- Finally, there is a need for CRG to support Rwanda NGOs Forum on HIV/AIDS and Health Promotion to start conducting the dialogues with CSOs and Public institutions on CLM so that all stakeholders can understand it. This will help CSOs to meaningfully engage, advocate for the implementation of the CLM agenda in the future.

### 7.3: APPENDIX 3 – SURVEY TOOLS

Survey tool - Questionnaire and Responses: <https://bit.ly/EANNASOSurveyTool>

Key Informant Interviews (KIIs) – Raw files and sanitised summary: <https://bit.ly/EANNASOKIIs>

The Focused Group Discussion (FGD) Tool was not used but is included for information purposes only: <https://bit.ly/EANNASOFGD>

## EANNASO

Global Fund Community rights and Gender Regional platform for communication and coordination for Anglophone Africa hosted by EANNASO, Arusha, Tanzania

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