



**WE ARE NOT INVITED...**

**GLOBAL FUND PROCESSES ARE  
INACCESSIBLE**

**EFFECTIVE AND SUSTAINABLE  
COMMUNITY ENGAGEMENT ON GLOBAL  
FUND MULTI-COUNTRY GRANTS**

MULTI - COUNTRY GRANTS REPORT  
BY EANNASO



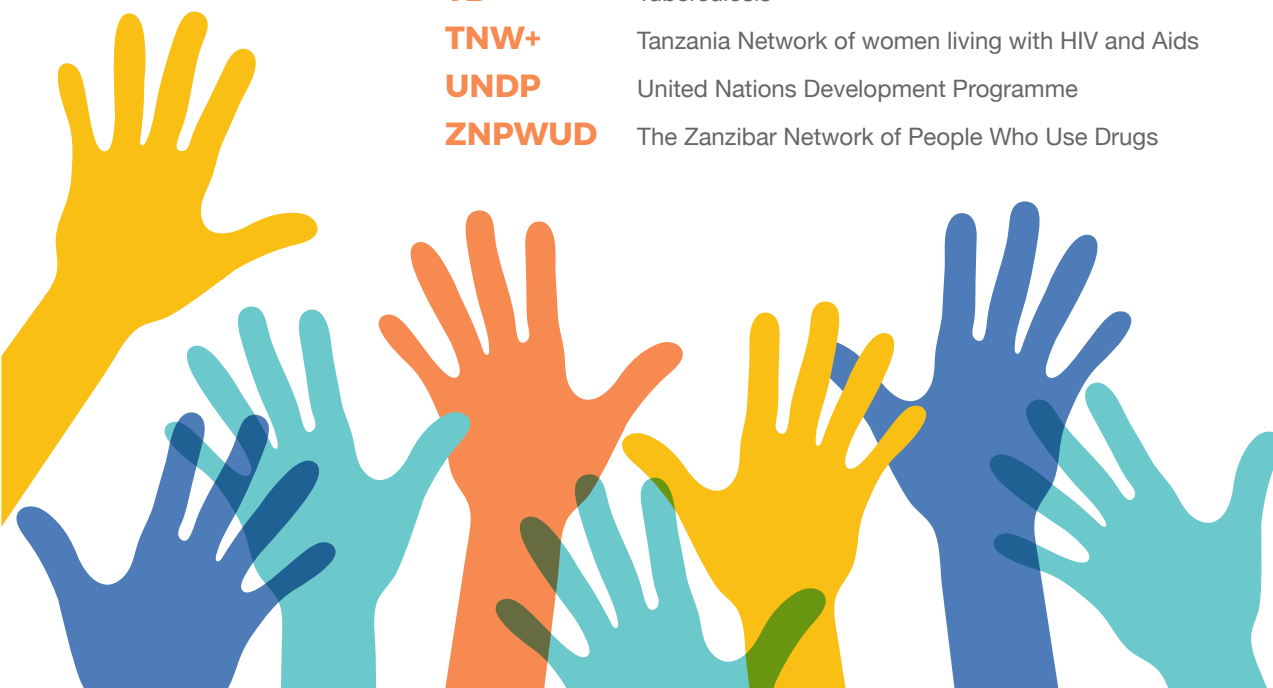
**Regional Platform**  
for Communication and Coordination  
on HIV/AIDS, Tuberculosis and Malaria  
For Anglophone Africa

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# ACRONYMS

<b>AIDS</b>	Acquired immune deficiency syndrome
<b>AGYW</b>	Adolescent girls and young women
<b>ANECA</b>	African Network for Care of Children Affected by HIV/AIDS
<b>ALCO</b>	Abidjan Lagos Corridor Organisation (HIV/AIDS, Key and mobile populations)
<b>BONELA</b>	Botswana Network on Ethics, Law, Human Rights and HIV/ AIDs
<b>CCM</b>	Country Coordinating Mechanisms
<b>CHEDRES</b>	Centre for Healthworks, Development and Research Initiative
<b>CS/O</b>	Civil Society Organisation/
<b>E8</b>	Elimination 8
<b>ECSA HC</b>	The East, Central and Southern African Health Community
<b>EANNASO</b>	Eastern Africa National Networks of AIDS Service Organizations
<b>GF</b>	Global Fund
<b>HIV</b>	Human immunodeficiency virus
<b>HIVOS</b>	Humanist Institute for Cooperation
<b>KANCO</b>	Kenya AIDS NGOs Consortium
<b>LENASO</b>	The Lesotho Network of AIDS Service Organizations
<b>MARPS</b>	Most-at-risk populations
<b>NASSO</b>	Network of AIDS Service organization in South Sudan
<b>NGO</b>	Non-governmental organization
<b>PLASOC</b>	Mozambique Civil Society Platform for Health Coordination
<b>PR</b>	Principal Recipient
<b>RCM</b>	Regional Coordinating Mechanisms
<b>TB</b>	Tuberculosis
<b>TNW+</b>	Tanzania Network of women living with HIV and Aids
<b>UNDP</b>	United Nations Development Programme
<b>ZNPWUD</b>	The Zanzibar Network of People Who Use Drugs



# EXECUTIVE SUMMARY

In 2016 a research project was conducted by EANNASO to understand how civil society and community groups are engaging with Global Fund processes at the regional level and to create greater transparency around where multi-country grants are being implemented and how community engagement with these grants can be improved through action planning and access to technical assistance.

The report revealed several recommendations including; the need for increased community involvement in conceptualisation, design and evaluation of multi-country grants and the consequent creation of opportunities for civil society and community groups at country level to be recipients of certain components of multi-country grants in order to ensure greater buy-in and sustainability. Equally important was the provision of technical assistance, capacity building and funding which facilitates civil society and community groups' ability to hold multi-country grants accountable.

In 2019, EANNASO commissioned follow-up research project aimed to explore how communities are engaging in multi-country grants three years on; how these grants may have entrenched community, right and gender principles and approaches at the national level; and how these grants may be sustainable in the context of shifting Global Fund priorities for multi country investments in the 2017-2019 and 2020-2022 funding cycles.

From January to February 2019, EANNASO identified key community stakeholders from Anglophone African countries to be consulted for this project. The stakeholders were purposely selected from a pool of civil society and community groups working within Global Fund multi-country granting mechanisms and processes. This research survey was conducted using Survey Monkey. A total of 34 respondents completed the survey. The questions were mostly qualitative in nature, and were intentionally formulated this way to gather in-depth data about the communities' experiences in engaging with, participating in multi-country grants and country grants dialogues processes and the effectiveness of their programming in tackling gender and human rights issues (Appendix 1).

From the qualitative survey responses, six themes emerged encompassing: (1) genuine and effective engagement (2) meaningful participation, (3) Motivation and demotivation to participate, (4) accessibility of sub-granting mechanisms 5) human rights and gender principles and approaches in multi-country grants (6) directly funding local organizations and (7) value added to country allocations.

Generally, the national organisations, civil society and community groups expressed concern as to the accessibility of both regional and country grants and spaces for engagement and dialogue. There was also a general concern as to the effectiveness of the grants' capability in responding to gender and human rights issues in the various interventions value add to country grants financed by the different grants.

Based on the results from the survey and data analysis, this report makes the following recommendations:

1. Continuously improve on information communication by identifying more accessible and widely used dissemination platforms by all stakeholders that seek to or are in engagement with the Global Fund.
2. Deliberately increase community groups' participation in the grants dialogue processes so as to ensure local civil society and community groups with extensive experience and networks are prioritised.
3. Technical assistance should be meaningful and effective to ensure sustainability and innovative approaches to interventions that have high impact and value for money.
4. Monitor and measure impact at different scales/cycles to ensure that community groups who are both beneficiaries and/or implementers receive timely and effective feedback and that they share lessons learned for future engagements.
5. Ensure human rights and gender issues are not just integrated into the multi-country grants but also be sensitive to the region's human rights background and key populations needs at community, national and regional level

## BACKGROUND

EANNASO is a regional platform that promotes, provide opportunities and engage Civil Society Organization (CSO) through structured dialogues and provide strategic information of the Global Fund processes, they have assisted African Anglophone countries to slowly understand the Global Fund granting process.<sup>1</sup> EANNASO's commitment to this process has been echoed by others and mentioned that the CSOs, people living with the diseases and key populations play an important role in the design, delivery, monitoring, and governance of HIV, TB and malaria programs.<sup>2</sup> In March 2014, the Board of the Global Fund to Fight AIDS Tuberculosis and Malaria (hereafter referred to as the Global Fund) approved \$200 million to be set aside for regional programs during the 2014-2016 allocation period. The main aim of the regional grant was on the hypothesis that it might be an effective solution to bring together different countries in the region to fight a common issue. It was suggested that leveraging success from neighboring countries, advocacy with regional policy-making bodies, including extensive participation of the CS, Key Populations, Adolescents Girls and young women, and people living with diseases will be crucial in meeting the objectives of the regional programs. However, a report by EANNASO concluded that there was lack of access to information on multi-country grants, minimum community involvement conceptualization, design and evaluation of multi-country grants and a need of providing technical assistance, capacity building and funding which facilitates civil society and community groups' ability to hold multi-country grants accountable.<sup>3,4</sup>

The Technical Evaluation Reference Group (TERG), the Technical Review Panel (TRP) and the Secretariat on the 2017-2019 allocation period in July 2018 proposed and concluded that the proposed allocation methodology is effective in delivering on its objectives by increasing funds to countries of higher burden and lower economic capacity while accounting for populations disproportionately affected by the three diseases. While the Strategy Committee is not considering any major changes to the allocation methodology for the 2020-2022 allocation period, potential refinements are being discussed to ensure that the allocation formula continues to reflect the current epidemiological context and that key contextual factors are accounted for in the qualitative adjustments.<sup>5</sup> In addition to funding distributed through country allocations, catalytic investments are likely to remain important to deliver on strategic priorities that country allocations alone cannot fully address the Global Fund Secretariat is recommending that the Board approve the continuation of multi-country HIV grants for sustainability of key populations programs. It is not yet clear which regions will be prioritized for these grants. In the 2017-2019 funding cycle, these grants were prioritized for the LAC, MENA, EECA and Asia-Pacific regions.<sup>6,7</sup> The report reviewed and finalize that the allocation methodology for the 2020-2022 cycle will seek to maximize the impact of resources through both the country

allocations and the distribution of funds retained for catalytic investments.<sup>8</sup>

Conventionally, funding from the Global Fund has been channeled through the in-country global fund process via the country coordination mechanisms (CCMs). This funding model was found restrictive and not optimal, because of the need to consider sensibilities with regards to communities which are stigmatized or are otherwise vulnerable within countries.<sup>9</sup> Consultations and input and feedback from communities within countries led to a modification of the funding model to enable easier access to funds for affected communities through multi-country grants, which would target communities that would otherwise miss out on funding opportunities or would not be able to. Such regional granting access could potentially aid cross-border pooling of resources and expertise by affected communities, and thus aid in community mobilization.

The Global Fund approved 17 multi-country applications for grant making between 2017 and 2019 allocation period following a change in terminology changed from Regional grants to the current multi-country grants covering Malaria elimination in low burden countries, finding missing TB cases and provision of sustainable HIV services for key populations.<sup>10</sup>

For the upcoming 2020-2022 allocation period, prioritization and consolidation of the Strategic Initiatives should be considered. It is pivotal to understand access to funding in-country by CSO for human right and gender programming in multi-country grants, and to assess the outcomes of these grants. The Global Fund is currently in the process of making some very important decisions now about the future of multi-country grants for the next funding cycle. This report will aim to assess the impact of multi-country grants on human rights and gender programming in Anglophone Africa countries. The project also seeks to highlight the impact that the grants have made on the involvement of CS and communities in comparison to country level grants. The purpose of this report, therefore, is to help inform those decisions by bringing the community voices to the fore.

## OVERALL OBJECTIVE

To assess the impact of multi-country grants on human rights and gender programming in Anglophone Africa countries. The project seeks to highlight the impact that the multi-country grants have made not only on human rights and gender but also the increased involvement of CS and communities in comparison to country level grants.

## AIM

How Multi-country grants have increased investments and impact on human rights and gender programming cross border initiatives for Anglophone African countries.

Specifically, the study aims to:

1. Compare human rights, gender programming and community systems strengthening achievements/performance in multi-country and country grants
2. Assess the effectiveness of the multi-country grants to Civil society and Communities in Anglophone African countries.
3. Gather knowledge on the type and kind of investments allocated to implementing partners?
4. Ask: Who were the targets and beneficiaries?
5. Document Lessons learnt for the Multi-country grants (what went well and what didn't go well and what are the recommendations for future programming)
6. Evaluate if the multi-country grants implemented by civil society and community groups have impacted on service delivery (HIV, TB and malaria)
7. Determine recommendation on improving civil society and communities' engagement and implementation in Global Fund Multi-country grants
8. Ask: What has been the achievements (impact) on Human Rights, Gender and Community system strengthening programming?
9. To assess level of CS and community engagement during the development, implementation and monitoring between multi-country and country grants

## MAIN RESEARCH QUESTION

### What has been the impact of Multi-country grants on investments & Human Rights/ Gender Programming?

Sub research questions:

- Have the Multi-country grants improved investments in Gender/Human Rights Programming?
- Have the Multi-country grants improved impact of Gender/ Human Rights Programming?
- Have the Multi-country grants improved Civil Society and Communities participation and engagement with the multi-country grants granting cycle?

## METHODOLOGY AND METHODS

This study will use both qualitative and quantitative research methodologies to allow for triangulation and comparisons across the different regions and within countries. The study will be done in countries where multi-country grants existed and have been implemented in Anglophone Africa between January 2018 to February 2019. Mozambique was included to allow for comparison between Lusophone and Anglophone countries. South Sudan was included to allow for comparison between relatively stable social economies and a conflict territory.

TABLE 1 : LIST OF REGIONS THAT PARTICIPATED IN THE SURVEY

REGION	COUNTRIES SURVEYED	# OF GRANTS THAT COVER THE COUNTRIES	REGIONAL PRINCIPAL RECIPIENTS IN THE REGION	COUNTRIES WITH IN-COUNTRY GRANTS	DISEASE COMPONENTS OF IN THE MULTI-COUNTRY GRANTS
EAST AFRICA	Kenya, Tanzania	5	UNDP, KANCO,		HIV, TB
	Uganda, South Sudan		ECSA, ANNECA, IGAD		
WEST AFRICA	Ghana, Nigeria	3	ALCO, UNDP, ANNECA, ITPC		HIV, TB
SOUTHERN AFRICAN	Botswana, South Africa, Zambia, Zimbabwe	5	Wits Health Consortium, UNDP, Elimination 8 (E8), Hivos, ECSA HC		HIV, TB, Malaria

This project used a desk review approach and input was collected from stakeholders through survey monkey ([Eannaso Global Fund Regional Grant Survey](#)) copy of the questions is in the annex.

Survey monkey was used because of its easy-to-use platform and it also allows tailor-made open-ended questions according to the targeted CSOs and other global fund stakeholders. SurveyMonkey can provide an impetus for making smart and wise decisions related to the different specifically related to the main objectives of this project. This reporting and analysis tool can accelerate the data-driven decisions and help CSO, PRs and other stakeholders take measures to implement the suggested actions by these survey results.

Respondents (sample size) was identified through purposeful selection from the awarded GF grantees, CSOs who have been working with EANNASO. The main purpose of selecting these respondents was to have adequate information that we could infer to represent Global Fund stakeholders within the Anglophone African region.

A database was created in an excel spreadsheet with information that was relevant to share the designed survey questions. Finally, the survey questions were shared with 90 respondents via emails and WhatsApp groups. The respondents were given 14 days to respond to the survey. On the end of the 14th day the survey was closed. Data was collected and organized in to survey thematic outcomes according to the main objectives of the study.

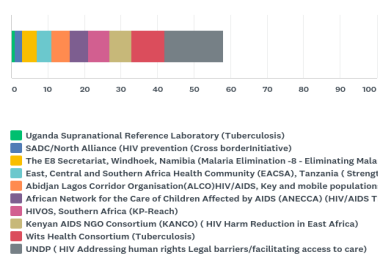
## RESULTS

### Results for Multi-country grants Survey

32 individual respondents, from 15 Anglophone African countries, including 2 respondents from Mozambique responded to the survey. Most worked for Non-governmental Organization, representing Civil Society. They included individual organizations, coalitions of NGOs, representatives on Global Fund CCMs, and worked in organizations targeting the 3 global fund target diseases (HIV, TB and Malaria. The focus of programming by their organizations was also diverse, ranging from human rights, sexual rights, capacity strengthening, community empowerment and others programming areas. Figure one below shows the results of access of Global Fund Regional grant in last 5 years.

**FIGURE 1: WHICH GLOBAL FUND REGIONAL GRANT HAS YOUR ORGANISATION ACCESSED OR TRIED TO ACCESS IN LAST 5 YEARS?**

Which Global Fund Regional grant has your organisation accessed or tried to access in last 5 years?



Sixteen (50%) respondents reported that their organizations had accessed or tried to access funding through the UNDP multi-

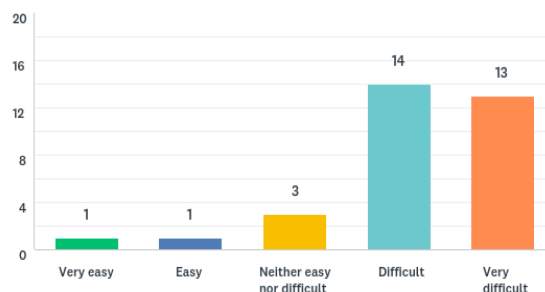
country grants in the previous years. Thus, these were the most popular grants. It was followed by the Wits Health Consortium (TB), where 9 respondents (28%) reported accessing funding through the TB in the Mining Sector multi-country grant. Access to other multi-country grants ranged between 3 to 19% of the respondents.

Only 2 respondents (6%) reported that it was easy or very easy to engage in multi-country grants. 27 respondents (84%) reported that the participation in the grants programs was 'hard' or very hard.

Overall, a majority of respondents found it either difficult or very difficult to engage in any grants program available in-country and or in the region. Four respondents (12.50%) reported never having participated in the Country Dialogue process. Most reported a degree of participation in the country dialogue process, ranging from "sometimes" (34%), "usually" (22%) to "always" (22%).

**FIGURE 2: HOW EASY IS IT BEEN FOR YOU TO ENGAGE IN ANY GRANT'S PROGRAMS?**

How easy is it been for you to engage in any grants programs?



50% of respondents reported never having participated in the Regional dialogue process. Of the others, 3 (9%) rarely and 9 (28%) sometimes participated in the Regional Dialogue process

## THEMATIC DISCUSSIONS

### Civil society and community groups' engagement: Why is it still difficult?

The Civil Society and community engagement groups are the beneficiary, implementers and "social impact" auditors of all interventions that aim to improve health outcomes and their livelihoods. The Zanzibar Network of People Who Use Drugs (ZNPWUD) which accesses a grant from KANCO succinctly puts their challenge to engage with the Global Fund grant opportunities being as a result of

*“... The PR is Government hard to engage and disrespect us.”*



Most respondents indicated that they found engaging with any of the available granting programs either difficult or very difficult. This is further echoed by a Zimbabwean who notes and alleges that

*“There is no transparency on information regarding when the dialogues are happening and at times the information is never shared widely.”*



The information and communication gap seem to affect the much-needed engagement as a point of entry into the Global Fund granting processes by CS and benefiting communities and organizations. Respondent from Ghana which accessed the ALCOL grant notes that

*“In my experience the engagement around the GF multi-country grants are poor in our setting. They are literally unknown.”*



The other difficult in engaging with CS and communities seems structural for emerging and target specific communities and organization as a respondent from Tanzania alleges that the

*“Multi-country grants was not easy as the PR set criteria that shut out door of small organisation.”*



Engagement level is also affected by type of organisation. A Network Organisation from Kenya – that works with transgender, intersex, trans and non-gender conforming organizations in East Africa highlighted that whereas some grants may require LGBTI related programing, little or no capacity exists that enable organizations to safely compete with larger organisations.

An academic stakeholder observed that though multi- country grant Principal Recipients do present progress reports in CCM meetings, the “engagement outside of this is limited.” This observation is echoed by some respondents. However, though dialogues are important

*“feedback to communities on the contents of grants and outcomes of their input is where process is weak.”*



One of the main problems where CSO do not understand the Global Fund processes is that information on sharing what is being funded, who is being funded and how much money is not accessible to the public. To note further, in some countries as a responded from Mozambique noted,

*“...normally in my country the dialogue process takes place when the national programming is in course relatively to GF application.”*



This is not different from most of the Anglophone countries, the public gets to know about Global Fund either during the National Strategic planning or PEPFAR country operational plans. Another example is different countries are bidding for replenishment funding, but this information is not available to the public.

## Participation in Country or Regional Dialogue Processes: Who gets invited? Who attends?

This thematic discussion follows from engagement and looks how participation between the grantors and grantees is managed.

Generally, civil society and communities participated more in country dialogues than regional dialogue processes. For instance, about 60% of respondents found either never or rarely participated in regional dialogues compared to 21% who rarely or never attended country dialogues. One could easily and erroneously infer that national level dialogue processes attracted a large number of participants compared to regional dialogues because of proximity or accessibility of the meetings.

Network of AIDS Service organization in South Sudan (NASOSS) has never participated in the Global Fund Regional Dialogue processes whereas sometimes in the dialogue processes at country level and yet NASOSS is an observer at the CCM. Furthermore, NASOSS identifies itself as a national organisation which coordinates a membership of 54 varied civil society organisations implementing HIV and AIDS interventions in South Sudan.

Another organisation based in South Sudan who sometimes participate in country dialogues states that



*"My organisation is rare to be consulted for country policy dialogues."*

R5 who is not affiliated to any organisation including CCM and had access to the UNDP funding ( HIV Addressing human rights Legal barriers/facilitating access to care) indicated that they have never participated in the regional dialogue process. A registered organization based in Zimbabwe is affiliated to the CCM indicated that sometimes they attend both country and regional dialogue processes and noted that:

"Participating is limited because at sometimes we do not get invited and those in the CCM and CCM Secretariat are selective of who to attend these dialogues. As an organisation not based in the capital sometimes we have no budget to support travel and other logistics to the dialogues.

Both respondents from South Africa had received funding from regional funders expressed that they have never been invited to both country and regional dialogues while one responded indicated that he rarely attends the country level dialogues and his comments on country dialogues participation was:

*"...Did not know about that. We're not invited"*

Shakirina Youth for Development based in Kenya whose target audience are AGYW notes that they always attend country dialogues meetings because they get communicated to

*"Through correspondence and the use of social media."*

One respondent from Ghana and all respondents from Mozambique cited the language barrier as a cause of concern. In most cases respondents from Mozambique used Portuguese to respond to the open-ended questions. However, a respondent

from Mozambique indicated that PLASOC and Health Observatory were conversant in English language and always participated in country dialogue processes and sometimes participate in regional dialogues processes.

*"We participate through forums and platforms of dialogues that we are affiliated in the areas of Education, Health, Water, Sanitation, and Environment."*

It appears that where the regional grant funders serve different lingua franca speaking nations, language becomes a barrier in the dialogues processes. In Ghana one responded pointed out that in the last 5 years he has been satisfied with the regional dialogue process but

*"The ALCO project was great if the people in the program all understand English and French."*

A responded in Ghana whose target population is Muslim community, sits at the CCM, outlined that the Muslim community has not participated in the country and regional dialogue processes.

*"It will be good to be invited at least to learn and have insight into the process"*

Tanzania Network of Women Living with HIV (TNW+), has always participated in the country dialogue processes emphasizing that the country dialogue processes is where the CSOs are required to come up with priorities that can be incorporated in the country global fund proposal and where the linkages between priorities set by government on 3 diseases, and the ones that are set by other actors like PEPFAR are harmonized to identify gaps that need to be complemented by global fund that also include domestic resources.

The respondent working with a network organization and regionally says they were rarely invited for meetings

*“Only invited to meetings but no direct funding.”*



They add that, their organization has never participated in regional dialogue processes because they of the scope of work.

There seems not a simple relationship between participating in country dialogues and regional dialogues and also be part of the CCM in-country. The National Network of positive Women Ethiopians is affiliated to the CCM in Ethiopia but reflects that

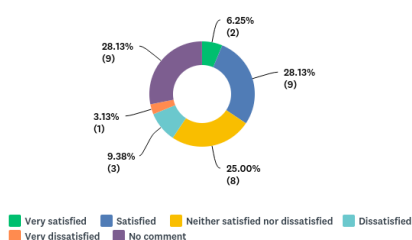
*“Our organization don not have access and deep information regarding multi-country grants even though we are a member of CCM in country, we did not have enough information regarding multi-country grants.”*



### Motivation and demotivation to participate – Why? Who benefits? How?

**FIGURE 3: WHAT PARTICULAR INSIGHTS WOULD YOU SHARE FROM YOUR PARTICIPATION IN THE GLOBAL FUND REGIONAL DIALOGUE PROCESS.**

What particular insights would you share from your participation in the Global Fund regional dialogue process



There should be different motivations to participating in either country and/or regional dialogue processes.

Shakirina Youth for Development felt satisfied by the dialogue process because

*“It was accommodative of our organization”*



*“If we had the chance to participate, we would have wanted to discuss and share lessons on funding model and programming from the perspective of both implementers (as a service providing organisations but also as beneficiaries, as most in the organisation are members first of the targeted population, before being implementers of change programmes.”*

The Botswana Network on Ethics, Law, Human Rights and HIV/ AIDs (BONELA) who were neither satisfied nor dissatisfied observed that

*“The request for participation was ad hoc so in future there needs to consistency so that people feel they were meaningfully involved throughout the dialogue process.”*

### How accessible are the Country Dialogues Compared to Multi - Country GRANTS? Bottlenecks?

The respondents experiences in accessing and utilization of grants for programming, either country or multi-country grants, were varied. The Zimbabwean organisation observes that (Jointed Hands)

*“at least the multi-country grants look at capacity rather than who you know, whereas country grants have more corrupt tendencies than objectivity.”*

A Zambian whose target beneficiaries are rural based working on the elimination of malaria and HIV Testing observed that GF grants that both regional and country are difficult to access. This point amplified by South Sudan NGO besides finding engaging with any of the available grants difficult indicated they even though they tried they have never accessed any country or multi-country grants.

Peer to Peer Uganda “Accessible but delays being disbursement” while “...country grants too competitive and slower.” This point challenge is echoed by the former CCM and RCM member from Zimbabwe who notes that the regional grant dialogue process “leaves a number of key people especially given that the grant might have sufficient time between allocation notification and submission...”

Speaking about indirect discrimination at engagement level based on sexual orientation and gender identity and HIV status, R9 from Ghana states even if it was possible to access in-country grants,

*“...very difficult to work under an PR who is not a member of KP community and does not feel how is it to be living with disease.”*

A visiting academician being one of the key informants who attended meetings in several countries as an observer states that the Global Fund were processes “less accessible due not having information published on Global Fund website in an accessible manner.”

A very pertinent issue with regards to accessing multi-country grants is language barrier for a country such Mozambique. As one respondent points out that

*“the language is the general gap to access regional funds. Our country is always disadvantaged relatively others regional countries.”*

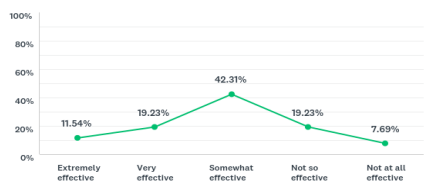
To amplify this, point the ALCO grantee such as those from Ghana say, “great experience but language barrier affects communications” and “The ALCO project was great if the people in the program all understand English and French.”

### Human rights and gender equality informed regional granting: Where is the achievement and impact?

In line with its Strategy 2017-2022, the Global Fund has been calling for state and non-state actors to remove barriers in national responses allowing for welcoming health care and legal environment that reduces stigma and discrimination.

**FIGURE 4: IS THERE ANY ACHIEVEMENT TOWARDS HUMAN RIGHTS AND GENDER EQUALITY?**

In your opinion , how did the regional grants contribute to Gender and Human Rights Programing?



The Centre for Healthworks, Development and Research initiative (CHEDRES) based in south Nigeria and having been in existence since 2002, found integration of gender and human rights in multi-country grants extremely effective.

*“Gender and human rights go hand in hand in ensuring effective integration of TB survivors and suspects including opportunity to accommodate key populations”*

A faith-based organization (FBO) from Mozambique felt

*“Gender and Human Rights ....Still a learning process to wish international interference is sometimes a barrier because of the culture and illiteracy country level.”*

However, The FBO also points out that being involved in HIV/TB indirectly impacts on human rights implementation.

Associacao Kupulumussana (AK) based in Mozambique indicated that the multi-country grants contributed to gender and human rights programming very effectively. AK received grants used from UNDP, Wits Health Consortium and ANECCA. AK has been in existence since 2003 and received in-country grants from USAID and FHI360.

A Zimbabwean advocated who is a former CCM and RCM member observed that

*“Resources for gender and human rights were and are limited in the grant.”*

This point is also expanded by R20 who is a former CCM member and RCM Chairperson who says:

*“... the Key Populations might not have an easy access to resources for dialogues when they need to be present to provide input and feedback on gender and human rights programming and interventions.”*

The Lesotho Network of AIDS Service Organizations (LENASO), rated gender and human rights issues programming in the multi-country grants as very effective because

*“the module for TIMS had clear sections for Human rights. This had raised awareness in different.”*

In contrast R20 states that

*“Resources for gender and human rights were and are limited in the grant.”*

Zambia Not so effective

*“I am not sure of NGO in Zambia that has received regional funding yet especially targeting the rural communities.”*

TNW+ which adds that their

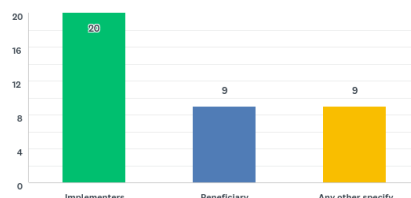
*“Organisation of women living with HIV were not included though they contributed in providing information. KP programs not implemented.”*

A respondent in Uganda indicated that adolescent girls and young women were meaningfully engaged to participate in country processes. However, when it comes to KPs, the discussion were not country wide was only at the boards and so it was difficult to expand to all KPs. Therefore, the regional network that works with gender minorities on a regional scale and is accessing KANCO & UNDP funds echoed that Global Fund Regional Funds are “important especially in changing perceptions, removing barriers and others.” However, a respondent who observed the CCM processes and dialogues points to

*“missed opportunity for the impact and outcomes of these grants to be effectively communicated if not all communities are not engaged.”*

## Time to directly fund local organizations? At which level - Beneficiaries or Implementers?

FIGURE 5: ARE THE LOCAL BENEFICIARIES FUNDED ADEQUATELY?



CHEDRS states that:

*“We are community based organisation working directly at community level”*

and adds that “I think every plan should include implementers at grassroots level”. To echo this point R13 Uganda Golden Centre for Women’s Rights Uganda (GCWR-Uganda) targeting sex workers advises the Global Fund

*“sponsor organisation in rural areas because that where HIV and Human Rights issues are high...”*

A former CCM member and member of the RCM from Zimbabwe notes that accessing in-country would

*“even better as the reach would be more, better and effective, that is if country grants were transparent with regards to selection processes.”*

A Zambian NGO which is part of the CCM Malaria Constituency and is also involved in HIV testing services in rural Zambia explains that

*“GFC is one of the implementing organisation and has suitable skills for community engagement and community capacity building in Malaria elimination and Community HIV testing services.”*

Tanzania Network of women Living with HIV and Aids (TNW+) emphasizes that

*“Whatever is done in the country with global funds it feels the gaps that are clearly indicated in our National Strategic Plan therefore the country can manage funds and avoid funding program management which is high.”*

The concern emanating from stigmatized and criminalized populations served by a network of intersex, transgender and gender nonconforming organizations in East Africa and based in Kenya currently accessing the grant from KANCO feels granting mechanisms should remain at the regional level because

*“... some of the funding goes to regional bodies who work with specific populations.”*

This point seems to be expanded by a Zambian advocate who states that

*“at least multi-country grants looks at capacity...”*

## Is the investment worth it? – Value for economy?

The impact of multi-country grants whose goal is to accelerate the end of HIV, TB and malaria epidemics and to strengthen health systems in particular settings seem to have performed below par as at December 2017 (Audit Report, 2019). The Global Fund emphasizes that “Every dollar counts and has zero tolerance for fraud, corruption and waste that prevents resources from reaching the people who need them” (Audit Report, 2019)

There seems to be agreement among CS and community organisations that both country and multi-country grants are responding to and benefiting grantees. The grants are important in the achievement of the community needs to end HIV, TB and malaria. Organisations vary from large and well established organisations such as BONELA to newly formed organisation and those that focus on specific, stigmatized and criminalized sub-populations.

BONELA, a beneficiary of KP REACH Program says that

*“The capacity built was beneficial to community however more institutional support should have been provided to the host organisations.”*

In some cases, individuals and community groups either provide a pool of resources or volunteers to achieve the set goals.

*“We have a pool of staff and volunteers, majority of them medical professional who should have done better if given opportunity to access grant collaborative grant to do TB ACSM work.”*

A Zimbabwean NGO leader emphasized that the GF Multi-country grants

*“...are very good in addressing cross border dynamics which always reduce the gains of country level implementation as people are always on the move.”*

R3 lamented that

*“They [Global Fund Multi-country grants] make a world of a difference in rural and remote communities where most vulnerable people are to be found.”*

There seems to be general ease of integrating gender issues as a human right issues with respect to AGYW and women in general. Shakirina Youth for Development that works with adolescents’ girls and young women notes that multi-country grants contributed to gender and human rights programming as these were

*“... Integrated it in the program without objections”.*

An FBO from Mozambique view on the impact of multi-country grants on their programming even as it tackles culture and gender mainstreaming and human rights issues recommends that

*“Global Fund Multi-country grants must be more and more inclusive and look at the level of culture and illiteracy and use those levels to design realistically programs.”*

One common reason cited is lack of suitable, targeted and timely communication. LENASO and many other respondents re-emphasizes the

*“Need to raise more awareness to multi-country grants.”*

Most respondents want to be part of both country and regional dialogues processes and there is none better placed than the beneficiaries who at times are members of vulnerable or key populations. A respondent who is part of CCM-Kenya and received funds from EACSA, advises that there is need to make the Global Fund for Multi-country grants

*“... friendly for young organizations to benefit”*

while Shakirina Youth for Development from Kenya recommends that

*“Grants should target community based grassroot organisations”*

The thematic discussions seem to point to varied experiences with regards to respondent experiences in engaging with, participation in the dialogue processes and accessing Global Fund grants at country and regional level and engendering gender and human rights issues in the granting mechanisms. There was generally a clear indication that country grants are comparably less accessible than multi-country grants. It was generally quite agreed that there is till lack of meaningful and effective engagement and participation of civil society and community groups in the multi-country grants dialogues and processes. Although most of the respondents were accessing the UNDP grant (HIV – Addressing human rights, legal barriers/ facilitating access to care) the impact of gender and human rights programming in the multi-country grants is generally “somewhat effective” and thus there could be room for improvement.

## RECOMMENDATIONS

In order to improve and ensure effective engagement and participation by civil society and community groups, and ensure human rights and gender mainstreaming in the multi-country grants in the future, findings of this report recommends the following:

- Continuously improve on information communication by identifying more accessible and widely used dissemination platforms by all stakeholders.
- Deliberately increase local community groups' participation in the grants' dialogue processes so as to ensure local civil society and community groups with extensive experience and networks are prioritised.
- Technical assistance should be meaningful and effective to ensure sustainability and that interventions that have high impact and value for money are prioritised.
- Monitor and measure impact at different scales/cycles to ensure that community groups who are both beneficiaries and/or implementers receive timely and effective feedback and that they share lessons learned for future engagements.
- Ensure human rights and gender issues are not just integrated into the multi-country grants but also be sensitive to the region's human rights background and key populations needs at community, national and regional level
- There is need to share the projects being implemented transparently so that lessons learned form the basis of future engagements and inform the different civil society and community groups on current programming for better engagement and effective participation in the regional and country dialogues.

## CONCLUSION

The investment of Global Fund grants in achieving impact on human rights and gender issues appears to be effective. The report acknowledged that some organizations have integrated human rights, gender with HIV programs that shows some impact on investments. This makes it possible to circumvent restrictive government policies, practices and punitive laws on criminalized and stigmatized populations hence creating access to health services in some of the Anglophone countries.

The investment impact of the Global Fund and its sustainability are rarely interrogated with regards to outcomes from one cycle to the next especially in low income and hostile settings. Many organizations which are community based are relatively new and need technical and organizational capacity building in the short to medium term. Investments would have had a higher impact if local implementers, the civil society where beneficiaries of the Global Fund grants.

There is a need of sustainability of initial investments in regional Civil Society HIV advocacy work on human rights and gender in Africa. Discussions are happening among the KPs, but there's low knowledge dissemination on the Regional grants. As the regional grants are earmarked for covering gaps from the country grants, the regional granting mechanism in the next funding cycle should come with more sustainable processes on accessibility and contribution to the regional grant processes. Furthermore, the Global Fund regional granting processes should invest in making sure stakeholders including Civil society understand the importance of multi-country grants.



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# APPENDICES

## APPENDIX 1 SURVEY QUESTIONNAIRE

### Socio-demographic questions

Respondents

- » Title
- » Name
- » Organization
  - Country
  - Level of implementation
  - Type of programming
  - Type of organization
  - Level of programming
  - Targeted audience, population

### Granting questions

Which grant has your organization accessed in the last 5 years?

- In Country Grants
- Regional Grants

Which Regional grant has your organization accessed or tried to access in last 5 years?

(Multiple Choice Question, with multiple answers possible)

- How was the application process?
- How difficult was it to be part the regional grant?
- Any suggestions to improve the selection criteria for CSOs in the regional grants?

Do you engage in any regional Grants programs?

If yes, how have you been engaging in these regional programs to date?

Participation (Civil society participation and community engagement)

### How did you benefit from the Regional Grants Dialogue Process CS and CG engagement in Regional Grants

- Country dialogue process. Did you or your organization participate in the Country dialogue process, If yes how do you /your constituencies that you represented benefit?
- Regional dialogue process? Did you or your organization participate in the Regional dialogue process? If yes how do you / your constituencies that you represented benefit?
- What particular insights would you share from your participation

### Specific Questions

Regarding the programming that you and your organization did with this grant

How accessible were the Regional Grants compared to country grants?

- Why or Why not? Give details of your experience?

Would you have been able to do this specific programming under a Country/Regional Grant?

- Why, or Why not? Give details of your experience

Would you, or would you not have been able to do this specific programming if you had accessed the money as an in-country grant?

- Share any reasons for your answer

## APPENDIX 2 RESPONDENTS LIST

NAME	ORGANIZATION/FOCUS	COUNTRY - REGION
Ibrahim Umuro	PLHIV/TB/CCM	Nigeria - WA
Donald Tobaiwa	Jointed hands (CCM), TB	Zimbabwe -SA
Cecilia Senoo	CCM women	Ghana - WA
Maziko Matemba	CCM Vice Chair, Network	Malawi -SA
Habeenzu Charity Lenny	TB (CCM)	Zambia
Joan Chamungu	TNW+	Tanzania – EA
Abdulai Sesay	TB (CCM)	Sierra Leone - WA
Endalkachew Fekadu	Volunteer Health Services   VHS (CCM/TB)	Ethiopia - EA
Zelda Nhlabatsi	(CCM) Family Life Association of Swaziland (CCM/SRHR)	Swaziland -SA
Steven MacGill	PLHIV CCM	Liberia
Ibrahim Oleriegbe	Plan International (PR)	Liberia
Sandie Tjaronda	(CCM) - Network	Namibia - SA
Moises Uamusse	Mozambican Mine Workers Association (AMIMO)CCM TB (mine workers)	Mozambique
Nana Gleeson	BONELA (CCM )	Botswana
Evelyne kibuchi	TB Caucus	Kenya EA
Angelina Chiwateni	Women's sector PLHIV	Zimbabwe - SA
Talent Madziva	Katswe Sistahood – Womens sector	Zimbabwe - SA
Joshua Wambogo	UNASO CCM	Uganda -EA
Mokgadi Malahela	NACOSA – Network, PR	South Africa
Zinenani Majawa	CCM –SW/KP	Malawi - SA
Kassim nyuni		KP CCM
Onesmus Mulewa	KANCO Multi-country grants PWUD	KANCO
Meshack Mbuyi	KP	KP
Salome Atim	CS PLWD CCM	CS PLWD CCM
Nakagunda Leah	KP	KP
Beyonce Karungi	KP	KP
Ayele Jima	NNWE PLWD	NNWE PLWD
Sage SEMAFARA	PLWD	PLWD
Abdulai Sesay Abubakar	CISMAT TB CCM	CISMAT TB CCM
Rojerio Cumbane	TB constituency	TB constituency
Mamaello Makoe	Lenaso	Lenaso
Sandie Tjaronda	NANASO	NANASO
Mwananawe Aimable	KP CCM	KP CCM

Rasebitse Joseph	KAP CCM	KAP CCM
Joan Chamumngu	TAF CCM	TAF CCM
Endalkachew Fekadu	PLWD CCM	PLWD CCM
Stephen McGill	PLWD CCM	PLWD CCM
Nana Gleeson	KAP CCM	KAP CCM
Jennifer Gatsi	CBO CCM	CBO CCM
Mwilu Roy	Chair NGO/CBO CCM	Chair NGO/CBO CCM
Gilda Augusta Jossias	CS/CBO CCM	CS/CBO CCM
Maziko Matemba	VICE CHAIR CCM	VICE CHAIR CCM
Zwanini Shabalala	CS CCM Vice CHAIR	CS CCM Vice CHAIR
David Hallowayer	CS Signatory on CCM	CS Signatory on CCM
Gloriah Moses	AGYW Rep on KCM AGYW	AGYW Rep on KCM AGYW
Joan Chamumngu	TAF CCM	TAF CCM
Mercey Musomi	KeNAAM malaria	KeNAAM malaria
Endalkachew Fekadu	PLWD CCM	PLWD CCM
Stephen McGill	PLWD CCM	PLWD CCM
Ibrahim Umoru	PLWD CCM	PLWD CCM
Tsehay Kebede	CCM Vice Chair	CCM Vice Chair
Maziko Matemba	VICE CHAIR CCM	VICE CHAIR CCM
Zwanini Shabalala	CS CCM Vice CHAIR	CS CCM Vice CHAIR
Pamela Andeyo Kibumja	CS WLWD CCM	CS WLWD CCM
David Hallowayer	CS Signatory on CCM	CS Signatory on CCM
Gilda Jossias	CS/CBO CCM	CS/CBO CCM
Josephine Godoe	PLWD	PLWD
Olusoji Sogunro	CS Signatory CCM	CS Signatory CCM
Jennifer Gatsi	CBO CCM	CBO CCM
Mukasekuru Deborah	KP CCM	KP CCM
Nicolas Ritta	PILS CCM	PILS CCM
Victor Ntumi	CCM Member	CCM Member
Mac-Dalyn Cobinnah	TB/HIV Oversight	TB/HIV Oversight
Joyce Stainer	CCM Executive Committee	CCM Executive Committee
Collins Agyako-Nti	Chairman	Chairman
Daniel Norgbedzi	CCM Secretariat	CCM Secretariat
Comfort Asamoah	PR	PR

## EANNASO

Regional Platform for Communication and Coordination for Anglophone  
Africa Hosted by EANNASO Arusha, Tanzania

 +255 739 210598  eannaso@eannaso.org

 [www.eannaso.org](http://www.eannaso.org) |  [eannaso](https://twitter.com/eannaso) |  [facebook.org/eannaso.org](https://facebook.org/eannaso.org)