MEASURING UP

ASSESSING ACCESS TO TECHNICAL ASSISTANCE FOR KEY AND VULNERABLE POPULATIONS DURING THE 2017-2019 GLOBAL FUND ALLOCATION IN THE GAMBIA, GHANA, KENYA, MALAWI, NIGERIA, UGANDA AND ZIMBABWE.

APRIL 2019

eannaso

AMSHeR
AFRICAN MEN FOR
SEXUAL HEALTH
& RIGHTS

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

ACKNOWLEDGMENTS

LIST OF ACRONYMS

AMSHeR	African Men for Sexual Health and Rights
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CRG	Community Rights and Gender
CS	Civil Society
EANNASO	East Africa National Networks of AIDS Service Organizations
FBO	Faith-Based Organization
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
KP	Key Populations
LGBT	Lesbian, Gay, Bisexual and Transgender
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSM	Men Who Have Sex with Men
NGO	Non-Governmental Organization
NSP	National Strategic Plan
PAAR	Prioritized Above Allocation Request
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PR	Principal Recipient
PWID	People Who Inject Drugs
SW	Sex Workers
TA	Technical Assistance
TRP	Technical Review Panel
UNAIDS	United Nations Joint Programme on HIV/AIDS
WHO	World Health Organization

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Key populations[1] experience both increased impact from HIV and decreased access to services. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) recognizes that communities often lack access to the knowledge, opportunities and information necessary to play an active role in Global Fund processes and as a result, the Global Fund provides support to communities and civil society through the Community Rights and Gender Strategic Initiative.

While financial investments are crucial to scaling up key population-led and focussed programming for HIV, they must be accompanied by technical assistance and long-term mentoring and support.

This report, a collaboration between AMSHeR and EANNASO, documents key populations' technical assistance experiences during the Global Fund's 2017-2019 funding cycle in 7 Anglophone Africa countries. It also aims to provide recommendations for how to improve technical assistance to improve the key populations' meaningful engagement in programmes and policy. In particular, the objectives of this research include:

1   To document the extent to which key populations (including young and adolescent key populations) access technical assistance.
2   To understand the factors that enable and hinder access to technical assistance for key population-led/focused organizations.
3   To determine the effectiveness of technical assistance by analyzing the inclusion of priorities, the quality of program design and the effectiveness of service delivery for key populations' modules in Global Fund grants.
4   To provide recommendations to technical assistance providers on how to improve civil society and community groups' access to effective technical assistance programs that improve human rights and gender programming in Global Fund grants.

FINDINGS

There is increasing evidence of successful efforts to bolster the inclusion of key and vulnerable populations in Anglophone African grants in the 2017-2019 funding cycle. In Malawi for example, the funding request proposed to more than double the number of men who have sex with men (MSM) who receive a comprehensive package of HIV services by 2020. In Kenya, technical assistance to young women was critical in ensuring that the funding that was requested in the funding request was also secured in framework agreements following the grant-making process.

However, gaps remain.

Fewer than 1 in 5 of the 55 survey respondents had requested technical assistance to engage in either country or regional processes related to the Global Fund during the 2017-2019 allocation period. Lack of awareness of the availability of technical support and a lack of understanding of Global Fund processes were also identified as important issues.

Other issues identified by key populations include:
»   Hostile, social and legal environment – making it difficult for key populations to coordinate and organize
»   Lack of education/limited literacy or language skills – this makes it challenges for understanding documents that are not in local languages, for example.
»   Cumbersome/unclear technical assistance application process
»   Lack of broad reach of technical assistance – technical assistance is either only available in urban areas or only to larger well-established organizations

1   In the context of HIV, the Global Fund defines key populations as: men who have sex with men; transgender people, especially transgender women; sex workers; people who inject drugs; people living with HIV; and people in prison and detention. Additionally, also recognizes vulnerable populations, who are those who have increased vulnerabilities in a particular context such as adolescent/women and girls.

» Lack of suitable experts – key populations respondents reported that there are not currently enough key populations experts or people with sound knowledge of key populations issues
» Lack of ability to identify technical assistance needs – most key populations have the technical skills to know what interventions are needed to address their issues but they often don't know how to articulate their technical assistance needs or even what technical assistance is
» Stigma of asking for help - asking for technical assistance, particularly in competitive resource constrained environments can be seen as an admission of weakness
» Lack of capacity to apply for technical support – many organisations do not have staff or the skills to apply
» Lack of proper follow up during and after the technical assistance mission – key populations complained that there was no quality control during or after a technical assistance mission

RECOMMENDATIONS:
» Conduct needs assessments/institutional assessments with key population-led organizations to help clarify technical support needs and stimulate demand for technical support needs.
» Provide hands-on mentorship and support to develop and revise technical assistance requests from key populations.
» Invest in developing a roster of experts from key populations themselves, who understand the communities they are assisting.
» Develop country roadmaps for key Global Fund-related national and regional processes. In addition to mapping out key milestones and processes that are happening at country level, these roadmaps might provide suggestions for what types activities or technical assistance could be requested at each stage.
» Conduct national mapping of key populations organizations and support the formation/strengthening of communication networks (for e.g. email lists) that can be used for rapid dissemination of information.
» Promote and further disseminate technical assistance directory to key populations, specifically.
» Host engagement and country dialogues about technical assistance; develop key population-specific orientations on technical assistance.
» Embed stronger monitoring and evaluation practices to follow up on the roll out of the technical support and document intermediate and longer-term outcomes for key populations.
» Systematize the collection, analysis and dissemination of the results of technical assistance.
» Conduct and disseminate additional research on the experience and impacts of technical assistance both from the perspective of the technical assistance providers and those who have received technical assistance.

Technical assistance to support capacity development and participation of key populations is integral to ensure that funding requests are responsive to community, gender and human rights related priorities. Despite the progress that has been made as a result of the technical assistance provided by organisations such as the United Nations, the Global Fund, EANNASO and others, there is still room for improvement in the way that TA is promoted, delivered, monitored and evaluated to maximize impact. Moving forward, there is also a need to investigate and understand how key and vulnerable populations are accessing technical assistance beyond grant-making and throughout program implementation.

INTRODUCTION

It has been widely acknowledged that greater emphasis on community responses is necessary if we are to end AIDS as a public health threat by 2030. The Global Fund's Strategy 2017-2022 has direct focus on community systems and responses, as well as gender and human rights. The Global Fund has been working to maximize impact among key populations by focusing on data systems, strengthening community systems for increased advocacy, monitoring and service delivery capacity, and addressing human rights policy and barriers.
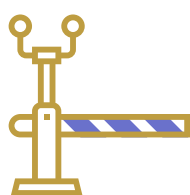
Human rights-related barriers remain major obstacles to the uptake of HIV services. A human rights-based approach to health focuses on solutions to redress inequalities, discriminatory practices and unjust power relations, which are often at the heart of inequitable health outcomes.

According to the Global Fund, "key populations[2] experience both increased impact from the diseases and decreased access to services. Widespread stigma and discrimination, state and non-state violence and harassment, restrictive laws and policies, and criminalization of behaviors or practices put key populations at heightened risks and undermine their access to services".

The Global Fund recognizes that communities often lack access to the knowledge and information necessary to play an active role in Global Fund processes. To remedy this, Global Fund board approved a Community Rights and Gender Strategic Initiative focussing on three components:
1. The provision of peer-to-peer civil society short-term technical assistance (TA);
2. Long-term capacity development of organizations and networks of key and vulnerable populations;
3. The Regional Platforms for Support, Coordination and Communication

The Community Rights and Gender Technical Assistance Program (Component 1) is meant to complement the work of bilateral technical support providers such as the US Government, Expertise France, BACKUP Health and multilateral providers such as WHO and UNAIDS.

African Men for Sexual Health and Rights (AMSHeR) is a civil society organization that has been prequalified through a competitive process to act as a Community, Rights and Gender Technical Assistance (CRG TA) provider (Component 2) with expertise on health and human rights issues.

Eastern Africa National Networks of Health and AIDS Service Organizations (EANNASO), as the host of the Community, Rights and Gender regional platform for Communication and Coordination for Anglophone Africa (Component 3), has a mandate to further the meaningful engagement of civil society and communities in the Global Fund programs and interventions. EANNASO'S role includes providing accurate and accessible information, improving the impact of the Global Fund's grant-making, expanding access to technical assistance through better coordination with TA providers and supporting capacity building by facilitating spaces for greater participation in decision-making processes related to community rights and gender.

Together AMSHER and EANNASO are examining experiences and recommendations around technical assistance to Anglophone African key populations during the Global Fund's 2017-2019 funding cycle.

Objectives:
1. To document the extent to which key populations (including young and adolescent key populations) access technical assistance.
2. To understand the factors that enable and hinder access to technical assistance for key population-led/focused organizations.
3. To determine the effectiveness of technical assistance by analyzing the inclusion of priorities, the quality of program design and the effectiveness of service delivery for key populations' modules in Global Fund grants.
4. To provide recommendations to technical assistance providers on how to improve civil society and community groups' access to effective technical assistance programs that improve human rights and gender programming in Global Fund grants.

METHODOLOGY

The study was carried out from September to December 2018. It included a literature review of funding requests from the 2017-2019 cycle, available CRG technical assistance assignments and relevant studies on technical assistance for key populations such as EANNASO's 2018 technical assistance study. An online survey was also and circulated to representatives from key and vulnerable populations from the Gambia, Ghana, Kenya, Malawi, Nigeria, Uganda and Zimbabwe. The survey received 55 responses from 5 countries with the majority coming from Nigeria, followed by Uganda and Zimbabwe and Ghana and Malawi and no responses from Kenya or The Gambia (see Figure 1).

The respondents included a diverse cross section of representatives from organizations including those working with people living with HIV, sex workers, people who use drugs, people in prisons, transgender and men who have sex with men, adolescent girls

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2 In the context of HIV, the Global Fund defines key populations as: men who have sex with men; transgender people, especially transgender women; sex workers; people who inject drugs; people living with HIV; and people in prison and detention. Additionally, also recognizes vulnerable populations, who are those who have increased vulnerabilities in a particular context such as adolescent/ women and girls.

and young women and young key populations (see Figure 2). In addition, there were 7 interviews conducted virtually with technical support providers and key populations representatives to gather their experiences and observations.
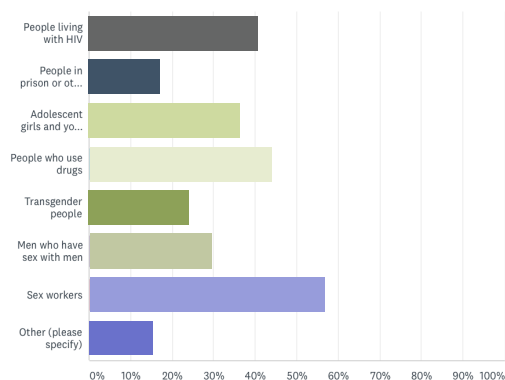
Country

Answered: 54   Skipped: 1
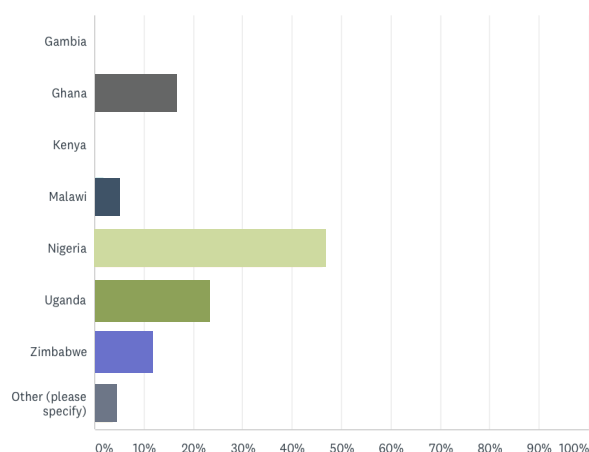
FIGURE. 1 – LOCATION OF RESPONDENTS

Which constituency does your organization or network represent/work with? (check all that apply)

Answered: 55   Skipped: 0

FIGURE 2. KEY POPULATION CONSTITUENCY

LIMITATIONS

A low response rate for some countries and the inability to access certain documents (for e.g. not all the funding requests included the annex on key population engagement) and the consultant could not access any documentation on the outcomes of technical assistance delivered. Further inquiry should be conducted into this area. Additionally, some interview requests did not receive any responses.

WHAT IS TECHNICAL ASSISTANCE?

Different organizations use different terminology to describe key concepts related to technical assistance. For this paper, we define technical assistance as non-financial support provided by a local or international specialist to:
1. improve quality and access to health services,
2. increase meaningful engagement of marginalized communities in various national regional and AIDS-related processes and;
3. strengthen advocacy and leadership in policy engagement.

For example, The Global Fund's Community Rights and Gender technical assistance program operates on a peer-to-peer model, where support is delivered from a pre-qualified roster of non-governmental organizations that include civil society organizations, academia and key populations' networks.

Examples of areas technical assistance include:
· Assessment of gender issues and harmful gender and other social norms
· Training on effective programming, advocacy and legal literacy for the purpose of funding request preparation
· Providing tools and training on how conduct community-based monitoring of grant implementation
· Support for transition-readiness assessments
· Support for key populations to engage in HIV, TB and Malaria national strategic planning development and reviews

ARE KEY POPULATIONS ACCESSING TECHNICAL ASSISTANCE?

Yes, but there's significant work to be done. The survey found that fewer than 1 in 5 of the survey respondents had requested technical assistance to engage in either country or regional processes related to the Global Fund during the 2017-2019 allocation period. Out of those who listed how they found out about access technical assistance opportunities, some mentioned that they found out through EANNASO --in its role as host of the regional communication and coordination platform for Anglophone Africa – which demonstrates that EANNASO's outreach work is delivering results but several barriers still remain to access.
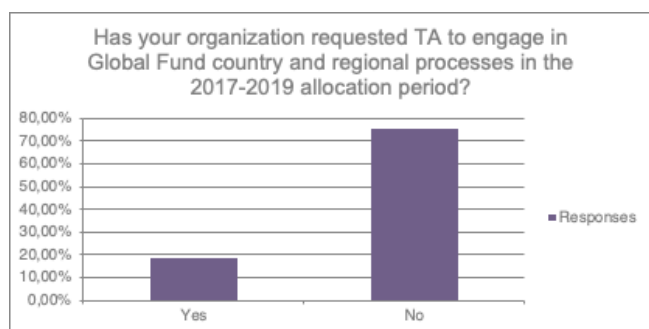
FIGURE 3. PERCENTAGE OF KEY AND VULNERABLE POPULATION -LED/FOCUSED ORGANIZATIONS THAT ACCESSED TA
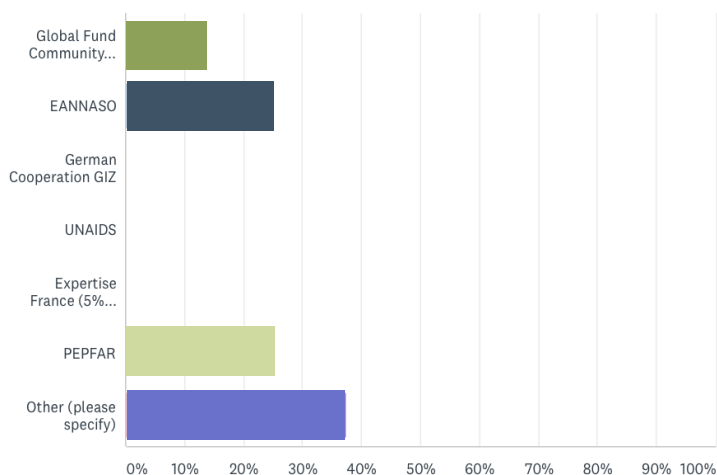
FIGURE. 4 SOURCES OF TECHNICAL ASSISTANCE

WHAT ARE THE MAJOR BARRIERS PREVENTING KEY POPULATIONS FROM ACCESSING TECHNICAL ASSISTANCE?

There are several barriers that prevent key populations from accessing technical assistance.

LACK OF AWARENESS ON THE AVAILABILITY OF TECHNICAL ASSISTANCE

Despite inroads, survey respondents noted that key populations' lack of knowledge around the existence of technical assistance and the means to accessing was a major barrier to demand for technical assistance. This is consistent with findings from a situational analysis[3] conducted by EANNASO in 2016 that found that key populations respondents were less likely to have participated in dialogues, less likely to be aware of available support to help improve their engagement and when compared to respondents from civil society organizations, key populations were half as likely to know that they could request technical assistance from the Global Fund CRG department and its partners.
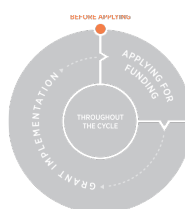
LACK OF UNDERSTANDING OF GLOBAL FUND-RELATED PROCESSES AND ACTIVITIES

Key populations respondents mention that they are often not aware of processes that are happening at country and regional level. Key populations explain that the processes are not inclusive and decisions are often made in secret.

HOSTILE, SOCIAL AND LEGAL ENVIRONMENT

Respondents pointed to important environmental barriers such as stigma, discrimination and punitive laws that criminalize populations such as sex workers, people who use drugs and lesbian, bisexual, gay and transgender individuals. In many countries, groups that represent key populations are unable to legally register

or operate openly. Many organizations have noted with concern the shrinking space for civil society in many African countries, characterized by restrictions to foreign funding and scapegoating of these groups by politicians. Additionally, according to a 2016 report[4] by International Center for Not-for-Profit Law on Global trends in NGO law, states use tools such as: "the adoption and manipulation of laws to restrict CSOs' abilities to register, protest, and access resources, and, in more extreme cases, the closure, de-registration and expulsion of CSOs". These factors make it more challenging for groups to self-organize and be visible in the very spaces that most require their influence.

LACK OF EDUCATION/LIMITED LITERACY OR LANGUAGE SKILLS

According to survey respondents a lack of formal education, low levels of literacy and varying degrees of fluency in English are important barriers that impede key population-led organizations' access to technical assistance. While these issues are not unique to key populations', they are often a result of and/or exacerbated by the marginalization that key populations face in society. Although efforts have been made by technical providers to simplify forms, tools and resources, these are rarely available in local languages.

CUMBERSOME/UNCLEAR TA APPLICATION

3   Community Perspectives: Guiding the CRG Special Initiative in Anglophone Africa. January 2016, https://www.eannaso.org/rccp-resources/community-voices/47-rccp-survey-2016-community-perspectives-guiding-the-crg-special-initiative-in-anglophone-africa/file
4 Survey of Trends Affecting Civic Space: 2015-2016, 2016. Global Trends in NGO Law. Volume 7, Issue 4. Last accessed from http://www.icnl.org/research/trends/trends7-4.pdf?pdf=trends7-4

PROCESS

Several respondents report that they find the TA application process cumbersome and they are intimidated by the forms. According to one respondent: "the call is not clear because it does not elaborate details in terms of budget ceiling, timeframe of implementation". In the case of the CRG TA technical assistance program, applicants can request technical assistance at any time to coincide with the timing of when processes are actually happening in country. However, respondents noted that it can take too long to get a response which can lead to missed opportunities.

LACK OF BROAD REACH OF TECHNICAL ASSISTANCE

Respondents noted the perception that technical assistance tended to be focused on the larger, more well-established key population organizations and not the smaller emerging grassroots organizations or organizations that are located away from capitals and major cities. One respondent said: "especially if your organisation in not known by the CCM team in-country, it's not accessible. Small key population lead organisations cannot access technical assistance, it is for well-established key population-lead institutions". Another respondent said: "the mapping of grassroots organizations is not effectively done".

LACK OF SUITABLE EXPERTS

Respondents listed a lack of available experts who understand the constituencies they serve and the needs of organizations – this is despite having peer-delivered technical assistance from networks of sex workers, men who have sex with men, people who use drugs.

LACK OF ABILITY TO IDENTIFY TECHNICAL ASSISTANCE NEEDS

Key populations have a solid understanding of the barriers they face in accessing treatment and prevention services and the human rights violations that compromise access to and quality of care. However, according to one respondent "we do not have an idea of what the TA means". It stands to reason that key populations must have at least a basic understanding of the parameters of technical assistance to engage. In its guidance note on the[5], UNAIDS to be most effective, technical assistance should be demand driven, locally owned however key populations are often in the dark about

STIGMA OF ASKING FOR HELP

Against a backdrop of heavy competition and few resources, many respondents identified

The perception that a request for TA is an admission of weakness rather than a practical acknowledgement of a need. Respondents indicated that they were reluctant to openly concede that they were facing challenges because they were afraid that this might provide an excuse to exclude them from opportunities in the future.

LACK OF CAPACITY TO APPLY FOR TECHNICAL SUPPORT

Organizations are often volunteer-led or insufficiently staffed to dedicate time to applying for technical support.

LACK OF ADEQUATE FOLLOW UP

Respondents complained that there is not always a process to monitor and evaluate technical assistance to ensure it is achieving the desired outcomes and to document lessons learned that can be used to inform future work.

> ## IS TECHNICAL ASSISTANCE TO KEY POPULATIONS HAVING AN IMPACT ON THE QUALITY OF HUMAN RIGHTS AND GENDER-RELATED GLOBAL FUND PROGRAMMING?

In 2018, EANNASO conducted a desk review on the degree to which civil society priorities were included in funding requests in 8 Anglophone African countries. The desk review found that priorities related to key populations were most likely to be left off the funding request or included in the prioritized above allocation register (PAAR). In addition, in many countries the grants were highly commoditized, leaving little room for community rights and gender-related interventions. Nevertheless, the examples below highlight some of what has been achieved as a result of providing technical assistance to key populations to engage in various stages of the grant cycle in The Gambia, Ghana, Kenya, Malawi, Nigeria, Uganda, Zimbabwe.

THE GAMBIA

According to the Annex 1 of the Gambia funding request, the process for developing the request was inclusive, including the views of representatives of key and vulnerable populations, particularly those who are the focus of the program. In addition, feedback from representatives of key and vulnerable populations on the quality, content and delivery of the current program was considered during the assessment process.

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5   UNAIDS. 2010. Guidance note on intensification of technical support at the country level: Planning and Managing Technical Support
http://www.unaids.org/sites/default/files/sub_landing/files/jc1698_guidance_note_en.pdf

The CCM, in collaboration various local civil society organizations actively engaged all the different key and vulnerable populations. The consultations started with a planning meeting to develop guidelines on talking points, schedule and budget. A consultation was held with key populations resulting in a report that reflected their views and was used to fill in the PCSA form. Key issues that emerged were sustaining quality prevention, treatment, care and support services, and addressing stigma and discrimination with dwindling resources. Key populations advocated for the continuation of treatment as a priority under HIV and AIDS care and support services as reflected in the previous grant and for the continuation of cross-border programming for key and vulnerable populations targeting key and vulnerable populations also which aims to mitigate the challenges relating to access to HIV services as well loss to follow-up among key populations. According to one MSM interviewee "there are two NGOs that are working with key populations (NAF and Worldview) but we want activities to be led by community members – from the MSM community in Gambia. We can do things for ourselves".

GHANA

According to the funding request, there are no systematic human rights constraints to services, there are various barriers that can present themselves and may deter key populations from seeking testing and ART. One of the major complaints that have been recorded has been around confidentiality. Namely, the disclosure of personal health information made by one key population individual to another, therefore discouraging them from any activity that may expose their HIV status to their peers.

Although a Patient's Charter was adopted in 2002 as a key innovation for ensuring health, non-discrimination and dignity for all, including people living with HIV, there is limited awareness of its contents by health workers and no awareness of its existence among patients. The matching funds will help operationalize the Charter nationwide to end stigma and discrimination in health care settings; facilitate compliance with the anti-stigma and discrimination provisions of Act 938 of 2016 and strengthen the work of the Commission on Human Rights and Administrative Justice (CHRAJ).

Additionally, through the technical support they received to develop community and civil society priorities, persons living with HIV and key populations involved in community mobilization, care and support play a prominent leadership role in the implementation of this grant.

KENYA

Human rights and gender barriers such as punitive laws, criminalization of certain sexual behavior and stigma influence health seeking behaviors and undermine the quality of health services. Gender-based violence and sexual violence have also been identified as major areas of concern. Reports have identified a need to consider tailored and adapted packages and programs for this subset of key populations, given the high level of reported need in communities and the limited capacity to adequately respond.

Twenty adolescent girls and young women (including young women from key populations such as sex workers, young women who use drugs, and women living with HIV) received technical support from Kenya Legal and Ethical Issues Network on HIV& AIDS (through CRG TA) to increase their engagement in the country dialogue. The assignment included the development of an AGYW engagement roadmap, developing responses to the technical review panel comments on AGYW issues and supporting AGYW to attend relevant meetings during the grant negotiation process with the CCM, PR, NACC, MOH and other stakeholders. This intervention was critical in ensuring that the funding that was requested in the funding requests was also secured in framework agreements following the grant-making process.

MALAWI

An important feature in the current funding request is the significant investment in HIV care and prevention for key populations. Malawi proposed to more than double the number of men who have sex with men (MSM) who receive a comprehensive package of HIV services by 2020. In addition, the country has set a target of 6,000 sex workers receiving a comprehensive service package by 2020. This represents a 300% increase over current programmatic reach in this community. A noteworthy innovation was also the first-time inclusion of a small sum of funds to go towards prisoners. A step that was lauded by prisoner advocates. Nevertheless, the grant is heavily commoditized with over 60% of the HIV allocation going to ART. CSOs successfully advocated for inclusion in the funding request of community-level interventions such as treatment literacy education and linkages to community-based support, however, the overall investment in community systems was hampered by the decision to devote only 7% of the country's allocation to resilient and sustainable systems for health.

NIGERIA

Nigeria submitted a TB/HIV funding request in May 2017. The funding request was returned for iteration because of the perception on the part of the TRP that the CCM had not provided a "compelling funding request. The most recent funding request has not been made available on the Global Fund website. In its comments, the TRP said the following:

- Prevention programs for key populations (sex workers and their partners, men who have sex with men and people who inject drugs) lack detailed interventions to convince the TRP of feasibility of implementation

- The minimum package for people who inject drugs does not include core harm reduction activities.
- There is a lack of detail on how to reach adolescents and youth, the range of comprehensive sexuality services they should be able to access, approaches to working with other programs to ensure delivery of and access to such services.

UGANDA

The Alliance of Women Advocating for Change (AWAC) which focuses on adolescent girls and young women, sex workers and their partners requested technical assistance to support the creation of an engagement plan for key populations' organizations in Global Fund grants in Uganda through comprehensive and inclusive consultations.

The 2014 Modes of Transmission (MOT) shows the highest incidence per 100,000 among MARPs especially people who inject drugs, FSW and their clients, and MSM (Figure 2). FSWs accounted for 20.2% of new HIV infections in Uganda, with clients of FSWs contributing 12.2%, FSWs 4.1% and partners of their clients 3.9% (MOT 2014).

A consultant was contracted to improve the quality of interventions and service delivery to rural key populations in Uganda by supporting key populations' organizations in meaningfully engage in Global Fund grants during their implementation. This included doing a rapid review of the HIV situation of key populations in Uganda, conducting a mapping of civil society and non-state actors involved in Global Fund program implementation, meeting with rural key populations to build their capacity to understand Global Fund processes and documenting the needs and challenges of these groups.

The funding request includes interventions to reach key populations including men who have sex with men, transgender and sex workers with a comprehensive package of HIV prevention and treatment interventions (behavior change communication, HIV testing and TB screening, male circumcision, condoms and lubricants, and HIV treatment for those who are living with HIV). The request also includes interventions to mobilize communities through peer and key population-led organizations to enhance uptake of services. The request includes continued support for the Most at Risk Populations Initiative (MARPI) integrated key populations clinics and expansion of community service delivery models including key population-led service delivery, drop in centers, and safe space outreach. Other interventions include reduction of stigma and discrimination, enhanced coordination of key population partners, differentiated models for key population service delivery, and evaluation of the effectiveness of various models.

ZIMBABWE

In Zimbabwe, there is evidence that technical support to elevate the voices of key populations is making a difference. According to a respondent involved in the process, despite the legal environment, key populations participation and involvement in the grant-writing process very robust. Key populations were well prepared with their proposals and they worked with a UNDP consultant who encouraged them to dream big and consider a community-based, holistic approach to programming. Interestingly, all prevention programs for the general population have been placed in the Prioritized Above Allocation Register (PAAR) in order to ensure that AGYW, sex workers, and MSM are prioritized, using the rationale that they are disproportionately affected by HIV and impact may be greater by investing in these populations.

Zimbabwe also received technical support AIDS Strategy, Advocacy and Policy (ASAP) (through CRG TA) to hold a 2-day residential consultative meeting with women's groups from 5 districts in Mashonaland West province. These consultations were used to hold formulate a response to the Technical Review Panel regarding issues pertaining to adolescent girls and young women.

Examples of community, rights and gender-related programming that were included in the catalytic funding request for key populations impact and adolescent girls and young women include:

- Sista2Sista girls mentoring clubs for out-of-school AGYW
- Piloting a gender-based and intimate partner violence prevention project that includes advocacy against child marriage.
- Safe spaces for sex where they can access information, pick up condoms and lubricants, report incidents of violence and access social support
- Establishment of a technical support unit (TSU) to deploy long-term capacity building and technical assistance to key populations' organizations in order to support the scale up of quality service delivery to these groups. The TSU will serve organizations delivering services to sex workers, MSM, AGYW, and transgender communities.

HOW COULD TA BE BETTER TAILORED TO THE SPECIFIC NEEDS OF ADOLESCENT AND YOUNG KEY AND VULNERABLE POPULATIONS?

There is increasing recognition of the fact that young key populations and adolescents require tailored programming and differentiated service packages to better meet their needs. It follows that young key and vulnerable populations require a targeted approach to meet their technical assistance needs to further their engagement. Below are the recommendations made by survey respondents and interviewees.

SAFE SPACES, CAPACITY BUILDING AND LEADERSHIP DEVELOPMENT

- Supporting capacity building and activities of key populations targeted at young KPs and
- giving leadership opportunities to adolescents and young key populations
- Provide train-the-trainer training to support adolescents and youth to become TA providers
- Conduct focussed needs assessments directed at organizations that are led by and working with adolescents and young key populations
- By using simple language and providing safe and dynamic spaces for young people to be convened
- Ensure that young people are engaged in the design, planning, implementation and evaluation of technical assistance

Health care delivery for key populations

Fundraising/ resource mobilization

Human rights education

Trainings about the Global Fund processes and technical assistance

Advocacy, policy dialogue and communications training

Capacity building for implementation/service delivery

WHICH AREAS OF THE COUNTRY DIALOGUE IN YOUR VIEW REQUIRES INCREASED TECHNICAL ASSISTANCE TO KEY POPULATION ORGANIZATIONS?

This question was poorly understood by many of the key populations who responded to the survey. Some respondents mentioned geographical areas within the country, others listed types of technical assistance. However, there are indications that the grant-making stage was a crucial phase where key populations' priorities are being left off and more attention is required to ensure that key populations are equally present in the discussions once the funding requests have been drafted and submitted.

WHAT TYPE OF TECHNICAL ASSISTANCE IS REQUIRED TO INCREASE KEY POPULATION ENGAGEMENT IN GLOBAL FUND COUNTRY RELATED PROCESSES?

Key and vulnerable populations representatives identified several types of technical assistance required to increase their engagement in Global Fund processes. They are listed below:

WHAT ARE RECOMMENDATIONS/ POTENTIAL ENABLING FACTORS THAT CAN BE IMPLEMENTED TO FACILITATE KEY POPULATIONS' ACCESS TO TECHNICAL ASSISTANCE IN YOUR COUNTRY?

In light of the barriers that were noted previously, the following are recommendations to help improve key populations' access to technical assistance.

STREAMLINE TECHNICAL ASSISTANCE APPLICATION FORMS AND PROCESSES

- Simplify forms to be easier to fill in and use simple accessible language.
- Reduce response time.

PROVIDE INTENSIVE GUIDANCE AND SUPPORT

- Conduct needs assessments/institutional assessments with key population-led organizations to help clarify technical support needs and stimulate demand for technical support needs.
- Provide hands-on mentorship and support to develop and revise technical assistance requests from key populations.

DEVELOP KEY POPULATION EXPERTISE

- Invest in developing a roster of experts from key populations themselves, who understand the communities they are assisting.

DEVELOP AND DISSEMINATE STRATEGIC INFORMATION ON GLOBAL FUND PROCESS ENTRY POINTS AND TECHNICAL ASSISTANCE

- Develop country roadmaps for key Global Fund-related national and regional processes. In addition to mapping out key milestones and processes that are happening at country level, these roadmaps might provide suggestions for what types activities or technical assistance could be requested at each stage.
- Conduct national mapping of key populations organizations and support the formation/strengthening of communication networks (for e.g. email lists) that can be used for rapid dissemination of information.
- Promote and further disseminate technical assistance directory to key populations specifically
- Host engagement and country dialogues about technical assistance; develop key population-specific orientations on technical assistance.

STRENGTHEN MONITORING, EVALUATION AND LEARNING

- Embed stronger monitoring and evaluation practices to follow up on the roll out of the technical support and document intermediate and longer-term outcomes for key populations.
- Systematize the collection, analysis and dissemination of the results of technical assistance are collected, analyzed and widely disseminated.
- Conduct and disseminate additional research on the experience and impacts of technical assistance both from the perspective of the technical assistance providers and those who have received technical assistance.

ESTABLISH TECHNICAL SUPPORT UNITS (TSU)

- Several countries such as Kenya and Zimbabwe have established TSUs within the Ministry of Health. TSU staff provides support in the areas of capacity building, advocacy, communications, outreach, community mobilization, documentation, and monitoring and evaluation.

Technical assistance to support capacity development and participation of key populations is integral to ensure that funding requests are responsive to community, gender and human rights related priorities. This report illustrates some of the strides that have been made as a result of the technical assistance provided by organisations such as the United Nations, the Global Fund,

EANNASO and others. It also helps to highlight some of the good practices that facilitate the meaningful engagement of marginalized and criminalized communities. Through this technical assistance, key populations such as sex workers, adolescent girls and young women, and men who have sex with men across Anglophone Africa were afforded opportunities to caucus, strategize and raise their voices to influence the content of funding requests and grants in their countries.

Despite the positive experiences, there is still significant room for improvement in the way that technical assistance is promoted, delivered, monitored and evaluated. To be sure, the barriers that key populations face in accessing technical assistance cannot all be addressed by making changes to the modus operandi of technical assistance providers. However, this paper attempts to point to some concrete steps that can be taken to help improve access and make technical assistance more effective. It will be particularly critical to bolster these efforts and strengthen community systems in the context of grants that are heavily commodified and medicalized. Moving forward, there is also a need to further investigate and understand how key and vulnerable populations are accessing technical assistance beyond the grant-making stage and during grant implementation.

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