



ANGLOPHONE AFRICA CRG TA CASE

MALAWI CRG TA





BACKGROUND

The Facilitators of Community Transformation (FACT) requested for Technical Assistance from the Global Fund CRG to promote the meaningful engagement of TB affected communities in Malawi, in Global Fund country processes. The TA also focused on building the mechanisms for collaboration and participation in GF processes and the CCM activities. Communities affected by TB were inadequately engaged in GF processes in Malawi which resulted into poor oversight and accountability of GF Supported TB programs at a country level. The affected communities were not part of the oversight committee of the Country Coordinating Mechanism (CCM). This was mainly due to the fact that communities themselves lacked information and knowledge on the Global Fund model of work. These challenges are what necessitated the TA.

1

PROCESS FOR ACCESSING TA

The TA application was initiated after thorough consultation with the constituency members. Some of them are also members of the CSOs within the CCM. Facilitators of Community Transformation (FACT) decided to develop a proposal to Community Rights and Gender (CRG) when the window for funding was made accessible. Prior to award, the CRG team conducted a partner evaluation to ascertain legality of accessing the TA, which FACT successfully went through as part of the due diligence process. In addition to this, FACT and CRG had numerous phone calls to go through the proposal and look into technical approaches and strategies of the TA which was very helpful and peer oriented.

2

IMPLEMENTATION OF THE TA

The TA took place in June 2018, in Lilongwe and two consultancies were hired who worked on the content of the program and logistics and ARASA provided the actual Technical Assistant. The TA was participated by 60 organizations from across the country. There are series of activities which took place during the implementation of the TA such as; drafting and compilation of key documents, Joint meeting with key stakeholders, Workshop with TB community groups and Training on the community engagement roadmap.

3

RESULTS (OUTCOMES) OF THE PROCESS

The invitations of the participants were delegated to the in country partner which helped in terms of supporting a local driven solution to challenges faced at the local human rights context, where a wide majority of key populations were invited and consulted, this is in relation to the TAs CSO capacity building workshop that was done. On the other hand, the consultant was quite conversant with the local gender and human rights issues which helped in the development of road map for future engagement. It is worth mentioning that the roadmap is human rights sensitive and speaks about the key drivers for a successful GF TB program implementation and emphasises on the participation of affected communities in the processes of the Global Fund to improve outcomes.

4

EXPERIENCE IN ACCESSING TA

I. WHAT WENT WELL

The CSOs that participated in the TA program were equipped with information on gender and human rights on TB issues. Apart from this, the CSO's also got an insight on the funding processes of Global Fund and how CCM operates.

II. WHAT DIDN'T GO SO WELL

CRG and ARASA did not remit funds in time to implement the TA program, instead FACT had no option but look for funds from elsewhere at last minute to solve the logistical dilemmas to cover for the CSO TB Capacity building workshop. Communication was not done in a better manner during this process; there were times when roles and responsibilities were taken up presumptively without a proper guidance on roles. FACT was somewhat passive in the process; most of the tasks were either taken up by the TA provider or the consultants. One of the instances was when the TA provider was going to lead and facilitate the participants per-diems for the workshop, and only to be communicated later in the stage that the TA provider had no resources to cover the event when all participants had confirmed attendance and FACT team had to respond as a matter of urgency to solve the problem which created a lot of panic, burnout and humiliation.

III. WHAT COULD HAVE BEEN DONE BETTER (LESSONS)

The recommendation is that there should be a more open process that facilitates communication and clarification on the procedures of the TA, particularly the understanding of responsibilities of the parties involved. On the other hand, a bridging program would be necessary and act as an incubator for sustainability of the TA results.

5

MONITORING OF TA

I. MONITORING ACTIVITIES TO MEASURE TA EFFECTIVENESS IN A LONG-TERM TO A CS.

The global fund CRG team held numerous calls with FACT to establish the progress being made; on the other hand the TA provider (ARASA) was available during the entire process of the capacity building workshop for TB CSOs in Malawi. After the implementation of the process, FACT team responded to the Global Fund CRG Survey and subsequent telephone conversations. Some of the notable M&E mechanisms were the availability of technical partners in Malawi during the TA, such as USAID and the CCM Chair was available throughout the process.

II. MENTORING PROGRAM IMPLEMENTED FOR A LONG-TERM CAPACITY BUILDING TA

There was no Long-term mentoring program within this TA

CONCLUSION

The TA has been very useful to FACT and the TB affected communities, in a sense that it has given birth to the TB CSO Network which was non-existent in Malawi. On the other hand most of the partners involved in the TA are also using the road map that was developed through this TA, to foster continued engagement of TB affected communities in Global Fund processes. It is anticipated that through this TA, a better collaboration and coordination on Global Fund processes especially the TB constituency will be achieved in Malawi.

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