TECHNICAL SUPPORT EFFECTIVENESS ASSESSMENT OF CIVIL SOCIETY AND COMMUNITY GROUPS IN BOTSWANA, LIBERIA, SIERRA LEONE, SOUTH SUDAN, SWAZILAND AND TANZANIA

SIERRA LEONE COUNTRY REPORT

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ABREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AGYW	Adolescent Girls and Young Women
CARKAP	Consortium for the Advancement of Rights for Key Affected Populations
CCM	country Coordinating Mechanisms
CG	Community Groups
CISMAT-SL	Civil Society Movement Against Tuberculosis-Sierra Leone
CRG SI	Community, Rights and Gender Strategic Initiative
CS	Civil Society
EANNASO	Eastern Africa National Networks of AIDS and Health Service Organizations
FGD	Focus Group Discussion
FSW	Female Sex Workers
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
KII	Key Informant Interview
KVP	Key and Vulnerable Populations
LGBTI	Lesbian Gay Bisexual Transgender
M&E	Monitoring and Evaluation
PR	Principal Recipient
PWID	People who inject drugs
SR	Sub-recipient
TA	Technical Assistance
TS	Technical Support
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV and AIDS
WHO	World Health Organization

ACKNOWLEDGEMENT

EXECUTIVE SUMMARY

Introduction:
Sierra Leone has a population of about 7.4 million as of 2016. HIV prevalence is low at 1.5% among the adults aged 15-49 years and a total of 67,000 people estimated to be living with HIV.[1] TB patients notified in 2016 were 14,114 with an estimated incidence of 22 TB patients per 100,000 population.[2] There were about 1.7 million malaria cases reported in Sierra Leone in 2017.[3]

To respond to AIDS, TB and malaria epidemics, effective response needs also to address the barriers related to human rights, gender and other inequalities and exclusions by involving capacitated civil societies (CS) and community groups (CG). Therefore, CS and CG need the right capacities to assume such the roles as planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes.

Aim:
To assess the TA Effectiveness to CS and CG as they engage in the national and Global Fund processes in Sierra Leone. The results will then help to improve the TA delivery to CS and CG in Sierra Leone.

Methods:
TA Effectiveness study for Sierra Leone between 05th and 06th February 2018. Key Informant Interviews (UN agencies and Implementing partners) and CS and CG were involved in the study. We used SurveyMonkey, Key Informant Interviews (KIIs) and Focus Group Discussion (FGD) to gather data.

Summary of findings:
CS and CG are the main stakeholders in addressing the AIDS, TB and malaria epidemics in Sierra Leone. CS and CG are involved in the national processes and Global Fund processes at different levels. The findings related to the TA in Sierra Leone are as follows:

- TA has effectively transformed some CS to evolve to an SR such as Consortium for the Advancement of Rights for Key Affected Populations (CARKAP) and Civil Society Movement Against Tuberculosis Sierra Leone (CISMAT-SL).

- Two organizations CARKAP AND CISMAT-SL have accessed the CRG-SI to get TA to transform their organizations into better implementers in Global Fund programs.

- TA needs are diverse and require a tool to understand specific needs.

- Ministry of Health and Sanitation with the support of the UNAIDS-Sierra Leone are developing National TA plan that will capacitate CS and CG to then engage in the national responses including Global Fund programs.

[1] WWW.UNIAIDS.ORG
[2] WHO (2017). GLOBAL TUBERCULOSIS REPORT 2017.S
[3] WHO (2017). WORLD MALARIA REPORT 2017.

Recommendation:

The following are proposed recommendations to increase the access and effective utilization of TA to CS and CG to contribute to the national processes including Global Fund processes.

- Advocate for resources for the National Multisectoral TA plan in Sierra Leone and implement the TA plan.

- Explore on the useful platforms to increase sharing of TA resources (funding and TA providers) to CS and CG in Sierra Leone.

- Provide mentoring programmes to CS and CG to ensure TA Effectiveness can be measured against CS and CS performance.

- Capacitate CARKAP to act as a local TA provider or linking agent to its constituencies especially those that are implementing Global Fund programs.

Conclusion:

CRG SI was critical in the transformation of two Sierra Leone CS who received short-term assistance program that assisted in the implementation of the Global Fund programs. However, the other component of the CRG SI has not been explored.

1. INTRODUCTION

Sierra Leone has a population of about 7.4 million as of 2016. HIV prevalence is low at 1.5% among the adults aged 15-49 years and a total of 67,000 people estimated to be living with HIV. TB patients notified in 2016 were 14,114 with an estimated incidence of 22 TB patients per 100,000 population. There were about 1.7 million malaria cases reported in Sie Leone in 2017.

To effectively respond to AIDS, TB and malaria there is a need to also address the barriers related to human rights, gender and other inequalities and exclusions by involving equipped civil society (CS) and community groups (CG). The Global Fund supports Sierra Leone since 2005 and addresses the gaps in health care delivery, including financial management, procurement, supply and management of medical and pharmaceutical products, health information systems, monitoring and evaluation, and service delivery.[1] To date the summary of the achievements of Global Fund in HIV, TB and Malaria are shown in the box below.

The Global Fund funding circle also known as "allocation periods' is available for every three years. The Country Coordinating Mechanism (CCM) is a national committee that includes representatives from all sectors such as government, development and implementing partners, CS and CG. CCM oversees the Global Fund processes (application process, implementation and monitoring implementation) in a given country as shown in Figure 1.
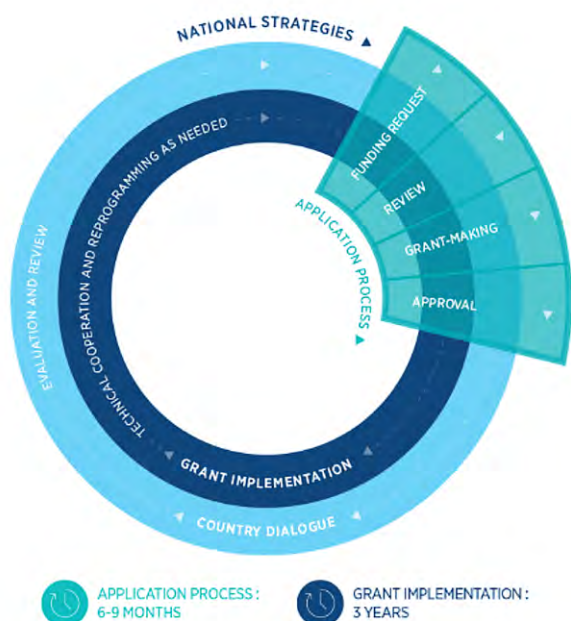
Figure 1. The GF application and implementation processes

Summary of GF achievements in Sierra Leone

HIV/AIDS:
People currently on antiretroviral therapy — **17,000**

TUBERCULOSIS:
Laboratory-confirmed pulmonary TB detected and treated (cumulative) — **58,100**

MALARIA:
Insecticide-treated nets distributed — **5,450,000**

INVESTMENTS:
To date in health — **US$ 234,264,764**

Therefore, CS and CG are important stakeholders in the national responses especially for HIV, TB and Malaria. CS and CG require long- and short-term technical assistance and capacity development initiatives to enable them to effectively take on the roles of the roles as planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes. In November 2016 the Global Fund Board approved $15 million for Community, Rights and Gender Strategic Initiative (CRG SI) scheme for the period 2017-2019 to support the following three components:

1. Short-Term Technical Assistance Program;

2. Long-Term Capacity Development and Meaningful Engagement of Key and Vulnerable Populations; and

3. Regional Platforms for Communication and Coordination.

The TA to CS and CG may include, but not limited to the following areas (see Figure 2).

Figure 2. Example of TA areas under Global Fund CRG-SI

1.1 CS & CG PROFILES IN SIERRA LEONE

The CS and CG in Sierra Leone are tasked with advocacy and provision of certain health services to the general population especially to Key and Vulnerable Population (KVP). The mandate of the CS and CG is advocacy and community awareness of diseases and programs. In addition, CS and CG work on Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersexed (LGBTI), Men who have Sex with Men (MSM), People who inject drugs (PWID) and Female Sex Workers (FSW) and Adolescent Girls and Young Women (AGYW).

CS and CG are part of the health system in Sierra Leone and are involved in the delivering various services to the communities. The CS and CG have been involved in the Global Fund programs since 2005. The general overview of the CS and CG in Sierra Leone is as follows:

- CS and CG are coordinated by a Consortium for the Advancement of Rights for Key Affected Populations (CARKAP). CARKAP coordinates the efforts of CS and CG.

- CS and CG are the among the key stakeholders in the national responses for AIDS, TB and Malaria.

- The mandate of the CS and CG is advocacy and community awareness of diseases and programs.

- Sierra Leone has experienced Ebola outbreaks which impacted in resources to provide TA to CS and CG. The funds were eventually diverted to address the epidemics as a public health priority.

1.2. LEGAL AND POLICY FRAMEWORK OF CS & CG

The CS and CG are legally registered in the country and required to follow the constitution and other rules and regulations.

There has been developments in registering organizations working with KVP in Sierra Leone. Equal access to health and social support is supported by the country plans and frameworks[1] which ensures inclusion of all regardless of race, creed, religious or political affiliation, sexual orientation or socio-economic status.

[1] SIERRA LEONE'S HIV/AIDS NATIONAL STRATEGIC FRAMEWORK 2010-2016

1.3. CS & CG ENGAGEMENT IN NATIONAL PROCESSES

There is a general consensus that CS and CG are regarded as the key stakeholders in the national responses to AIDS, TB and Malaria. CS and CG should be responsible and accountable in responding to the national responses. CS and CG are involved in both national and Global Fund processes as summarized below:

National processes: CS and CG are involved in the i) development of National Strategic Plans (NSP) development, and ii) they serve in various committees and Technical Working Groups (TWG). They also implement projects with the government HIV, TB and Malaria programs.

GF processes: CS and CG are engaged is extensively in the GF processes from country dialogues. During conduct this study, Sierra Leone had a week-long exercise of Global Fund grant negotiations.

- CCM members: CS and CG are the member of CCM-Sierra Leone. Therefore, they assume the roles of CCM in the country.

- Global Fund Implementers (SR): The level of engagement as implementers is dependent on the capacity of the CS and CG as assessed by the PR in Sierra Leone. For instance, CARKAP implements the Health Systems Strengthening project of the Global Fund in Sierra Leone in TB control. CISMAT-SL is also a Global Fund implementer for TB activities at the communities in Sierra Leone. Network of PLHA in Sierra Leone[1] is also an implementing partner of Global Funds as the SR.

- Community Monitoring: CISMAT-SL engagement in community monitoring on Global Fund process through community-based monitoring for social accountability, community mobilization, peer support and advocacy.

[1] HTTP://NETHIPS.WEBSTARTS.COM/INDEX.HTML

2. OBJECTIVES

2.1. BROAD OBJECTIVE

To assess effectiveness and innovations in provision of TA to CS and CG in the implementation of Global Fund Grants to end HIV, TB and Malaria in Sierra Leone.

2.2. SPECIFIC OBJECTIVES

1. To evaluate if the technical assistance that has been provided to CS has supported CS and community groups involved in country processes related to GFATM including NSP review and development, GFATM fund request development and grant making process, Implementation and as CS/CG representatives on their country coordinating mechanisms (CCM).

2. To identify existing knowledge challenges/gaps and lessons on technical support and capacity building delivered to CS and CG in Sierra Leone.

3. To determine recommendation on improving technical support to CS and CG engage in implementation of Global Fund grants in Sierra Leone.

4. To identify TS needs and opportunities to support improved engagement of CS and CG in GF processes in Sierra Leone.

5. To document national case studies in Sierra Leone on how CS and CG have been able to access TA and its effectiveness in country GFATM related processes.

3. METHODS

3.1. SETTING AND STUDY POPULATION

TA Effectiveness study was done in Freetown, Sierra Leone between 05th and 06th February 2018. The online data collection was conducted between 01st February to 31st March 2018. The participants of the TA Effectiveness Study came from CS, CG, UN agencies, Ministry of Health officials, implementing partners. The list of study participants interviewed are shown in Appendix 1. The findings of the TA effectiveness study in Sierra Leone collated from the SurveyMonkey, KII and FGD as responded by the participants. The consultant shared the preliminary findings of the TA Effectiveness study in a validation meeting with stakeholders on the 06th February 2018 in Freetown.

Data collection combined several data collection tools to capture quantitative and qualitative data.

Table 1 below summarizes the data collection tools and the target population. The data collection tools are shown in the appendices.

Type of data collection tools	Description	Target population
ONLINE SURVEY (SURVEYMONKEY)	The tool was circulated to CS and CG identified by the coordination organization (SAIL).	TA Provider TA users (CS & CG) Technical partners
KEY INFORMANT INTERVIEWS (KIIS)	KIIs were done and the findings are presented in this report.	TA Provider TA users (CS & CG) Technical partners CCM secretariats
FOCUS GROUP DISCUSSION (FGD)	The FGD was conducted with CS or CG to further explore the TA assistance experience.	TA users (CS & CG)
VALIDATION MEETING	Presented the summary of preliminary findings	TA Provider TA users (CS & CG) Technical partners

Table 1. Summary of data the data collection tools to be used in the TA assistance six countries

3.2. DATA ANALYSIS

We used mixed-methods approach to analyse the collected data:

Qualitative data: we used both thematic and content analysis of the data.

Quantitative data: we used Stata version 14 to produce frequency tabulation tables. In addition, we used Microsoft Excel to create figures.

3.3. STUDY LIMITATION

The TA Effectiveness Study employed several data collection tools to minimise the bias in selection of the CS and CG group. However, we would like to mention the following limitations attributed to our methods:

Sampling bias: The KII and CG and CG were only included based on their availability to take part in the study. Therefore, we might have missed other stakeholders who might have different experience with TA, particularly those living in rural areas.

Organisational development TA: The current study has not looked at the organisation development (OD) of CS and CG but rather focused on the processes. Therefore, TA addressing OD is not strongly presented in this study.

4. FINDINGS

4.1. GENERAL FINDINGS

The results of the SurveyMonkey online consultation tool are written in a separate report entitled "Technical Assistance Needs Assessment of Civil Societies and Community Groups in Sierra Leone, Liberia, Sierra Leone, South Sudan, Swaziland and Tanzania: Summary of Findings from Online Consultation Tool." The report combines the responses of the CS and CG in Anglophone Africa.

We interviewed 11 individuals in Sierra Leone as shown in Figure 3 which shows the numbers and the categories. We conducted one FGD involving the CS and CG. The validation meeting involved all the stakeholders and additional views and opinions on TA in Swaziland were collected.
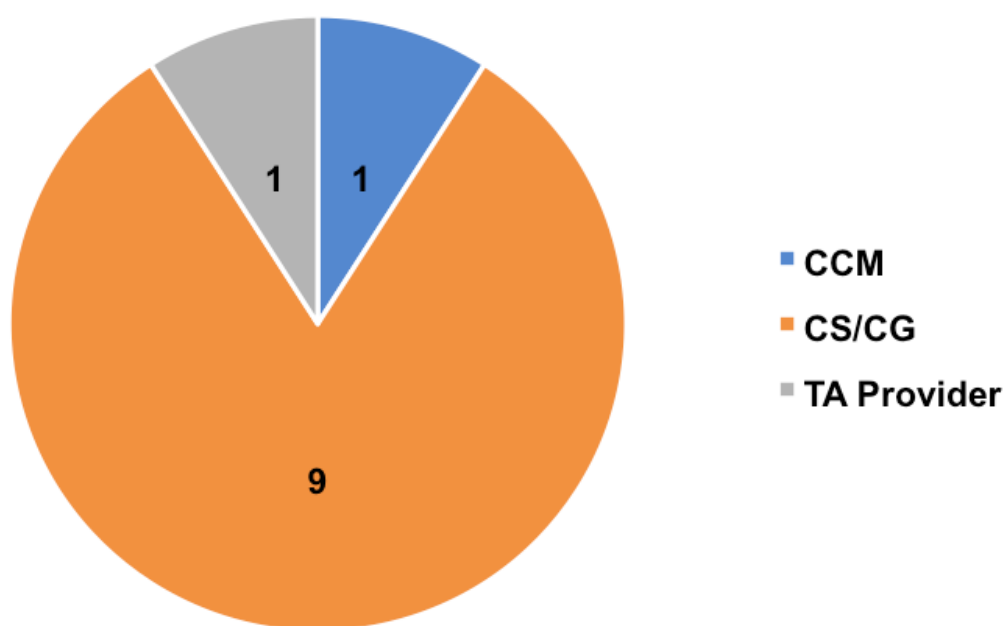

Figure 3. Number and Category of Participants Interviewed for the TA Effectiveness Study in Botswana
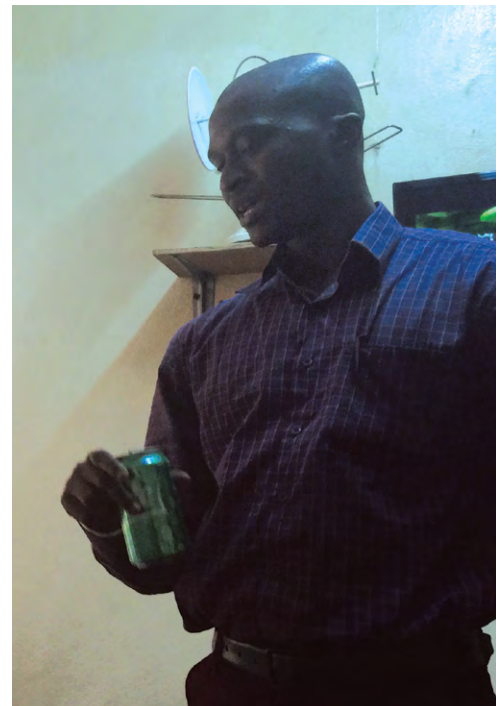
Figure 4. Pictures of a consultant with various stakeholders. Clockwise from top left: UNAIDS-Sierra Leone country director, CCM Chairperson, CCM Chairperson and CISMAT-SL National Executive Director and Validation Meeting.

4.2 SIERRA LEONE CS & CG ACCESS TO TA

4.2.1 SOURCES OF TA

TA to CS and CG was identified by study participants as a critical component to the effective engagement in the national and global fund processes. Overall, TA is provided by Implementing Partners and geared towards certain projects. The following organizations were reported to provide TA to CS and CG in Sierra Leone:

Organization	Description of the TA
UN AGENCIES	UNAIDS[1] overall is hugely involved in the TA provision to the CS and CG for their engagement in the HIV response. • UNAIDS in Sierra Leone has supported the Ministry of Health and Sanitation through National HIV/AIDS Secretariat, to develop the National Multisectoral Technical Plan[2]. The TA plan will capacitate the stakeholders especially CS and CG who may or may not be implementing the Global Fund HIV/AIDS programs.
MINISTRY OF HEALTH	Through various programs such as National HIV/AIDS Secretariat which provides TA support in implementation to about 51 SR[3].
CCM	Provides TA to CCM members on the Global Fund processes.
OTHER PARTNERS	Implementing partners offer various TA to CS and CG. • Think Africa Institute has provided TA on Strategic and operational plan for Consortium for the Advancement of Rights for Key Affected Populations (CARKAP)[4]. CARKAP received training in Strategic planning, Operational planning, Financial management, Advocacy and Monitoring and Evaluation.
GLOBAL FUND & EANNASO TA DIRECTORY[5]:	CISMAT-SL has received the TA under the CRG initiative. The description of the TA received and how that has improved the engagement in the Global Fund processes, is given in the case study section.

Table 2. The list of organizations and description of TA provided to CS and CG.

[1] HTTP://WWW.UNAIDS.ORG
[2] NATIONAL HIV/AIDS SECRETARIAT (2018). DRAFT NATIONAL MULTISECTORAL TECHNICAL SUPPORT PLAN.
[3] HTTP://WWW.NAS.GOV.SL/PARTNERS/THE-GLOBAL-FUND
[4] HTTPS://THINKAFRICAINSTITUTE.WORDPRESS.COM/2017/09/04/RECENT-WORK-CARKAP-SIERRA-LEONE/
[5] EANNASO. GLOBAL FUND COMMUNITY, RIGHTS AND GENDER: TECHNICAL ASSISTANCE DIRECTORY FOR CIVIL SOCIETY AND COMMUNITY GROUPS IN ANGLOPHONE AFRICA.

4.3 ACHIEVEMENTS IN ACCESSING TA IN SIERRA LEONE

The achievements related to accessing TB is highlighted in the case study of CISMAT-SL. The case study exemplifies the TA to a CS in improving their capacity to implement and monitor Global Fund programs.

4.4. CHALLENGES & GAPS IN TA

The following are the challenges and the gaps associated with accessing TA in Sierra Leone.

1. Funding: Inadequate funding to access TA was mentioned by all CS and CG interviewed. For instance, one CS representative said, "We need capacity building in several areas such as research methods, financial management. But we cannot access those because we don't have the budget for that."

"We wish to be trained on other skills such as financial management so as to adhere to the financial regulations of different funders including Global Fund. However, we just don't get enough money to send our staff to be trained in these important skills".

CS and CG representative.

2. Project driven TA: TA implementation more to fulfill the program/project goals. There is lack of addressing other TA needs of the CS and CG that may help in full engagement in the GF processes.

3. Not knowing minimum standards: "We know that there are some requirements you need to quality as SR. However, we do not know what we need as minimum requirements for our organizations to focus our resources on such capacities. If such a tool exist it may help in building our capacities slowly over time". Comments by a CS representative.

4. No mentoring programme: "It's okay to train people, but if we don't have a mentoring programme to ensure there is transfer of knowledge and skills, we will achieve less and it is a gap we need to close". UNAIDS-Sierra Leone country director highlighting the gap of mentoring programme for individuals who are trained by different partners.

4.5. CS & CG TA NEEDS

The study participants in this study have acknowledged the contribution of the different partners in providing TA to CS and CG.

However, there are still TA needs to i) transform CS and CG to be better performers and also ii) grow in their responsibilities from being SSR to SR and finally PR.

Building capacity to CS and CG is a process and is summarized in the Figure 5. Such transformation will need to build the systems that runs the organization such as governance and technical skills to contribute to grant making and implementation.
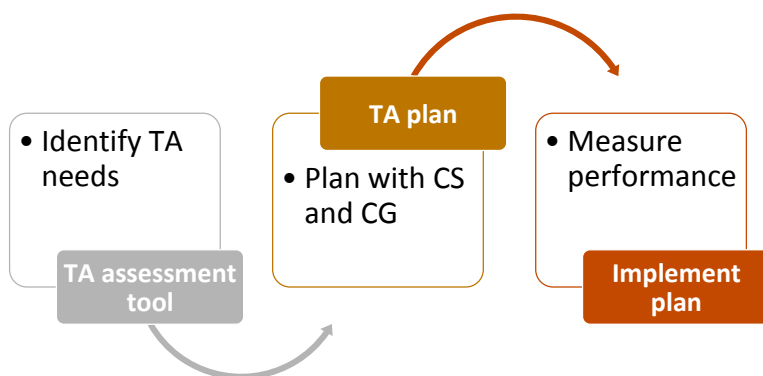
"Without these things (office space, registered as legal entity in the country its operate, have at least 7 staff and a Board, a strategic plan, annual budget and a bank account) mentioned above, communities/CSOs do not qualify to access Global Fund funding/support, and this is a huge challenge for their involvement and participation in most of the Global Fund activities. There is a need for huge technical assistance ranging from organization and strategic plan development and mapping of more members to the TB network/movement."

CS representative highlighting the need not only of TA but also other infrastructure as crucial components of CS and CG engagement in Global Fund processes.

Figure 5. TA needs assessment and TA implementation plan.

Sierra Leone has already gone a step further in developing a National Multisectoral Technical Support Plan for stakeholders involved in HIV/AIDS control in Sierra Leone (see Figure 6).

The TA plan is a joint effort of Ministry of Health, UNAIDS-Sierra Leone, CS and other stakeholders.

A summary of the plan focus is shown in the box below.

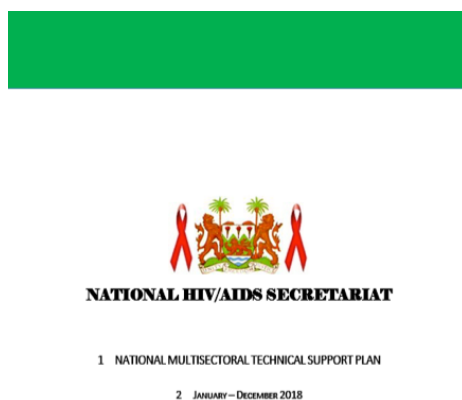*Figure 6. A front page of the National Multisectoral Technical Support Plan*

National Multisectoral Technical Support Plan

THE PLAN COVERS THE FOLLOWING AREAS:

- **Situational Analysis**

- **Objectives of the TS Plan**

- **Country TS priorities areas**

- **Challenges of TS in Sierra Leone**

- **Management and coordination of TS**

- **Funding of the TS plan**

5. RECOMMENDATION ON IMPROVING TA TO CS & CG

Sierra Leone has already drafted a TA plan for stakeholders to subscribe to when providing TA to CS involved in HIV control. The plan is currently under development and once finalized, countries can explore its adaptation to their country setting for HIV and other diseases.

"We have already made a TS plan for our stakeholders in HIV/AIDS. What we need is soliciting resources to fund the plan and monitor its implementation. It will ensure that we have a standard way to capacitate CS and other stakeholders. Though the plan is for HIV/AIDS, other programs like TB and Malaria can go through the same process to come up with their own TS plan."

UNAIDS-Sierra Leone Country Director talking about the National Multisectoral Technical Support Plan.

5.1. TA PRIORITIES FOR CS & CG IN GLOBAL FUND PROCESSES

The need to improve access and delivery of the TA is key to capacitate CS and CG in Sierra Leone. Improving TA to CS and CG will enable:

- Productive dialogue during the concept note writing

- Submit good quality proposal to Global Fund during concept note writing

- Increase the number of CS and CG to implement Global Fund programs.

- Effective implementation of Global Fund programs.

- Facilitate growth in responsibilities of CS and CG from SR to PR

The following recommendations are ranked by priority for improving TA Effectiveness for CS and CG in Sierra Leone. The recommendations are directed to government and other stakeholders that work with CS and CG such as government programs, UN agencies and implementing partners.

Priority	No.	Category	Descriptions of possible outcomes
HIGH PRIORITY	1	**Implement National Multisectoral Technical Support Plan**	• Sierra Leone, with the help of UNAIDS, is finalizing the National TA Plan. • Advocate for resources to fund the National TA Plan of Sierra Leone. • The country through different partners, implement the TA plan by training CS and CG to be efficient implementers of Global Fund programs.
	2	**Adoption of the National Multisectoral Technical Support Plan**	• Other disease programs (TB and Malaria) recommended to adopt the plan, or conduct similar review process to build a TS plan
	3	**Increase the number and access to local, regional and international TA providers.**	• Disseminate the list of TA providers especially that produced by EANNASO for Anglophone Africa. • Build capacity to local CS and CG to provide TA to another CS and CG.
LOW PRIORITY	4	**Mentoring program**	• The mentoring program should be included in the priority 1.2. The mentoring program will ensure TA is utilized by the CS and CG as they engage in different processes.
	5	**Engage with regional platform**	• CS and CG should actively engage with EANNASO (www.eannaso.org) to receive the resources and information on TA providers, resources any other useful information.
	6	**CARKAP as a local TA provider**	• Explore the approaches at which CARKAP could be a local TA provider.

Table 3. Prioritized recommendations to improve TA to CS and CG in Sierra Leone.

5.2. GENERAL RECOMMENDATIONS

The implementing partners, CG and CG recognize the importance of government support in improving CS engagement in national response by increasing their capacity through TA. The political commitment should be reflected in the following areas:

1. <u>Funding:</u> CS and CG to explore funding from the government to fund the National TA Plan so as to capacitate the CS and CG to engage in the national response and Global Fund processes.
   "This TS plan that the government is working with UNAIDS, now needs funding from all partners, otherwise it may fail". One CS representative talking about the TS plan.

2. <u>Platform for CS and CG:</u> CARKAP should i) strengthen its coordination role for CS and CG, and ii) consider be a local organization that can offer TA to its members.

6. CASE STUDY ON TA

CISMAT-SL[1] is hereby presented as the case study for TA provided to improve the engagement in Global Fund processes. CISMAT-SL is a CS led movement, non-profit making and a coalition of CSO working on the campaign against tuberculosis in Sierra Leone in order to promote the involvement of CS and CG groups in TB campaigns and increase advocacy efforts for the prevention, early diagnosis and care and control of TB in Sierra Leone.

The TB response was transforming in 2014 and 2015, when the country's health system was heated by the Ebola epidemic, this rendered the health system weak thereby, contributed to the significant challenges remaining in implementation of an effective TB program in Sierra Leone.

Recognizes TB affected communities and CSOs as critical actors in TB response which promote inclusive access to TB services. This has been affirmed in the Global Fund Strategy of 2017-2022-**Investing to End Epidemics. Specifically, Strategic Objective 2 "Building resilient and sustainable systems for health".** This ensure commitment to strengthening community systems and responses.

The mission is to advocate for a better access to TB drugs and services using the Advocacy, Communication and Social Mobilization approaches by promoting Community System Strengthening, CS and TB patients' engagement.

CISMAT-SL through various sources has been trained on:

- Project Management

- Organizational Development

- Human Rights and Gender Studies

- Monitoring and evaluation

- Sexual Reproductive Health Rights and Youth Development

[1] HTTPS://CISMATSIERRALEONE.WEEBLY.COM/INDEX.HTML

6.1 TA FUNDING THROUGH STOP TB PARTNERSHIP

The above TA has been provided to CISMAT-SL has significantly transformed the organization lead in the community activities in Sierra Leone. CISMAT-SL requested for a TA from the Stop TB Partnership in order to garner inputs from TB communities for inclusion in the TB grant proposal.

1. CISMAT was supported to conduct national country Dialogue with TB communities across the 4 regions of Sierra Leone.

2. A consultant was hired by Stop TB partnership to effectively implement the objectives of the TA. CISMAT is of the view that eliminating TB need multisectoral approaches therefore, during the implementation of the TA, we saw the need to include the following:

- Reviewed CISMAT-SL's national strategic plan.

- Partnered with the HIV communities

- Reviewed our governance structure and systems

- Established a national consortium for HIV, TB and Malaria called Consortium for the Advancement of Right for Key Affected Population (CARKAP).

Though the TA was not meant to address the above-mentioned issues but CISMAT was able to do as the proverb says 'kill two birds with one stone'' however, CISMAT-SL was able to use one TA to address more than two TA needs.

It was as a result of this TA CARKAP was born, which ultimately gave us another TA from the CRG in order to conduct Country Dialogue to garner the input of communities from the HIV, TB and Malaria for inclusion in the HSS grant now RSSH/Z-grant. Consultant Mayowa was hired again by EANNASO and asked to stay to continue with TA support for CARKAP by helping shape the inputs of communities into HSS grant proposal.

6.2 TA FUNDING THROUGH EANNASO

Two TA were approved by the CRG-SI to strengthen the governance and administrative aspect of CARKAP which was provided by EANNASO in partnership with CISMAT.

- TA implementation has provided an opportunity for these two organizations to contribute in addressing the challenges facing the health responses.

- In 2015, the Global Fund approved 1,200,000USD for CARKAP to undertake coordination and capacity building for consortium members working on HIV, TB and Malaria nationwide.

- 250,000USD was approved by the Global Fund to CISMAT to provide services such as community-based monitoring for social accountability, community mobilization, peer support and advocacy.

- CISMAT-SL and CARKAP are now supporting the country to strengthen the health system in Sierra Leone by making sure that treatment and services are accessible for affected communities especially people living with TB and HIV.

7. CONCLUSION

CS and CG once capacitated will ensure the effective engagement in the national and global fund processes. Organizations that had received short-term assignment support has helped to transform in their engagement. Sierra Leone effort to put up a TS plan is exemplary and needs to be taken as a best practice, as setting up a national TA plan helps to concentrate partner efforts in offering TA to stakeholders involved in HIV control.

However, the regional platform support and coordination needs to be realized in Sierra Leone. Long-term capacity development for KVP needs to be strengthened in Sierra Leone by exploring what activities to be supported to ensure meaningful engagement of the KVP for HIV, TB and Malaria responses.

NOTES

NOTES

8. APPENDICES

8.1. LIST OF PARTICIPANTS IN THE STUDY IN SIERRA LEONE

S. NO	ORGANIZATION	CONTACT PERSON	CONTACT
1	THE JOINT UNITED NATIONS PROGRAMME ON HIV AND AIDS	Dr. Michael F. Gboun Country Director	gbounm@unaids.org www.unaids.org
2	COUNTRY COORDINATING MECHANISM-SIERRA LEONE	Llyntton Tucker Country Coordinator	ccmsierraleonesecretariat@yahoo.com +232 7663030
3	CIVIL SOCIETY MOVEMENT AGAINST TUBERCULOSIS SIERRA LEONE	Mr. Abdulai Abubakarr Sesay	cismatsierraleonetb@gmail.com movementagainsttb@hotmail.com www.cismatsierraleone.weebly.com
4	CONSORTIUM FOR THE ADVANCEMENT OF RIGHTS FOR KEY AFFECTED POPULATIONS (CARKAP).	Ms. Marie Benjamin Chairperson – CARKAP Program Coordinator- SWAA	swaasl@yahoo.com leggmarie2@yahoo.com
5	SOCIAL LINKAGES FOR YOUTH DEVELOPMENT AND CHILD LINK (SLYDCL)	Habib T. Kamara Director	slydcl@gmail.com
6	THE PEOPLES HEALTH ADVOCATE SIERRA LEONE ORGANIZATION	Arnold Macauley Chief Executive Officer	thepeopleshealthadvocate@gmail.com
7	NETWORK OF HIV POSITIVES IN SIERRA LEONE (NETHIPS)	Idrissa Songo Executive Director	nethips2006@yahoo.com idrisongo@gmail.com
8	HIV & AIDS CARE AND SUPPORT ASSOCIATION	Harry S. Mustapha Program Officer	hacsacares@yahoo.com
9	HIV & AIDS CARE AND SUPPORT ASSOCIATION	Joseph Sumanah Team Leader	+232 76936538
10	PRISON WATCH SIERRA LEONE	Berthon Lamin Bangura Chief Detention Officer	bertha-bangura@prisonwathsl.org

The Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) is a regional network bringing together civil society and community voices to inform policies and improve the programming of HIV, TB, malaria and other health issues present in our communities.

As of September 2017, EANNASO was re-selected by the Global Fund Community Rights and Gender Strategic Initiative (CRG SI) to host the Regional Communication and Coordination Platform for Anglophone Africa for the period of December 2017 to December 2019 covering 25 Anglophone African countries.

The regional platform for communication and coordination has a key role in engaging civil society organizations and community networks in Global Fund processes. It is responsible to foster regional dialogue, exchange knowledge and good practices among civil society and community actors and networks, as well as to disseminate information on technical assistance opportunities across all Anglophone countries where the Global Fund has grants countries.