COMMUNITIES DELEGATION

of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria

A Review of the Engagement of Key Populations in the Funding Model

Global Report: Results from a study in 11 countries

November 2014

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Executive Summary

The Global Fund to Fight AIDS, TB & Malaria (Global Fund) is committed to ensuring the meaningful participation of those individuals who are most affected by HIV, TB and Malaria in the design, implementation, monitoring and evaluation of its programmes. The Communities Delegation of the Global Fund Board commissioned a review to capture the experiences of Key Population (KP) engagement, and to assess the extent and quality of KP participation in the Funding Model (FM) process, following reported concerns that country dialogue processes have not systematically empowered and engaged KP representatives to realize targeted impact(s) effectively.

The analysis and findings presented in this report are based on a study conducted among KPs in 11 countries[1]. The methodology aimed to assess the extent and quality of KP engagement in the process; assess the support provided by various technical partners and the Global Fund Secretariat; and to document challenges, successful strategies and specific recommendations. The methodology consisted of two main parts – an online survey targeting KPs and in-depth interviews with KP representatives in seven of the countries.

Overall, the study demonstrated that **the explicit requirement for the engagement of KPs in the FM played a catalytic role in some contexts, promoting their involvement in national processes for the first time.** National programmes openly acknowledged the existence of some KPs, allowing their voices to be heard and the first-time inclusion of specific interventions for those communities in the concept note.

The level of awareness of the concept note development process, its stages and outcomes differed significantly between members of the community, highlighting the gap between chosen representatives and the broader community. Community representatives who were not personally involved in the concept note development process were often unaware of the process taking place and who their representatives were. Survey results suggested that **engagement was frequently limited to few, selected individuals with inadequate representation of the community system and its interests as a whole.** Transparent selection of representatives by the communities themselves, according to self-defined criteria and processes occurred rarely, and in most cases, the selection of representatives by other stakeholders reflected the political interests and comfort level of government and others with those nominated and endorsed individuals.

Encouragingly, the survey findings also demonstrated that KP representatives reported being engaged in the development and review of National Strategic Plans (NSPs) in all countries surveyed. However, **the engagement of communities in each stage of the concept note development process differed significantly across countries**, with the engagement of community representatives stronger in stages that determine the 'big picture' of the concept note (eg review of the NSP or investment case) and their consistent lack of influence reported on decisions relating to budgets and the type and implementation of specific interventions.

The study findings further showed that the involvement of KPs in the FM is not effective as a stand-alone event and that **long-term capacity building and investments in community systems strengthening are critical to ensure that KP involvement is meaningful**. The capacity of community organisations and their representatives often cannot be built to the level necessary during the short and rushed timeframe of a concept note development process.

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[1] Countries selected for the study are: Uganda, Senegal, Nepal, Vietnam, Jamaica, Peru, Ukraine, Nigeria, Burkina Faso, Indonesia, and Kyrgyzstan

Where community representatives had received capacity building over the longer term, KPs were empowered to engage, raise concerns, challenge existing power structures and decision-making processes and influence final outcomes. In cases where capacity building was lacking, **KP representatives were engaged only in a tokenistic way**, often faced stigma during the process, leading to community representatives concluding that many stakeholders are fulfilling the requirements on paper to "*tick a box*" without actually taking inputs into account.

The survey results indicated **varying levels of support provided to facilitate the meaningful engagement of KPs**. The most significant sources of support that emerged across the 11 countries were the Global Fund Secretariat and civil society organisations. Notable was the limited role that technical partners at country-level appeared to play overall in *politically* facilitating the meaningful engagement of KPs. Specifically, **the lack of community-friendly materials** was consistently raised as a concern by community representatives as impeding meaningful engagement and reinforcing disempowerment. The complexity of the information and process itself makes it inaccessible to KPs and meant they were not able to hold other, more powerful, stakeholders to account. This is further exacerbated by the fact that many KPs do not speak any of the languages into which documents are translated.

In order to address these findings, specific **recommendations** include:

1: Regional civil society platforms to allow for information and experience sharing among constituencies.

2: Partnership at global or regional levels with external agency that specializes in providing community-friendly and accessible communications materials to ensure that Global Fund requirements, concept note instructions and formats are available in accessible formats.

3: Establishment of communication strategies beyond the CCM leadership for dissemination of allocation figures and other country-specific guidance by the Global Fund Secretariat.

4: **Enforcement of Global Fund requirements on inclusive engagement of key affected communities** through more rigid monitoring of implementation and no-tolerance approach to tokenism.

5: High-level monitoring of community engagement in the country dialogue and the enforcement of standards by the Board (through the SIIC) on a regular basis.

6: Targeted political and financial support by the Global Fund Secretariat and relevant technical partners to support community engagement in the concept note development process, including resources for community consultations, communication and feedback to constituencies during the process, safe spaces for criminalised communities and accessible documentation.

7: Requirements to ensure long-term, strategic investments in community systems strengthening in every concept note to build the capacity and advocacy skills among a broader range of KP representatives and their communities to engage meaningfully in national processes generally and concept note development specifically.

Introduction

Over the last two years, the Board and Secretariat of the Global Fund to Fight AIDS, TB and Malaria (Global Fund) have embarked on an ambitious strategy to restructure the funding model (FM), increasing their investment and prioritisation of resources to countries deemed most in need. The new FM aims to make the process simpler, more predictable and better aligned with national strategies. It was launched at the 31st Global Fund Board Meeting, followed by the dissemination of key allocation information for each country.

Throughout the development, launch and implementation of the FM, the Communities Delegation has raised a number of concerns relating to the clarity of information and strategies employed to encourage countries to set targets that demonstrate scale-up and impact. In addition, the Delegation has repeatedly highlighted potential risks within the country dialogue and grant-making processes for meaningful engagement of and adequate responses to the needs of Key Populations (KPs) [2]. Incidental reports from Members and community organisations brought the Delegation's attention to the fact that country dialogue processes may not empower and engage community representatives from KPs to realize targeted impact effectively, nor ensure that the promotion and protection of KPs and community groups are included in process and supported programming. Specific issues raised included: the lack of, or inadequate, dissemination of information on the FM and how communities and KPs could be in engaged in the process; lack of support for proper community engagement and dialogue; unclear prioritisation processes of high-impact interventions and resources; and unclear budget lines to reflect the programmatic needs of communities on gender, human rights, and Community Systems Strengthening (CSS).

Given these significant concerns and the urgent need to address them as the FM is further implemented, the Communities Delegation sought to conduct a more systematic analysis of whether and how KPs and communities are engaged in the country dialogue and concept note development process at national level.

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[2] In its *Key Populations Action Plan 2014-2017*, the Global Fund defines key populations in the HIV response (including MSM, PUD, TG, people selling sex), TB response (including incarcerated populations, PLHIV, migrants, refugees and indigenous populations) and malaria response (for which the concept is new and not yet well defined). People living with the three diseases also fall under the definition of "key populations."

Study Rationale and Methodology

i. Country selection

11 countries were selected for the study on the basis of regional representation, stage in concept note development (past or planned submission in 2014) and disease component. Countries selected for the study include: Uganda, Senegal, Nepal, Vietnam, Jamaica, Peru, Ukraine, Nigeria, Burkina Faso, Indonesia, and Kyrgyzstan.

	HIV	TB	Malaria	HSS
LAC	**Jamaica** (2014*)	**Peru** (Nov 2014*)		
Africa	**Nigeria** (Sept 2014)		**Nigeria** (July 2014)	
	Uganda (Nov 2014)		**Uganda** (June 2014)	**Uganda** (Nov 2014)
	Senegal (2014)			
				Burkina Faso (Sept 2014)
Asia	**Nepal** (Sept 2014*)			
	Vietnam (Sept 2014)			
				Indonesia (Nov 2014)
EECA	**Ukraine** (July 2014)			
		Kyrgyzstan (Nov 2014)		

Note: All countries were surveyed online. Countries in red were selected for in-depth interviews. ** Based on feedback from interviewees concept note submission has been delayed

ii. Study Methods

The study methodology aimed to provide a process through which the voices and experiences of KPs could be heard and taken into consideration in the future implementation of the FM. The study's main findings and recommendations are presented to the Board at its 32nd Board meeting.

The methodology consisted of two main parts – an online survey and in-depth interviews –to fulfill the following objectives:

- To capture experiences of KP engagement in the FM process
- To specifically assess the extent and quality of KP engagement in the process
- To assess the amount and quality of support provided by various technical partners, including the Global Fund, in supporting KP engagement in the concept note development process
- To document specific challenges and successful strategies to enhance meaningful engagement used by the Global Fund, technical partners, in-country stakeholders and KPs themselves

All 11 countries were covered by the online survey, circulated in four languages (English, French, Spanish and Russian) through global and country-specific listserves and targeted

dissemination to in-country contacts representing KPs. The survey consisted largely of multiple-choice questions, with several open-ended sections for qualitative input, taking approximately 15 minutes to complete. Survey design allowed for disaggregation of respondents, according to whether or not they had been directly engaged in the national processes to develop the concept note. Depending on the respondent's level of engagement, questions were tailored accordingly. "Direct involvement" was defined as participating in the country dialogue process, participating in civil society meetings, membership of the Country Coordinating Mechanism (CCM), and membership of the concept note drafting team or other forms of active participation. 211 eligible[3] survey responses were received. As survey respondents were guaranteed anonymity, the list of organisations or individuals who completed the survey will not be published.

In-depth interviews were conducted by skype or telephone with two or three KP or community representatives from each country, who are/were involved in the concept note development process. Seven countries were selected for in-depth interviews - Uganda, Senegal, Nepal, Vietnam, Jamaica, Peru, Ukraine – maintaining a balance of regions and disease components. In total, 15[4] in-depth interviews[5] were conducted.

Surveys and in-depth interviews that were not conducted in English were translated. All in-depth interviews were documented and survey results analysed per country. Findings were then analysed against a framework developed to define quality, meaningful engagement (Annex 1).

iii. Methodology Limitations

Every attempt was made to ensure both geographic and disease-component representation among selected countries. However efforts to include the Solomon Islands as one of the initial focus countries were unsuccessful as in-country stakeholders were unclear about the level of community involvement in the process and consequently were unable to provide relevant community contacts. This led to the Solomon Islands being replaced by Vietnam as a focus country. This resulted in a lack of geographic representation from the Pacific and a lack of Malaria-focused concept note development processes featured among the seven focus countries identified for in-depth interviews (malaria-focused processes were still covered through the online survey).

The study was based on the experiences of a limited number of participants in each country. The survey was disseminated through key global and country-specific listserves and through targeted dissemination to in-country contacts but this cannot ensure balanced representation from different KP communities. The number of respondents per country varied significantly, with relatively high numbers from Ukraine and Peru (50 and 35 respectively), approximately 20 for Nigeria, Uganda, Indonesia and Kyrgyzstan, but fewer responses (<10) for Burkina Faso, Jamaica, Senegal, and Vietnam. The methodology also meant that the survey only reached those community members who were connected, online and able to complete the questionnaire in English, French, Spanish or Russian. Similarly, in-depth interviews were conducted with two or three representatives from KPs and civil society. By interviewing at least two contacts per

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[3] Survey responses from respondents who indicated that they were not themselves a member of a key affected community or were not from any of the eleven focus countries were discounted. The survey design did not enable them to complete the questions once any of these options were selected

[4] To protect the privacy of the interviewees, the names and organisations of the interviewees will not be shared

[5] Interviewees included 3 from Jamaica, 1 from Nepal, 2 from Peru, 2 from Senegal, 2 from Uganda, 1 from Ukraine, and 3 from Vietnam

country the intention was to receive more balanced and representative accounts[6]. However, the perspectives gathered are still limited in the extent to which they are able to reflect the broader and wholly representative views among each community.

iv. Respondent profiles

The study indicated a good balance of different KP communities involved in national FM processes, with the exception of incarcerated populations and internally displaced people/migrants whose involvement was limited. The vast majority of study respondents (approximately 75%) identified as belonging to communities which were largely vulnerable or affected by HIV (including people living with HIV, sex workers, men who have sex with men, people using drugs), approximately 15% identified as being affected by TB and fewer than 10% identifying as "other" including – but not limited to- those from the malaria community.

Key Findings

The main findings from the study are presented under the headings that comprise the Framework on Participation (Annex 2).
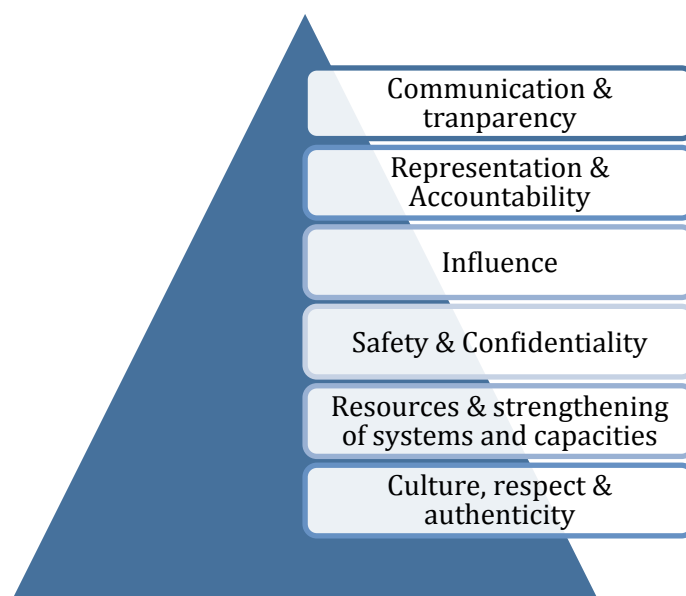
Overall, the study demonstrated that **the explicit requirement for the engagement of KPs in the FM has played a catalytic role in some contexts, promoting their involvement in national processes for the first time.** In Nigeria, where the community dialogue process included separate consultations for sex workers, people using drugs (PUD), men who have sex with men (MSM), and women & vulnerable girls, respondents noted that this represented the first time that the national programmes had openly acknowledged the existence of some KPs (specifically MSM) and the first time in any country concept note development process where KPs had had their voices heard.

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[6] In Nepal, the Vijaya Dashain holiday meant that only one respondent agreed to participate in the in-depth interviews.

First-time engagement of KPs also led to inclusion of their interests, such as in Vietnam, where MSM were previously not represented in Global Fund-related processes. The CCM agreed to recruit two additional members representing KPs (one representing MSM and the other representing sex workers and PUD) and the community representative for MSM subsequently effectively advocated for the inclusion of interventions for this community in the concept note.

In Jamaica, review and re-writing of the National Strategic Plan (NSP) happened concurrently with the concept note development, with representatives from KPs actively engaged in technical working groups and specific consultations planned focusing on PLHIV, gender and Sexual Orientation and Gender Identity (SOGI) and others. In Indonesia, respondents confirmed that the FM process had facilitated a transparent dialogue between Government, KPs, NGOs/CBOs and other stakeholders.

i. Communication & Transparency

Lack of community-friendly materials and communication strategies impede meaningful engagement and reinforce disempowerment

Community representatives consistently raised concern about the accessibility of information and requirements for engagement of stakeholders in the concept note development process. The complexity of the process itself and presentation of information from the Global Fund makes it inaccessible to KPs. This is further exacerbated by the fact that many KPs do not speak any of the languages into which documents are translated - 80% of the KPs in Kyrgyzstan were reported not to speak Russian and Indonesian respondents emphasised the need for documentation and facilitation in Bahasa to empower KP participation. Community representatives highlighted that the inaccessibility of the information further disempowered them during the concept note development process, as they were not able to hold other, more powerful, stakeholders to account. In Nigeria, the role of a dedicated consultant to review documents, explain requirements and convert information into accessible formats and language was highlighted as crucial, in the absence of organisations, who played this role.

The level of awareness of the concept note development process, its stages and outcomes differed significantly between members of the community, highlighting the gap between chosen representatives and the broader community. Community representatives who were not personally involved in the concept note development process were often unaware of the process taking place and who their representatives were. Survey results suggested that information about the concept note development process was disseminated among a limited number of representatives and/or within the CCM.

Survey results suggested that selected representatives did not have the resources and time to inform and consult with their constituency during the process. The speed of the process did not allow for sharing of information and consultations with the broader constituency, which highlights the importance of transparently selected representatives who can represent the needs of the community. The speed and plethora of requirements imposed by the implementation of the FM compromise the quality of engagement processes.

ii. Representation & Accountability

Engagement was frequently limited to few, selected individuals with inadequate representation of the community system and its interests as a whole

Transparent selection of representatives by the communities themselves, according to self-defined criteria and processes occurred rarely. In Jamaica, selection of representatives from each KP took place through a community-led election process that generated representatives

for the development of the new strategic plan, the CCM and the concept note development process. Similarly in Vietnam, representatives from KPs were selected transparently by their communities through the establishment of a Selection Board, supported by UNAIDS and WHO.

In Senegal, PLHIV were the only community represented in a meaningful way in the concept note development process. Selection of the representative was made by the CCM, based on its past experience in engaging with certain community leaders in review of the national strategic plan (NSP) in previous years. This was also the case in Kyrgyzstan, where community representatives were invited to participate based on their involvement in the last concept note, despite an articulated need for an open selection process. Respondents from Kyrgyzstan also highlighted that the discussions took place only in the capital and amongst those who could speak Russian (with 80% KPs unable to do so). In Nigeria, community representatives reported that, while a commitment was made to a community-led selection process, representatives were selected even before the first meeting with various stakeholders took place.

Community representatives interviewed highlighted that when other stakeholders chose representatives – rather than the community itself – the selection reflects the political interests and comfort level of government and other representatives with those nominated and endorsed individuals. This limited engagement with the community ensures that entrenched relationships, dynamics and influence are maintained within an inner circle of individuals and can limit meaningful engagement that reflects the spectrum and diversity of needs within different communities of KPs. In Nigeria, communities highlighted that those selected did not represent their interests and were considered 'safe options', who did not raise challenging issues. In

> *"The PR invited one of our leaders to participate, but they informed the authority of our organisation... something like 'we're sure you won't object...' The process seemed not very ethical."* (Respondent from Ukraine)

Uganda, representatives from the MARPs network and MARPI (Most at Risk Population Initiative) sit on the CCM, but although an ally for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) groups, they are not from the community. Despite the challenging political and legal context, representatives are calling for a LGBTI representative on the CCM to be able to advocate for their own interests; they are "*tired of people talking for us."*

iii. Influence

Limited influence on selection of interventions, budget allocation and implementation modalities

Encouragingly, KP representatives reported being engaged in the development and review of NSPs in all countries. However, the engagement of communities in each stage of the concept note development process differed significantly.

Strikingly, communities across all 11 countries studied highlighted that their engagement in the development of the budget, implementation arrangements and selection and assessment of Principal Recipients (PRs) and sub-Recipients (SRs) was limited. It appears that the engagement of community representatives is stronger in stages that determine the 'big picture' of the concept note (eg review of the NSP or investment case; selection of overarching priorities and gaps etc) than in the decisions that determine the type and implementation of specific interventions.

Unless community representatives were a member of the concept note writing team (which was clearly indicated to be the case in only four of the countries studied), the influence on final decisions that determined the type and implementation modality of interventions was also limited. Indeed, concerns were raised that PRs and SRs were sometimes being selected that

were known to be 'key population unfriendly' and that their approach would reinforce the gaps in the existing programming for KPs. In Nigeria, respondents called for the positioning of KP organisations to become future PRs and SRs. KP representatives raised concerns that while some biomedical programming for their communities may be included in the request for funding, structural interventions and those that would protect and promote their human rights were not included. They identified the lack of influence of certain KP communities, their exclusion from particular stages in the process and the political nature of PR and SR selection as causes for these gaps in GF-supported programming.

Only about half of the survey respondents indicated that processes had been put in place to ensure their engagement in later stages to address comments provided by the Grants Approval Committee (GAC) and Technical Review Panel (TRP). Jamaica stood out as granting online access to KP representatives to allow them to follow GAC and TRP comments and subsequent revisions.

iv. Safety & Confidentiality

Criminal laws and stigma and discrimination reduce KPs' influence on outcomes and final decisions. In Uganda, the current legal context was identified as the main barrier to meaningful engagement, as community consultations must be organised with great care without direct engagement of government stakeholders. In Jamaica, community representatives described dismissive attitudes towards representatives of KPs because of their capacity-related challenges. Community representatives were looked down upon for speaking in Patwa and one respondent described the intimidating and dismissive silence (*"crickets in the woods")* when community members share their views. While NGOs and other KP networks can play a facilitating role, this has not always proven to be the case. In Ukraine, even representatives of other affected communities allegedly excluded the inputs provided by people who use drugs. Despite efforts being made to engage PUDs, they had little impact on the final decisions made. Similarly, lack of capacity or sensitivity to take into account the particular needs of KPs can result in an exclusionary environment. In Ukraine for example, the timing of meetings – starting at 9am- prohibited the participation of people accessing OST, who receive their medication until 11am.

> *"…the real members of key populations are on the streets, not in any country dialogue process."* (Respondent from Ukraine)

v. Resources & strengthening of systems and capacities

Piecemeal support provided some leverage in the short-term to promote KP engagement
The survey results indicated varying levels of support provided to facilitate the meaningful engagement of KPs. The most significant sources of support that emerged across the 11 countries were the Global Fund Secretariat and civil society organisations.

Where support was provided, it was not consistent throughout the process. Resources and time to inform and consult with constituencies were consistently lacking for representatives. This compromised the quality, diversity and representativeness of the input that representatives were able to provide. In Senegal for example, the community representative for LGBTI communities submitted two requests – first to the CCM and later to the PR (ANCS) - to support a consultation amongst LGBTI communities, including those outside the capital. Both were rejected. An alternative was proposed by the PR which involved the LGBTI community accompanying their monitoring visits and consulting with communities in that way. This was rejected by the community, who desired an independent consultation. In Jamaica, communities expressed frustration with the difficulties associated with accessing available funding for

community consultations. The administrative intensity of the process caused delays and missed opportunities to consult with community members through established mechanisms and other on-going meetings.

❖ **The Global Fund Secretariat**

To support the implementation of the FM, the Global Fund Secretariat has put in place several initiatives to support KP engagement. In its Key Population Action Plan 2014-2017[7], the Global Fund outlines the safeguards it has put in place to ensure that KPs are prioritised and that investments are focused and strategic. In regards specifically to the meaningful engagement of KPs, these include revised requirements regarding the representation of KPs on CCMs; provision of targeted technical assistance to support meaningful engagement of key populations and broader communities; a Special Initiative to provide technical assistance to CCMs and implementers with regards to KP needs. Use of financial resources from active grants for concept note development processes can be authorised by the GF Secretariat. A pilot initiative to support CCMs with funding for the "Strengthening and Systematizing Engagement in the NFM of Key Affected Populations and People Living With or Affected by the Three Diseases" has been established in ten countries (only one of this study's focus countries was covered by the pilot – Uganda).

The Global Fund Secretariat's presence in country, direct engagement through regional meetings and electronically provided at times the lever for communities to secure more extensive or meaningful engagement. Community representatives that had previously been made aware of the concept note development process or had prior experience with similar processes were able to hold other stakeholders to account. While the timing and structure of the national dialogue workshop in Senegal compromised its potential to take into account community inputs, this unique

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Support from the GF Secretariat – opportunities and challenges:

✓ Information provided by the GF Secretariat directly to community representatives empowered communities to engage and hold other stakeholders to account

✓ Direct intervention by the GF Secretariat led to the introduction of community consultations, where none had been previously planned

✓ Requirements for broad-based consultation in the national dialogue process are welcome and have catalysed new levels of engagement

✓ Supporting the identification of resources for country dialogue processes (e.g. from existing grants) has facilitated stronger engagement

✗ Format and languages used in resources and guidelines are not accessible to key affected communities

✗ Directive engagement has led to rushed processes that undermined previously positive experiences of engagement

✗ Directive engagement contributed to the exclusion of interventions identified as priority by key affected communities and questions over the reality of targets set

✗ The endorsement of clearly tokenistic engagement processes undermine the efforts of key affected communities to have their needs taken into account

✗ High turnover of staff has affected context-specific knowledge and partnerships with in-country stakeholders

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[7] The Global Fund to Fight AIDS, TB and Malaria (2014). The Key Population Action Plan 2014-2017. Geneva: The Global Fund.

opportunity for KPs to discuss priorities for the concept note took place only after directions from the Global Fund Secretariat to the CCM. Similarly, community representatives in Jamaica noted that the visit of the Global Fund Secretariat as part of the Eligibility and Performance Assessment significantly increased their access to relevant information that supported their engagement throughout the process.

Uganda, through its position as a pilot country in the GFS initiative providing resources for strengthened engagement with KP/PLHIV networks, was given funds for an extensive process that involved the establishment of several working groups, consultations and reporting sessions by KPs and support for consultation costs such as transport and logistics, including for a meeting in Tanzania. In addition, representatives from several KP constituencies have been involved throughout the concept note development process in reviewing drafts and making recommendations. On the other hand, community representatives in Nepal described the direct engagement of the Global Fund Secretariat as heavy-handed and directive in regards to the inclusion of certain interventions and targets relating to OST, at the detriment of community inputs and a "country owned" approach. This was perceived to be partly due to a high turnover of staff – and changes in FPM specifically- at the Global Fund Secretariat.

❖ **Technical Partners**
Technical partners at country-level played a limited role in politically facilitating the meaningful engagement of KPs. Technical partners did not appear to play a consistent role to support or facilitate engagement. Some additional resources were made available for engagement in Nepal and Ukraine. Notable was the limited role that technical partners at country-level appeared to play in *politically* facilitating the meaningful engagement of KPs, with the exception of Vietnam where they were cited as playing an important role in supporting meetings to ensure the transparent nomination of KP representatives for the CCM. Similarly, in Nigeria – in an innovative example to promote KP inclusion while reducing the personal risks to the team –a process was put in place to have their representation on the CCM by proxy through the UN system.

In Peru, the need for more technical support to create the space for the meaningful participation of KP, particularly people affected by TB was highlighted strongly. Respondents noted that PAHO (the Pan American Health Organisation and Regional Office for the Americas of the World Health Organisation) had less experience of engaging with civil society than, for example, UNAIDS.

Long-term capacity building and investments in community systems strengthening are critical to support the meaningful involvement of KPs. The study findings confirmed that engagement of KPs in the FM is not effective as a one-off event that takes place in the absence of a systematic approach to community systems strengthening (CSS). The capacity of community organisations and their representatives often cannot be built to the level necessary during the short and rushed timeframe of a concept note development process. Where community representatives had received capacity building over the longer term, KPs were empowered to engage, raise concerns, challenge existing power structures and decision making processes and influence final outcomes. In cases where capacity building was lacking, KP representatives were engaged only in a tokenistic way and faced stigma during the process, labeled as incompetent and seemingly reinforcing negative preconceptions about key affected communities.

Differences were also noticeable between communities who had benefited from efforts in community mobilisation and capacity building in the longer term (e.g. established national networks of PLHIV) and those who had not been recipients of this support so far (e.g. representatives from communities affected by TB for example). This was raised by respondents

in Peru, where there are significant concerns about the lack of genuine engagement with people affected by TB and, despite a representative of that community having a seat on the CCM, he is perceived as having little ability to influence the concept note development process. One reason given for this is that the capacity of people affected by TB to participate in these processes and advocate effectively, is lower than it might be in the HIV/AIDS sector, where previous rounds focusing on HIV and CSS have contributed to capacity building. Together with the directive approach of the lead agency, and the sense that priorities are already pre-determined, the ability of KPs to engage meaningfully is being compromised.

vi. Culture, respect & authenticity

Key populations are sometimes being engaged to "*tick a box".* Tokenistic engagement was observed in several settings, with community representatives highlighting that many stakeholders are fulfilling the requirements on paper without actually taking inputs into account. In Senegal, KPs, such as sex workers, the LGBTI community and PUD, were not consistently and meaningfully engaged throughout the process. Their engagement was limited to participation in a workshop organised the day before concept note submission. This workshop only took place as a result of direct intervention from the Global Fund Secretariat and their insistence that community consultation form part of the process. Government representatives reportedly left the meeting early, consequently missing some of the recommendations. As it was unclear how inputs would be incorporated overnight before planned submission to the Global Fund the next morning, the representative of PLHIV on the CCM subsequently refused to sign the final concept note, until assurance was provided that community inputs would be taken into account. A final draft of the concept note was however never shared for review.

In Nigeria and Peru, community representatives noted that the priorities for the concept note had clearly already been decided on by the time their input was sought and subsequently dismissed. The concept note development process was still ongoing in Peru at the time the survey was conducted, but community representatives noted that *"Everything is in the hands of Minsa [Ministry of Health]"* and felt skeptical about their ability to have any influence over the draft.

> *""The input was not at all taken into account. Representatives of the State in the drafting team were acting in their own interests."* (Respondent from Kyrgyzstan)

In Nepal, community representatives had not seen the draft concept note during the final stages of development. While community engagement in Nepal had been active in previous GF proposal development processes, this year's efforts were seen as a step backwards. Similarly in Vietnam, where representation of communities on the CCM had significantly increased, none of the representatives had yet seen the final concept note, with submission planned within a few weeks.

> *"I wanted to give up at times be because the engagement was clearly tokenistic, my inputs were not taken into account and dismissed."* (Respondent from Senegal)

Even where community representatives were invited to participate on the concept note writing team, their influence was often limited. PLHIV noted that, as the only community representatives among governments, strong civil society, UN and others, priorities were pre-decided and that they were engaged simply to sign off the final product. In Nepal, a representative of people using drugs was originally part of the concept note writing team, but resigned part-way through the process, because his inputs were not taken into account.

These examples show that while GF requirements are catalysing engagement in some settings, they are providing a limited role in others – leading to powerful stakeholders maintaining control over final outcomes. The oversight of how requirements are interpreted and implemented remains weak. In Uganda, community representatives called for the need for objective monitoring of KP engagement to ensure that their input was actually taken into account.

Successful strategies identified from the 11 countries' experiences:
- ✓ KP representatives are selected through a transparent process led by communities themselves according to self-defined criteria
- ✓ Civil society meetings involving KPs are organised with sufficient time to genuinely take on board their input into NSPs and concept note development processes
- ✓ Technical partners play a role in brokering the inclusion of civil society and KPs and creating the political space to enable this to happen – including mechanisms to provide protection and safety where KPs are directly under threat
- ✓ Technical partners and civil society organisations build on lessons learned in relation to community mobilisation and CSS from HIV/AIDS sector to mobilise and support the involvement of the TB and malaria communities in national processes
- ✓ Technical partners make resources available to support KPs to attend civil society meetings and country dialogue processes
- ✓ Meetings are scheduled at times and venues which allow for the participation of different KP groups, without exclusion
- ✓ Separate consultations are held with different KP communities where possible, to ensure an open and in-depth discussion of needs and priority interventions
- ✓ Time and capacity are invested to ensure that KPs can represent and advocate for the needs of their communities effectively and to develop mechanisms to report back to them on processes and decisions
- ✓ Capacity building and sensitisation of Government, CCM members and other stakeholders to ensure that KP representatives are treated with respect, and as partners, during the process
- ✓ Global Fund documentation is converted into accessible formats and language and meetings are facilitated in local languages to increase KP participation
- ✓ KPs are represented on the CCM and supported and mentored to be involved appropriately in the concept note drafting process (eg on the team, or involved in reviewing drafts)
- ✓ Each meeting and stage in concept note development is documented by a "neutral party" and shared in a transparent way eg online on CCM website
- ✓ Online access is granted to KP representatives to allow them to follow GAC and TRP comments and subsequent revisions

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Recommendations and Conclusions

The study findings confirmed that engagement of key populations in the Funding Model is not effective as a one-off event that takes place in the absence of a systematic approach to community systems strengthening. Where representatives had received capacity building over the longer term, KPs were empowered to engage, raise concerns, challenge existing power structures and decision-making processes and influence final outcomes. Where the enabling environment had not been supported in the longer-term, KPs faced stigma during the process, were labelled as incompetent and set up to reinforce negative preconceptions. Differences were also noticeable between communities who had benefited from efforts in community mobilisation and capacity building in the longer term (e.g. established national networks of PLHIV) and those who had not been recipients of this support so far (e.g. representatives from communities affected by TB for example).

Solutions well within reach

The Funding Model and its requirements for engagement of a range of stakeholders have improved the engagement of some key affected populations in most settings. The explicit requirement for the engagement of key affected communities has played an important catalytic role in some contexts setting the scene for 'engagement like it has never taken place before'. While PLHIV networks and organisations for example appeared more strongly engaged, the meaningful engagement of people affected by TB, prisoners, sex workers, men who have sex with men, transgender people and people who inject drugs remained problematic. Political contexts in each country, as well as the existing state of the community system, inadequate financial and political support and legal frameworks that criminalise KPs impact the way in which requirements ultimately shape the process and the influence of KPs on national concept notes. Longer-term, systemic changes are required to address these barriers, attitudes and laws. Strikingly, survey respondents highlighted that easy solutions would already result in significant improvements in the meaningful engagement of KPs – and therefore the impact and effectiveness of Global Fund investments. These easy solutions are well within reach.

On the basis of the findings presented in this report, the **following recommendations** have been developed with the aim of strengthening the engagement of KPs in the FM:

Recommendation 1: Regional civil society platforms to allow for information and experience sharing among constituencies. As existing dynamics between communities and with other stakeholders influence transparency of information, a platform to facilitate exchanges across communities and countries would increase transparency and provide a mechanism for mutual support.

Recommendation 2: Partnership at global or regional levels with external agency that specializes in providing community-friendly and -accessible communications and information materials to ensure that GF requirements, concept note instructions and formats are available in accessible formats. Community representatives consistently raised concern about the complexity of the process and accessibility of information and requirements for engagement of stakeholders. They highlighted that the inaccessibility of the information further disempowered them during the concept note development process, as they were not able to hold other, more powerful, stakeholders to account. Community representatives that had previously been made aware of the concept note development process or had prior experience with similar processes were able to hold other stakeholders to account.

Recommendation 3: Establishment of communication strategies beyond the CCM leadership for dissemination of allocation figures and other country-specific guidance by the Global Fund Secretariat. This could include country-specific online platforms, the use of

national electronic networks and listserves and the development of extensive national contact databases, including KP communities, dedicated technical consultants and other stakeholders to broaden the audience of communications in each country.

Recommendation 4: **Enforcement of Global Fund requirements on inclusive engagement of key affected communities** through more rigid monitoring of implementation and no-tolerance approach to tokenism. This should include: clear roles and responsibilities for Global Fund Secretariat staff and national representatives of technical partners to facilitate political space, a matrix to monitor quality engagement of communities for Global Fund Secretariat staff to support their capacity, and the development of engagement guidelines that reflect requirements and processes accessible and comprehensible to all stakeholders.

Recommendation 5: **High-level monitoring of community engagement in the country dialogue and the enforcement of standards by the Board (through the SIIC) on a regular basis**. The inclusive nature of the country dialogue process is an underlying principle of the Funding Model and requires monitoring at the highest level to assess compliance by Global Fund Secretariat, technical partners and CCMs and adapt policies and requirements as needed in response. Findings across a number of aspects of community engagement indicated that guidelines and requirements were not being enforced consistently. Tokenism, lack of influence and systemic barriers characterised the KP engagement in some settings.

Recommendation 6: **Targeted political and financial support by the Global Fund Secretariat and relevant technical partners to support community engagement in the concept note development process,** including resources for community consultations, communication and feedback to constituencies during the process, safe spaces for criminalised communities and accessible documents and information. This includes the development of a specialised cadre of consultants with expertise in community mobilisation, consultations and engagement to facilitate country dialogue processes where needed.

Recommendation 7: **Requirements to ensure long-term, strategic investments in community systems strengthening in every concept note** to build the capacity and advocacy skills among a broader range of key population representatives and their communities to engage meaningfully in national planning and review process generally and concept note development specifically

Annex 1: Participation Framework

✓ **Communication & Transparency**
   o Appropriate and accessible communication – clear, local language, with sufficient lead time
   o All relevant information is shared
   o Lead time and notice to allow for appropriate planning and travel – including communication of dates, content of meetings or discussions, outstanding decisions etc
   o Using appropriate means of communications that are accessible and popular choosing, where appropriate, social and electronic media
   o Tone and language that communicates the principles of equal partnership, respect for diverse identities, confidentiality
   o Documentation of all discussions and decisions by a neutral or trusted party
   o Documentations of discussions are publicly accessible without restrictions (such as requiring registration or declaration of intent, etc)

✓ **Representation & Accountability**
   o Selection of representatives is led by the community (vs other stakeholders handpicking individuals)
   o Timeframe allows for community representatives to feedback and consult with constituency
   o Engagement reflects the country's epidemiology and takes into account the diversity of key populations and gender dynamics
   o The process allows for the needs of rural and urban communities to be reflected and consulted adequately
   o Representatives are provided with resources to feedback and consult with their constituencies (e.g. travel, communication, meetings, time)
   o The outputs of discussions are consistently reflected in the final concept note (without any single party being given the exclusive authority to edit down without notifying all parties)

✓ **Influence**
   o The process for concept note development is clearly planned out with dedicated steps for consultation, feedback, follow-up and decision making with adequate time allocated
   o Participation reflects a high level, whereby key populations are not merely passively consulted but lead, engage and influence throughout the process with the aim of joint decision making with other stakeholders
   o Key populations are represented in decision making moments and are given the opportunity and influence to affect the outcome – including in drafting and budget committees
   o Key populations are not brought in at individual steps, but holistically engaged from start to finish, including feedback of decisions and endorsement
   o The procedure for decision making are being clearly communicated & agreed in the beginning of the process

✓ **Safety & confidentiality**
   o Overall process (including venue and timings of meetings) takes into account the particular safety and confidentiality needs of key populations, especially in contexts where populations remain criminalised and/or highly stigmatised
   o Where needed, stakeholders ensure confidentiality of individuals representing KP communities to protect individual safety (and prosecution where relevant)

- o A mechanism to report and respond to incidents of exploitation, harassment, human rights violations is in place

✓ **Resources & strengthening of systems and capacities**
- o KP representatives are provided with resources to fulfil their role in an accountable and transparent way (e.g. travel, communication, extra meetings, time frames, reasonable deadlines etc)
- o Additional resources are made available to KP representatives to allow strategic, meaningful engagement (e.g. mentoring and support in policy analysis, leadership, consultation etc)
- o Ensure safe access to ARVs, OST, clean needles and syringes, condoms, DOTS and health care as needed during meetings
- o Investments are made outside the context of the concept note development process to facilitate key populations' discussions of priority needs and engagement strategies
- o Engagement is documented and evaluated with the aim of improving capacity and processes for the next time

✓ **Culture, respect & authenticity**
- o The process is developed to reflect principles of respect, mutual accountability, shared ownership and decision making, confidentiality and safety
- o Process reflects genuine commitment to inclusive participation and decision making