

CCM (R)EVOLUTIONS:

LESSONS AND INSPIRATIONS FROM FOUR COUNTRIES

NEPAL

PAKISTAN

PAPUA NEW GUINEA

SRI LANKA

APCASO BACKUP HEALTH – FINAL REPORT

PROJECT TITLE:

APCASO-GIZ BACKUP HEALTH

Increase the effectiveness of civil society and key population engagement and contributions in CCMs in Nepal, Pakistan, Papua New Guinea, and Sri Lanka to enhance the overall performance of the respective CCMs, thus contributing to the improvement of Global Fund financed programmes in these countries.

INTERVENTION AREA:

- ☒ COUNTRY COORDINATING MECHANISM (CCM)
- ☐ HEALTH SYSTEM STRENGTHENING (HSS)
- ☐ GRANT MANAGEMENT (GM)

TIME FRAME OF THE INTERVENTION: START: JANUARY 2019

END: MARCH 2020

START: 15 MONTHS

PROCESSING NO.: 15.2032.9-003.10

PROCESSING NO.: EURO

COUNTRY/REGION: ASIA-PACIFIC

BACKGROUND INFORMATION

EXECUTIVE SUMMARY

APCASO through the BACKUP Health Project aimed to support civil society (CS) and key population (KP) networks in selected countries in the Asia-Pacific region to engage more effectively in their respective Country Coordinating Mechanisms (CCMs) to influence Global Fund grant making, management, and implementation. This was intended to strengthen the community, gender, and rights components of Global Fund grants contributing to strong, resilient and sustainable systems for health that respond effectively to the needs of people living with and affected by HIV, TB, and Malaria and other key and vulnerable communities. The project worked in 4 countries in the region - Nepal, Pakistan, Sri Lanka Papua New Guinea (PNG).

The project build upon existing technical assistance initiatives in these countries, and was done in close coordination with in-country technical and development partners. APCASO leveraged the in-country knowledge and networks of its country civil society partnerships base and draw upon experiences and lessons from providing technical assistance in the area of civil society engagement in CCMs in the region.

Through the project, APCASO provided on-site and ongoing (remote) technical assistance and mentoring support to in-country CS and KP network partners in the areas of: community, rights, and gender (foundational orientation and operationalisation of the concepts in Global Fund grants); CCM engagement plan development and implementation; and in the case of Nepal and Papua New Guinea, navigation of the CCM evolution process. While working closely with civil society partners, APCASO ensure close coordination with government and other non-civil society country stakeholders to ensure buy-in

and support from them, so that the project complements and builds upon other technical assistance initiatives available in the countries. Two KP/CS learning visits was facilitated to Vietnam and Nepal for cross-country learning and sharing of experiences of KP engagement. The project also had continuous dialogues and facilitated relationship-strengthening between the KP and CS partners with CCM secretariats and executive committees, interaction between communities of the three diseases and other technical partners.

A key lesson learned through the project was the importance of understanding and striking a balance between being project and goal-oriented and allowing for flexibilities at country level. APCASO was also able to leverage its position and facilitative leadership as a Regional Partner for wider reach and influence. The project also highlighted the importance of continued efforts to strengthen the capacity of country partner and broaden our engagement and activism beyond the HIV networks. APCASO strongly believes that there is need for sustained investments to community capacity building and leveraging available resources for sustainability.

1.2 GENERAL OVERVIEW OF PROJECT COUNTRIES



NEPAL is a landlocked country located in South Asia with a population of about 29.9 million. Occurrence of HIV in the country accounts for 0.1% of the global HIV burden. The HIV epidemic remains concentrated among key populations with annual infections decreased by 61% since 2010. Nepal is considered a medium TB burden country with estimated rates of incidence and mortality of 156 and 20 per 100,000 population, respectively. The number of patients on antiretroviral treatment has increased by 25% in the last three years, the TB treatment success rate is stable at 91%, and malaria cases have declined significantly. Nepal has been identified by WHO as one of 21 countries that have the potential to eliminate malaria by 2020.¹

According to the Audit Report of Global Fund Grants in Nepal (2019),² to achieve the UNAIDS 90-90-90 target by 2020, however, challenges in Nepal's HIV program will need to be addressed: specifically, low testing coverage and yield, and monitoring of clients on treatment. To increase TB case detection, improvements are needed in the implementation of TB interventions such as contact tracing and private sector engagement. The reports notes that systems and mechanisms to ensure quality of services for HIV and TB to intended beneficiaries are therefore partially effective.

The Global Fund (GF) has invested US\$233 million in Nepal since 2003, with US\$43.6 million in current active grants. Nepal has been allocated catalytic funding of US\$1.3 million for human rights interventions, with matching funds of US\$1.3 million from the Government. Following a review by the GF Secretariat, Nepal Country Coordinating Mechanism (CCM) did not meet CCM eligibility requirements in 2015; it did however become eligible again in August 2017.



PAKISTAN located in South Asia has a population of about 212 million. There is an estimated 160,000 people living with HIV³ and data from 2016–2018 show that less than half of key populations living with HIV knew their HIV status. Pakistan is facing a concentrated epidemic among key populations, a majority of whom are people who inject drugs, who have a prevalence rate of 38%. It accounts for 5% of global new infections of TB and is classified as both a high TB burden and a high multi drug resistant TB burden.⁴ The country has an estimated 510,000 new TB cases each year, ranking fifth among high-burden countries worldwide. Pakistan accounts for 8% of 2018 global vivax malaria cases, with a wide disparity of malaria incidence within and between its provinces with 374,706 reported malaria cases in 2018.⁵

The GF has invested US\$697 million in Pakistan since 2003. According to Audit Report Global Fund Grants in the Islamic Republic of Pakistan (2020),⁶ the country has made good progress in the fight against malaria, but significant challenges remain in TB and HIV. While Pakistan is able to successfully treat patients diagnosed with TB, there are material weaknesses in identifying patients: the case detection rate stagnated in 2017 and started decreasing in 2019. About 36% of TB cases were undetected in 2019, despite the introduction of innovative grant activities. Grant interventions for active TB case finding are heavily urban-focused, with limited activities in rural areas where the majority of the population live. HIV grants focus on the key populations, given the concentrated nature of the disease in the country. The rising HIV infection rate (57% increase between 2010 and 2018) could result in greater prevalence in the general population if not addressed. HIV-related deaths in Pakistan increased by 4.5 times between 2010 and 2018, in contrast to a global decline. According to the report, the adequacy and effectiveness of funded HIV and TB interventions to achieve impact are rated as needing significant improvement.



SRI LANKA also located in South Asia has a population of about 21 million. It has a low HIV prevalence of 0.01 while the TB incidence rate is 64 in 100,000 population. The country has successfully eliminated malaria in 2016. Stigma and discrimination are a major barrier for care, support and treatment coverage for HIV is 59% and TB is 65%. Prevention service coverage is very low among FSW 30%; MSM: 19% and PWID 4.1%. Major barrier are punitive laws against homosexuality, sex workers and people who use drugs. The GF has invested US\$96 million in Sri Lanka since 2003,⁷ the country will soon be transitioning from GF and is eligible for transition funding 2023-2025.



PAPUA NEW GUINEA (PNG) located in the Pacific, has a population of about 7.2 million. It accounts for 70% of the Asia-Pacific sub-region's HIV cases, with an estimated 48,000 people living with HIV in 2017.⁸ HIV prevalence among key affected populations is high: 7.1% in men who have sex with men and trans populations and up to 19.6% in FSWs⁹ (44% have been tested for HIV, far below the UNAIDS goal of 90%). TB remains a major public health threat in PNG, with incidence rate among the 10 highest globally, and a rapid rise of multi-drug and rifampicin resistant TB.¹⁰ The estimated TB incidence rate is 432/100,000 population. PNG has one the highest burdens of malaria outside of Africa. 94% of the population lives in malaria endemic areas, with women and children under five years of age at particular risk. Prevalence has increased from <1% in 2013/2015 to 7% in 2017/2018. 72% of malarial fevers in communities are not treated with the recommended first-line antimalarial medicine.¹¹

According to the Audit Report Global Fund Grants in Papua New Guinea (2019),¹² GF is a key partner in PNG, disbursing over US\$228 million since 2004 and providing approximately 42% of the total funding for malaria, 29% for TB and 10% for HIV for the period 2018 - 2020.1 A challenging operating environment for grant implementation, PNG has been subject to the Global Fund's Additional Safeguard Policy since 2010. The report states that a plan is needed to build national program capacity, ensuring sustainability while minimizing duplications and dependencies. The adequacy, efficiency and effectiveness of grant implementation arrangements are rated as partially effective.

PROGRESS

PROGRESS IN PRIORITY AREAS

OUTPUT 1 - Scoping missions and development of TA /work-plans with KP/ CS CCM reps

Scoping missions to three project countries for a needs assessment was done to determine and shape the direction of the project activities that considers current conditions and the desired outcome of the project. These scoping visits allowed the team to do an assessment of KP and CS needs to identify

areas of priority technical assistance from APCASO through the project. Partners selection and the identification of key stakeholders in the country was a key component on these missions. Scoping mission was done by the APCASO team to Nepal, Sri Lanka and PNG while the Pakistan needs assessment was carried out by APLHIV in close collaboration with the team.

Upon the completion of the scoping missions and the selection of country partners, the team in collaboration with in-country KP and CS partners, developed country-tailored TA and mentoring plans, workplan, timeline and budget.

SCOPING MISSION		
COUNTRY	DATE	KEY FINDINGS
NEPAL	16-19 March 2019	<p>The scoping mission involved discussions with a total of at least 50 individuals, including:</p> <ul style="list-style-type: none"> • A focus group discussion (FGD) with community and civil society representatives of the Nepal CCM. • FGDs with the national networks of: people living with HIV, women living with HIV, people who use drugs, men who have sex with men and transgender people, sex workers, civil society association. • Key informant interviews with: CCM Vice-chair; CCM secretariat coordinator; Save the Children (HIV PR); TB National Programme; FHI Linkages; CCM Chair from the MoH <p>Through the scoping mission, community and civil society partners requested for capacity building support around:</p> <ul style="list-style-type: none"> • Sharpening of knowledge and skills on Global Fund and CRG issues including around the themes: the Global Fund, Nepal Global Fund grants, CCM, roles and responsibilities of CCM members, Know more about TB, Know more about malaria, What is CRG and how can we operationalize CRG in Global Fund grants. • Updating and ensuring implementation of a CCM community engagement plan. <p>Additionally, it was determined that the most strategic approach to the work in-country was for APCASO to partner with the CCM which was then actively led by a community representative in his position as Vice-Chair.</p>
PAKISTAN	26 June 2019	<ul style="list-style-type: none"> • A needs assessment workshop with 61 participants was attended by with various stakeholders, namely - CCM Members of PLWDs, KPs and Civil Society, Pakistan National AIDS Control Program, Common Management Unit For GF Grants, CCM Secretariat-Pakistan, WHO-Pakistan, UNAIDS Country office-Pakistan, Representatives from KPs and Civil Society, TB and Malaria activists, Community members from three diseases, APLHIV staff. • Group work was facilitated to brainstorm on needs/gaps that could potentially be fulfilled by the project. • Amongst the key needs/suggestions were ; the need for pre/post CCM meetings sessions for CCM members and KPs to prepare and debrief effectively; knowledge building and capacity training of CCM members and KPs on GF and its processes at global and national levels, advocacy and resource mobilization; the need to develop a normative guidelines and TORs for CCM Members from CSOs, KPs and PLWDs; the need to develop communication strategies for better two-way engagement between CCM and constituencies; the need for an accountability mechanism for CCM members from PLWDs & KPs; the need to advocate for representation of KPs, young PLHIV/KPs, and WLHIV at CCM; the need for long term sustainable plan for technical assistance; need to develop training contents; need for orientation on ethical guidelines for CCM members; need to develop mechanisms for interactions, lobbying and advocacy with policy and decision makers and to organize broader consultations for constituencies.

SCOPING MISSION		
COUNTRY	DATE	KEY FINDINGS
PAPUA NEW GUINEA	26-29 March 2019	<p>The scoping mission involved discussions with about 25 in-country individuals, including:</p> <ul style="list-style-type: none"> • A focus group discussion (FGD) with community and civil society representatives of the PNG CCM. • An FGD with representatives of the 3 key population networks in PNG (Igat Hope, Friends Frangipani, Kapul Champions) and the KP Consortium. • Key informant interview with: The CCM Chair; CCM secretariat coordinator; UNAIDS Country Director; key personnel of the HIV, TB, and malaria Global Fund components principal recipients and sub-recipients. <p>Through the scoping mission, community and civil society partners requested for capacity building support around:</p> <ul style="list-style-type: none"> • Ensuring a robust and transparent election of new KP and civil society representatives into the CCM. • Sharpening of knowledge and skills on Global Fund and CRG issues including around the themes: Know the Global Fund, Know Nepal Global Fund grants, Know the CCM, Know the roles and responsibilities of CCM members, Know more about TB, Know more about malaria, What is CRG and how can we operationalize CRG in Global Fund grants. • Linking their TB civil society to resources for broader work and engagement. <p>Additionally, it was decided that the most strategic approach to the work in-country was for APCASO to partner with the KP Consortium, which was an umbrella administrative, advocacy, and mobilization platform for the 3 key population networks in the country.</p>
SRI LANKA	12-14 March 2019	<ul style="list-style-type: none"> • The team met with key CS and government stakeholders, including Sri Lanka CCM Secretariat, National STD/AIDS Control Program, National program for Tuberculosis Control and Chest Disease and the National Anti-Malaria Program. The team also met with GF PR, FHI 360 - a PEPFAR implementing agency, and the Australian Federation of AIDS Service Organizations - a GF multi-country grant PR to share and discuss about opportunities for collaborations. • Individual meetings with local KP and CS partners, including GF PRs and SRs for HIV, TB, and malaria also took place to help APCASO gain further insights and understanding of the dynamic and environment in which Sri Lankan CSO and KP networks operate within. • APCASO also facilitated a broader KP and CS consultation meeting to identify key challenges, needs and opportunities for the project. The group provided feedback on potential modality for identification. • Key issues identified included: Lack of understand and knowledge on GF and roles of CCM amongst CS and KP; lack of platform for sharing and collaborations between the various KP and CS within and across the three diseases; the need to develop an effective communication strategy, including an accountability mechanism between the KP and CS CCM representatives and their respective constituencies; and the need to develop an advocacy strategy, including mobilizations within the KP and CS to support the work of KP and CS CCM representative (ie. to counter the power imbalance within the CCM).

OUTPUT 2 - Provision of on-going mentoring/peer support

Capacity strengthening workshops of KPs in the four countries was a key component of the expected project outcome - knowledge building was identified as an important first step towards better engagement and more meaningful participation of the KPs in their respective CCMs. These workshops were done in close collaboration with the country partners –the workshop content and objectives were tailored based on the results of the country assessments and evolved as the project progressed – to ensure the most immediate needs were met and it benefitted the communities and contributed towards achieving the objectives of the project.

The different workshops covered themes/issues such as:

- Understanding the Global Fund grant making and implementation process;
- Community, rights, and gender (foundational orientation and operationalisation of the concepts in Global Fund grants);
- CCM KP and CS constituency engagement plan development and implementation;
- Navigation of the CCM evolution process for the case of Nepal and PNG;
- Meaningful CS and KP participation in Global Fund grant oversight; Global Fund guidance and policies regarding KP and CS participation in CCMs and grant-making and implementation;
- Transition and sustainability planning and strategy development for KPs and CS.

CAPACITY STRENGTHENING WORKSHOPS		
COUNTRY	DATE	KEY FINDINGS
NEPAL	24-26 May 2019	<ul style="list-style-type: none"> • To support knowledge building on GF and CCM functions and process including on the roles of CCM members, CS and KP. • To facilitate the review, update and adoption by the group of the KP and CS CCM Engagement Plan. • To enable the ownership of individual and collective roles and responsibility towards meaningful and effective KP engagement.
	4-6 Sept 2019	<ul style="list-style-type: none"> • To provide orientation to CCM members and network members on the CCM systems, functions, and processes, as well as the GF guidance on Code of Ethical Conduct. • To share preliminary findings of CCM evaluation End-line assessment and discuss about its implications and action items. • To strengthen participants' understanding and application of community, rights and gender perspectives in the context of HIV, TB and Malaria. • To strengthen participants' understanding and skill on communication in the context of engaging effectively with different stakeholders in the country.
PAKISTAN	6-8 August 2019	<ul style="list-style-type: none"> • To support knowledge-building amongst the participants on GF and its structure and processes; CCM - its need, structure, governing principles systems, functions and processes including on the roles of CCM members, CS and KP members in CCMs. • To create better understanding on GF Funding Request, its mechanism and processes and opportunities for effective community engagement. • To create understanding and commitment on the GF ethical guidelines among CCM Members.
	10-11 Oct 2019	<ul style="list-style-type: none"> • To support knowledge-building and orientate CCM members from CSOs, PLWDs and KPs on their roles, responsibilities, rights and meaningful & effective engagement as CCM members. • To develop engagement plans between CCM members and their respective constituencies to ensure accountability and effective communication.

CAPACITY STRENGTHENING WORKSHOPS		
COUNTRY	DATE	KEY FINDINGS
	6-7 Dec 2019	<ul style="list-style-type: none"> To orient participants on the concepts of Community, Rights and Gender (CRG) and its need in GF programming. To provide an overview of GF CRG Strategic Initiative and its importance at the country level. To strengthen participants' understanding and application of community, rights and gender perspectives in the context of HIV, TB and Malaria.
PAPUA NEW GUINEA	10-12 July 2019	<ul style="list-style-type: none"> To support knowledge-building amongst the participants on Global Fund; CCM systems, functions and processes including on the roles of CCM members, CS and KP members in CCMs. To foster the KP and CS internalization and ownership of individual and collective roles and responsibilities towards meaningful and effective CCM engagement. To facilitate the development of individual and cross-constituency CCM engagement/ communication plans. To facilitate the election of new KP and CS representatives and alternate representatives to the CMM.
	21-23 Aug 2019	<ul style="list-style-type: none"> To support knowledge building of PNG's Global Fund Grants and HIV/TB/malaria epidemiology among participants. To build participants' understanding and application of community, rights, and gender (CRG) perspectives in the context of HIV, TB, and Malaria in PNG. To support the refinement of the draft constituency and cross-constituency CCM engagement plans developed at the last workshop and developing work calendars against these plans.
SRI LANKA	6-7 Sept 2019	<ul style="list-style-type: none"> To support knowledge-building amongst the participants on Global Fund; CCM systems, functions and processes including on the roles of CCM members, CS and KP members in CCMs. To build KP and CS internalization and ownership of individual and collective roles and responsibilities towards meaningful and effective CCM engagement. To develop an effective communication strategy for better engagement between CCM members and KAP.
	3-4 Oct 2019	<ul style="list-style-type: none"> To strengthen technical knowledge and awareness on GF grant cycle and other GF processes among key population-led and serving organizations, members of the Key Affected Population Committee (KAP) and CCM civil society members. To raise awareness on the roles and responsibilities of CCM members in relation to meaningful community engagement. To facilitate community strategizing on engagement with the national level Global Fund processes. To build capacity of the communities and civil society to meaningfully engage in the next country dialogue process.
	13-14 Jan 2020	<ul style="list-style-type: none"> To orient and strengthen participants' understanding and application of community, rights and gender perspectives in the context of HIV and TB To develop collaboration between and among KP and CS constituencies for advocacy and foster relationships between CS and KP at the CCM To identify key actions and direction for civil society and KPs moving forward (2020-2025)

These workshops were well received and appreciated by the participants based on feedback captured in the end of project monitoring and evaluation report by an external evaluator.¹³

Some feedback below:

In **NEPAL**, the representative of KPs (Female IDUs) stated: *"...I did not know the importance of the CCM, how critical and impactful, and I learned how getting involved is very useful; also made me more confident in speaking out, now I am more familiar about our roles in the networks and in the CCM and also realize how the network can make a difference..."*

In **PNG** - A CCM representative for CSOs, and gay/MSM CBO. *"...I really appreciated APCASO inputs since we learned much about the GFATM processes, the CCM and their roles, the key stages in GFATM proposal development and submission. Nobody else seems to be doing this, not any of the technical support providers, so this is a big change..."*



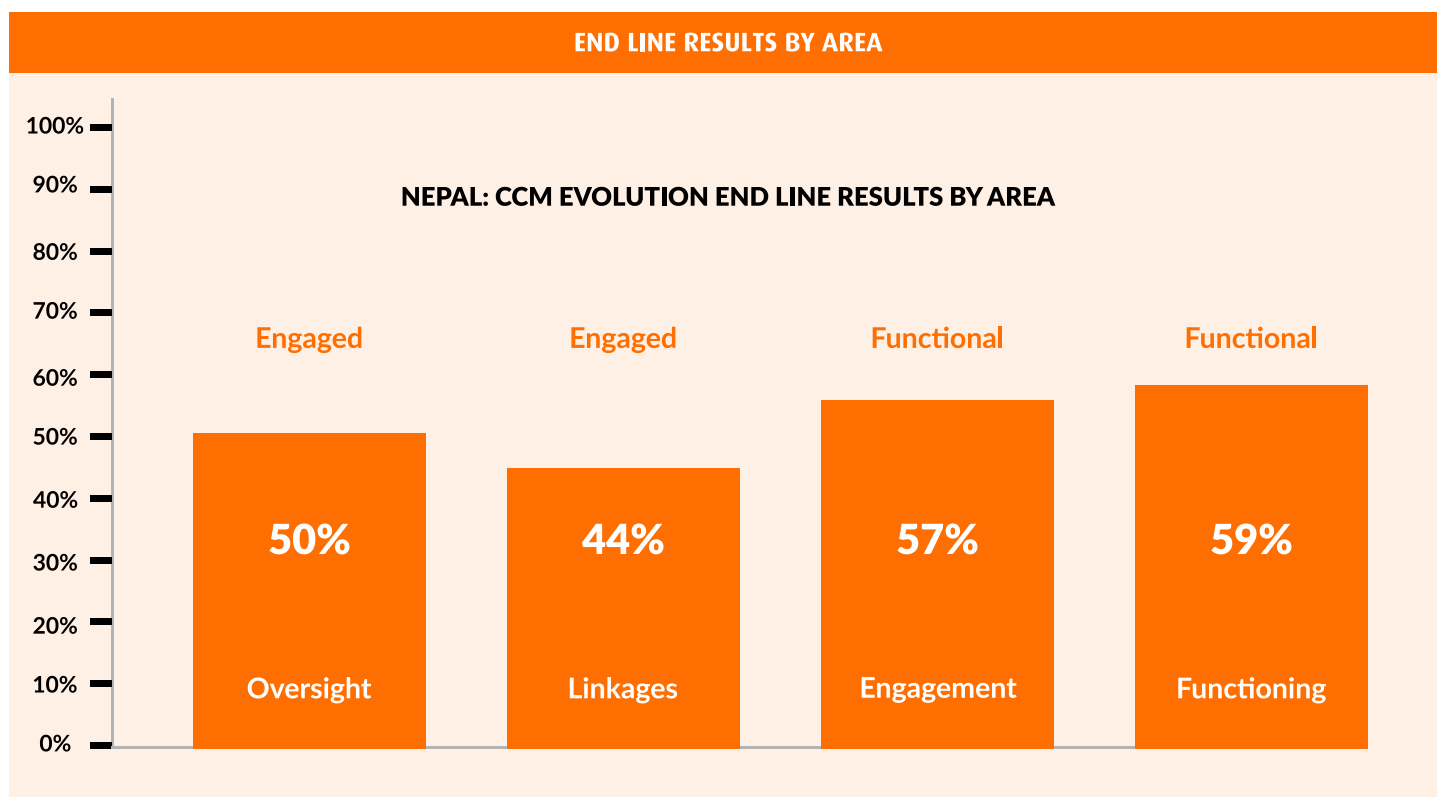
CCM Engagement Plans - the project continuously provided on and off-site support in the development and implementation of CCM engagement plans. This was a key component that was covered in the country specific workshops to address the gap in communication and transfer of information that existed between KPs and CCM members.

In 2018, the Global Fund CCM Hub launched the CCM Evolution pilot (implementation timeframe: October 2018 – December 2019), an approach for comprehensive support for CCMs to enable them to perform their functions in the Global Fund's business model at the highest level. The Evolution is implemented in 18 pilot countries by several TA providers and includes technical assistance in the areas of oversight, linkages, transition, functioning, and engagement. Two of the proposed project countries, Nepal and PNG, were part of the CCM Evolution pilot countries. The project activities in these countries were intended to contribute to the Evolution process in the area of 'engagement'

Working in collaboration with CCM Nepal, the project ensured that the project activities were closely aligned to and added value to the Evolution process. CCM Nepal working closely with the Global Fund CCM Hub was able to identify gaps that needed resources or technical assistance from the project in order to fulfil the criteria of the evolution. The end line assessment of the CCM evolution project in Nepal was conducted by Ms. Viviane Leu, consultant from the CCM Hub from 19-23rd August 2019 based on the baseline assessment (conducted in October 2018).

CCM Nepal scored highly under Indicator E.15 (PLWD or KAP representatives who are members of the Executive Committee have an active participation i.e. they provide technical input and contribution to discussions) – it was commented that KPs and PLWDs are very active and engaged and provide meaningful contribution. The consultant noted in her report that support provided through the project was an enabling factor in the improvement of the engagement component of the Evolution as below:

'Additional financial resources to strengthen oversight, support constituencies engagement (TA from APCASO)'¹⁴



OUTPUT 3 - Facilitated KP/CS learning visits to countries which have CCMs rated relatively well in the region in the area of KP engagement

Vietnam Learning Visit (September 2019)

The learning visit was done in collaboration with the Center for Supporting Community Development Initiatives (SCDI). The visit was attended by partners from Nepal and PNG, as partners from Sri Lanka and Pakistan were unable to secure visa to Vietnam. The main objective of the visit was for participants to expand their perspectives on approaches and strategies for strengthening CS and KP CCM engagements and to gain a better understanding and appreciation for community mobilization as the basis for effective CS and KP engagements and representations.

A representative from the Vietnam Administration of HIV/AIDS Control (Ministry of Health) shared an overview of the HIV situation in Vietnam and the national response. The participants also had the opportunity to connect and interact with Ms. Khuat Thi Hai Oanh, Director of SCDI and APCASO Council of Representatives. She shared the story of SCDI, how it was started ten years ago and was created originally to work directly with the community and has now expanded with three main strategies;

community empowerment and organization, creating an enabling environment for the most marginalized and service delivery.

The highlight of the visit was the learning and sharing experience with Community Networks – including representatives from SCDI, the secretariat of the Sex Workers Network, the Coalition Network of young women and adolescents, New Live (from Hai Phong), the Network for Girls and Women, the Vietnamese Network of People Who Use Drugs, the Network of People Living with TB and the Forum for Key Populations in Vietnam. The session was designed to open up dialogue and enable communities to learn from each other and was an interactive session of mutual learning. The site visit was to Lighthouse Harm Reduction Service in Hai Phong, Niem Tin Hai Duong – a group providing support to people living with TB to get a better understanding of the CBOs working on the ground with KPs.

"A participant from PNG said the visit was an "eye opener," impressed with the degree to which KAP in Vietnam had "ownership" of what they were doing. Now they know it is something they can work toward and convince their partners that they need. Another said, "they had pride in their face when they spoke about what they did - they own it."





Nepal Learning Visit (November 2019)

As two country partners (Pakistan and Sri Lanka) were unable to join the first learning visit in Vietnam, the project facilitated a second visit in September 2019 to Kathmandu, Nepal. The main objective of the visit was to learn and share experiences for effective CS engagement among the 4 project countries with specific focus on CCM Nepal. The visit was attended by representatives of the four project countries and three staff members from APCASO.

The visit also included site visits to two local CBOs, Society for Women Awareness Nepal (Nari Chetana Samaj) and SPARSHA Nepal, working with key population and people living with disease providing various services. The visit provided the participants with a holistic understanding of the working modalities of CBOs in Nepal and to get a better understanding on the different challenges faced on the ground and ways of overcoming them. The participants acknowledged the struggles of the CSOs in Nepal and were very impressed with the invocation that has now made Nepal an exemplary country in South Asia with its response to the three diseases and its intersections.

The visiting team also had the opportunity to interact and share experience with representatives from five national networks presenting KPs (Recovering Nepal, Nepalese Migrant Network, Jagriti Mahila Maha Sangh, National Federation of Women Living with HIV/AIDS and Federation of Sexuality and Gender Minorities of Nepal). The network members also presented updates and shared lessons learned from the constituency consultation meetings supported by the project.



"We acknowledge the efforts done by APCASO and recognizable effort shown by CCM Nepal. Take away message for Pakistan would be that health policy can be the advocacy tool for upbringing KP. So, we will use the health policy as an advocacy tool for larger and bigger representation of KP at CCM forum. Moving forward, we would request APCASO to kindly continue with the ownership at regional level, so that the work which has been done would remain sustainable." (APL HIV Pakistan National Coordinator)

OUTPUT 4 - APCASO and KP and CS leaders dialogue with CCM secretariat and executive committees, country TA providers, Global Fund country team and other CRG platforms.

The project enabled substantive dialogues and interaction between the KPs, CCM secretariats, and other partners in the CRG platforms, as well as the CCM Evolution Hubs for the evolution countries. In countries like Sri Lanka and Pakistan where a need for pre and post CCM meetings were expressed, the project supported these meetings. These meetings become a space for KPs to strategize, plan and debrief accordingly before and after CCM meetings. This also created an accountability mechanism both for CCM members and KPs as responsibilities are identified for follow up of key actions.

End-of-project debrief was carried out in all four countries and this allowed for reflection, lessons learned and what could have been done better discussions among APCASO, project partners and KPs. The project also carried out an external monitoring and evaluation of the project¹⁵ to access and capture the learning from the project. A short video capturing the experiences, lessons and expectations of the project and its partners is currently underway and will be widely disseminated once it's ready.

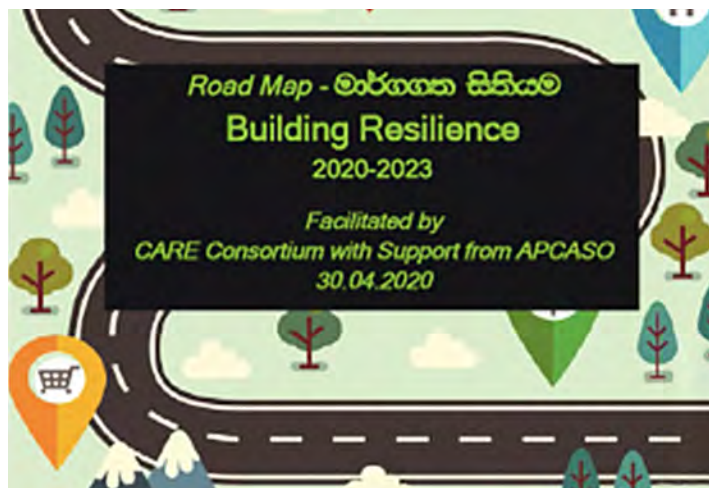
As key informants from NEPAL noted:

"...Sometimes we were not able to engage effectively, there are a few small things that make a difference; APCASO helped us sit together with the CCM, went to the community and asked them to join, using two approaches: through CCM and through the networks also, help them understand the scenarios and why they are needed, to reach them with the consistent message. You have to be patient, and say the message again and again ..." (CCM Member representing PWID)

"...Initially there were cultural practices that needed to be challenged, about engagement; pushback from government and existing views of KP; but we worked closely to make people understand more, ask the right questions; for us this was MIPA (Meaningful involvement). Now other Stakeholders are more open and see that KPs and CSOs are able to contribute..." (DAST, Sri Lanka)

PROGRESS IN ADDITIONAL AREAS OF INFLUENCE

Sri Lanka – Development of road map - moving forward and building sustainable networks



The need to develop a road map for sustainability of key population led and serving organizations as the county heads towards transition, to clearly identify a course of action was identified during several workshop organized under the project. The project then supported follow-up consultative activities (needed to be done virtually due to the outbreak of Covid-19 and the subsequent lockdown in Sri Lanka). The output of these was a Road Map-Building Resilience (2020-2023)¹⁶ to strengthen the key population led, key population serving and other civil society organizations to become independent and sustainable and contribute to develop a strong civil society system to uphold the right to access quality HIV and other health services. The document has also been translated to Sinhala¹⁷ for wider dissemination and uptake.

The road map will help the CARE consortium shape its direction by identifying a clear course of action for a period of four years (2020-2023) to strengthen the sustainability of key population led and key population serving organizations, to strengthen and solidify collaboration among key population led and key population serving organizations to strategize and deliver effective advocacy on meaningful community engagement at the CCM and other national decision-making bodies on health and to build and maintain advance financial management, resource mobilization, governance and accountability capacities and skills among key population-led, key population-serving and civil society organizations. APCASO continues to support this process and is in the midst of securing resources for the implementation of the key activities of the road map to achieving its objectives.

Nepal – Network Consultations – to ensure equal representation of all KPs

Nepal has a vibrant and dynamic civil society network and the project partner understood the importance of engaging the different networks for meaningful participation and to ensure constituency specific issues and gaps are duly addressed. The project provided resources for nine networks¹⁸ that represent and consist of KPs to conduct network consultations.



These consultations were well appreciated by the network members as it enhanced their understanding of GF mechanisms and CCM amongst the members, and it provided a platform for the communities to suggest ways to increase participation and engagement in planning, implementation and evaluation of policy, program and budgeting. Engagement plans to establish a mechanism for channeling information from bottom to top and top to bottom was also discussed in these sessions. The network members also were able to express their expectations of the CCM and how a better relationship between CCM and network members can be build and retained. It is important to acknowledge that these activities need to be sustained in the long terms to ensure the relationship established is retained. CCM Nepal is committed in ensuring these voices from the ground will be heard and will have an impact in the process of country dialogues in shaping the next funding request for Nepal.

Pakistan, Nepal and PNG - Community Consultation as part of the Country Dialogue Process.

Towards the end of the project, three countries – Nepal, Pakistan, and PNG were going into the preparatory process for the submission of their funding request for the 2020-2022 funding cycle. Country partners expressed a need for resources to carry out or support the implementation of more targeted country dialogues to ensure wider participation and engagement from key populations. The dialogues were essential so that the most effected can share their experiences and help define the programs and services that can better meet their needs and the needs of their community. Understanding the importance and relevance of the request, the project supported various activities to facilitate the process.

In Nepal where there was a decentralization of health services to provincial levels, the project supported provincial level consultations. A total of five Provincial Level Civil Society Engagement Consultation Meeting was carried out at Gandaki, Province Number 5, Karnali, Sudurpaschim, and Bagmati in early 2020.¹⁹

The consultations were meant to build solidarity and create better engagement between CCM Nepal and Civil Society (CS) and Key Population (KP) community members in the provinces. The participants were provided orientation on the GF mechanisms and CCM. They were also updated on the Global Fund HIV, TB and Malaria program implementation in their respective provinces and discussions were held on how to ensure effective KP and CS community engagement at the provincial level.

As Nepal is preparing to make their submission for the next cycle of GF grants in August 2020, these provincial consultations were an excellent platform to gather the voices from the provincial level. Insights from the meetings and the community recommendations were captured by CCM Nepal and will be incorporated in the review of the National HIV Strategic Plan (NHSP), National Malaria Strategic Plan (NMSP) and National Tuberculosis Strategic Plan (NTSP) as well as the development of the new proposal for the Global Fund.

In Pakistan, through the project, APLHIV in collaboration with CCM Pakistan organized a National Consultative workshop in March 2020 as part of the dialogue leading to the revision of National and Provincial AIDS strategies and the development of new funding request for the 2020-2022 funding cycle. As Pakistan prepares to make their funding request submission for the Window 2b cycle on May 31 (now shifted to 2C- July 31 due to the Covid-19 outbreak). The mechanism for the new funding cycle allows for provincial grants, this expected shift has raised some questions among the KPs about continuity of services, meaningful engagement of PLHIV, communities and civil society in HIV response as well as continuity of community based and community led HIV response. The consultation provided a platform for all stakeholders to have a honest and constructive dialogue on the best way forward.



The consultation was attended by some 84 stakeholders from across Pakistan including PLHIVs, KPs, CBOs, NGOs, CSOs, Provincial Program Managers, NACP, WHO, UNAIDS, Director General Health- Ministry of National Health Services and Parliamentary Secretary of Health. The outcome of the consultation was documented to be part of the country dialogue process for the upcoming Global Fund Grant funding request submission by Pakistan. The consultation was timely to serve as a forum where the communities can express their concerns, needs and put forward their suggestions to be incorporated into the new funding request. On the occasion, stakeholders re-endorsed their commitment to HIV cause and promised a participatory process of grant proposal. It was stated that the Global Fund gives top priority to meaningful engagement of PLHIV and KPs and this opportunity shall be utilized accordingly.



In PNG – various activities were being carried out in-country in early 2020 at the capital level in preparation for the Global Fund Window 2 submission in May 2020. The project facilitated the gathering of key stakeholders working on TB and HIV at Lae, the capital of Morobe Province. One key challenge in PNG in engaging with the local community is the geographic set-up of the country – most provinces are extremely remote and the cost of travel is exorbitant and most times, communities working at the provinces are unable to be represented at activities or consultations done in Port Moresby. Internet penetration and connectivity is also a huge challenge, rendering virtual participation almost impossible for the local community. Therefore visits and consultations such as this was especially fruitful as it was attended by CCM Members representing the TB communities and KP Consortium. The visit provided the CCM members a better understanding of the workings and challenges faced by TB PR and organizations such as Lae Anti-TB Association (LATA). The feedbacks and discussion was documented to be included in the development of the new funding request for GF.

OBSTACLES ENCOUNTERED

Project Duration – the project had an initial timeline of one year (although a no-cost-extension was granted for an additional three months later). The tight timeline proved to be quite a challenge for a few reasons – a project such as this, one that involves capacity strengthening and engagement requires time to see impact. We also had to ensure that momentum gained through the project in mobilizing communities is well sustained beyond the project duration. While APCASO is committed to address this through ongoing support to project partners, it is still a challenge that needs to be acknowledged and taken into consideration in future project planning.

Internal staff movement also caused some delays in the project getting off the ground. Although the scoping missions were completed as planned in the first quarter, in most countries the project activities only started in the second quarter of the year. The delay was also caused by contracting issue that needed to be sorted out between APCASO and GIZ. However due to the commitment of the country partners all the identified project activities were duly completed in the project timeline. Some additional project activities were also carried out during the NCE period in areas that needed additional support and resources were available.

There were also some challenges that were outside the control of APCASO – mostly a logistical one relating to **immigration policies**. The team had difficulty securing visas to Pakistan due to the countries strict immigration policy – therefore some activities like the scoping mission and needs assessment was carried out by the project partners with the remote support of the APCASO team.

Navigating country landscapes - each country partner context is different – this was well mapped out during the scoping missions. Various stakeholders from those already familiar to APCASO and new alliance were formed to ensure that the scope of the project is able to reach a wider audience. This did prove to be challenging at times as some existing partners expected to be more involved and that space needed to be navigated wisely. The project took a lot of care in ensuring that the project partners chosen were best positioned to move forward the project objectives and had the capacity and mobilizing ability to reach out and ensure meaningful participation from the key populations at all levels.

Reaching out to TB and malaria communities- traditionally the HIV networks and communities are more visible, empowered and have a space at the decision-making table. In almost all project countries it was harder and a challenge to reach out and engage with TB activists or communities. As evident from

the HIV experience, the TB community has to be empowered to successfully challenge stigmatization of people with TB through collective and grassroots rights based movements. Progress in the attempt to reach out and engage with TB and malaria groups was slow in countries like Sri Lanka but showed some progress in Nepal, Pakistan and PNG (as captured in Section 4 of the report)

Finding the balance between country needs, project objectives and competing priorities - toward the end of the project - in early 2020, the project partners were involved in various activities related to the preparation for the new funding request submission. Therefore, the team had to be very strategic in ensuring that identified project activities were carried out but to also ensure flexibility to suit the need of the moment. This was an aspect of the project that was well appreciated by the country partners but it was nevertheless challenging as the project team needed to be in constant in touch with partners to gauge and understand the pulse of the ground and respond accordingly. It was advantageous that project partners were key players who were able to provide guidance and direction as needed.

LESSONS LEARNED AND INNOVATIONS

LESSONS LEARNED FROM THIS PROJECT, GOOD PRACTICES and GUIDEPOSTS

1. Leveraging the importance of Regional Partner's facilitative leadership

The project from its design, to inception and implementation was focused on building upon existing partnership forged by APCASO and technical assistance initiatives in the countries and to be done in close coordination with in-country technical and development partners.

This was ensured during the scoping missions where the APCASO team meet with various partners and stakeholders to gauge and leverage the in-country knowledge and networks of its country civil society partnerships base. In some project countries, APCASO was able to draw upon experiences and lessons from providing technical assistance in the area of civil society engagement in CCMs particularly building upon its work in 2017 in Nepal and Sri Lanka where it provided technical assistance to CS and KP networks in developing CCM engagement plans and charter of principles (Nepal), and supported community dialogues, discussions, coordination and solidarity building (Sri Lanka).

This approach was a key advantage and managed to demonstrate the importance of entering a project country knowing, valuing, and fostering the importance of country expertise and ownership. The regional perspective allowed for APCASO to have better knowledge of contexts in countries, networks and linkages while constantly maintaining the long-term and bigger picture perspective for partners and countries. As observed by RD Marte (APCASO Executive Director):

“Our regional strategies also try to influence the country networks, in order for them to be able to respond...we are able to assess, respond...and understand what they can do...we add an additional lens to partners, to see what's happening around us...and the potential implications, making more partners aware and sensitized to these issues.”

This was further corroborated by country partners in PNG: *“... APCASO Technical Support is different because of the way it is done and managed – it is facilitative and creative, and there is information about additional resource that can be tapped...the trips to see the partners and how they work affords us more opportunities to understand and insights, and for example, ask the right questions about community involvement in all the processes and procedures, with really good suggestions on how to move forward even just for consultation sessions....”* (Coordinator of the KP consortium, PNG).

2. Understanding the need for balance between being project and goal-oriented and allowing for flexibilities at country level.

One core principle that APCASO strictly adhered to in implementing this project was acknowledging that each country had different needs, capacities and responses to achieve the project goal. A lot of care went into ensuring that the workplans and budget developed addressed these gaps and needs. The scoping visits were an essential component that made sure this was done effectively. While this approach may take more time it ensures that countries truly own the project activities and its outputs. The scoping visit was also an opportunity to better understand the different stakeholders that were instrumental in making the project successful.

“...Even as a donor they (APCASO) left it up to the countries to do what you need to do; there was independence to decide what you need....”(APLHIV National Coordinator, Pakistan)



3. The importance of partner selection at country level

Partner selection at country level was a key factor in ensuring the reach and depth of the project.

Partnering with CCM Nepal allowed for better coordination of activities – to be able to support CCM engagement with KPs more effectively and in line with CCM Evolution. In PNG, the project worked in close collaboration with the CCM Secretariat to ensure that the project activities were in line with CCM workplan and CCM Evolution activities. In Pakistan, partnering with APLHIV was advantage as project activities were well participated by different stakeholder (government agencies, CSOs & technical agencies in the country) due to the convening capacity of the organization.



4. Managing expectation on CCM and KP Networks

While the project increased understanding and created an awareness of the function, roles and responsibility of CCMs in the country – it was also noticed that this caused an increase in expectation of KPs of their CCMs – some could be deemed as unrealistic and falls outside the mandate of the CCM and its members. Therefore the CCM members have the task of managing this expectation in a way that doesn't diminish the participation spirit of the community and yet allows for positive interactions. To several external observers, the changes in the way KP networks functions were seen as mainly positive, but there were also concerns about expectations and demands on the CSO networks and the focal points for KPs in the CCM.

"... I think there have been many major changes in KP engagement in the CCM and much of this is due to the work of the KP consortium (KPC); this is the platform to organize the KPs, it makes it easier to communicate and coordinate for the dialogue. Donors may also find it easier to work with them rather than with all the other smaller groups (Frangipani, IGAT-Hope and Kapul Champions) but there will also be more demand and they could be stretched...." (UNAIDS, PNG)

"... Things have improved; they even exceed requirements in terms of numbers. However, some will need to understand the role of CCM, their own roles themselves, the PR, secretariat, including their own networks; they should know how to go through various channels; they can also go through CCM for specific issues, and we present our program; before 2019, there was even no secretariat coordinator, better now with the Oversight Committee and the CCM secretariat..." (NEPAL, PR Representative)

5. Strengthening the capacity of country partner and broadening engagement and activism beyond the HIV networks

The project has provided space, platform and resources for country partners to bridge the gap between KPs and CCM members as well as other stakeholders in the country.

In countries like Sri Lanka, there is a lack of platform for the different KPs to convene and present their unified voice at different spaces like CCM meetings. While there exist KP Focal point meeting space that is convened by the CCM Secretariat, this space is not entirely neutral and has been limiting for the voice of the communities to be heard. Therefore the project provided this space through the coming together of three organizations – DAST, YOH and NTN as CARE Consortium – to be able to convene, strategize and raise issues that needed to be brought to the attention of the CCM. This was achieved through the pre and post-CCM meetings that was supported by the project.

"...Initially there were cultural practices that needed to be challenged, about engagement; pushback from government and existing views of KP; but we worked closely to make people understand more, ask the right questions; for us this was MIPA (Meaningful involvement). Now other Stakeholders are more open and see that KPs and CSOs are able to contribute..." (DAST, Sri Lanka)

In Pakistan, on the other hand, APLHIV is a very established national level HIV organization that has the convening power to bring governments, technical partners, UN agencies, KP networks and CSOs to the table for constructive discussions and consultation. The project was instrumental in broadening the reach of APLHIV to provide support and mentoring to organizations and communities working on TB and Malaria.

"...Our role as a learning hub at the national level was expanded; ...CCM members were given the opportunity to develop their communications system at all levels/stages, forward and backward--community and constituency and up to the GFATM.... Activists from the 3 Diseases are now more aware of the GF processes, more conversant; we now expect that they will be more engaged, this will be more meaningful; this project also provides us opportunities for alliances and networking. The PLHIV network was strong already within its own circle, and expanded our circles of advocates and helps us to make a unified voice...." (APLHIV Pakistan National Coordinator)

And from the coordinator of the KP Consortium, PNG: "...We had more information, mentoring, helping us see the "blind spots" - esp. around TB community involvement; supporting the Lae meeting was great, it was pivotal and the first time that the HIV groups and the HIV & TB groups were able to get together and share information openly..."



6. Addressing language as a barrier to access of information and meaningful participation

Language has often been cited by communities as a barrier to them accessing information and in turn be able to engage meaningfully in has been raised during needs assessment consultants and supported by a research done by APCASO-Global Fund Realities on Ground – A survey of civil society engagement in Global Fund – related processes in the Asia Pacific²⁰ as cited below:

"The choice to use English as the primary language during key stages of the process, limiting the capacity of CS and community representatives to meaningfully engage in discussions during multi-stakeholder meetings. The issue appears to persist, with access to technical documents remaining low for grassroots organizations across the region." (Page 20)

"The key informant interviews stressed that across the region, language remains as a key barrier. The issue then is not solely on access per se, but on meaningful access, i.e. access in a language that is most widely understood by the grassroots. (Page 18)"

Similar opinion was raised in several consultants done with country partners in Nepal, Sri Lanka and Pakistan. Country work plans took these barriers into consideration and incorporated the activity of translating key documents related to GF processes (resources, videos and training modules) into the local languages of Nepali,²¹ Sinhala,²² and Urdu.

This approach by the country partners was appreciated by the KP groups in countries.

As stated by a representative of the PEACE Foundation in Pakistan, a Member of CCM since 2016 - "We had training and orientation meeting but APCASO and APLHIV provided materials translated into local language, comprehensive and easy to understand; we learned more about the GF components; the funding request was done well and we learned about the GFATM allocations and other jargon. We were kept engaged all the way..."



OPPORTUNITIES FOR SHARING RESULTS

While the project had a specific output (Output 2) on facilitating KP/CS learning visits to countries which have CCMs rated relatively well in the region in the area of KP engagement, the project also took advantage of different opportunities that allowed for partners to meet and share

Countries partners were in Bangkok for the Prince Mahidol Award Conference (PMAC) 2020 in Jan 2020 and we took this opportunity for a project meeting. The meeting focused on brainstorming about project documentation and the end of project monitoring and evaluation process. The meeting was instrumental in shaping the direction and activities of the last few months of the project.



Another such opportunity materialized during the Beyond 2025 symposium organized by the CARE consortium, the project partners in Sri Lanka, in February 2020. The symposium was the culmination of the project activities in Sri Lanka and was aimed to establish a platform to discuss the shared responsibility different stakeholders in establishing a sustainable and fully-funded national HIV response in the country. It was the first such event hosted by a KP network and brought together 108 participants from community representatives, advocates

and activists, government officials, representatives from non-governmental organizations, representatives from UN agencies, representatives from regional networks of communities and civil society.

The project facilitated the participation of country partners from Nepal, Pakistan and PNG in the Symposium to provide an external viewpoint and sharing. Partners from PNG and Pakistan shared their country experiences as part of the Panel on 'Fostering Collaborations and Partnerships for a Sustainable and Fully-Funded National HIV Response'. They shared their country experience in terms of the impact of effective partnerships to ensure meaningful community engagement and community-oriented interventions. The partner from Nepal was part of the panel on - 'Bringing the Last Mile to the Front - Ensuring that Most Marginalized and Vulnerable Are Prioritized - Leaving No One Behind' and highlighted the Nepal experience in bringing key populations to the front of the decision making.



During this time, we also took the opportunity of having all four project partners in Colombo to conduct the monitoring and evaluation of the project together with the external M&E consultant contracted by the project. The roundtable conversation titled – ‘Looking Back, Moving Forward’ focused on the sharing of reflections during the course of the project as well as discussion on sustainability as the project ends. The partners appreciated the opportunity to share and learn from each other while providing support for each other beyond the project duration.

HOW DID THE PROJECT CONTRIBUTE TOWARDS GENDER EQUALITY AND/OR GENDER SENSITIVE/ GENDER TRANSFORMATIVE PROGRAMMING?

The Asia-Pacific Platform on Communities, Rights, and Gender (APCRG)²³ is a communications and coordination platform for civil society groups, key population networks, non-governmental and community-based organizations that are involved in the response to fight HIV, TB, and malaria. It is one of the six regional platforms that were established with the support of the the Global Fund to Fight AIDS, TB, and Malaria (the Global Fund) under the Community, Rights, and Gender Special Initiative (CRG SI).

As the platform host for the region, APCASO has leveraged its position to actively incorporate CRG components in the project activities as well as fulfilling key mandate of the platform to:

- Facilitate a deeper understanding of CRG issues among HIV, TB, and malaria civil society groups, donors, development partners, and technical assistance providers as well as improving awareness of how support can be provided to mainstream CRG interventions;
- Provide information to civil society groups, key population networks, non-governmental and community-based organizations on how to access support from the Global Fund CRG Technical Assistance Programme, or via other TA providers;

This was done through key activities such as :

- Sharing of existing CRG information developed by the platform in various languages - English,²⁴ Urdu,²⁵ and Sinhala²⁶ with the civil society groups, key population networks, non-governmental and community-based organizations in the 4 project countries.
- Conducting sessions on CRG with a specific focus on gender sensitization through tailor made modules to sensitive key population networks and civil society CCM members on the need to incorporate gender lens and identify ways human rights and gender are mainstreamed in their respective funding request development as well as programming. In total four workshops were done, one in each country that focused on

CRG components. An follow-up workshop on integrating the concepts of communities, rights and gender in GF grants was conducted on 26th February 2020 on request from CCM Nepal as part of their preparation for the next funding request submission.

- Linking country partners to the Community, Rights and Gender Technical Assistance (CRG TA) Program. THE TA was created to help civil society and community organizations and networks make sure that barriers related to human rights and gender are addressed by Global Fund grants. To ensure sustainability of the kind of support that was provided by APCASO, partners, especially the ones that were going through the funding request submission were provided support to apply for TA. APLHIV in Pakistan applied for and successfully managed to get TA support (currently ongoing) to engage better during Pakistan's funding request submission processes.

The above activities might not have been entirely sufficient in integrating gender transformative programming in these countries but it was catalytic in creating awareness for gender sensitivity and the need for a gendered lens in health programming. All four project countries are highly patriarchal – with gender norms and stereotypes that are highly prevalent. This was very evident as we conducted gender sensitization trainings – it was a new concept to them and needed a nuanced and tailored approach. However it is to be noted here that a lot more needs to be done to ensure that this concepts are constantly discussed, and mainstreamed during programming.



ENDNOTES

- 1 http://www.searo.who.int/nepal/documents/communicable_diseases/malaria/en/
- 2 https://www.theglobalfund.org/media/8680/oig_gf-oig-19-015_report_en.pdf?u=637233413310000000
- 3 <https://www.nacp.gov.pk/>
- 4 Global TB report 2019
- 5 WHO Malaria Report 2019
- 6 https://www.theglobalfund.org/media/9595/oig_gf-oig-20-012_report_en.pdf?u=637236787890000000
- 7 <https://data.theglobalfund.org/investments/location/LKA>
- 8 UNAIDS, Papua New Guinea country factsheet 2017 estimates
- 9 Integrated Bio-Behavioral Survey (IBBS- 2018)
- 10 WHO, Global Tuberculosis Report- 2018
- 11 Papua New Guinea Institute of Medical Research, 2016/2017 Malaria Indicator Survey.
- 12 https://www.theglobalfund.org/media/8810/oig_gf-oig-19-018_report_en.pdf?u=637233413570000000
- 13 https://drive.google.com/file/d/1iy8o0_j7WgZ5p9NB2skWqzBLbZdWKh69/view?usp=sharing
- 14 Leu, V. CCM Evolution in Nepal – End line assessment summary, August 2019.
- 15 https://drive.google.com/file/d/1iy8o0_j7WgZ5p9NB2skWqzBLbZdWKh69/view?usp=sharing
- 16 <https://drive.google.com/file/d/1WUu8xcL0Onjn54jmCa6a5HEP7nddn6ac/view?usp=sharing>
- 17 https://drive.google.com/file/d/1pxO8m0_Z3Q7REUVTpwqrFSyaWG7DzqCm/view?usp=sharing
- 18 Federation of Sexual & Gender Minorities Nepal (FSGMN); National Association of People Living with HIV/AIDS in Nepal (NAP+N); Recovering Nepal (National Federation of PUDs and Drug Service Organizations in Nepal); Recovering Nepal Women; National Migrant Network on HIV/AIDS and SRHR (NMNHAS); National Federation of Women Living with HIV & AIDS (NFLWHA); National NGOs Network Group against Aids- Nepal (NANGAN); Jagriti Mahila Sangha (JMMS – Female Sex Workers Network; Nepal Health Society.
- 19 The remaining activities related to the country dialogue and funding request processes had to be done virtually in Nepal due to the Covid-19 pandemic and the subsequent lockdown in Nepal.
- 20 https://apcaso.org/apcrg/wp-content/uploads/2020/01/Global-Fund-Realities-on-the-Ground_APCASO.pdf
- 21 <https://www.facebook.com/ccmnp/feeds/2693787850710637/>
- 22 https://apcaso.org/apcrg/sdm_downloads/global-fund-realities-on-the-ground-report-sinhala/
- 23 <https://apcaso.org/apcrg/>
- 24 <https://apcaso.org/apcrg/unpacking-crg/>
- 25 https://drive.google.com/file/d/0B_4dgMcwfWxwYIFRQ1h6SVNXeG8/view
- 26 <https://apcaso.org/apcrg/wp-content/uploads/2017/09/CRG-101-Sinhala.pdf>